

# PROVIDER UPDATE



MediGold

DECEMBER 2024



## Thank you, Saint Alphonbus Health Plan Providers!

It's been a momentous year for our health plan and you, our dedicated providers! As we enter 2025, we want to share our gratitude for all you've done this year to provide high-quality and compassionate care to our members.

We appreciate your partnership in delivering the best possible outcomes for your patients. From all of us at Saint Alphonbus Health Plan, we wish you joy, health and serenity this holiday season and in the coming year!

## Any Updates in Your Office?

We want to be informed of any changes in your practice, including any office relocations, new addresses, email addresses or phone numbers, and so on.

It's easy to advise us of these changes. Please complete the online Provider Information Change Form, located under "Network Providers – Data Update Forms." There is also an option for new network participating providers to Join Our Network

through the link at the top of the page.

Once you complete the form, just click "Submit" at the bottom of the page, and we'll receive your information securely.

Thank you for keeping us apprised of your office updates!



[Provider Information Change Form](#)

## We're Here To Serve You.

Saint Alphonbus 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)

# Chronic Obstructive Pulmonary Disease (COPD)

COPD is a diagnosis that includes irreversible lung damage to the airways. Diagnoses included under this broader term are emphysema and chronic bronchitis. Symptoms of these conditions include chronic cough, shortness of breath, and wheezing or other lung sounds. Supporting documentation can include diagnostics such as spirometry and treatments such as inhalers and O2.

## IMPORTANT CODING INFORMATION

- COPD codes are categorized under J44.-

| DESCRIPTION  | CODE  |
|--|-------|
| Chronic obstructive pulmonary disease with (acute) lower respiratory infection | J44.0 |
| Chronic obstructive pulmonary disease with (acute) exacerbation                | J44.1 |
| Chronic obstructive pulmonary disease, unspecified                             | J44.9 |

- Bronchitis codes that are not considered “obstructive” are coded under J41.0 – J42. Chronic bronchitis specified as “obstructive” is coded under category J44.-

| DESCRIPTION                                      | CODE  |
|--|-------|
| Simple chronic bronchitis                        | J41.0 |
| Mucopurulent chronic bronchitis                  | J41.1 |
| Mixed simple and mucopurulent chronic bronchitis | J41.8 |
| Unspecified chronic bronchitis                   | J42   |

- Emphysema is coded under J43.- codes. When both Emphysema and COPD are documented, only Emphysema should, J43.9 should be assigned.

| DESCRIPTION   | CODE  |
|---|-------|
| Unilateral pulmonary emphysema (MacLeod’s syndrome) | J43.0 |
| Panlobular emphysema                                | J43.1 |
| Centrilobular emphysema                             | J43.2 |
| Other emphysema                                     | J43.8 |
| Emphysema, unspecified                              | J43.9 |

- When asthma with COPD is documented both codes for COPD and asthma should be captured as long as the type of asthma is specified; if the type is not documented or documented as “unspecified” then only COPD should be captured.
  - o If the type of asthma is specified, J44.89, Other specified chronic obstructive pulmonary disease, and the asthma type, J45.2 – J45.5 should be coded.

## CODING EXAMPLE

Documentation: 78-year-old female presents with COPD and moderate persistent asthma, continuing current use of inhaler.

Assigned codes: J44.89, Other specified chronic obstructive pulmonary disease and J45.40, moderate persistent asthma, uncomplicated

# CMS Medicare Advantage Reimbursement Model V28 Changes: Amputations

In 2024, the Centers for Medicare & Medicaid Services (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 amputation group had the following changes:

- V24 HCC 189 (Amputation status, lower limb/ amputation complications) had most codes removed from the model with a small subset

going to V28 HCC 409 (Amputation status, lower limb/amputation complications).

- o Codes moving to V28 HCC 409 include encounters for fitting for an artificial leg, the acquired absence of foot, ankle, and leg above and below the knee, complications of an amputation stump such as neuroma, infection, or necrosis, and codes for phantom limb syndrome.
- o Codes moving to V28 HCC 49 had an increase in RAF.

## Provider Service Center Closed for the Holidays

Our call center will be closed Wednesday, December 25 and Wednesday, January 1, in observance of the Christmas and New Year's holidays.



## 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](#)