

Provider Newsletter

Wellcare Medicare

wellcare

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Using CPT II Codes for Diabetic Eye Exam

DIABETIC EYE EXAM MEASURE INFO

The Eye Exams for Patients with Diabetes (EED) measure looks at the percentage of members 18 to 75 years of age with diabetes (type 1 or 2) who completed a retinal OR dilated eye exam. This measure resulted from the separation of indicators that replaces the former Comprehensive Diabetes Care (CDC) measure.

It is important for diabetic members to receive eye screenings annually. Referring diabetic members to an acceptable eye care professional annually for screening can help close gaps in care. Diabetic eye screening acceptable for this measure include the following:

- 1 A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- 2 A negative retinal or dilated exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.
- 3 Bilateral eye enucleation anytime during the member's history through December 31 of the measurement year.





Using CPT II Codes for Gap Closure

It's important to use accurate CPT Category II codes to improve efficiencies in closing patient care gaps and in data collection for performance measurement. When you verify that you performed



(continued)

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Using CPT II Codes for Diabetic Eye Exam *(continued)*

quality procedures and closed care gaps, you're confirming that you have given the best of quality care to members. CPT II codes can provide more accurate medical data and decrease requests for members' records for review as well as identify and close gaps in care more accurately and quickly.

Codes to Close Diabetic Eye Exam Care Gaps

These CPT-II codes let PCPs document patient completion of a diabetic eye exam. You can use these codes to close care gaps in diabetic eye exams. This activity is part of the HEDIS® measure Comprehensive Diabetes Care (CDC). Appropriate CPT-II codes for these exams include:

Code	Description
3072F	Low Risk for Retinopathy (This is the YEAR PRIOR CODE and should be billed with a date of service in the CURRENT YEAR. This lets us know the eye exam was from the previous year and it was negative.)
2022F	Dilated Retina Exam with Interpretation by an Ophthalmologist or Optometrist Documented and Reviewed
2024F	Seven Standard Field Stereoscopic Photos with Interpretation by an Ophthalmologist or Optometrist Documented and Reviewed
2026F	Eye Imaging Validated to Match Diagnosis from Seven Standard Field Stereoscopic Photos Result by an Ophthalmologist or Optometrist Documented and Reviewed

2022F, 2024F, and 2026F should be billed with a date of service during the CURRENT YEAR, with the specific date's exam was performed.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).



Asthma Medication Ratio (AMR)

THE PERCENTAGE OF MEMBERS FIVE TO 64 YEARS OF AGE WHO WERE IDENTIFIED AS HAVING PERSISTENT ASTHMA AND HAD A RATIO OF CONTROLLER MEDICATIONS TO TOTAL ASTHMA MEDICATIONS OF 0.50 OR GREATER DURING THE MEASUREMENT YEAR.

All members five to 64 years of age as of December 31 of the measurement year, who have persistent asthma and have met at least one of the following criteria during both the measurement year and the year prior to the measurement year:

- **At least one ED visit** with asthma as the principal diagnosis.
- **At least one acute inpatient encounter or discharge** with asthma as the principal diagnosis (without telehealth).
- **At least four outpatient visits, observation visits, telephone visits or online assessments** on different dates of service, with any diagnosis of asthma AND at least two asthma medication dispensing events for any controller or reliever medication. Visit type need not be the same for the four visits.
- **At least four asthma medication dispensing events** for any controller medication or reliever medication.



Denominator Exclusions:

- ✓ Members who had no asthma medications (controller or reliever) dispensed during the measurement year.
- ✓ Members in hospice or who used hospice services during the measurement year.
- ✓ Members who died during the measurement year.
- ✓ Members who had any diagnosis from any of the following value sets, anytime during the member's history through December 31 of the measurement year:
 - Emphysema Value Set.
 - Other Emphysema Value Set.
 - Chronic Obstructive Pulmonary Disease Value
 - Obstructive Chronic Bronchitis Value Set.
 - Chronic Respiratory Conditions Due to Fumes or Vapors Value Set.
 - Cystic Fibrosis Value Set.
 - Acute Respiratory Failure Value Set.



Statin Therapy for Patients with Cardiovascular Risk Factors

Statin therapy should be considered for most patients with cardiovascular risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking history) for primary prevention to reduce the risk of atherosclerotic cardiovascular disease (ASCVD). For your convenience, we have listed the United States Preventative Services Task Force's (USPSTF) recommendation on the prescribing of statins for primary prevention to assist you in helping you choose the most appropriate statin-intensity for your patient.

United States Preventative Services Task Force (USPSTF) Recommendation: Primary Prevention

Patient Risk Category	Recommendation
Adults aged 40 to 75 years of age who have 1 or more cardiovascular risk factors and an estimated 10-year cardiovascular disease (CVD) risk of 10% or greater	Prescribe a statin for primary prevention of CVD
Adults aged 40 to 75 years of age who have one or more cardiovascular risk factors and an estimated 10-year CVD risk of 7.5% to less than 10%	Selectively offer a statin for primary prevention of CVD
Adults 76 years of age or older	Clinical assessment and risk discussion

Commonly Prescribed Statins

High-Intensity	Moderate-Intensity	
atorvastatin 40, 80 mg	lovastatin 40, 80 mg	Fluvastatin 80 mg
rosuvastatin 20, 40 mg	pravastatin 40, 80 mg	rosuvastatin 5, 10 mg
	simvastatin 20, 40 mg	Pitavastatin 1, 4 mg
	atorvastatin 10, 20 mg	



We value everything you do to deliver quality care to our members – your patients.

We recognize that you are best qualified to determine the potential risks versus benefits in choosing the most appropriate medications for your patients.



Working Together to Reduce HbA1c < 9%

AS WE EMBARK TOGETHER, WELLCARE HAS IMPLEMENTED MANY SERVICES TO ASSIST MEMBERS IN GETTING THEIR DIABETES UNDER BETTER CONTROL.

We understand that there are many factors that go into improving glycemic control, such as: **taking medications as prescribed, visiting the practitioner regularly, plus exercising and eating right.** These are all ways that a member can manage their diabetes, to reduce their HbA1c.



With this goal in mind, Wellcare has added additional benefits for our members. Social drivers of health play a huge part in preventing members from adhering to medications, healthy eating, and exercising. When you have a member who has unmet health needs, please refer them to our care management team. A care manager will assess and determine which of the benefits would help the member in achieving the desired result of a lowered HbA1c.

These benefits are mentioned in both the practitioner and member handbook. They include but are not limited to transportation to medical care, as well as food shopping and other member needs. Medicaid members are eligible for a six-month membership to the Weight Watchers program, along with one-on-one counseling with a health coach, nutritionists, and diabetes education.



As an incentive to members, the member can receive a reloadable debit or gift card for **\$25 each** for certain preventative health screenings, including getting a HbA1c lab test.

To assist you further, the CPT codes below are specifically for A1c Results.

3044F – < 7%

3046F – > 9%

3051F – ≥ 7% and < 8%

3052F – ≥ 8% and ≤ 9%



Wellcare looks forward to working with you and our members to change the health of our members, one member at a time.



HbA1c Prior to Year-End 2023 and Office Hypertension Blood Pressure Recheck

According to the American Diabetes Association, diabetes causes more deaths per year than breast cancer and AIDS combined. It is very important for diabetic patients to have a HbA1c twice a year with an HbA1c <7 goal. If diabetic patients have not had a HbA1c ordered in 2023, it is imperative to schedule prior to year-end for quality care.

Comprehensive diabetes care includes:



Annual diabetic eye exam



Annual kidney disease monitoring



Controlled blood sugar (A1c)



Medication Adherence



Statin use (if appropriate for your patient)



Controlled blood pressure

Metabolic Syndrome has many risk factors including high blood pressure, heart disease, diabetes, stroke, and other conditions. According to the American Heart Association, patient's blood pressure should be taken in the office at each visit with a goal blood pressure <130/80. If the patient's blood pressure is >130/80 in the office, a second (recheck) blood pressure needs to be completed during the same office visit and documented. Patients need to have a provider visit with their blood pressure taken prior to the end of 2023 for quality care.

Hypertension left undetected can cause:

- Stroke
- Heart Failure
- Angina
- Peripheral Disease
- Vision loss
- Kidney disease or failure
- Microvascular Disease

Sources: diabetes.org, heart.org



Using State Health Information Exchanges

In Kentucky, we have several health information exchanges and repositories that can be useful to access, locate, and share patient health information among health provider and managed care organizations (MCOs). The main two health information systems to use are the Kentucky Health Information Exchange (KHIE) and the Kentucky Immunization Registry (KYIR).

Kentucky Health Information Exchange (KHIE)

The Kentucky Health Information Exchange (KHIE) is a secure network where participants with certified electronic health record technology (CEHRT) can access, locate, and share needed patient health information with other healthcare providers at the point of care. KHIE Participants have access to the following types of data: patient demographics, lab and pathology results, transcribed reports including radiology, immunization data, summaries of care, treatment plans, behavioral health data, and transfer data.

For more information and registration: khie.ky.gov/Get-Started/Pages/default.aspx



Kentucky Immunization Registry (KYIR)

The Kentucky Immunization Registry (KYIR) is a web-based, statewide registry that collects and reports immunization data across a variety of metrics. Users can be electronic or manual, connecting to the system through electronic health records (EHR), or the through the KYIR web application. The system protects data quality and combines individual immunization information into a single, accurate record. KYIR can receive and send data securely to ensure privacy, confidentiality, and accuracy.

To register: chfs.ky.gov/agencies/dph/dehp/idb/Pages/kyir.aspx

Why Should We Use Health Information Exchanges (HIE)?

Using available health information exchanges can be useful in many ways for providers and managed care organization (MCOs) alike. Using HIEs can help to support public health efforts by creating a feedback loop for health-related research and practice. It can also allow public health researchers and officials to keep track of health trends to improve health outcomes.

HIEs create a way for providers to communicate with one another to coordinate treatment plans and eliminate redundancies in testing, health services, or medications and/or vaccinations administered, ultimately improving health quality and efficacy.

The use of HIEs is also a bridge between providers and MCOs to ensure easy data transfer for record abstraction and accurate claim filing, streamlining administrative tasks. This simplifies the record sharing process and allows for a more efficient and accurate data transfer.

Sources:

1. Team Kentucky, "Kentucky Immunization Registry (KYIR)", Retrieved from chfs.ky.gov/agencies/dph/dehp/idb/Pages/kyir.aspx
2. Team Kentucky, "KYIR Training and Information Resources," chfs.ky.gov/agencies/dph/dehp/idb/Pages/kyirtrain.aspx
3. Kentucky Health Information Exchange, "About KHIE," khie.ky.gov/About/Pages/About-KHIE.aspx
4. Kentucky.gov, "Researching Vaccine Records Made Easy: A Guide for the KY School Nurse," education.ky.gov/districts/enrol/Documents/Researching%20Vaccine%20Records_ASM_ADA_2022.pptx.gov, "HIE Benefits," healthit.gov/topic/health-it-and-health-information-exchange-basics/hie-benefits#:~:text=HIE%20benefits%20include%3A&text=Provides%20caregivers%20with%20clinical%20decision,related%20research%20and%20actual%20practice
5. HEATHIT.gov, "Health Information Exchange: The Benefits," healthit.gov/faq/why-health-information-exchange-important



Electronic Funds Transfer (EFT) Through PaySpan®

FIVE REASONS TO SIGN UP TODAY FOR EFT:

- 1** **You** control your banking information.
- 2** **No** waiting in line at the bank.
- 3** **No** lost, stolen, or stale-dated checks.
- 4** Immediate availability of funds – **no** bank holds!
- 5** **No** interrupting your busy schedule to deposit a check.



Setup is easy and takes about five minutes to complete.

Please visit www.payspanhealth.com/nps or call your Provider Relations representative or PaySpan at **1-877-331-7154** with any questions. We will only deposit into your account, **not** take payments out.



Updating Provider Directory Information

WE RELY ON OUR PROVIDER NETWORK TO ADVISE US OF DEMOGRAPHIC CHANGES SO WE CAN KEEP OUR INFORMATION CURRENT.

To ensure our members and Provider Relations staff have up-to-date provider information, please give us advance notice of changes you make to your office phone number, office address or panel status (open/closed). Thirty-day advance notice is recommended.



New Phone Number, Office Address or Change in Panel Status:

Wellcare



Please call us at: 1-855-538-0454

Thank you for helping us maintain up-to-date directory information for your practice.



Provider Formulary Updates

Medicare:

Updates have been made to the Medicare Formulary. Find the most up-to-date complete formulary at **www.wellcare.com**. Select your state from the drop-down menu and click on *Pharmacy* under Medicare in the Providers drop-down menu.

You can also refer to the Provider Manual to view more information on our pharmacy UM policies and procedures. To find your state's Provider Manual visit **www.wellcare.com**. Select your state from the drop-down menu and click on *Overview* under Medicare in the Providers drop-down menu.



Access to Staff

If you have questions about the utilization management program, please call Customer Service at **1-855-538-0454**. TTY users call **711**. Language services are offered.

You may also review the Utilization Management Program section of your Provider Manual. You may call to ask for materials in a different format. This includes other languages, large print and audio. There is no charge for this.



Provider Resources

Provider News – Provider Portal

Remember to check messages regularly to receive new and updated information. Access the secure portal using the Secure Login area on our home page. You will see Messages from Wellcare on the right.

Remember, you can check the status of authorizations and/or submit them online. You can also chat with us online instead of calling.

Resources and Tools

You can find guidelines, key forms and other helpful resources from the homepage as well. You may request hard copies of documents by contacting your Provider Relations representative.

Refer to our Quick Reference Guide (QRG) for information on areas including Claims, Appeals and Pharmacy.

QRGs and Provider Manuals are located at **www.wellcare.com/providers**, click on *Overview* under your state.

Additional Criteria Available

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available at **www.wellcare.com/providers**, click on *Clinical Guidelines* under your state.

MO PROVIDERS ONLY:

To add new practitioners to existing groups or to request updates or provider terminations, please email mail to:

▶ **CHHS_Provider_Roster@Centene.com**

Please visit **www.homestatehealth.com/providers/tools-resources.html** for roster templates.

We're Just a Phone Call or Click Away



Medicare: **1-855-538-0454**



www.wellcare.com/providers