

# PROVIDER UPDATE



APRIL 2024



## National Prescription Drug Take Back Day – April 27

Don't forget that **Saturday, April 27** is National Prescription Drug Take Back Day. Encourage your patients to go through their medicine cabinets to check for prescriptions that are expired or no longer needed. They should be safely and securely

disposed of, and National Prescription Drug Take Back Day is one way to do so.

If your patients are unable to visit a local collection site, please remind them that many retail pharmacies also have year-round drop off boxes for drug disposal.



Get more information on National Prescription Drug Take Back Day, and find a collection site locator tool to help your patients locate an authorized collector in their area. [GET MORE INFO](#)



## We're Here To Serve You.

**Mount Carmel MediGold Health Plan** is a Medicare Advantage plan, fully owned by Trinity Health. It's designed to provide our members with a more seamless health care experience, while also making it easier for health care teams to coordinate and deliver the best possible care. [LEARN MORE](#)

**Provider Service Center 1-800-991-9907 (TTY 711)**

# Improving Medication Adherence By Prescribing 90-day Supplies

Medication adherence is crucial in reaching optimal clinical outcomes from medication therapy. Studies have shown that 90-day prescriptions, compared to 30-day, have led to “greater medication adherence, greater persistency, nominal wastage, and greater savings.”<sup>1</sup> As one of our prescribers, there are many ways you can help increase adherence rates for your patients. Among those is writing 90-day prescriptions when deemed medically safe and appropriate for an extended day supply to be provided.

Benefits of a 90-day prescription include:

- Fewer trips to the pharmacy
  - With a 90-day prescription, the patient will only need to make four trips to the pharmacy each year to meet the Medicare adherence threshold, compared to 10 trips with a 30-day supply
- Increased adherence leads to fewer ER visits and improved health outcomes

Not only does writing for 90-day supplies improve medication adherence, it may also help your patients save money on their prescriptions. Members who utilize our mail order pharmacy (CVS Caremark) to fill their prescriptions can save a full month’s copay by filling a 90-day supply. Please consider routinely writing 90-day maintenance medication prescriptions for your Mount Carmel MediGold patients.



<sup>1</sup> “Medication days’ supply, adherence, wastage, and cost among chronic patients in Medicaid,” *Medicare & Medicaid Research Review*, 2(3). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4006393/>.

## Provider Content Now At Your Fingertips

Last month, we introduced the new Provider Administrative Manual (PAM), now available as online content for the first time. In addition to providing this important online tool to you, we’re also pleased to announce a plethora of other provider resources have been added to the “For Providers” section of our website. This brand-specific content will make it easier to access these important materials and will also allow for more efficient and timely updates, as needed.

You’ll see new options in the menu on the left side of the page, which will allow you to navigate to the new provider pages on our website.

The new **Provider Communication** page allows you to subscribe to the Provider Update and access previous issues.

Click on the **Provider Forms** tab, and you’ll be taken directly to our Provider Forms page, giving you quick and direct access to these important forms.

Also, check out the **Provider Resources** tab, which gives you access to all our helpful tools and resources in one convenient location.



Explore these new, and improved, pages on our website today!

**[ACCESS THEM NOW](#)**

# Provide Timely Notice Of Demographic Changes



You must notify us within 30 days of any changes to demographic and participation information that differs from the information reported with your executed provider agreement. These include, but are not limited to: tax ID changes (W-9 required), office or remittance address changes, phone numbers, suite numbers, additions or departures of health care providers from your practice, ability of individual practitioners to accept our members or any other changes that affect availability to our members and new service locations. If a provider is associated with a group that is delegated for credentialing, please verify that credentialing is not affected by contacting the Provider Service Center at **1-800-991-9907**.

If a provider is associated with a group that is delegated for credentialing, please reach out to your group's point of contact for credentialing. Demographic changes must be completed by submitting a Provider Information Change Form. Provider terminations must be completed by submitting a Provider Request for Termination Form. [\*\*FORMS AVAILABLE HERE\*\*](#)



## CMS Medicare Advantage Reimbursement Model V28 Changes: Psychiatric Disease

In 2024, CMS is shifting from V24 Risk Adjustment model to the new V28 model for Medicare Advantage reimbursement. This influences Hierarchical Classification of Conditions (HCCs) codes related to patients.

The Psychiatric Disease Group had the following changes:

- Depression and bipolar each now have their own HCCs, eating disorders have been added to the HCC for personality disorders, and all forms of nonschizophrenic psychosis now have their own HCC.
  - V24 HCC 57 (schizophrenia) moved all codes to V28 HCC 151 (schizophrenia) with a RAF increase of 0.012
  - V24 HCC 58 (reactive and unspecified psychosis) moved all codes to HCC 152 (psychosis, except schizophrenia) with a RAF increase of 0.020
  - V24 HCC 59 (major depressive, bipolar, and paranoid disorders) has been mostly split between HCC 154 (bipolar disorders without psychosis) and 155 (major depression, moderate or severe, without psychosis)
- Most codes relating to major depressive disorder, suicide attempts, and intentional self-harm have been moved to HCC 155 MDD with a slight decrease in RAF
  - V24 HCC 60 has moved all codes to V28 HCC 153 (personality disorders; anorexia/bulimia nervosa) with an average RAF increase of 0.154



## Major Depressive Disorder Coding Tips

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) of the American Psychiatric Association (APA) advises that major depression is a mental disorder, marked by a depressed mood and loss of interest or pleasure in all activities, that lasts for at least two weeks and represents a change from previous functioning.

### Important Coding Documentation

- Document major depressive disorder to the highest level of specificity, including recurrence, severity and current status:
  - Episode: Single episode or recurrent
  - Severity: Mild, moderate, severe, with or without psychotic symptoms
  - Status: In partial remission or in full remission
- Document the treatment plan
  - Psychotherapy
  - Antidepressant medications

### F32 Depressive Episode

F32.0 - Major depressive disorder, single episode, mild

F32.1 - Major depressive disorder, single episode, moderate

F32.2 - Major depressive disorder, single episode, severe without psychotic features

F32.3 - Major depressive disorder, single episode, severe with psychotic features

F32.4 - Major depressive disorder, single episode, in partial remission

F32.5 - Major depressive disorder, single episode, in full remission

F32.9 - Major depressive disorder, single episode, unspecified

F32.A – Depression, unspecified

F33 Major depressive disorder, recurrent
F33.0 - Major depressive disorder, recurrent, mild
F33.1 - Major depressive disorder, recurrent, moderate
F33.2 - Major depressive disorder, recurrent severe without psychotic features
F33.3 - Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40 - Major depressive disorder, recurrent, in remission, unspecified
F33.41 - Major depressive disorder, recurrent, in partial remission
F33.42 - Major depressive disorder, recurrent, in full remission
F33.8 - Other recurrent depressive disorders
F33.9 - Major depressive disorder, recurrent, unspecified

Like any other documentation, it is important that the diagnostic statement matches the assigned code. Below is a common mistake when documenting major depressive disorder. To code major depressive disorder over depression, symptoms need to be present for at least two weeks with supporting documentation. This is typically confirmed with a PHQ-2 or PHQ-9 questionnaire.

### Unacceptable documentation

- Diagnostic statement: Depression
- Assigned code: F32.9 – Major depressive disorder, single episode, unspecified
- Correct code: F32.A – Depression, unspecified

### Acceptable documentation

- Diagnostic statement: Recurrent major depressive disorder, mild. PHQ-9 completed and will continue current medication.
- Assigned code: F33.0 – Major depressive disorder, recurrent, mild

**References:** Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

Mount Carmel MediGold is a Medicare Advantage organization with a Medicare contract. Enrollment in Mount Carmel MediGold depends on contract renewal. Benefits vary by county.

## Do you have access to our Provider Portal?

Through the Provider Portal you can:

- Verify eligibility of members
- Verify member claims history
- View member payment status, and more!



**GET ACCESS TODAY**