

## Medicare Advantage Update

contains up-to-date information for providers about Medicare Advantage plans with Blue Cross and Blue Shield of Nebraska (BCBSNE).

We encourage you to print a copy of this Update and keep it with your BCBSNE Medicare Advantage Core HMO and Choice HMO-POS Provider Manual. To request permission to reprint this material for any other purpose, please send an email to the editor, Cassie Wade, at [Cassandra.Wade@NebraskaBlue.com](mailto:Cassandra.Wade@NebraskaBlue.com).

Please refer to your provider manual often. You may view it at [NebraskaBlue.com/MA-Manual](https://NebraskaBlue.com/MA-Manual).

To view past issues of Medicare Advantage Update, visit [NebraskaBlue.com/MA-Update](https://NebraskaBlue.com/MA-Update).

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.

## Telehealth visits, including Annual Wellness Visits (AWV), available to Medicare Advantage patients

Blue Cross and Blue Shield of Nebraska (BCBSNE) encourages you to remind your BCBSNE Medicare Advantage patients of their option to receive care using telehealth.

Remember that for all telehealth visits, documentation in the office note must include the following information:

- Type of telehealth contact (e.g., visual, audio, email, portal)
- Type of video service (e.g., Skype, Zoom, BlueJeans)
- Location of patient and provider
- Documented patient informed consent (i.e., the patient understands and accepts the privacy and security risks of telehealth)



*Continued on the next page*

## In this issue

Telehealth visits, including Annual Wellness Visits (AWV), available to Medicare Advantage patients	1-2
Changes coming to AIM clinical guidelines	3
New requirement: Placing clinical trial numbers on paper and electronic claims	3
Gain insights from CAHPS® research on improving the patient experience	4
It's time to renew and refresh in risk adjustment	5



The following may also be documented via telehealth, telephone, e-visits and virtual check-ins when applicable:

- Patient self-reported blood pressure readings from any digital device. Please refer to the [Controlling Blood Pressure tip sheet](#) for more information on the importance of blood pressure control
- Advanced illness and frailty exclusions, which are listed here
- An online telehealth visit using a smartphone, computer or tablet with audio and video capability
- A telephone-only visit for patients who do not have video capability

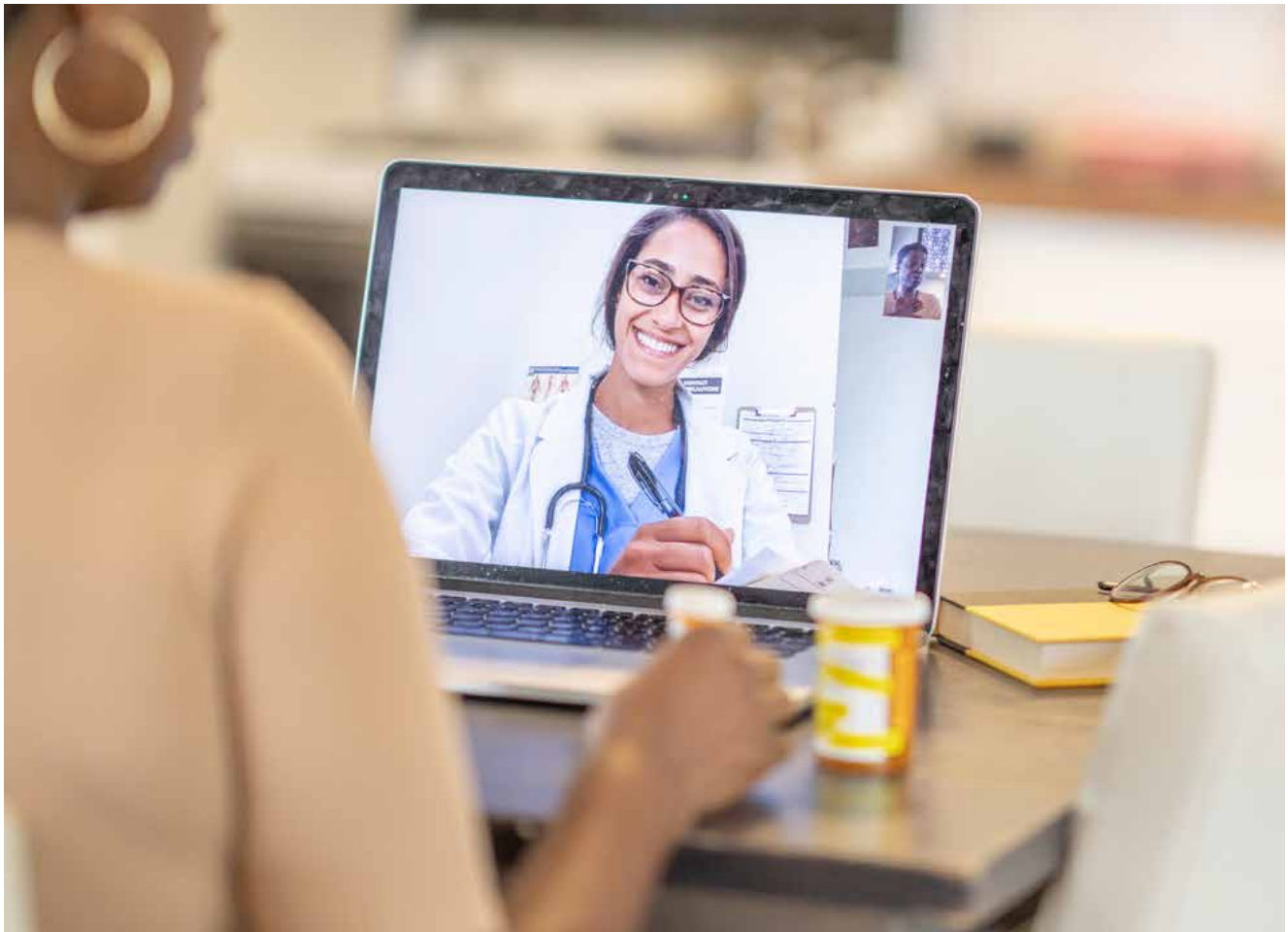
In addition, Medicare Advantage patients can also complete a free AWV as:

- A traditional face-to-face visit in your office

The CPT codes for AWVs are:

- G0402: Welcome to Medicare Visit
- G0438: Annual Wellness Visit, initial
- G0439: Annual Wellness Visit, subsequent

- 
- ▶ If you have any questions, please contact your [BCBSNE Provider Executive](#).



## Changes coming to AIM clinical guidelines

AIM Specialty Health® offers clinical tools to help providers choose the most appropriate treatment and tests for health plan members who have complex conditions. Effective March 14, 2021, AIM will update its clinical guidelines for the following procedures:

### Radiology

- Chest imaging
- Head and neck imaging
- Brain imaging
- Oncologic imaging

### Cardiology

- Cardiac imaging – Echocardiography criteria changes only

### Radiation oncology

- Proton beam therapy

▶ To learn more, visit [AimSpecialtyHealth.com/Resources/Clinical-Guidelines](https://aimspecialtyhealth.com/Resources/Clinical-Guidelines).



## New requirement: Entering clinical trial numbers on paper and electronic claims

Effective, April 18, 2021, when a patient receives treatment as part of a clinical trial, we will require providers to submit Medicare Advantage professional claims with the clinical trial number included.

Please enter the clinical trial number in Field 19 on a paper claim form with “CT” before it and the eight-digit clinical trial number after.

▶ Example: CT12345678

For electronic claims, place the clinical trial number in LOOP 2300 REF02 (REF01=P4). Do not add “CT” before the number.

## Gain insights from CAHPS® research on improving the patient experience

The Centers for Medicare & Medicaid Services (CMS) can help you better understand your Medicare patients' needs and expectations through research from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. CMS annually compiles findings on improving the patient experience and understanding health outcomes using this survey.

You can access CAHPS reports, articles and case studies through the [Agency for Healthcare Research and Quality: Research on Improving the Patient Experience](#).

Please refer to the [CAHPS survey tip sheet](#) to learn more about why this annual survey is important, how it is conducted, what questions are asked and ways you can successfully address care opportunities for patients.

CAHPS® is a registered trademark of the Agency for Healthcare Quality and Research (AHQR).



## It's time to renew and refresh in risk adjustment



At the start of the new year, the slate is wiped clean in risk adjustment, and it is time to refresh, report and recapture all patient diagnoses.

Now is a great time to update the problem list and past medical history list in the patient's chart. Taking it one step further, rather than simply listing a condition in an active problem list in the chart note, it is important that health care professionals address and document each patient's chronic conditions and select the ICD-10 diagnosis code that most specifically reflects the status of each chronic condition, along with any comorbidities that may exist.

The best practice for professional coding staff to follow when a condition or diagnosis may be unclear is to ask the health care professional to clarify it prior to submitting claims, ensuring the highest level of specificity is chosen for code capture.

Unfortunately, when chronic or lifelong conditions are not reported and addressed, there is a strong possibility a patient's health may decline, which validates the importance of health care professionals to communicate the severity of the patient's conditions through proper documentation and specific coding.

Common chronic or lifelong conditions include:

- Alzheimer's Disease
- Asthma/COPD
- Cancer
- Cerebral palsy
- Cystic fibrosis
- Diabetes
- Epilepsy
- Heart disease
- Hyperlipidemia
- Hypertension
- Kidney disease
- Liver disease
- Mental health disorders
- Obesity
- Rheumatoid arthritis
- Substance abuse



If you have questions or would like more information about the articles in this newsletter, please contact your Provider Executive at **877-435-7258** 8 a.m. to 4:30 p.m. CT, Monday through Friday.