PROVIDER NEWSLETTER

Health Choice Utah
Provider Publication
Q3

INSIDE THIS EDITION

HEALTH | CHOICE
UTAH

BALANCE BILLING

The practice of balance billing, where healthcare providers bill patients for the difference between the provider's charge and the amount paid by insurance, or for the full amount in case of a denial, has emerged as a topic of concern in the context of Utah Medicaid. Both the state Fee-for-Service plan and the ACO plans have seen a recent increase in the volume of patients being balance billed for Medicaid services.

As a reminder to our providers, both Utah Medicaid and Health Choice Utah contractually prohibit the balance billing of Medicaid members and that payment received is considered reimbursement in full for the services provided. If there are questions surrounding the reimbursement or denial of a Health Choice Utah claim, providers are encouraged to reach out to their Network Service Representative to discuss and resolve the issue.

The above notwithstanding, there is one instance where providers may directly bill Medicaid members. When a Medicaid member elects to receive a service that is not covered by Utah Medicaid, a provider may bill the member directly when the following conditions are met:

- The provider has an established policy for billing all members for services not covered by a third party or payor. (The policy cannot only apply to Medicaid members.)
- The member is advised prior to receiving a non-covered service that Medicaid (or their Medicaid ACO plan, such as Health Choice Utah) will not pay for the service.
- The member agrees to be personally responsible for the payment.
- The agreement is made in writing between the provider and member which details the service and the amount to be paid by the member.

Unless all the above conditions are met, the provider may not bill the member for the non-covered service. Nor may any restrictions be placed upon the member as a result.

One barrier that providers often face is being unaware that the patient in question is on a Medicaid plan. We are aware that provider offices are busy and that patients are not always proactive in informing their providers on changes to their insurance. For this reason, Health Choice Utah always promotes the best practice of verifying a patient's insurance information prior to providing services. Utah Medicaid provide a member eligibility tool online and Health Choice Utah membership may always be verified via our Provider Portal (links provided below). While this extra step may seem time-consuming, it will prevent much more impactful corrections in both time and reimbursement down the line.

Utah Medicaid Eligibility Lookup Tool: https://medicaid.utah.gov/eligibility/

Health Choice Utah Provider Portal: https://healthchoice.healthtrioconnect.com/app/index.page

PROVIDER INCENTIVE PROGRAM
WELL CHILD VISITS AND HPV VACCINES

EI Program effective beginning 7/1/2024 through 6/30/2025. Please note providers already engaged in a value-based arrangement are not eligible to participate in this program.

Health Choice Utah is offering an incentive payment of $30 per service in addition to your contractual rate for the following preventive services:

HUMAN PAPILLOMAVIRUS (HPV) VACCINATION SERIES

- Receive an additional $30 per dose for HPV vaccines administered before a member's 13th birthday

WELL-CHILD VISITS (FIRST 30 MONTHS)

- Receive an additional $30 for each of the following visit types:
  Up to 6 Well-Child Visits before the child's 15th month birthday
  (Visits must be at least 14 days apart)
  Example visit schedule: 1 week, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months

  Up to 2 Well-Child Visits between 15-30 months old
  (Visits must be at least 14 days apart)
  Example visit schedule: 15 months, 18 months, 2 year, 30 months

ANNUAL WELL CHILD VISIT

- Receive an additional $30 for each annual Well Care Visit completed for ages 3-21
- (Annual Well Care Visits can occur at any time during the calendar year, but are limited to once per year)

For any questions or further information, please contact your associated Quality Improvement Specialist or Provider Services Representative, or email any questions to providers@healthchoiceutah.com.

THE IMPORTANCE OF CODING FOR NON-IMMUNIZATION IN PATIENT RECORDS

In the realm of healthcare, accurate documentation is crucial not only for patient care but also for maintaining the integrity of health records and ensuring proper billing and reporting. One often overlooked aspect is the coding for instances where patients choose not to receive recommended immunizations. Understanding and properly coding these scenarios can significantly impact both patient care and healthcare operations.

WHY CODING FOR NON-IMMUNIZATION MATTERS

1. **Patient Care and Follow-Up:** Properly coding for non-immunization helps healthcare providers track patient immunization status more effectively. This coding allows for timely reminders and follow-ups, ensuring that patients are well-informed about the benefits of vaccinations and the risks associated with not being immunized. It also enables healthcare providers to tailor patient education and care plans according to their immunization history.

2. **Data Accuracy and Public Health:** Accurate coding contributes to more reliable health data, which is essential for monitoring vaccination coverage rates and identifying trends. This information is vital for public health initiatives, as it helps in assessing herd immunity levels and planning vaccination campaigns. Inaccurate or missing data can hinder efforts to control vaccine-preventable diseases and impact public health strategies.

UNDERSTANDING THE NUANCES OF Z28.

The situation becomes more intricate when a patient or guardian is either unable or unwilling to receive immunizations. However, the reasons for opting out of vaccination generally fall into three categories, as outlined by the Z codes:

Unvaccinated due to health reasons: How to find a Pediatrician

- Z28.0 (Immunization not carried out because of contraindication)
- Z28.01 (Immunization not carried out because of acute illness of patient)
- Z28.02 (Immunization not carried out because of chronic illness or condition of patient)
- Z28.03 (Immunization not carried out because of immune compromised state of patient)
- Z28.04 (Immunization not carried out because of patient allergy to vaccine or component)
- Z28.81 (Immunization not carried out due to patient having had the disease)

Unvaccinated due to philosophical/religious reasons:

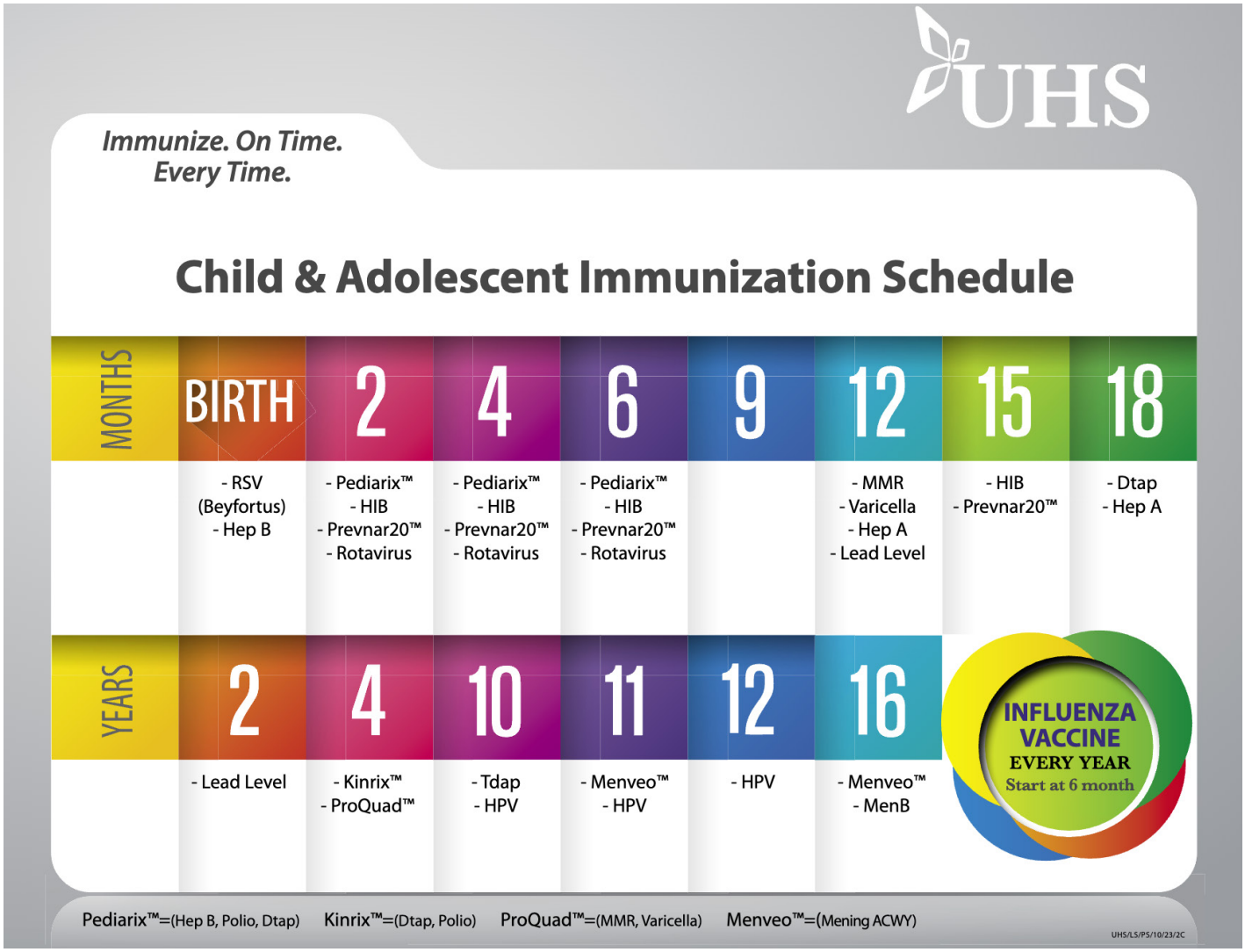
- Z28.82 (Immunization not carried out because of caregiver refusal)
- Z28.21 (Immunization not carried out because of patient refusal)
  If your patient is old enough to make their own wishes known is also pretty straightforward
- Z28.1 (Immunization not carried out because of patient decision for reasons of belief or group pressure)

Please be mindful of the AAP's advice and restraints before using Z28.1. This information can be found in the AAP Pediatric Coding Newsletter Volume 11, Issue 11 at coding.solutions.aap.org/article.aspx?articleid=2536853 .

Unvaccinated because the vaccine is unavailable:

In the event that a vaccine is unavailable or delayed because of a manufacturing or delivery issue use:
- Z28.83 (Immunization not carried out due to unavailability of vaccine)

Or if the patient of caregiver declines to immunize without providing any specific reason, you'll use:
- Z28.9 (Immunization not carried out for unspecified reason)



WELL CHILD VISITS NEWBORN TO AGE 2.5 YEARS HEDIS MEASURE W30 (0-15 MONTHS & 15-30 MONTHS)

The W30 HEDIS measure captures the percentage of children who had the following number of well visits during the measurement year. Two rates are reported

1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.

2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

WELL-CHILD VISIT SCHEDULE	
1st week (3 to 5 days old)	12 months old
1 month old	15 months old
2 months old	18 months old
4 months old	2 years old (24 months)
6 months old	2 ½ years old (30 months)
9 months old	

In order to meet the well visit metrics for this measure it is important to note the following timeframe and age requirements.

- Well Visits must be **14 days apar**t to account for the W30 measure and capture the incentive
  - Example, a newborn visit (3-5 days) and a 2-week-old visit will not close the measure as the visit may not be 14 days apart. One of these visits will be captured for the measure, not both

- Well Visits done outside of the timeframe metrics will not close the gap or capture the incentive

Let's Review the Components of a Well Child Visit

Well Child Visits are essential in the first few years of life to screen for developmental milestones, provide guidance to parents and capture possible referrals as needed for early intervention.

- Age-appropriate screening questions (relating to lead exposure, tuberculosis risk, anemia, and fluoride)
- A full physical examination
- Developmental screening
  - Developmental milestones by age
- Immunizations, as needed
- Track growth and development measurements
- Health and safety discussions
  - Car seats, water safety, sleep routines, feeding difficulties
  - Dental, hearing, vision screenings
- Nutrition and Physical activity discussions
- Guidance and opportunity to ask questions

Importance of adolescents seen yearly for well child visits

Adolescence is an important time to improve health across the lifespan. National professional organizations promote adolescent well-care to address a range of health-promoting and risk-reducing behaviors. Although research demonstrates well care visits can positively impact adolescents' health, studies have shown a decrease in attendance at well visits during the teenager years. The transition from childhood into adolescence is a vulnerable time when adolescents may experience health issues and healthcare disconnection.

A SPORTS PHYSICAL IS NOT INTENDED TO REPLACE A WELL CHILD EXAM

While a sports physical is designed to clear a student athlete for participation in sports, it does not take the place of a regular checkup. Sports Physicals are limited in scope and focused on physiological aspects of a child's health as it relates to their ability to safely participate in athletics. Best practice is to schedule a well child visit during the year in addition to the sports physicals.

ADOLESCENT SCREENINGS CAPTURED IN A COMPREHENSIVE WELL VISIT

- GAD/PHQ-9 Depression and anxiety screenings
- Fitness and Nutrition
- Puberty and reproductive healthcare
- Immunizations
- Transition to young adulthood
- Anticipatory Guidance related to:
    - Dating, Sexual health, Social media, Driving safety and Substance use

Coding Connection		
Preventive Visit age 12-18 years	**CPT 99384** (New Patient) **CPT 99394** (Return Patient)	Age 12 up to 18 years old at time of service
Preventive Visit age 18-21 years	**CPT 99385** (New Patient) **CPT 99395** (Return Patient)	Age 18 up to 21 years at time of service
Did you know Medicaid does cover preventive health exams for adults ages 18 up to age 39?		

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

According to NCQA, over the last three decades, childhood obesity has more than doubled in children and tripled in adolescents. It is the primary health concern among parents in the United States, topping drug abuse and smoking. Childhood obesity has both immediate and long-term effects on health and well-being.

Age: 3-17 years	**Frequency:** Yearly
Documentation Required:	
- Date of Assessment	BMI **Percentile**
- Nutrition Counseling	Physical Activity Counseling
Common ICD-10-CM Diagnosis Codes associated to measure:	
Body Mass Index (BMI) pediatric:	
Less than 5th percentile for age	**Z68.51**
5th percentile to less than 85th percentile for age	**Z68.52**
85th percentile to less than 95th percentile for age	**Z68.53**
Greater than or equal to 95th percentile for age	**Z68.54**
Dietary counseling and surveillance	**Z71.3**
Exercise counseling	**Z71.82**
Encounter for examination for participation in sport	**Z02.5**

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obesity can become a lifelong health issue; therefore, it is important to monitor weight problems in children and adolescents and provide guidance for maintaining a healthy weight and lifestyle.

Components to address and document at well child visits include BMI%, Nutrition and Physical Activity

Documentation Standards: Weight Assessment, Counseling for Nutrition and Physical Activity (WCC)

BMI PERCENTILE:

BMI is used as a quick and easy screening tool for a person's weight category and for diseases such as obesity and diabetes. Since children and teens are growing their amount of body fat changes with age. For this reason, the BMI Percentile is preferred for children. Documentation should include the BMI percentile or BMI growth chart that takes into account age, sex and other factors to show BMI as a percentile ranking for children and teens. Documentation must include height, weight and BMI percentile during the measurement year. Either of the following meets criteria for BMI percentile:

- BMI percentile documented as a value (ie 85th percentile).
- BMI percentile plotted on an age-growth chart.

COMPLIANT BMI % EXAMPLES

BMI Calculated: 14.03
BMI Percentile: 10 %
BSA Calculated: 0.98

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Ht %	Wt lb	Wt oz	Wt kg	Wt %	BMI kg/m2	BMI %	Head Cir cm	Head Cir %	Pulse Ox
4:06 PM	124/74	79		97.60	5.0	3.00	32	142.80		64.773	79	25.30	84			100

NON-COMPLIANT BMI % EXAMPLE

BMI is > 95%. Need percentile value not a range

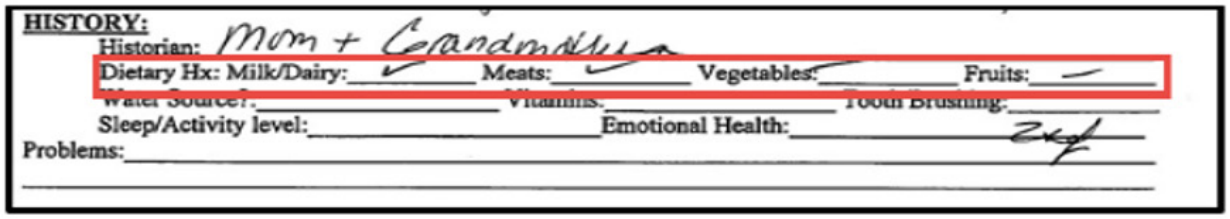
Bp: 112/74, Right Arm
Temperature: 99.0 F, Height: 5'8.5", Weight: 242 lbs
Insert BMI from today: 36.26 kg/m2 BMI >95th Percentile

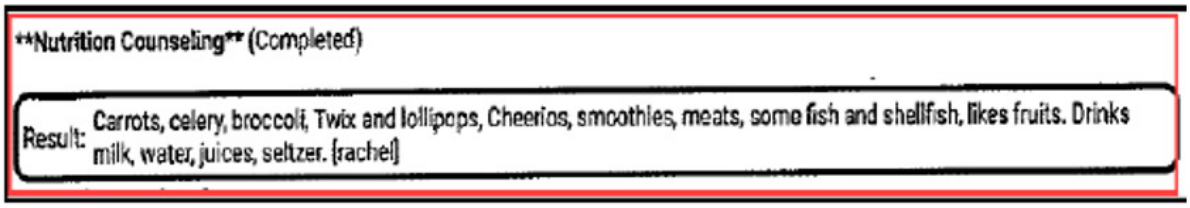
NUTRITION COUNSELING

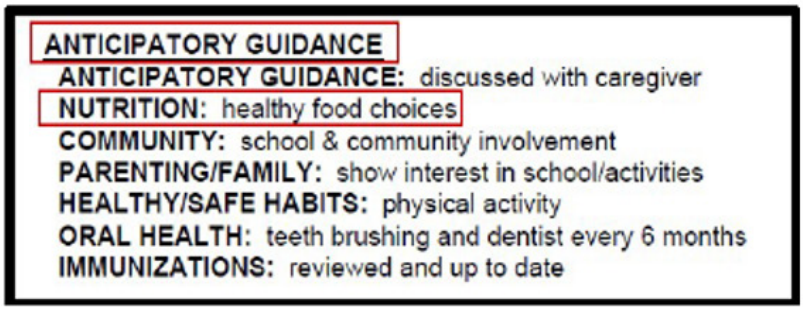
Documentation in note should indicate the date and at least one of the following:

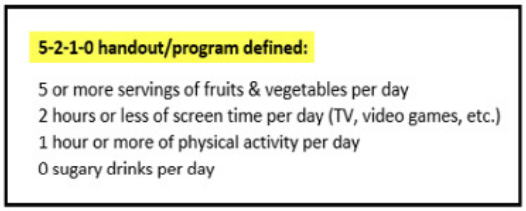
- Discussion of current nutrition behaviors (i.e., eating habits, dieting behaviors).
- Checklist indicating nutrition was addressed.
- Counseling or referral for nutrition education.
- Member received educational materials on nutrition during a face-to-face visit.
- Anticipatory guidance for nutrition discussed and reviewed

ACCEPTABLE DOCUMENTATION	NOT ACCEPTABLE DOCUMENTATION
"Unremarkable diet" "No nutritional concerns"	"Well Nourished" "Picky Eater" "Eats Well" "Appetite Good" "Eats everything on plate"
"Diet Regular" (Diet Normal, Fair, Poor, Varied) "Eats strawberries and carrots, meat, some fish"	Discussion of nutritional needs during acute visit (BRAT diet when patient is seen for vomiting)
Number of meals per day, Milk Intake, Discussion to increase vegetables, fruit	Documentation of anticipatory guidance without specific mention of nutrition discussed
Checklist with Nutrition marked	Checklist of questionnaire not completed
Counseling or referral for nutritional education OR weight, obesity or eating disorder discussion	Diagnosis of obesity or eating disorder without evidence of discussion, counseling or referral
Educational material given on nutrition or Anticipatory guidance education forms or questionaries (i.e. 5-2-1-0 handout)	Referrals to internet sites or generic reference to "Bright Futures" without specific documentation of nutrition


HISTORY:
Historian: Mom + Grandma
Dietary Hx: Milk/Dairy: ✓ Meats: ✓ Vegetables: Fruits: –
Sleep/Activity level: Emotional Health:
Problems:


Nutrition Counseling (Completed)
Result: Carrots, celery, broccoli, Twix and lollipops, Cheerios, smoothies, meats, some fish and shellfish, likes fruits. Drinks milk, water, juices, seltzer. [rachel]


ANTICIPATORY GUIDANCE
ANTICIPATORY GUIDANCE: discussed with caregiver
NUTRITION: healthy food choices
COMMUNITY: school & community involvement
PARENTING/FAMILY: show interest in school/activities
HEALTHY/SAFE HABITS: physical activity
ORAL HEALTH: teeth brushing and dentist every 6 months
IMMUNIZATIONS: reviewed and up to date

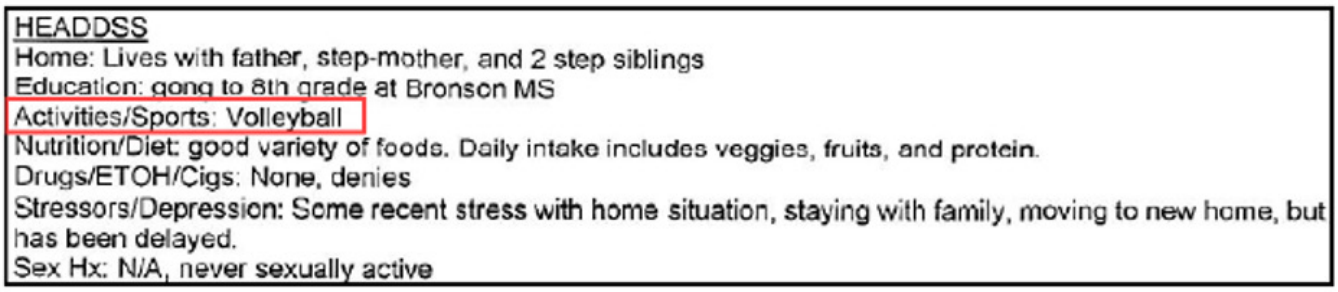

5-2-1-0 handout/program defined:
5 or more servings of fruits & vegetables per day
2 hours or less of screen time per day (TV, video games, etc.)
1 hour or more of physical activity per day
0 sugary drinks per day

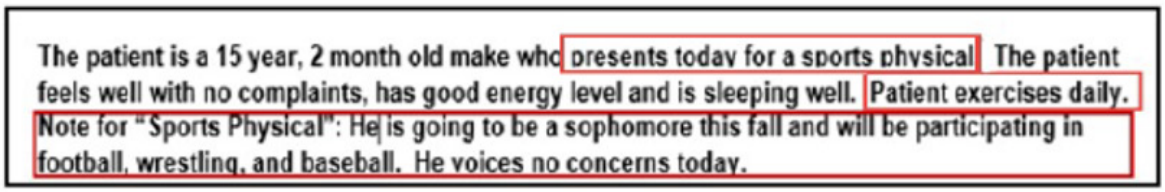
PHYSICAL ACTIVITY COUNSELING

Documentation must include a note indicating the date and at least one of the following:

- Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation).
- Checklist indicating physical activity was addressed.
- Counseling or referral for physical activity.
- Member received educational materials on physical activity during a face-to-face visit.
- Anticipatory guidance specific to the child's physical activity.

ACCEPTABLE DOCUMENTATION	NOT ACCEPTABLE DOCUMENTATION
Discussion of current physical activity behaviors, sports played, exercise habits. "Plays outside at least 1 hour daily" "Soccer practice three times a week" "Rides bike to school daily" "Enjoys hiking and baseball"	Documentation of physical activity related to an injury "sprained ankle while playing basketball" OR "Be active as a family"
Sports Physical form completed	Documentation "Cleared for gyn" Cleared for sports"
Checklist with mark indicating physical activity reviewed	Documentation of screen time without specific mention of physical activity
Anticipatory guidance discussed "Exercise 60 minutes a day" "Increase daily exercise"	Documentation anticipatory guidance without specific mention of physical activity


HEADDSS
Home: Lives with father, step-mother, and 2 step siblings
Education: going to 8th grade at Bronson MS
Activities/Sports: Volleyball
Nutrition/Diet: good variety of foods. Daily intake includes veggies, fruits, and protein.
Drugs/ETOH/Cigs: None, denies
Stressors/Depression: Some recent stress with home situation, staying with family, moving to new home, but has been delayed.
Sex Hx: N/A, never sexually active


The patient is a 15 year, 2 month old make who presents today for a sports physical. The patient feels well with no complaints, has good energy level and is sleeping well. Patient exercises daily.
Note for "Sports Physical": He is going to be a sophomore this fall and will be participating in football, wrestling, and baseball. He voices no concerns today.


Anticipatory Guidance: importance of regular exercise

Prenatal and Postpartum Care (PPC)

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care:

Medicaid- The Pregnant Woman's Program is a medical assistance program for pregnant women. The program covers the medical care of the mother from the date she submitted her application through 12 months after the birth of her child.

Once eligible, the woman remains eligible for the entire period.

Upon delivery the child qualifies for Medicaid for the first year under the Baby your Baby program

Timeliness of Prenatal Care- The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization.

Postpartum Care- The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

The most important factor in preventing complications during pregnancy and after the baby arrives is receiving quality prenatal and postnatal care. The steps entailed in maintaining the health of mother and baby before and after delivery include care services and support tailored to each woman's individual needs. Each year, about four million women in the U.S. give birth, with one million women having one or more complications during pregnancy, labor and delivery or the postpartum period. Studies indicate that as many as 60% of all pregnancy-related deaths could be prevented if women had better access to health care, received better quality of care and made changes in their health and lifestyle habits. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.

DID YOU KNOW...

Health Choice Utah is offering our members an incentive to obtain their Cervical Cancer Screenings!

Appropriate Treatment for Upper Respiratory Infection(URI)

The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

Report three age stratifications and total

- 3 months-17 years
- 18-64 years
- 65 years and older

Most URIs, also known as the common cold, are caused by viruses that require no antibiotic treatment. Too often antibiotics are prescribed inappropriately. The misuse of antibiotics can have adverse clinical outcomes such as Clostridioides difficile infections and has public health implications including encouragement of antibiotic resistance (when antibiotics can no longer cure bacterial infections). Antibiotic resistance is a major health concern in the United States, with 2.8 million antibiotic-resistant infections and 35,000 deaths occurring annually.

Recent efforts to use antibiotics judiciously has resulted in fewer inappropriate antibiotics prescribed. However, antibiotic remains a problem. Increased education and awareness of appropriate treatment for URIs can reduce the danger of antibiotic-resistant bacteria.

https://www.ncqa.org/hedis/measures/appropriate-treatment-for-upper-respiratory-infection/

Use of Imaging Studies for Low Back Pain (LBP)

The percentage of members 18–75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Report two age stratifications and a total rate:

- Age 18–64
- Age 65–75

Alternative Treatments for LBP

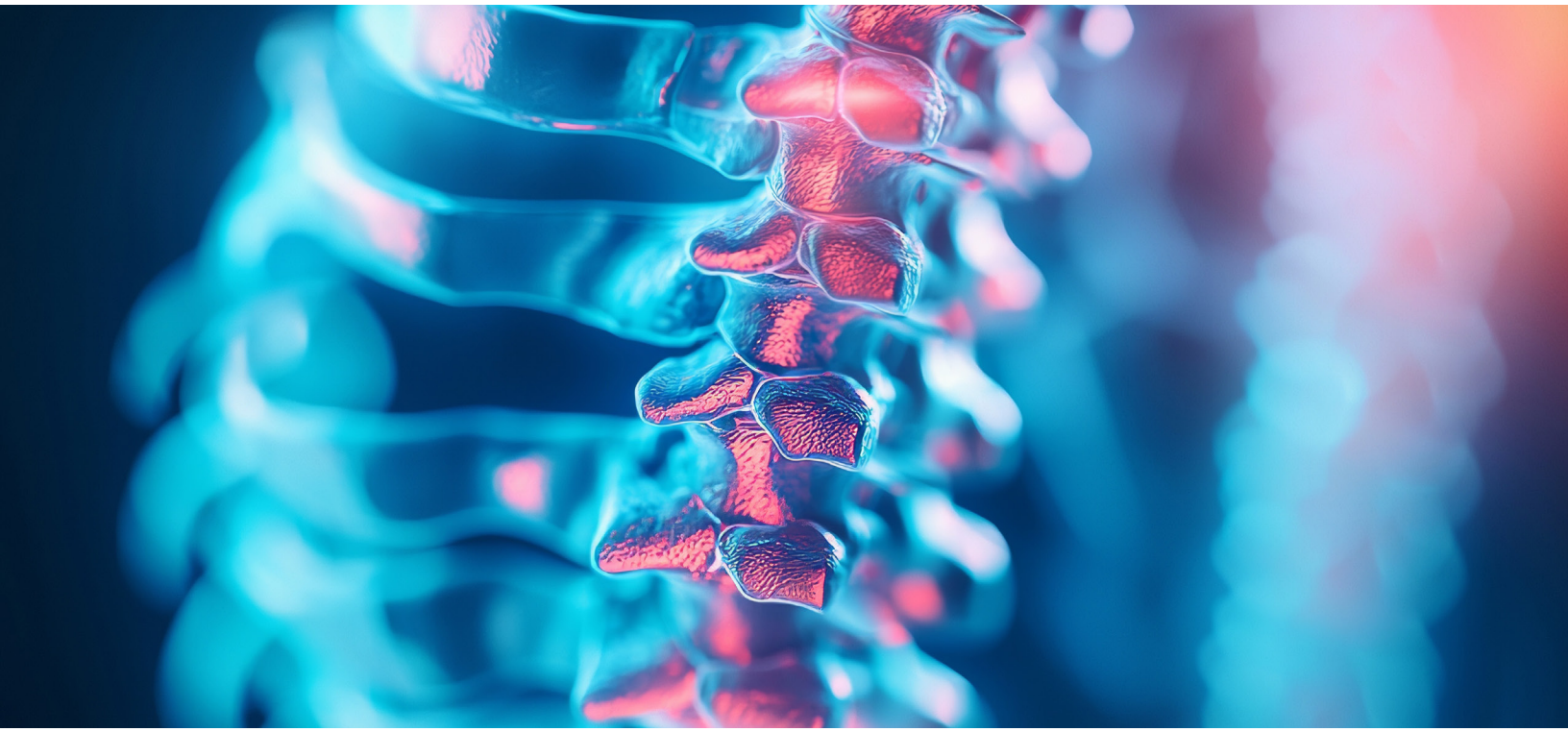
Nonpharmacologic treatment, including superficial heat, massage, acupuncture, or spinal manipulation, should be used initially for most patients with acute or subacute low back pain, as they will improve over time regardless of treatment.

When pharmacologic treatment is desired, nonsteroidal anti-inflammatory drugs (NSAIDs) or skeletal muscle relaxants should be used.

Nonpharmacologic treatment, including exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction, tai chi, yoga, motor control exercise, progressive relaxation, biofeedback, low-level laser therapy, cognitive behavioral therapy, or spinal manipulation, should be used initially for most patients who have chronic low back pain.

For patients who have chronic low back pain and do not respond to nonpharmacologic therapy, NSAIDs should be used. Tramadol or duloxetine should be considered for those patients who do not respond to or do not tolerate NSAIDs. Opioids should only be considered if other treatments are unsuccessful and when the potential benefits outweigh the risks for an individual patient.

Low Back Pain: American College of Physicians Practice Guideline on Noninvasive Treatments | AAFP



The Benefits of Addressing Ageism in Healthcare and Improving Health Outcomes.

Applying the 4Ms—What Matters, Medication, Mentation, and Mobility—is a powerful strategy for addressing ageism in healthcare and enhancing outcomes for older adults.

The 4Ms framework promotes personalized, holistic care by focusing on the unique needs and preferences of elderly patients.

By emphasizing "What Matters," healthcare providers can align care with the patient's goals, fostering greater engagement and satisfaction.

Proper "Medication" management reduces the risk of adverse drug events, a significant concern in older populations.

"Mentation" ensures that cognitive health is regularly assessed and managed, preventing conditions like depression and dementia from being overlooked or dismissed as mere aging.

Lastly, attention to "Mobility" supports physical independence, a critical factor in maintaining quality of life. By integrating the 4Ms into practice, physicians can combat the subtle and overt ageism that often leads to poorer care and outcomes, ensuring that older adults receive the respect and quality of care they deserve.

This approach not only improves patient outcomes but also reduces healthcare costs by preventing complications and hospital readmissions associated with inadequate care of older patients.

Dr. Ferguson

Please go here if you would like to learn more:

https://healthcare.utah.edu/the-scope/health-library/all/2023/10/redefining-geriatrics-care-age-friendly-4ms

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https://www.ncbi.nlm.nih.gov/books/NBK232700/

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