

Provider Connections

A Monthly Newsletter from HealthTeam Advantage

March 2024 Edition



NOTICE: Revised Prior Authorization Lists Published

Please visit our [website](#) to download the revised 2024 prior authorization lists. The following codes were deleted and do not require prior authorization:

- 0202U: Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected**
- 0223U: Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected**
- 0224U: Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), includes titer(s), when performed**
- 0225U: Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected (AMA, 2020)**
- 0226U: Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum (AMA, 2020)**
- 0240U: Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected**
- 0241U: Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected**
- 0408U: Infectious agent antigen detection by bulk acoustic wave biosensor immunoassay, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])**

No other changes were made. Any claims previously denied for these codes will be reprocessed. No action is required by you.

Required Annual Model of Care Training for CSNP Providers

The Center for Medicare and Medicaid Services (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 this requirement every year. HealthTeam Advantage is committed to making this training available to you and your providers on a variety of platforms, and in person when feasible.

All providers can [visit our website](#) to access the training and choose one of the following formats:

- **PowerPoint: Read the 2024 MOC Training Slides via PowerPoint and complete the attestation form* at the end.**
- **PDF: Read the 2024 MOC Training document via PDF and complete the attestation form* at the end.**
- **Video: Watch the 2024 MOC Training Video and complete the attestation form* at the end.**

***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, contact your Provider Concierge by email or phone, providerconcierge@htanc.com or 844-806-8217, option 5.

Fill in the Blanks without Adding Time

We have all heard the phrase "Things can change in a heartbeat!" Unfortunately, we see this every day in our health arena.

Often, people downplay their life circumstances when in a physician's presence. Realizing this, how often does your office ask the pertinent questions? YES, the Social Determinants of Health (SDOH) questions. Specifically, what has changed for the better or worse in their life outside the office setting?

Most questions can be answered in a short amount of time with an informal conversation with the patient. Keep in mind these do not need to be collected solely by the provider. The patient is often escorted to a room by a staff member, and this is an opportunity to collect information prior to the provider even entering.

Many of these questions are answered indirectly during the visit, such as:

- **Are they taking all medications as directed? If they hesitate or answer no, is this due to unforeseen financial circumstances? Financial changes could lead to risk for housing instability.**
- **Have they shown up late for the appointment, and is this a result of unreliable transportation?**
- **Is there an explanation for a noticeable weight gain or loss, and is this due to food insecurities?**
- **Have they recently lost a significant other, and are they pulling away and becoming isolated?**

Through your observation and listening skills, you have collected several key social determinants of health without increasing your time spent with the patient! All you have left to do is fill in the blanks on the record, which is right in front of you on the computer.

Please note that SDOH codes are for supplemental reporting purposes and should not be used as primary diagnosis codes.

Capture the Chronic while Treating the Acute

We understand that it is often difficult to schedule patients when they are "feeling fine" because the last thing they may be thinking about is seeing their doctor. So even though they may be in the office for an acute condition such as the flu or bronchitis, chronic conditions that are affected by the care or treatment of the acute condition can and should be documented and reported for the encounter.

The guidelines for ICD-10-CM advise to "code all documented conditions that coexist at the time of the encounter/visit and that require or affect patient care, treatment, or management." Prescribing antibiotics or over the counter medications and other factors can affect chronic conditions such as hypertension, heart disease, diabetes, COPD, and chronic kidney disease. The acute condition alone also can affect the chronic condition.

It is important to document the reason for addressing, managing, or treating the chronic condition affected by the acute condition and/or the treatment for the acute condition. When documented properly during the acute visit, the chronic conditions are valid reportable diagnoses for the acute encounter, thus capturing the chronic while treating the acute!

Three Ways to Capture the Complete Visit

- 1. When completing the assessment portion of the visit, use clarity and specificity**
- 2. Life can change in a heartbeat, so make sure the patient is asked about Social Determinants of Health (SDOH) often**
- 3. Stay clear of using wording such as "history of" when the condition is active**

Friendly reminder and the theme for the year: Please capture at least four of your patients' SDOH with each visit this year. These changes often play a role in everyone's health!

Miss a past edition of the Provider Connections Newsletter?

For your convenience, past issues of the [Provider Connections Newsletter](#) are available on our website.

Need Assistance?

Contact Your Regional Concierge:

Phone: [844-806-8217](tel:844-806-8217) (Option 5)

Email: providerconcierge@htanc.com

8 AM – 5:30 PM ET, Monday – Friday



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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