



## Using CPT II Codes for Diabetic Eye Exam

### DIABETIC EYE EXAM MEASURE INFO

The Eye Exams for Patients with Diabetes (EED) measure looks at the percentage of members 18 to 75 years of age with diabetes (type 1 or 2) who completed a retinal OR dilated eye exam. This measure resulted from the separation of indicators that replaces the former Comprehensive Diabetes Care (CDC) measure.

**It is important for diabetic members to receive eye screenings annually.** Referring diabetic members to an acceptable eye care professional annually for screening can help close gaps in care. Diabetic eye screening acceptable for this measure include the following:

- 1 A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- 2 A negative retinal or dilated exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.
- 3 Bilateral eye enucleation anytime during the member's history through December 31 of the measurement year.

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Fidelis Care, Wellcare, and Ambetter are affiliated products serving Medicaid, Medicare, and Health Insurance Marketplace members in New Jersey, respectively. The information presented here is representative of our network of products. If you have any questions, please contact Provider Engagement and Relations.



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# Using CPT II Codes for Diabetic Eye Exam *(continued)*

## Using CPT II Codes for Gap Closure

It's important to use accurate CPT Category II codes to improve efficiencies in closing patient care gaps and in data collection for performance measurement. When you verify that you performed quality procedures and closed care gaps, you're confirming that you have given the best of quality care to members. CPT II codes can provide more accurate medical data and decrease requests for members' records for review as well as identify and close gaps in care more accurately and quickly.

## Codes to Close Diabetic Eye Exam Care Gaps

These CPT-II codes let PCPs document patient completion of a diabetic eye exam. You can use these codes to close care gaps in diabetic eye exams. This activity is part of the HEDIS® measure Comprehensive Diabetes Care (CDC). Appropriate CPT-II codes for these exams include:

Code	Description
<b>3072F</b>	Low Risk for Retinopathy (This is the YEAR PRIOR CODE and should be billed with a date of service in the CURRENT YEAR. This lets us know the eye exam was from the previous year and it was negative.)
<b>2022F</b>	Dilated Retina Exam with Interpretation by an Ophthalmologist or Optometrist Documented and Reviewed
<b>2024F</b>	Seven Standard Field Stereoscopic Photos with Interpretation by an Ophthalmologist or Optometrist Documented and Reviewed
<b>2026F</b>	Eye Imaging Validated to Match Diagnosis from Seven Standard Field Stereoscopic Photos Result by an Ophthalmologist or Optometrist Documented and Reviewed

2022F, 2024F, and 2026F should be billed with a date of service during the CURRENT YEAR, with the specific date's exam was performed.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).



Please call Provider Services at **1-888-453-2534** if you have questions.



## Asthma Medication Ratio (AMR)

THE PERCENTAGE OF MEMBERS FIVE TO 64 YEARS OF AGE WHO WERE IDENTIFIED AS HAVING PERSISTENT ASTHMA AND HAD A RATIO OF CONTROLLER MEDICATIONS TO TOTAL ASTHMA MEDICATIONS OF 0.50 OR GREATER DURING THE MEASUREMENT YEAR.

All members five to 64 years of age as of December 31 of the measurement year, who have persistent asthma and have met at least one of the following criteria during both the measurement year and the year prior to the measurement year:



- **At least one ED visit** with asthma as the principal diagnosis.
- **At least one acute inpatient encounter or discharge** with asthma as the principal diagnosis (without telehealth).
- **At least four outpatient visits, observation visits, telephone visits or online assessments** on different dates of service, with any diagnosis of asthma AND at least two asthma medication dispensing events for any controller or reliever medication. Visit type need not be the same for the four visits.
- **At least four asthma medication dispensing events** for any controller medication or reliever medication.

### Denominator Exclusions:

- ✓ Members who had no asthma medications (controller or reliever) dispensed during the measurement year.
- ✓ Members in hospice or who used hospice services during the measurement year.
- ✓ Members who died during the measurement year.
- ✓ Members who had any diagnosis from any of the following value sets, anytime during the member's history through December 31 of the measurement year:
  - Emphysema Value Set.
  - Other Emphysema Value Set.
  - Chronic Obstructive Pulmonary Disease Value
  - Obstructive Chronic Bronchitis Value Set.
  - Chronic Respiratory Conditions Due to Fumes or Vapors Value Set.
  - Cystic Fibrosis Value Set.
  - Acute Respiratory Failure Value Set.

Source: [medicaid.ncdhhs.gov/medicaid-managed-care-quality-measurement-technical-specifications-manual/download?attachment](https://www.medicaid.ncdhhs.gov/medicaid-managed-care-quality-measurement-technical-specifications-manual/download?attachment)



## Statin Therapy for Patients with Cardiovascular Risk Factors

Statin therapy should be considered for most patients with cardiovascular risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking history) for primary prevention to reduce the risk of atherosclerotic cardiovascular disease (ASCVD). For your convenience, we have listed the United States Preventative Services Task Force's (USPSTF) recommendation on the prescribing of statins for primary prevention to assist you in helping you choose the most appropriate statin-intensity for your patient.

### United States Preventative Services Task Force (USPSTF) Recommendation: Primary Prevention

Patient Risk Category	Recommendation
Adults aged 40 to 75 years of age who have one or more cardiovascular risk factors and an estimated 10-year cardiovascular disease (CVD) risk of 10% or greater	Prescribe a statin for primary prevention of CVD
Adults aged 40 to 75 years of age who have one or more cardiovascular risk factors and an estimated 10-year CVD risk of 7.5% to less than 10%	Selectively offer a statin for primary prevention of CVD
Adults 76 years of age or older	Clinical assessment and risk discussion

### Commonly Prescribed Statins

High-Intensity	Moderate-Intensity
atorvastatin 40, 80 mg rosuvastatin 20, 40 mg	lovastatin 40, 80 mg pravastatin 40, 80 mg simvastatin 20, 40 mg atorvastatin 10, 20 mg
	Fluvastatin 80 mg rosuvastatin 5, 10 mg Pitavastatin 1, 4 mg



**We value everything you do to deliver quality care to our members – your patients.**

We recognize that you are best qualified to determine the potential risks versus benefits in choosing the most appropriate medications for your patients.



## Working Together to Reduce HbA1c < 9%

**AS WE EMBARK TOGETHER, WELLCARE HAS IMPLEMENTED MANY SERVICES TO ASSIST MEMBERS IN GETTING THEIR DIABETES UNDER BETTER CONTROL.**

We understand that there are many factors that go into improving glycemic control, such as: **taking medications as prescribed, visiting the practitioner regularly, plus exercising and eating right.** These are all ways that a member can manage their diabetes, to reduce their HbA1c.



With this goal in mind, WellCare has added additional benefits for our members. Social drivers of health play a huge part in preventing members from adhering to medications, healthy eating, and exercising. When you have a member who has unmet health needs, please refer them to our care management team. A care manager will assess and determine which of the benefits would help the member in achieving the desired result of a lowered HbA1c.

These benefits are mentioned in both the practitioner and member handbook. They include but are not limited to transportation to medical care, as well as food shopping and other member needs. Medicaid members are eligible for a six-month membership to the Weight Watchers program, along with one-on-one counseling with a health coach, nutritionists, and diabetes education.



**As an incentive to members,** the member can receive a reloadable debit or gift card for **\$25 each** for certain preventative health screenings, including getting a HbA1c lab test.

**To assist you further, the CPT codes below are specifically for A1c Results.**

**3044F** – < 7%

**3046F** – > 9%

**3051F** – ≥ 7% and < 8%

**3052F** – ≥ 8% and ≤ 9%

**WellCare looks forward to working with you and our members to change the health of our members, one member at a time.**



## Advance Directives: How to Talk with Patients About Them

**End-of life decisions are understandably both daunting and stressful for any patient dealing with the reality of a serious illness.** Beyond physical concerns are also the emotional and psychological aspects of an often awkward scenario that can depend largely on not only what a physician says, but their approach in saying it.

Many patients only connect the advance-directive process with pain or death. However, it doesn't have to be that way.



The CME credit-eligible module from the American Medical Association (AMA) is based on the Stanford University Department of Medicine's Letter Project **End-of-Life Care | AMA STEPS Forward | AMA Ed Hub (ama-assn.org)**. The module's central, downloadable element is a three-page letter template that, in plain language, sensitively guides the patient through expressing life values and goals, as well as care instructions such as palliative sedation.

With check boxes provided for both standard quality-of-life and end-of-life care, there is also opportunity for patients to name a person or persons who can make important medical decisions in their stead. First and foremost, the template focuses the most space for patients to share what's most important to them while living, from favorite activities and key life milestones (like a wedding anniversary or grandchild's event), to how bad news communication and both medical or end-of-life wishes should be handled with family members.

Source: American Medical Association (AMA); Advance directives: How to talk with patients about them | American Medical Association (ama-assn.org)



## Adherence to Anti-psychotic Medications for Individuals with Schizophrenia (SAA)

### USING ANTI-PSYCHOTIC MEDICATION AS PRESCRIBED REDUCES THE RISK OF RELAPSE OR HOSPITALIZATION.

Health care professionals are advised to assess adults age 18 and over who are diagnosed with schizophrenia or schizoaffective disorder and are prescribed second generation antipsychotic medication. These individuals require ongoing treatment and monitoring for side effects such as weight gain, type 2 diabetes, hyperlipidemia, and prolactin elevation. The goal is medication adherence for at least 80% of the treatment period.

Source: NCQA; [ncqa.org/hedis/measures/adherence-to-antipsychotic-medications-for-individuals-with-schizophrenia/](https://ncqa.org/hedis/measures/adherence-to-antipsychotic-medications-for-individuals-with-schizophrenia/) and [ibx.com/resources-for-providers/patient-management/worksheets-forms-guides/tools-for-monitoring-sgas](https://ibx.com/resources-for-providers/patient-management/worksheets-forms-guides/tools-for-monitoring-sgas)



**Individuals treated with anti-psychotics should be assessed at baseline and/or follow-up visits** for personal and family history of obesity, diabetes, dyslipidemia, hypertension, or cardiovascular disease, BMI, blood pressure, fasting plasma glucose, and fasting lipid profile.



## Bi-directional Medical and Dental Care

In the United States, the medical and dental care systems are largely siloed. At the same time, the need for integration is increasingly apparent. Improved provider-to-provider and provider-to-patient communication, collaboration, referral, navigation, and feedback methods are needed to assist patients and to provide patient-centered care. Improved referral and consultation between dental and medical offices are first steps toward moving to a fully integrated system.

**It is important to connect the mouth with the rest of the body in order to provide whole-person, integrated, patient-centered, comprehensive care.** Integration of medicine and dentistry makes the provision of high-quality care even more challenging. The navigation of the two systems is particularly challenging for patients with low health literacy.



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## Bi-directional Medical and Dental Care *(continued)*

Provider and patient health literacy are critical considerations in improving provider-to-provider and provider-to-patient communication, and ultimately the health of vulnerable populations. The frequency of referrals between primary health care and dental care providers is low but increasing. The number of referrals is likely rising because of the increased emphasis on preventive oral health services, particularly in pediatrics, obstetrics/gynecology, and chronic disease management.

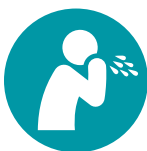
There is an enormous need for the health care professions to develop and implement a system integrating medicine and dentistry. The lack of, or a poorly conducted, consultation and referral process leads to risk management issues, and is also potentially contributing to poor health outcomes that simultaneously drive up healthcare costs.

### Recommendations for action and research include recognizing:



- ✓ The importance of incorporating oral health literacy principles into all levels of a healthcare organization;
- ✓ The need to explore the best ways to establish formal collaboration and referral networks among healthcare systems, medical practices, and dental practices within local regions; and
- ✓ The importance of conducting research and demonstration programs on the integration of oral health into primary care and the development of effective linkages between primary care teams and dentists in private practices.

Source: National Academy of Medicine. *Integration of Oral Health and Primary Care: Communication, Coordination and Referral*. [nam.edu/integration-of-oral-health-and-primary-care-communication-coordination-and-referral/](http://nam.edu/integration-of-oral-health-and-primary-care-communication-coordination-and-referral/)



## AAB HEDIS Measure (ABX in Bronchiolitis)

### “AVOIDANCE OF ANTIBIOTIC USE IN ACUTE BRONCHITIS. BRONCHIOLITIS (AAB)”

The AAB HEDIS measure looks at patients three months of age and older who have a diagnosis of acute bronchitis/bronchiolitis to assess the percentage of cases that did not result in an antibiotic dispensing event. A higher rate reflects appropriate treatment for bronchitis/bronchiolitis (antibiotic therapy *not prescribed*).



**Antibiotic resistance is a major concern in the United States.** Therefore, patients without other health issues should not be prescribed antibiotics for acute bronchitis/bronchiolitis since these conditions usually resolve on their own.

Source: NCQA; *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)*. [ncqa.org/hedis/measures/avoidance-of-antibiotic-treatment-for-acute-bronchitis-bronchiolitis/](http://ncqa.org/hedis/measures/avoidance-of-antibiotic-treatment-for-acute-bronchitis-bronchiolitis/)





## Countering Vaccine Hesitancy

The term “vaccine hesitancy” has emerged to express the spectrum of parental attitudes toward vaccines. A World Health Organization committee has identified issues of confidence (mistrust of vaccine or provider), complacency (perception of no need for or no value of a vaccine), and convenience (access) as factors in vaccine hesitancy.



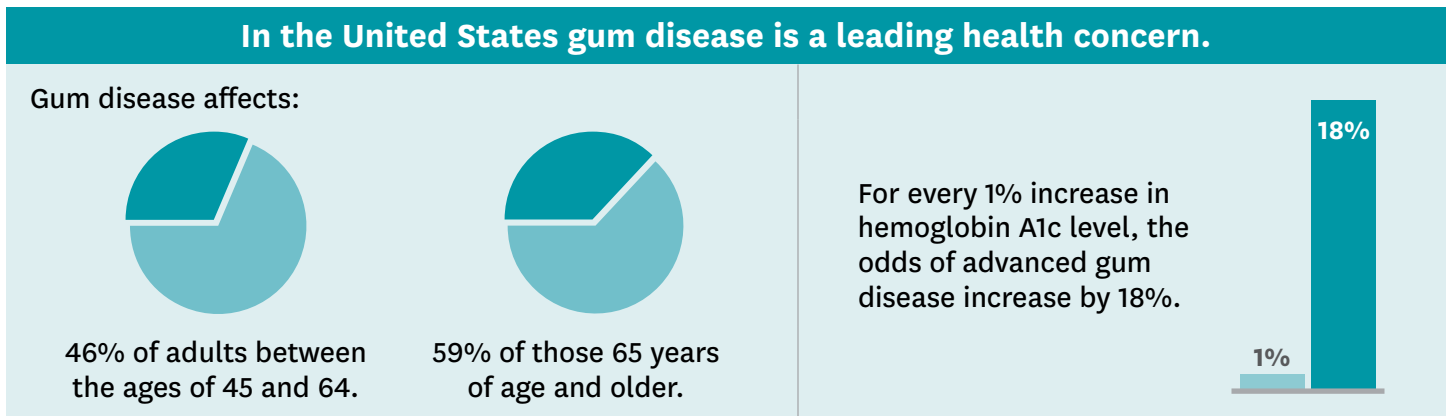
**The single most important factor in convincing parents to accept vaccines is the one-on-one contact with an informed, caring, and concerned provider.** Developing a trusting relationship with parents is key. A majority of vaccine hesitant parents who ultimately opt to have their child vaccinated credit their primary care provider with addressing their concerns and misconceptions about vaccine safety and the benefits and risks of vaccination.

Source: *aap.org*; American Academy of Pediatrics. “Countering Vaccine Hesitancy”



## Diabetes and Oral Health

**People with diabetes are at risk for gum disease including advanced gum disease (periodontitis).** The entire health care team plays an important role in preventing and treating oral health problems in patients with diabetes.



Periodontitis causes clinical attachment loss (breakdown of the tissue that connects the teeth to the gums). Diabetes and periodontitis together pose a higher risk for death from all causes and from cardiovascular disease over a 10-year period.

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# Diabetes and Oral Health *(continued)*

## Key messages to share with you patients who have diabetes:

- ✓ Get a dental exam at least once a year.
- ✓ Brush and floss regularly
- ✓ Avoid smoking. Smoking affects the immune system's ability to fight off mouth infections.
- ✓ Avoid eating foods high in added sugars.
- ✓ Keep blood glucose, blood pressure, and blood lipids within normal levels.
- ✓ Be aware of the early signs of tooth, mouth, and gum problems.
  - Loose teeth, red or swollen gums, pain or burning sensations, difficulty chewing, or poorly fitting dentures.

## Actions you can take to help your patients:

- ✓ **Ask your patients** about their oral health at each health care visit.
- ✓ **Follow up with your patients** to track how well they are managing their diabetes.
- ✓ **Connect** with your patients' healthcare team.
- ✓ **Assess socioeconomic factors that can affect health**, such as food or housing insecurity, financial barriers, and lack of social support.
- ✓ **Refer your patients** to diabetes self-management education and support services (DSMES)
  - Patients can contact their insurance provider for more information about the covered benefit for DSMES.



Source: CDC; "How to Promote Oral Health for People with Diabetes;"  
[cdc.gov/diabetes/professional-info/health-care-pro/diabetes-oral-health.html](https://cdc.gov/diabetes/professional-info/health-care-pro/diabetes-oral-health.html)



## Increasing Adolescent Vaccination Rates

The NJ Department of Health Vaccine Preventable Disease Program (VPDP) and the Partnership for Maternal and Child Health of Northern NJ (Partnership) are two groups that are leading the charge to increase New Jersey's adolescent vaccination rates, including HPV. Protecting adolescents from vaccine-preventable diseases by increasing vaccination rates is a top priority for these two groups. Some of the activities of both the VPDP and Partnership are: Assessment, Feedback, Incentives, eXchange (AFIX) visits; provider education through webinars and outreach activities, developing and distributing HPV vaccine education materials, and training providers to use the immunization registry.

Partnership encourages providers to present parents and adolescent patients with a bundled recommendation for HPV vaccine. Jane Sarwin, Director of Public Health Initiatives, Partnership and Coordinator of the Essex Metro Immunization Coalition stated, "We've found that parents are generally more likely to have their children vaccinated against HPV when the provider gives a strong recommendation for it – when it is grouped together with Tdap or meningococcal, for example," and, "Parents also want to hear that HPV vaccine prevents cancer."

Source: CDC; "Human Papilloma Virus (HPV)," [cdc.gov/hpv/partners/spotlights/njd.html](https://www.cdc.gov/hpv/partners/spotlights/njd.html)



## Follow-Up After Hospitalization for Mental Illness (FUH)



**A major problem found in patients who have been hospitalized for mental disorders is their failure to report for follow-up within 30 days following discharge.** Excluding day of discharge, a follow-up is recommended within 7 to 30 days. This visit, whether virtual or on-site, has been shown to decrease the likelihood of psychiatric re-admission and improve overall patient outcomes.

Source: NCQA; <https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/>



## Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)



**Patients with alcohol or other drug (AOD) abuse issues are likely to have high propensity for Emergency Department (ED) use rather than to seek other care options.** Timely follow-up care after an ED visit for these individuals has been shown to reduce further substance abuse and future ED visits, and/or hospitalization related to AOD abuse.

Source: NCQA; [ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-alcohol-and-other-drug-abuse-or-dependence/](https://ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-alcohol-and-other-drug-abuse-or-dependence/)



## Follow-Up Care for Children Prescribed ADHD Medication (ADD)



**Greater than 6% of children diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD) are prescribed medication to help manage symptoms of hyperactivity, impulsiveness, and attention/concentration issues.** Monitoring by a pediatrician or other prescribing health professional is key in ensuring medications are prescribed and managed appropriately.

Source: NCQA; [ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/](https://ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/)



## WellCare's Behavioral Health

### WELLCARE HEALTH INSURANCE OF NJ IS EXPANDING ITS BEHAVIORAL HEALTH PROVIDER NETWORK.

If you provide DIR/FLOORTIME, SUD, or Mental Health services reach out to your provider representative.

#### **OBAT/MAT Services:**

Did you know providers who have a Title III DEA license can now provide OBAT services?

Use this link for more details:

► [samhsa.gov/medications-substance-use-disorders/removal-data-waiver-requirement](https://www.samhsa.gov/medications-substance-use-disorders/removal-data-waiver-requirement)



## Provider Trainings

### WELLCARE OFFERS ONLINE MONTHLY TRAININGS/WEBINARS FOR PROVIDERS.

Topics include Behavioral Health (BH) Performance Improvement Plan, Autism Awareness, and New Provider Orientation. Use this link to view the calendar for available dates.

► [wellcarenewjersey.com/providers/medicaid/training/BH-Provider-Training-Calendar.html](https://wellcarenewjersey.com/providers/medicaid/training/BH-Provider-Training-Calendar.html)

The Behavioral Health Performance Improvement Plan webinar is every second Wednesday and third Friday of the month. We share information regarding community offerings, case studies, and WellCare resources to reduce re-hospitalization with providers.



WellCare is now offering an on-demand training opportunity for medical and behavioral health providers, including licensed and unlicensed healthcare professionals and office staff titled:

*“Initiation and Engagement, Follow-Up After Emergency Department, or High-Intensity Care for Substance Use Disorders: Optimizing the IET, FUA, and FUI HEDIS®”*

The training is 10 minutes in duration. Use this link below to register:

► [centene.qumucloud.com/view/XvfQ9xn2FH2LvWbKaBSUq](https://centene.qumucloud.com/view/XvfQ9xn2FH2LvWbKaBSUq)



## Our Provider Portal Has New Live-Chat Offerings

CHECK OUT ALL THE NEW WAYS PROVIDERS CAN EASILY ACCESS IMMEDIATE ASSISTANCE

**Providers will now have more options to easily access help thanks to the new Chat offers that are now available on the Provider Portal!**

Live-Chat agents are trained to quickly – and accurately – answer your questions.

### **New Live-Chat Offers on the Provider Portal:**



- ✓ Provider Home Page
- ✓ Care Management Home Page (Authorizations)
- ✓ Claim Main Page
- ✓ Claims Appeals & Disputes Page



**If you would like more information on Live-Chat on the Provider Portal, please contact your provider representative.**



## Updating Provider Directory Information

**WE RELY ON OUR PROVIDER NETWORK TO ADVISE US OF UPDATED DEMOGRAPHIC CHANGES.**

Ensuring that our members and Provider Relations staff have the most current provider information is a top priority, so **please give us a 30-day advance notice of changes** that you make to your office phone number, office address, or panel status (open/closed).



**New Phone Number, Office Address or Change in Panel Status:**  
Please call us at: **1-855-538-0454**

**Thank you for helping us maintain up-to-date directory information for your practice.**



## Provider Resources

### Provider News – Provider Portal

Remember to check messages regularly to receive new and updated information. Access the secure portal using the Secure Login area on our home page. You will see messages from Fidelis Care on the right.

### Resources and Tools

Visit [www.fideliscarenj.com/providers.html](http://www.fideliscarenj.com/providers.html) to find guidelines, key forms and other helpful resources for Medicaid. You may also request hard copies of documents by contacting your Provider Relations representative.

Refer to our Quick Reference Guide for detailed information on areas including Claims, Appeals and Pharmacy.

These are located at: [www.fideliscarenj.com/providers/medicaid.html](http://www.fideliscarenj.com/providers/medicaid.html)

### Additional Criteria Available

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available on our website at [www.fideliscarenj.com/providers/tools/clinical-guidelines.html](http://www.fideliscarenj.com/providers/tools/clinical-guidelines.html)



## NJ Medicaid Provider Manual

The NJ Medicaid Provider Manual is located at [www.fideliscarenj.com/providers/medicaid.html](http://www.fideliscarenj.com/providers/medicaid.html) under the Overview and Resources section. Click on the *Resources* drop-down menu to view the document.

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### We're Just a Phone Call or Click Away

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**Medicaid:**  
**1-888-453-2534**



[www.fideliscarenj.com/providers.html](http://www.fideliscarenj.com/providers.html)