Medicare Advantage Update

BlueCross BlueShield Nebraska

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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.

Please refer to your provider manual often. You may view it at **NebraskaBlue.com/MA-Manual**.

To view past issues of Medicare Advantage Update, visit **NebraskaBlue.com/MA-Update**.

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

Thank you!

We appreciate your support and cooperation throughout the HEDIS® medical record review process, which began in February. We know this is a busy time and are grateful for your assistance in this important review, which enables us to meet our quality goals as we seek to improve the overall health of our members, your patients.

In this issue

Security Corner

Your employees are your shield against most security and privacy incidents. But employees need both the ability and motivation to make security part of their everyday work. Use the following tips to help keep your practice cybersecure and protect patient data:

- Create a culture of security with a regular schedule of employee training
- Update employees as you find out about new risks—engaged employees are more equipped to recognize and speak up about potential security or privacy issues

> Learn more.

COVID-19 vaccination tips to share with your patients

Remind patients that most BCBSNE members will receive these approved vaccines at no cost. Although some vaccination sites may ask patients to present their insurance card, so they can bill the insurance provider for the administration of the vaccine, the government is paying for the cost of the vaccine. To determine if additional administration costs may apply, please encourage your patients to talk to their employer or call the number on the back of their BCBSNE member ID card.

Have open discussions with your patients about what they may experience after receiving the COVID-19 vaccine. This will prevent calls to the office later about side effects.

The AMA has created two documents for patient education on:

• How to limit the risk of exposure to the virus
• The importance of wearing a mask

Please share these resources with your patients.

Resources for providers

The Centers for Medicare and Medicaid Services has a centralized vaccine resource available online for providers.

❯ Visit CMS.Gov/COVIDvax to learn more.

Advanced illness and frailty exclusions allowed for HEDIS® star measures

The National Committee for Quality Assurance (NCQA) allows additional exclusions to HEDIS star quality measures for patients with advanced illness and frailty. Services measured by NCQA may not benefit older adults with limited life expectancy and advanced illness. Also, unnecessary tests or treatments could burden these patients or even be harmful.

You can submit claims with advanced illness and frailty codes to exclude patients from select measures. Using these codes also reduces medical record requests for HEDIS data collection purposes.

Please refer to the Advanced Illness and Frailty Exclusions Guide PDF for a description of the advanced illness and frailty exclusion criteria for each measure and a list with the appropriate HEDIS-approved billing codes for advanced illness exclusions, frailty exclusions and dementia medications.

Blood pressure coding can reduce HEDIS medical record requests

The HEDIS Controlling High Blood Pressure measure assesses patients 18-85 years of age who had a diagnosis of hypertension reported on an outpatient claim and whose blood pressure was adequately controlled (<140/90 mm Hg) as of Dec. 31 of the measurement year.

According to HEDIS specifications, blood pressure CPT® II codes can now establish patient compliance with the Controlling Blood Pressure measure. We no longer need to review medical records to confirm blood pressure values when you add the CPT II codes to your patients' claims.

Blood pressure readings taken by an electronic device and digitally stored, transmitted to and interpreted by the provider are acceptable.

Please refer to the Controlling High Blood Pressure tip sheet to learn more about the measure and blood pressure CPT II codes.

To code or not to code (a condition as active) ... that is the question

Some ICD-10 codes are meant to be coded as "active" when they are actively occurring in real time. After that time, the condition should be coded as historical in nature. Examples of these conditions are listed below.

Pulmonary embolism or deep vein thrombosis:

A deep vein thrombosis (DVT) is a blood clot within a deep vein, typically in the thigh or leg. The blood clot, or thrombus, can dislodge and travel as an embolus to other parts of the body, such as the lungs.

A pulmonary embolism (PE) occurs when a blood clot gets caught in one of the arteries that go from the heart to the lungs. The clot blocks the pulmonary arteries and reduces normal blood flow.

A patient may be having signs and symptoms of a DVT or PE in which they are usually sent to the emergency room for further testing and diagnosis.

DVT or PE should be coded as active at the time of occurrence. Afterword, it should be coded as history of DVT or PE, and the patient may be closely monitored by the health care provider and prescribed an anticoagulation medication for an extended time period.

Stroke and myocardial infarction:

A stroke or cerebral vascular accident (CVA) should only be coded as active when the condition and symptoms are happening in real time. Once a CVA has occurred and the patient is being seen in the clinic on follow up, the condition should be coded as a history of CVA. Code any and all deficits following stroke, such as hemiplegia, memory, facial weakness, paralysis or dysphasia.

A myocardial infarction (MI) should be coded from category I21 and may continue to be reported within 28 days, including transfers to an acute setting. If a patient is receiving care related to a myocardial infarction after 28 days, the appropriate aftercare code should be assigned, rather than a code from category I21. Remember to use additional codes to identify heart valve replacement status and any long-term use of blood thinners, antithrombotic medications or aspirin.

Sepsis:

Sepsis is a serious systemic or body-wide response to an infection; most sepsis cases are due to a bacterial infection, which can lead to shock, organ failure and even death. Treatment for this condition usually includes antibiotics, intravenous (IV) fluids and supplemental oxygen administered in an in-patient setting where the member can be closely monitored.

Systemic inflammatory response syndrome:

Systemic inflammatory response syndrome (SIRS) is a critical condition reported in the inpatient setting. SIRS is a serious medical condition in which there is inflammation throughout the whole body, caused by a severe bacterial infection (sepsis), trauma or pancreatitis. Chronic conditions and comorbidities must be taken into consideration when treating SIRS. Patients with this condition will be hospitalized possibly in the intensive care unit, treated and closely monitored until they are considered stable to discharge.

Please remember it is best practice to always update problem lists in the EMR at each visit and to ask the health care provider when there is conflicting documentation in a patient record.

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.