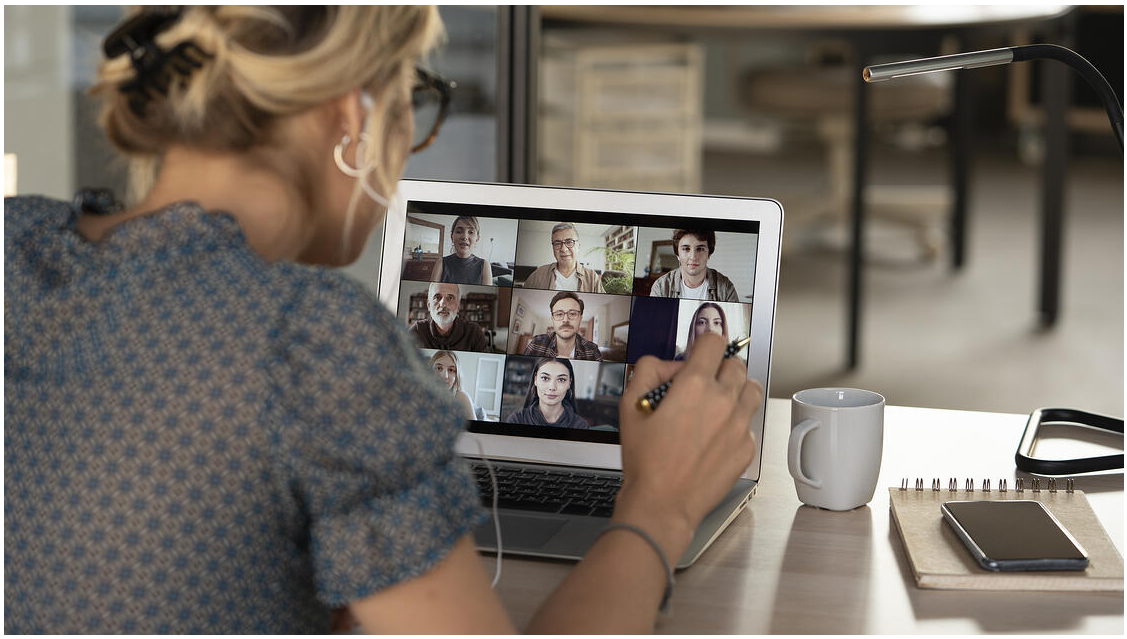
PROVIDER CONNECTIONS

A Monthly Newsletter for HealthTeam Advantage Providers



May Virtual Roundtable: Quality

Join us **Wednesday, May 25**, from 11 am-12 pm for our next **Virtual Roundtable: Quality**. You'll learn more about quality ratings, Star ratings, gap closures, obtaining charts, CAHPS surveys, and more.

Please RSVP to providerconcierge@htanc.com with your:

- Name
- Practice/Facility
- Email Address
- Job Title

When your RSVP has been received, you'll get a calendar invitation with the link to the virtual meeting.

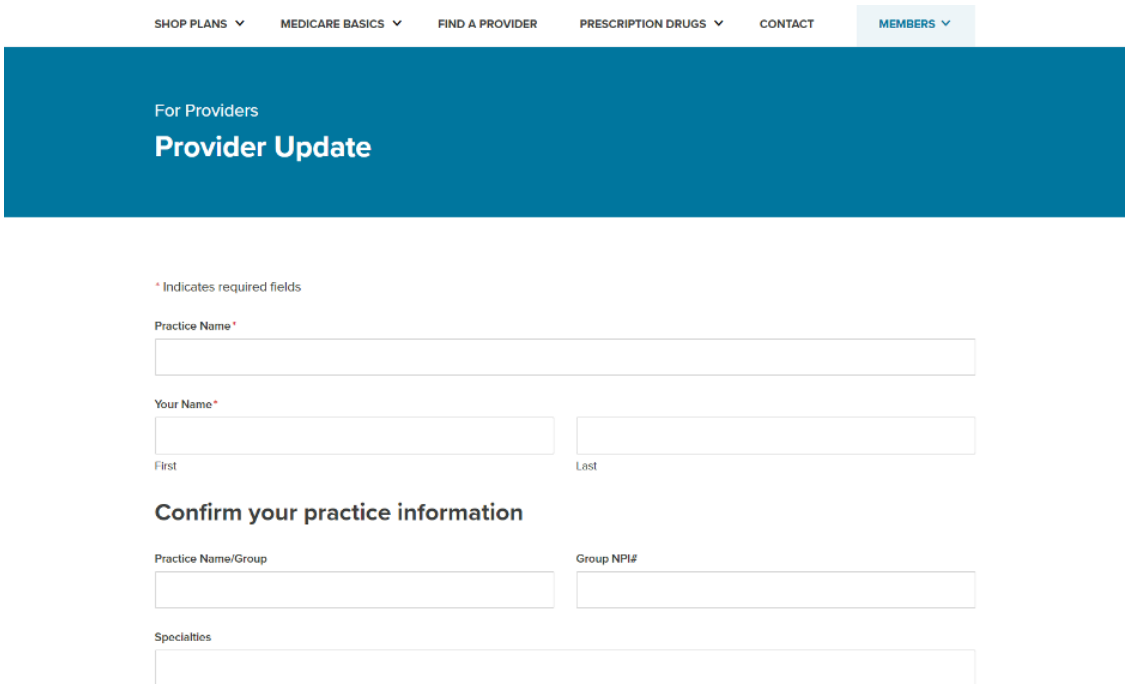
Attention Required: Provider Directory Validation

It's always important to know how to verify that your provider and facility information is listed correctly on HealthTeam Advantage's Provider Directory. Health plan

enrollees need accurate information about which providers and facilities they can visit in-network. Consumers need accurate information about the providers and facilities that are in health plan provider networks when shopping for coverage.

HealthTeam Advantage would like to encourage practice administrators to visit our Provider Directory on a monthly basis to verify information such as address, telephone number, provider name, practice name, provider specialty, etc.

Updating demographic information for providers and facilities can be done through our website. Fill in the blank fields with all the required information and click Submit. Once this has been completed, this information will be processed within 45 days.



Please remember if a provider or facility location needs to be added or termed from the group, contact our Provider Concierge department at 855-218-3334 or email providerconcierge@htanc.com. A form will be emailed to you for completion. If you have any questions, please feel free to contact our Provider Concierge team!

Reminder of Required Training: Annual Model of Care Training for CSNP Providers

The Center for Medicare and Medicaid Service (CMS) requires that all providers seeing beneficiaries enrolled in a Chronic Special Needs Plan (CSNP), such as our Diabetes and Heart Care Plan, participate annually in Model of Care (MOC) Training.

We need all administrators to support us by ensuring all providers have

completed the annual Model of Care training requirement. A friendly reminder email will hit the provider's email this week.

HealthTeam Advantage is committed to making this training available to you and your providers on a variety of modes, and in-person when feasible.

All providers can visit our website to access the training and choose one of the following formats:

1. Read the MOC Training Slides via PowerPoint and complete the attestation form* at the end.
2. Read the MOC Training document via PDF and complete the attestation form* at the end.
3. Watch the 2022 MOC Training Video and complete the attestation form* at the end.

***Please note that completing the training in full is required. An attestation form must be completed, signed, and submitted by the individual provider to obtain credit for the training.**

If you have any questions about the status of your training and attestation requirements, you may email providerconcierge@htanc.com or call 855-218-3334.

Required Annual Model of Care Training

The Coding Tip Corner

While performing chart audits from 2020 up to and including 2022, the Risk Adjustment team has found that there is still some confusion over the appropriate coding of two conditions, relatively common, unfortunately.

Accurate coding of acute myocardial infarction, specifically I21.01 – I21.A9
This is to be used only when it is well documented that this event has occurred within a 28-day time frame of the documentation of the myocardial infarction (MI). On the 29th day, this becomes a history of code, unless the member has suffered a second MI in that time frame and the 28 days starts over from that date. If the time frame is not well documented as being within the 28-day time frame, it must be coded as a history of.

Accurate coding of cerebrovascular accident (CVA) I63.00 – I63.9
This code is not to be used after discharge. It is extremely rare that these codes would be appropriate for coding in a physician's office, unless the patient would be being transported to a hospital with an impending cerebral infarct from the office by ambulance.

Here are examples of appropriate coding following a CVA in-office visit: Patient is being seen today with a history of a CVA 1 year ago.

A. The patient has residual right-side hemiplegia as a result and is being followed by neurology. **Code (I69.351)** Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side.
B. Patient presents with a history of cerebral infarction. She has residual dysphasia and is being treated by neurology. **Code (I69.321)** Dysphasia following cerebral infarction.
C. Patient has a personal history of stroke with no residual effects. Below is the correct code assignment for this patient's condition: Personal history of transient ischemic attack, and cerebral infarction without residual deficits. **Code (Z86.73)** Personal history of transient ischemic attack, and cerebral infarction without residual deficits.
D. Patient was admitted s/p CVA due to thrombosis of an unknown cerebral artery one week ago and had a history of CVA with left hemiparesis. He presents with left side hemiparesis and is right-handed. **Code (I63.30 and I69.354)** Cerebral infarction due to thrombosis of unspecified cerebral artery (I63.30) and Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (I69.354).

The Importance of Documentation
Mandatory CMS and Health and Human Services Audits are called Risk Adjustment Data Validation Audits (RADV). CMS requires that codes be fully supported by documentation in the medical record and that diagnosis codes (ICD-10) submitted follow the Official Coding Guidelines. **Medical record documentation must support diagnosis codes submitted on the claim. THIS IS KEY.** Complete documentation also helps providers meet the requirements for other alternative payment methods such as Stars, HEDIS, MIPS, and MACRA.

The CMS payment for each member is unique based on:

- Demographic factors (age, gender, other factors)
- Health status (diagnosis codes that fall in the HCC model)

Choose code(s) that most accurately describe the patient's condition. The same amount of detail must be documented in the medical record as is classified in the ICD-10 code. Remember coding to specificity is always key to coding accuracy.

For example, in order to link a manifestation/complication to diabetes mellitus, the documentation must clearly show that there is a causal effect of the disease to the associated manifestation. A coder cannot assume that there is a causal relationship between two diagnoses. One diagnosis code MUST be clearly documented in the medical record as being directly related to the other i.e., Diabetic neuropathy, CKD due to Diabetes, PVD due to Diabetes, Diabetic dermatitis. (List is not all inclusive.)

Coding Major Depressive Disorder
When coding major depressive disorder, documentation should include the

following:

- **Episode**: single or recurrent
- **Severity**: mild, moderate, or severe with psychotic features, or severe without psychotic features
- **Clinical status** of the current episode (at the time of the visit) in partial or full remission

Keep in mind that F32.A is Depression, unspecified and does not risk adjust.

ANSWERS to April Newsletter Questions

What are the most commonly missed HCC codes annually?

a. **Transplant, ostomy, amputation, diabetes, and dialysis** ✅
b. Treatment outcome, assessment of diagnosis, and depression
c. Transplant, obesity, aneurysm, diabetes, and depression
d. Treatment outcome, amputation, diabetes, and dialysis

An MI is coded as new up to one month from the incident.

a. True
b. **False (up to 28 days)** ✅

Abdominal and thoracic aneurysms can be treated by open or endovascular repair. Which one(s) can be coded?

a. Both
b. **Endovascular repair** ✅
c. Open repair

May Newsletter Questions

Take a moment to test yourself. Look for the answers in next month's newsletter!

Which of the following statements is false regarding an MRA coder working with a healthcare provider to improve an RAF score?

a. Coders use MEAT strategy to ensure that a provider's documentation supports every risk-adjusted diagnosis for validation purposes.
b. Coders apply a clinical interpretation to information within the medical record.
c. Coders ensure that each date of service note stands by itself.
d. Coders ensure that the medical record is not conflicting, lacking in specificity, incomplete, or ambiguous.

Risk adjustment coding emphasizes which of the following?

a. Chief complaints only

b. Chronic conditions only
c. Both chief complaints and chronic conditions
d. Neither chief complaints nor chronic conditions

Which modifier should you use when you send claims for outpatient CAR T-cell therapy services?

a. KD
b. KO
c. KP
d. KX

Patient presents to the emergency room complaining of chest pain. An EKG shows acute inferior ischemic changes noted — ST elevation in III& aVF. Following through examination and testing, the doctor documents a diagnosis of acute inferior myocardial infarction in a patient with a history of STEMI involving the left main coronary artery two weeks prior and admits the patient to the CCU. Which code(s) is (are) reported in the MIs?

a. I21.01
b. I21.1
c. I22.1, I21.02
d. I21.01, I22.1

When coding procedures, how should you sequence the codes?

a. From the lowest number to the highest
b. From the highest relative value unit to the lowest
c. From the lowest relative value unit to the highest
d. It doesn't matter

Miss a past edition of the Provider Connection?

We are pleased to announce that the past 12 months of the Provider Connection newsletter are now available on our website. You can visit the **For Provider** section of our website, or bookmark the direct link.

Need Assistance?

Contact Your Dedicated Provider Concierge:

Phone: 855-218-3334

Email: providerconcierge@htanc.com

Have a compliance concern or suspect fraud, waste, or abuse?

Contact the Compliance Helpline (anonymously if you wish) at:

1-855-741-4518 or www.hta.ethicspoint.com

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