

PROVIDER UPDATE

May 2023

May is Better Hearing and Speech Month

In recognition of Better Hearing and Speech month, please encourage your patients to take a hearing exam if they are having hearing issues.

While you can conduct hearing tests with your patients, they may require a more in-depth exam. Our health plan offers a hearing benefit through TruHearing®, including hearing aid discounts and free exams.

A thorough hearing evaluation performed by an audiologist or hearing instrument specialist results in valuable, in-depth information about your patient's hearing capabilities. The exam allows you to determine whether they have hearing loss, the type and degree of loss, and the treatment options to recommend, if needed.

These tests, in addition to their case history, gives a complete picture of their hearing health. Altogether, this information helps ensure your patients get the individual recommendations and care they need. Go to TruHearing.com or call 1-800-334-1807 (TTY 711) for more information.



2023 SilverSneakers Member of the Year Award

Help select this year's winner! All our health plans offer free membership in SilverSneakers® which supports healthy lifestyles in many ways. SilverSneakers members inspire and motivate each other every day to stay active and healthy. The 19th annual award for the SilverSneakers Member of the Year will be presented to one member who embodies the healthy lifestyle that SilverSneakers encourages. And you can help select that member!

Beginning May 15, you can nominate a patient who is a participating member who has inspired you or others with their active lifestyle. Past Member of the Year winners are not eligible to win again.

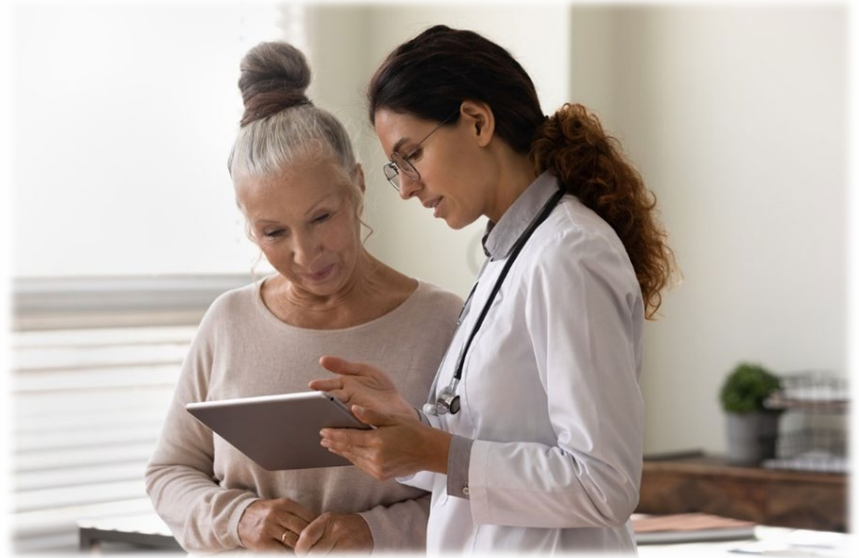
Nominations are open from **May 15 - 26**. Please use this link to access the nominations website: <https://moyawards.silversneakers.com/>. Recognize a SilverSneakers member you know with this amazing award! For further information, please go to the Provider Resources website at <https://go.silversneakers.com/provider-resources>.



Continues on next page...

Provider Advocacy – Dos and Don'ts

As a trusted resource, we realize you may receive questions about MediGold from patients, colleagues, family members or friends. Please keep these dos and don'ts in mind when talking about MediGold, and any of our plans, which we rebranded for members effective in January – including Mount Carmel Health Plan (OH), Saint Alphonsus Health Plan (ID), MediGold MercyOne Medicare Plan (IA) and Trinity Health Plan Of New England (CT).*

**Do**

- Promote MediGold or any of our other plans, as noted above
- Promote our 2023 plans' product and benefit information.
- Share MediGold or other plans' social content from Facebook pertaining to product and benefit information.
- Encourage friends, family and colleagues to learn more by visiting [MediGold.com](https://www.MediGold.com) (Ohio or New York), or any of our other websites, as listed below:
 - Connecticut: [TrinityHealthOfNE.org/medicare/](https://www.TrinityHealthOfNE.org/medicare/)
 - Idaho: [SaintAlphonsus.org/medicare/](https://www.SaintAlphonsus.org/medicare/)
 - Iowa: [MercyOne.org/medicare/](https://www.MercyOne.org/medicare/)
 - Ohio (Mount Carmel Health Plan): [MediGold.com](https://www.MediGold.com)

Don't

- Accept completed enrollment applications in your provider office.
- Talk about our benefits in the exam/care setting.
- Create your own original marketing content.

Have concerns or questions?

Please feel free to reach out to the marketing team by email at Communications@MediGold.com.

*MediGold will continue to be the marketing name in Ohio and New York for 2023. However, beneficiaries in the Central Ohio market may see materials and advertising using our legal entity name, Mount Carmel Health Plan, as we align more closely with Mount Carmel —our founding partner and a member of Trinity Health.

Continues on next page...

Coding Tips – Deep Vein Thrombosis: Current vs. History Of

Deep Vein Thrombosis (DVT) is a condition that occurs when a blood clot forms in the deep veins of the body. This is a serious condition as the blood clot can travel through the bloodstream and cause blockages in other parts of the body such as the lungs, causing a pulmonary embolism (PE).

It is important to specify in documentation whether the DVT is acute, chronic, or history of since there is not a specific timeframe that distinguishes acute from chronic. If coding an acute condition, it can only be coded during the initial encounter. Typically, once the thrombosis is diagnosed, the patient is then put on anticoagulation therapy for several months for prophylactic reasons. After the initial encounter, including while the patient is on prophylactic therapy, it must be documented and coded as history of.

According to AHA Coding Clinic, “Query the physician for clarification whether the Coumadin is being given prophylactically to prevent recurrence of DVT or as treatment for chronic DVT. The patient may not have active disease but is being managed because of susceptibility for recurrence. Unfortunately, “history” as used in physician documentation can be a vague term that can have different meanings. According to the Official Guidelines for Coding and Reporting, “personal history codes explain a patient’s past medical condition that no longer exists and is not receiving any treatment, but that has the potential for recurrence, and therefore may require monitoring.”

Acceptable Documentation for Acute Condition

- 70-year-old female present with severe pain in right leg. Ultrasound of right lower extremity showing deep vein thrombosis
- Acute DVT of right leg: Heparin flush. Coumadin at 5mg/day
- Will check INR test in 4 days
- Code: I82401 - Acute embolism and thrombosis of unspecified deep veins of right lower extremity
- Code: Z7901 – Long term (current) use of anticoagulants

**Acceptable Documentation for History of Condition**

- 70-year-old female here for follow-up anticoagulation meds. Was put on Coumadin for treatment of acute DVT. Last INR test looked good
- Will schedule follow-up visits to check PT/INR
- Code: Z86.718 - Personal history of other venous thrombosis and embolism

Continues on next page...

Advance Care Planning (ACP) Support for Providers

Did you know that MediGold and our other plans as listed on page 2 cover voluntary ACP for our members and offers support to our providers as they assist with this difficult, but important conversation?

There is a comfort for the member in knowing their wishes are followed by their family, loved ones and health care providers when they are no longer able to speak for themselves.

ACP decisions are made based on personal values, preferences and discussions with loved ones. MediGold's Case Management department is happy to offer you support on how to have this conversation with your patients. Also, at your request, our case managers will speak with your patient about ACP, and then make the ACP available to you upon completion.

When submitting claims for ACP services, use these CPT codes:

- **99497:** Primary services that include ACP planning with explanation and discussion of advance directives standard forms (and completion when applicable), by the physician or other qualified health care professional and the first 30 minutes face-to-face with a member, family member(s) and/or surrogate.
- **99498:** For each additional 30 minutes of face-to-face primary services. To be used in addition to the primary services code.

Examples of appropriate documentation would include all of the following:

- Summary of discussion with a patient, family member(s) and/or surrogate regarding the voluntary nature of the discussion.
- Notation of the explanation of advance directives and completion of forms, when applicable.
- Who was present for the discussion and/or completion of forms.
- Amount of time spent in the face-to-face encounter.

You will find additional ACP information at <https://www.cms.gov/outreach-and-education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf>.

For ACP support from our case management team, please call 1-800-240-3870 (TTY 711), or 614-546-3120, option #5, 8 a.m. – 4:30 p.m., Monday through Friday.

Reminder: Part B Therapy Requests

We would like to remind our contracted SNF partners that authorization is not required for Part B therapy requests for residents of your facility. A predetermination can be completed if you would like a complete medical necessity review. Please feel free to reach out to MediGold Health Services at 1-800-240-3870 with any questions.

Provider Service Center Closed for the Holiday

The Provider Service Center will be **closed Monday, May 29** in observance of the Memorial Day holiday. Please let us know if you have any questions.