

# Medicare Advantage Update

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PARTNERING WITH YOU FOR A HEALTHIER NEBRASKA

NebraskaBlue.com

## 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, Sara Cline, at [Sara.Cline@NebraskaBlue.com](mailto:Sara.Cline@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).

Our customer service representatives are available 8 a.m. to 9 p.m. (CT) Monday through Sunday from Oct. 1 through March 31 and 8 a.m. to 9 p.m. (CT) Monday through Friday from April 1 to Sept. 30. Call 888-488-9850 for assistance.



Thank you for your continued partnership as you care for our Medicare Advantage members. You are truly appreciated. BCBSNE wishes you, your families and staff a happy and healthy new year!

## Best wishes in 2022!



## 2022 Annual Wellness Visit

The new year will bring new and existing BCBSNE Medicare Advantage (MA) members to your medical practice for their annual wellness visits (AWV). These visits play an important role in helping your patients maintain or improve their health. They are available at no extra cost to BCBSNE members.



No more waiting 365 days between an AWW! MA members may schedule their AWW any time in 2022.

Members will receive a \$50 Walmart® select grocery gift card for completing a visit and MA providers will also receive \$50 for closing the AWW care gap.

The types of visits that will close this gap include:

- Welcome to Medicare exam code: G0402
- Wellness exam codes: G0438, G0439
- Physical exam codes: 99381 to 99387 and 99391 to 99397

You can also offer to conduct an annual wellness visit via telehealth depending on your office's capabilities.

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

## Manage osteoporosis to limit disability

Musculoskeletal conditions are the second largest contributor to disability, according to the World Health Organization.

The HEDIS® Osteoporosis Management in Women who had a Fracture measure, assesses women 67–85 years of age who suffered a fracture and had either a bone mineral density test or received a prescription to treat osteoporosis within six months of the fracture.

Please refer to [the Osteoporosis Management in Women who had a Fracture tip sheet](#) to learn more about this measure, information to include in medical records and ICD-10 codes to include on patient claims.



## Coding neoplasms

Keep these rules of thumb in mind when coding neoplasms:

Generally, cancer is coded as current or active when the medical record clearly shows active treatment directed toward the cancer.

- Active cancer should be coded:
  - When active treatment is directed toward the cancer
  - If the member does not respond to treatment
  - When the current plan is watchful waiting or observation of the cancer only
  - If the member refuses any further treatment
- Personal history of cancer should be coded:
  - After the primary malignancy has been excised or eradicated
  - When there is no further treatment directed to the site
  - If there is no current evidence of any existing malignancy
- The National Cancer Institute defines stages of remission as the following:
  - **Remission:** A decrease in or disappearance of signs and symptoms of cancer
  - **Partial Remission:** Some, but not all, signs and symptoms of cancer have disappeared
  - **Complete Remission:** All signs and symptoms of cancer have disappeared, although cancer still may be in the body

Lymphoma can be malignant or benign and is considered a systemic disease therefore, it does not metastasize in the same way as solid tumors. Lymphoma in remission is still coded and considered active lymphoma, the appropriate ICD-10 code representing the current type of lymphoma should be assigned.

C80.1 (unspecified primary malignancy) should be used in only the rarest of circumstances and never used as a “placeholder” for a diagnosis on a claim prior to receiving final pathology results. It is assigned **only** if no determination can be made as to the primary site of a malignancy. An unspecified code should not be reported in conjunction with a specified primary malignancy code.

This would also apply to C79.9 (unspecified secondary malignancy), it should be assigned **only** when no site is specified, or no site can be determined for the secondary malignant neoplasm.

When using Electronic Medical Record systems, every visit is an opportunity to update the member’s problem list and past medical history list to reflect accurate diagnosis. Updating the diagnosis list at each encounter assists in the efficiency of future appointments and provides a true picture of the member’s conditions.



## Security Corner: Business vendors

Your business vendors may have access to sensitive information as part of their job duties. Make sure those vendors are securing their own computers and networks, too. You can:

- **Put it in writing.** Include provisions for vendor security in your vendor contracts.
- **Verify compliance.** Establish processes so you can confirm that vendors follow your rules.



Billing Change for COVID-19 Vaccine in 2022: Starting Jan. 1, 2022, BCBSNE will pay for the COVID-19 vaccine and its administration (including approved booster doses), without member cost sharing.



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.