PROVIDER UPDATE

Saint Alphonsus Health Plan
A Member of Trinity Health

MediGold

SEPTEMBER 2024

September is Pain Awareness Month

Helping your patients learn how to manage their pain is one of the goals of Pain Awareness Month. The U.S. Pain Foundation in collaboration with the National Institutes of Health, and others, has created a webinar and four-week virtual Pain Series social media campaign, accessed through #SolvePainTogether. This initiative explores the full experience of chronic pain, from diagnosis to building a treatment plan, to helping the 51.6 million Americans living with chronic pain to learn how to advocate for themselves.

Learn More about the Pain Foundation's efforts.

We're Here To Serve You.

Saint Alphonsus Health Plan is a Medicare Advantage plan, fully owned by Trinity Health. It's designed to provide our members with a more seamless health care experience, while also making it easier for health care teams to coordinate and deliver the best possible care. **LEARN MORE**

Provider Service Center 1-800-991-9907 (TTY 711)

1 Saint Alphonsus Health Plan is a Medicare Advantage organization with a Medicare contract. Enrollment in Saint Alphonsus Health Plan depends on contract renewal. Benefits vary by county.

REMINDER

Enroll in Electronic Funds Transfer

We strongly encourage our providers to enroll in the electronic funds transfer (EFT) option. If you submit claims electronically to Saint Alphonsus Health Plan, this will allow you to receive payment for your claims directly into your bank account the next business day after a claim is paid. This option also allows you to receive electronic remittance advice in the same timeframe.

ENROLL NOW Select Electronic Payment and Remittance Enrollment form, under Claims. Per instructions, please complete a separate form for each office location. You can fax or mail the completed form to us via the contact information listed.

Start receiving your claims payments more promptly through EFT!

Encourage Your Patients to Get Their Influenza, Other Vaccines

Remember to talk to your patients about the importance of getting an annual **influenza** shot and be sure to check with them at follow-up appointments to ensure they have received one. Other vaccines important to those age 60 and older are the RSV and COVID-19 vaccines/boosters.

The Centers for Disease Control & Prevention (CDC) recommends a single dose of **RSV vaccine** for all adults age 75 and older, and for adults ages 60-74, who are at an increased risk of severe RSV disease. This would include those with cardiovascular disease, lung disease, end stage renal disease, diabetes mellitus with end-organ damage, severe obesity, and liver disorders, among others.

The CDC also encourages everyone ages six months and older to receive the **2024-2025 COVID-19 vaccine**. This includes those who have received a COVID-19 vaccine before and people who have had COVID-19.

"Getting the 2024-2025 COVID-19 vaccine is especially important if you have never received a COVID-19 vaccine, are age 65 and older, are living in a long-term care facility and are at high risk for severe COVID-19," according to the CDC. "Getting a COVID-19 vaccine is a safer, more reliable way to build protection than getting sick with COVID-19."

Source: https://www.cdc.gov/covid/vaccines/stay-up-to-date.html

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ALERT: Telehealth and Remote Patient Monitoring

We are seeing an increase in incorrect billing of CPT code 99453 (Initial patient set up and education on use of equipment, can be done remotely by practice staff).

The Medicare payment policy for remote physiologic monitoring includes:

- An established patient-physician relationship is required
- Consent to receive remote physiologic monitoring services at the time services are furnished is allowed
- Physicians and non-physician practitioners who are eligible to furnish evaluation and management services (E/M) may bill for remote physiologic monitoring services

Highlighted guidelines for remote physiologic monitoring services billed to CPT codes 99453 and 99454

- **Remote physiologic monitoring data must be collected for at least 16 days out of 30 days**
- **Remote physiologic monitoring services must monitor an acute care or chronic condition**

For specific codes and requirements for Medicare's remote physiologic monitoring coverage, visit the **Medicare Physician Fee Schedule page** from the Centers for Medicare & Medicaid Services (CMS).

Source: https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/telehealth-and-remote-patient-monitoring

REMINDER: SS&C Technologies Mailroom Moved

The SS&C Mailroom formerly located in Birmingham, Ala., moved to Kansas City, Mo., effective August 1.

Please be advised to send your documents to the new Kansas City address, rather than the Birmingham address, immediately. The current Birmingham PO Box will be forwarded for a limited time.

If overnighting directly to SS&C, please ensure all packages are sent using the new mailing address.

Any email correspondence should be sent to the new address:
HSKCMailCenterTeam@dstsystems.com

FORMER PO BOX	NEW PO BOX
PO Box 830697 Birmingham, AL 35242	PO Box 219273 Kansas City, MO 64121-9273

FORMER MAILING ADDRESS	NEW MAILING ADDRESS
2500 Corporate Drive Birmingham, AL 35242	430 W 7th Street, Suite 219273 Kansas City, MO 64105-1407

Contact information for SS&C:
Help Desk at **1-800-865-4879**
SERVICENOW

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CMS Medicare Advantage Reimbursement Model V28 Changes: Neurological Disease

In 2024, CMS is shifting from V24 Risk Adjustment model to the new V28 model for Medicare Advantage reimbursement. This will influence Hierarchical Classification of Conditions (HCCs) codes related to patients.

The Neurological Disease Group had the following changes:

- V24 HCC 73 (Amyotrophic lateral sclerosis and other motor neuron disease) has had all codes transferred to V28 HCC 190 (Amyotrophic lateral sclerosis and other motor neuron disease, spinal muscular atrophy) with a RAF increase
- V24 HCC 74 (Cerebral palsy) has been split with the single code relating to spastic quadriplegic cerebral palsy moving to V28 HCC 191 (Quadriplegic cerebral palsy) with a RAF increase
- V24 HCC 75 (Myasthenia gravis/myoneural disorders and Guillain-Barre Syndrome/inflammatory and toxic neuropathy) has had several changes
    - Chronic inflammatory demyelinating polyneuritis and multifocal motor neuropathy have been moved to V28 HCC 193 (Chronic inflammatory demyelinating polyneuritis and multifocal motor neuropathy)
    - The single ICD-10 for myasthenia gravis with acute exacerbation has been moved to V28 HCC 195 (Myasthenia gravis with (acute) exacerbation)
    - Codes relating to Lambert-Eaton, unspecified myoneural disorders, and myasthenia gravis without exacerbation have been moved to V28 HCC 196 (Myasthenia gravis without (acute) exacerbation and other myoneural disorders)
    - Most forms of secondary polyneuropathy (neuropathy due to radiation, drugs, EtOH, inflammatory polyneuropathy, and rheumatoid polyneuropathy have been removed from the HCC model
- V24 HCC 76 (Muscular dystrophy) has had all codes transferred to V28 HCC 197 (Muscular dystrophy) with a RAF decrease
- V24 HCC 77 (Multiple sclerosis) has had all codes transferred to V28 HCC 198 (Multiple sclerosis) with a RAF increase
- V24 HCC 78 (Parkinson's and Huntington's diseases) mostly had all codes transferred to V28 HCC 199 (Parkinson's and other degenerative diseases of basal ganglia) with a RAF decrease
    - Codes related to secondary or drug-induced parkinsonism have been removed from the model
- V24 HCC 79 (Seizure disorders and convulsions) has had all codes transferred to V28 HCC 201 (Seizure disorders and convulsions) with a RAF increase
- V24 HCC 80 (Coma, brain compression/anoxic damage) mostly had all its codes transferred to V28 HCC 202 (Coma, brain compression/anoxic damage) with a RAF increase

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Concurrent Use of Opioids and Benzodiazepines

The concurrent use of opioids and benzodiazepines is a significant concern, particularly among Medicare Advantage beneficiaries. This drug combination can increase the risk of severe respiratory depression, impaired cognitive function, unintentional overdose, and death. Studies have shown that the risk of opioid-related overdose increases during the first 90 days of concurrent use compared to opioid-only use among Medicare recipients. Due to these risks, the Centers for Disease Control and Prevention (CDC) advises clinicians to avoid co-prescribing these medications whenever possible, and CMS has implemented measures to monitor and reduce the concurrent use of these drugs.

The Concurrent Use of Opioids and Benzodiazepines (COB) measure, developed by the Pharmacy Quality Alliance (PQA), monitors performance on the percentage of patients with concurrent use of both opioids and benzodiazepines. This measure helps healthcare providers identify and reduce the risks associated with the concurrent use of these medications, ultimately intending to improve patient safety and outcomes. Lower rates are better, and CMS aims to incentivize healthcare providers to monitor and manage the concurrent use of these medications more effectively by incorporating the measure into its Star Ratings system.

DEFINITION: Concurrent use is defined as overlapping days supply for an opioid and a benzodiazepine for 30 or more cumulative days.

DENOMINATOR: Using pharmacy and medical claims data, members are included in the eligible population for the measure based on the following criteria:

- Aged 18 years or older on the first day of the measurement year and continuously enrolled, and
- Two or more prescription claims for opioids filled on two or more separate days with a cumulative days supply of 15 or more days

NUMERATOR: Members with concurrent use of both opioids and benzodiazepines for 30 or more cumulative days during the measurement period.

What you can do

Healthcare providers can take several steps to mitigate the risks associated with the concurrent use of opioids and benzodiazepines:

- Avoid prescribing opioids and benzodiazepines together whenever possible.
- Educate patients about the risks of using these medications together.
- Utilize a Prescription Drug Monitoring Programs PDMPs to track prescriptions and ensure patients are not receiving opioids and benzodiazepines from multiple providers.
- Consider non-opioid pain management strategies and non-benzodiazepine treatments for anxiety or insomnia.
- If concurrent use is necessary, start with the lowest effective doses, and closely monitor the patient for signs of adverse effects.
- Schedule regular follow-up appointments to reassess the patient's medication regimen and adjust as needed.

In the October Provider Update: More on the concerns of the use of Multiple Anticholinergic Medications in Older Adults.

Sources: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Concurrent-Use-of-Opioids-and-Benzodiazepines-in-a-Medicare-Part-D-Population-CY-2015.pdf

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763836

https://www.upmc.com/media/news/062218-opioid-benzo-overdose

https://www.cms.gov/files/document/mln2886155-prescribers-guide-medicare-prescription-drug-part-d-opioid-policies.pdf

https://www.pqaalliance.org/assets/Measures/PQA_Measures_Overview.pdf

ConcurrentUseBenzoandOpioidsOnePagerFINAL.pdf (pharmacyquality.com)

Parkinson's Disease

Parkinson's Disease is a degenerative brain disease that is known for causing uncontrollable movements, tremors, loss of balance, and stiffness.

IMPORTANT CODING INFORMATION

There are two ways to specify the type of Parkinson's disease present:

- Motor fluctuations – changes in the ability to move. Also known as periods where symptoms lessen and reemerge.
- Dyskinesia – types of abnormal involuntary movements

PARKINSON'S DISEASE CODES

G20.A1 – Parkinson's disease without dyskinesia, without mention of fluctuations

G20.A2 – Parkinson's disease without dyskinesia, with fluctuations

G20.B1 – Parkinson's disease with dyskinesia, without mention of fluctuations

G20.B2 – Parkinson's disease with dyskinesia, with fluctuations

G20.C – Parkinsonism, unspecified

Do you have access to our Provider Portal?

Through the Provider Portal you can:

- Verify eligibility of members
- Verify member claims history
- View member payment status, and more!

GET ACCESS TODAY

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