



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.






(continued)

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'Ohana Health Plan and Wellcare By 'Ohana Health Plan are affiliated products serving Medicaid and Medicare plan members in the State of Hawaii, respectively. The information here is representative of our network of products. If you have any questions, please contact Provider Engagement and Relations.



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
3072F	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.)
2022F	Dilated Retina Exam with Interpretation by an Ophthalmologist or Optometrist Documented and Reviewed
2024F	Seven Standard Field Stereoscopic Photos with Interpretation by an Ophthalmologist or Optometrist Documented and Reviewed
2026F	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.

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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.



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 1 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	lovastatin 40, 80 mg	Fluvastatin 80 mg
rosuvastatin 20, 40 mg	pravastatin 40, 80 mg	rosuvastatin 5, 10 mg
	simvastatin 20, 40 mg	Pitavastatin 1, 4 mg
	atorvastatin 10, 20 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, WE HAVE 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, we 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%



We look forward to working with you and our members to change the health of our members, one member at a time.



Coordination of Behavioral Care Maximizes Outcomes



A recent Google™ search identified more than **34 million documents related to coordination of care and more than four million documents related to continuity of care**. With so much information available regarding these topics, one might think that they are commonly used phrases and practice. In reality, they are not practices routinely utilized by all health care professionals.

Here at 'Ohana Health Plan (the plan), we believe that continuity and coordination of care is a team effort. It should occur through interaction between all disciplines at all levels of care, including inpatient-outpatient, medical-behavioral, PCP-specialty and intra-disciplinary.

Patients with co-morbid medical and behavioral health conditions can be particularly vulnerable to complications that may result from inadequate coordination of care between treating providers. Communication and coordination/integration of care among health care providers is a best practice principle essential to optimizing consumer safety and clinical outcomes.

Do you have a member who may benefit from Behavioral Health Care Management?

Use the **Health Services Referral Form**, available on our website, to submit a referral.



Keeping in mind the ultimate goal of enhanced patient well-being, we need all parties to assure continuity and coordination of care for our members/patients.





Screening, Brief Intervention, and Referral to Treatment (SBIRT)

HMA Open Office Hours

HMA is excited to work with you and your colleagues as the state of Hawai'i works to transform the substance misuse system. With your support, identifying substance misuse early, preventing worsening, and providing interventions and treatment can become standard practice within your organization and across the state. Health Management Associates (HMA), in partnership with Med-QUEST, is inviting you and your team to join us for **monthly office (half) hour sessions for all things Screening, Brief Intervention, and Referral to Treatment (SBIRT)**.

HMA will be available answer questions about implementing SBIRT in your clinical setting – workflows, billing and coding, referral pathways, screening tools, addressing stigma around SUD, diagnostic questions – essentially anything related to SBIRT! We look forward to the opportunity to open our virtual office doors to anyone who may have questions or need clarification on SBIRT in Hawai'i. Our team will be available **November 15, & December 13 at 12:00 pm HST**.

Please use the link below to join our session and feel free to share with others who may be interested.
“Office Hours” registration link:



healthmanagement.zoom.us/meeting/register/tJlscu6qqTgtG9JyBEoW98v12pgyaS8O4CdO



HMA Webinars

HMA is also presenting 2 webinars on the SBIRT Topic. Below are dates and times and a link to register. For details on learning objectives, course outline, interaction and system requirements, and course completion, please access the flyers posted on our website ohanahealthplan.com/providers/news-and-education/bulletins.html.

▶ Using Motivational Interviewing When Screening for Risky Substance Use (2-part series)

- Live Interactive Webinar
- November 7 and November 14, 2023
- 10:00am – 11:30am Hawai'i
- Click **here** to register.

▶ “They Are Worthy”: Increasing Empathy & Reducing Stigma Toward Individuals with Substance Use Disorders

- Live Interactive Webinar
- December 5, 2023
- 12:00pm – 1:00pm Hawai'i
- Click **here** to register.



Updating Provider Directory Information

WE RELY ON OUR PROVIDER NETWORK TO ADVISE US OF DEMOGRAPHIC CHANGES SO WE CAN KEEP OUR INFORMATION CURRENT.

To ensure our members and Provider Relations staff have up-to-date provider information, please give us advance notice of changes you make to your office phone number, office address or panel status (open/closed). Thirty-day advance notice is recommended.



New Phone Number, Office Address or Change in Panel Status:

 **Mail:**

**‘Ohana Health Plan
ATTN: Provider Operations
820 Mililani Street, Suite 200
Honolulu, HI 96813**

 **Fax:**

1-866-788-9910

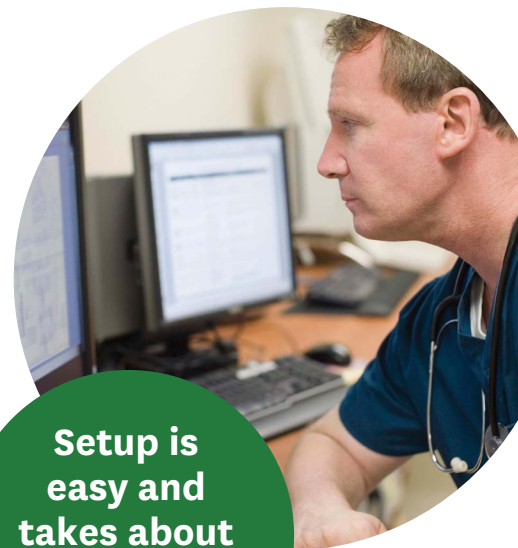
Thank you for helping us maintain up-to-date directory information for your practice.



Electronic Funds Transfer (EFT) Through PaySpan®

FIVE REASONS TO SIGN UP TODAY FOR EFT:

- 1** You control your banking information.
- 2** No waiting in line at the bank.
- 3** No lost, stolen, or stale-dated checks.
- 4** Immediate availability of funds - **no** bank holds!
- 5** No interrupting your busy schedule to deposit a check.



**Setup is
easy and
takes about
5 minutes to
complete.**

Please visit www.payspanhealth.com/nps or call your Provider Relations representative or PaySpan at **1-877-331-7154** with any questions. We will only deposit into your account, **not** take payments out.



Provider Formulary Updates

There have been updates to the Preferred Drug List (PDL) and Formulary.

Visit the plan's website to view the current PDL, Formulary and pharmacy updates. You can also refer to the *Provider Manual*, also available on the website, to view more information on the plan's pharmacy Utilization Management (UM) policies/procedures.



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 the plan on the right side of the home page.



Remember, you can check the status of authorizations and/or submit them online. You can also chat with us online instead of calling.

Resources and Tools

You can find guidelines, key forms and other helpful resources from the homepage as well. You may request hard copies of documents by contacting your Provider Relations representative.

Refer to our *Provider Manual* and *Quick Reference Guide* for detailed information on areas including Claims, Appeals and Pharmacy. These are located at the websites listed below, under *Resources*.

- ▶ 'Ohana Health Plan: ohanahealthplan.com/providers.html
- ▶ Wellcare By 'Ohana Health Plan: wellcare.com/Hawaii/Providers
- ▶ Community Care Services: ohanahealthplan.com/providers/medicaid/community-care-services.html

Additional Criteria Available

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available on the website, click on *Tools*.





Contact Us

If you have questions about the utilization management program, please call Customer Service at one of the numbers listed below. TTY users call **711**. Language services are offered. You may also review the Utilization Management Program section of your *Provider Manual*. You may call to ask for materials in a different format. This includes other languages, large print and audio. There is no charge for this.

We're Just a Phone Call or Click Away



'Ohana Health Plan (Medicaid):

1-888-846-4262

Wellcare By 'Ohana (Medicare):

1-888-505-1201



'Ohana Health Plan:

ohanahealthplan.com/providers.html

Wellcare By 'Ohana:

wellcare.com/Hawaii/Providers