

# PROVIDER UPDATE

February 2023

## American Heart Month

February is American Heart Month, a time when all your patients can focus on their cardiovascular health. As you know, heart disease is still the leading cause of death for men and women in the U.S., and we want to work with you to raise awareness of the risk factors that can lead to heart disease, including hypertension, high cholesterol and smoking.

Medication adherence is critical to successful hypertension control for many patients. However, only 51% of Americans treated for hypertension follow their health care professional's advice when it comes to their long-term medication therapy, according to the Centers for Disease and Control (CDC), Division for Heart Disease and Stroke Prevention.<sup>1</sup>

Adherence matters. High adherence to antihypertensive medication is associated with higher odds of blood pressure control, but non-adherence to cardioprotective medications increases a patient's risk of death from 50% to 80%.<sup>1</sup>

**As a health care professional, you can empower patients to take their medications as prescribed.** Effective two-way communication is critical; in fact, it doubles the odds of your patients taking their medications properly. Try to understand your patients' barriers and address them honestly to build trust.

For additional assistance, please access the CDC Million Hearts® website, <https://millionhearts.hhs.gov/data-reports/factsheets/adherence.html>.

<sup>1</sup>Ho PM, Bryson CL, Rumsfeld JS. Medication adherence: its importance in cardiovascular outcomes. *Circulation*. 2009;119:3028-3035.

## Provider Administrative Manual

To ensure you always have the most current information, we update our Provider Administrative Manual (PAM) on a quarterly basis. The Q1 PAM is now available and can be accessed here: <https://www.medigold.com/for-providers/tools-and-resources/provider-admin-manual>

If you have any questions, please contact our Provider Service Center at 1-800-991-9907 (TTY 711).



**Congestive Heart Failure Coding Tips**

**Important Coding Documentation for CHF**

Heart failure occurs when the heart cannot pump enough blood to meet the body’s needs, and it typically develops after other conditions have weakened or damaged the heart. Considered a chronic condition, it tends to develop slowly over time. However, patients may experience a sudden onset of symptoms, which is known as acute heart failure. In order to assign the appropriate diagnosis code, physicians must fully document the types of heart failure whether it is acute or acute on chronic as well as the affected side of the heart. It is also important to document the association between CHF and the diastolic/ systolic dysfunction. Like any other documentation, it is important that the diagnostic statement matches the assigned code. Below is a common mistake when documenting systolic and diastolic heart failure.

**Unacceptable documentation**

- **Diagnostic statement:** Left ventricular diastolic dysfunction
- **Assigned code:** I50.30 Unspecified diastolic congestive heart failure
- **Test order:** Electrocardiogram
- **Correct code:** I51.9 Heart Disease Unspecified

**Acceptable documentation**

- **Diagnostic statement:** Diastolic congestive heart failure
- **Assigned code:** I50.30 Unspecified diastolic congestive heart failure
- **Test order:** Electrocardiogram

**New Codes - Bariatric**

**There are two new bariatric surgery codes for 2023**

- **43290** - EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO-esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon
- **43291** – EGD FLX TRNSORL W/RMVL NTRGSTR BARIATRIC BALO-esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s) (L33411 or NCD 100.1, NCD 100.11)

**Bariatric Surgery:**

43364	43847	43773	43770	43886	43846
43772	43888	43843	43774	43771	43887
43842	43645	43848	43845	43775	

## Annual Wellness Visits (AWV) &amp; In-home Assessment (IHA)

The AWV is one of many Medicare preventive services. You may find these FAQs helpful in preparation.

MediGold offers its members one AWV per calendar year under the following qualifying situations.

1. Beneficiaries with more than 12 months since their effective date of their first Medicare Part B coverage period.
2. Beneficiaries who have not received the Initial Preventive Physical Exam (IPPE) or AWV within the past 12 months.
3. Beneficiaries with more than 12 months since their Welcome to Medicare preventive visit.

**Is there cost-sharing for the AWV?**

With MediGold, there is no coinsurance, copay or deductible for the AWV. If other services are provided during the AWV, cost-sharing may apply.

**The initial AWV includes:**

- Health Risk Assessment (HRA).
- Establishing a list of current providers and suppliers.
- Medical/Family history.
- Review of risk factors for depression or mood disorders.
- Review of functional ability and level of safety.

Subsequent AWVs can generally be a continuation of the initial AWV.

**Which codes would be used?**HCPCS Codes

Initial visit: G0438

Subsequent visits: G0439

Diagnosis Code

When submitting the AWV claim, you may choose any diagnosis code consistent with the beneficiaries' exam.

**What other services may be completed with the AWV?**

Preventive services such as Advance Care Planning (ACP) can be completed as an optional element of an AWV. Medicare waives both the coinsurance and the Medicare Part B deductible for ACP when it is:

- Provided on the same day as the covered AMW.
- Furnished by the same provider as the covered AWV.
- Billed with modifier -33 (Preventive Service).
- Billed on the same claim as the AWV.

For more information on qualifying preventive services, visit [CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html) on the Medicare Learning Network website.

Because cost-sharing will apply if other services are completed during the AWV, MediGold recommends you explain applicable cost-sharing information with your patient prior to completing any services. With that prior approval, the AWV is a good opportunity to:

- Close gaps in care, such as BMI, CBP, A1c and discussion about the mammogram, colonoscopy and medication adherence.
- Review all patient conditions and determine the yearly plan of setting up follow-up appointments to address and treat all conditions.

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## Annual Wellness Visits (AWV) &amp; In-home Assessment (IHA) - continued

**Annual Wellness Visit**

- Free opportunity for members to review the following with their PCPs:
  - Medical History.
  - Review risk factors.
  - Make a personalized prevention plan to keep members healthy.
- Can be face to face or telehealth visit.

**In-home Assessment – Healthy House Call program**

- Free opportunity for a nurse practitioner to come to the member's home or complete a telehealth visit.
- The nurse practitioner will complete a comprehensive assessment that includes:
  - Review of medical history and current conditions
  - Risk factors
  - Medication review
- The nurse practitioner will leave a completed assessment for the member as well as forward the assessment to the member's PCP so that the member can review the assessment at their next PCP visit.

