

**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 Access PPO Provider Manual. To request permission to reprint this material for any other purpose, please send an email to the editor, Amanda Minckler, at [Amanda.Minckler@NebraskaBlue.com](mailto:Amanda.Minckler@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.

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Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association.

## Medicare Advantage In-Home Test Kit Initiative

Blue Cross and Blue Shield of Nebraska and Everlywell, a third-party vendor previously known as Home Access Health, will be distributing colorectal cancer screening in-home test kits to identified Medicare Advantage members this summer. If your patients have questions regarding any communications or the test kits, we ask you to please encourage them to take advantage of this convenient, no-cost screening.

Members with an open colorectal cancer screening care gap will receive a FIT kit. Members with both a colorectal screening care gap and an HbA1c care gap will receive both a FIT kit and an HbA1c test kit.

The results will be provided via mail to the member and the primary care provider on record. Everlywell will fax abnormal results to the provider and reach out to those members to ensure awareness and encourage provider follow up. In 2023 providers will have access to patient results via the Everlywell portal.



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# Best practices for coding and documenting peripheral artery disease

Peripheral artery disease (PAD) is a condition most commonly caused by blocked arteries and often goes undiagnosed by health care professionals as symptoms may be overlooked or mistaken for other circulatory conditions.

Members with heart disease are at higher risk of developing PAD. Other risk factors include:

- Age
- Diabetes mellitus
- High cholesterol level
- High blood pressure
- Obesity
- Inactivity
- Smoking

If a member reports aching, cramping, fatigue, pain or discomfort in the leg or hip muscles while walking or climbing stairs; poor wound healing; or a weak or absent pulse in the legs or feet, taking the time to ask additional questions and explore the opportunity to test for PAD may be beneficial.

Testing for PAD is simple and painless. The most common tests include:

- Ankle-brachial index (ABI), which compares the blood pressure in the lower leg and upper arm
- Blood tests
- Ultrasound
- Angiogram

Simple assessments may be performed at home, and additional testing and referrals can be requested if necessary.

Once testing is complete, and diagnosis is established, health care providers should explicitly document the findings to support the diagnosis, treatment plan and follow-up care.

When coding, remember to code to the highest level of specificity. For example, if a member has diabetes mellitus, use a combination code to report diabetes with peripheral angiopathy.

# Opioid risks and alternative treatments

A new rule effective for the 2022 plan year requires that each Medicare Advantage Prescription Drug (MAPD) plan notify every member annually of:

1. The risks associated with prolonged opioid use.
2. Non-pharmacological therapies, devices, and non-opioid medications covered by the MAPD plan.

To properly inform our members, we shared the following:

The misuse of prescription opioids is a significant public health issue in the United States. Approximately 9.5 million people 12 or older misused opioids in 2020.<sup>1</sup> Opioid abuse claims more lives than motor vehicle crashes annually. Opioids are not the first choice for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. Evidence suggests that non-opioid treatments, including non-opioid medications and nonpharmacological therapies, can provide relief to those suffering from chronic pain, and are safer.<sup>2</sup> Patients with pain should receive treatment that provides the greatest benefit.

## RISKS

Prescription opioids can be used to treat moderate-to-severe pain and are often prescribed following surgery or injury, or for health conditions such as cancer. However, prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. Additionally, prescription opioids have several side effects, even when taken as directed:<sup>3</sup>

- Tolerance—meaning you might need to take more of a medication for the same pain relief

- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

## ALTERNATIVE TREATMENTS

There may be other ways to manage your pain. Your doctor may recommend treatment options that your BCBSNE Medicare Advantage plan covers.

Depending on the type of pain you are experiencing, covered options include:

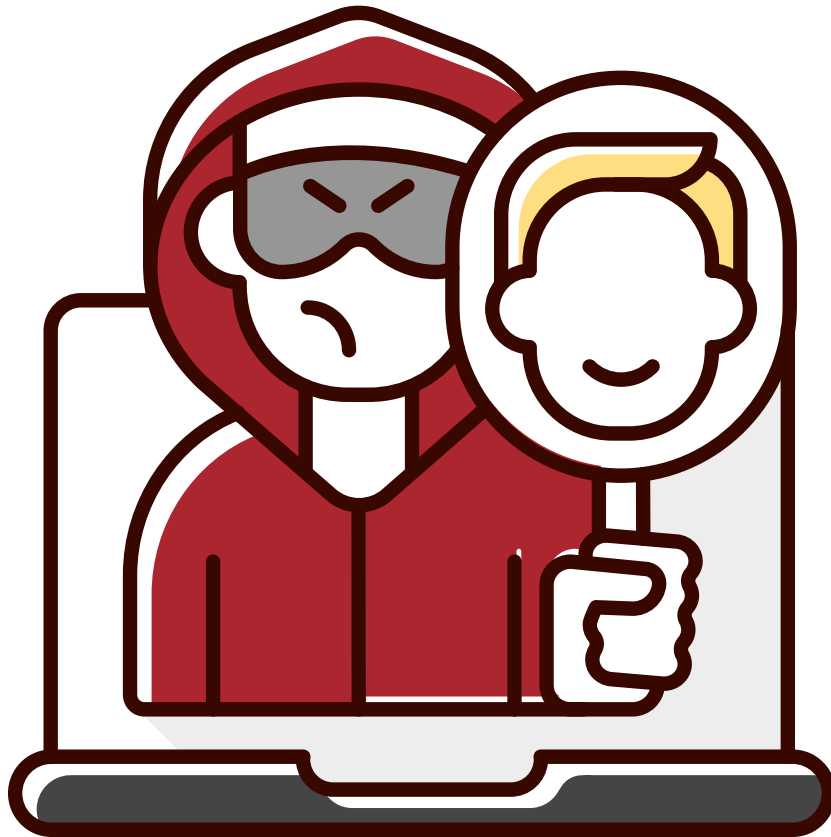
- Acetaminophen (Tylenol®) or ibuprofen (Advil®)
- Cognitive behavioral therapy – a psychological, goal-directed approach in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress
- Exercise therapy, including physical therapy
- Medications for depression or for seizures
- Interventional therapies (injections)
- Exercise and weight loss
- Other therapies such as acupuncture and massage

Please speak with your health care provider about the best pain management treatment for you.

<sup>1</sup> Center for Behavioral Health Statistics and Quality. (2021). 2020 National Survey on Drug Use and Health (NSDUH): Methodological summary and definitions. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [samhsa.gov/data/](https://www.samhsa.gov/data/)

<sup>2</sup> [cdc.gov/drugoverdose/pdf/nonopioid\\_treatments-a.pdf](https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf)

<sup>3</sup> Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016. [cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm](https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm)



## Security Corner: Brand Impersonation

Health care organizations are some of the world's most trusted brands, making them some of the most popular groups for cybercriminals to impersonate.

If you hear from a patient or colleague that they saw your brand being used by someone other than your organization, notify your organization's legal or marketing team. Don't let decades of building trust with patients and the community be undermined by one cybercriminal impersonating your brand.



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.