

ANNUAL WELLNESS COUPON

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly.

- This helps prevent background noise (e.g., unmuted phones or phones put on hold) during the webinar.
- This also means we are unable to hear you during the webinar.
- Please submit your questions directly through the webinar platform only.



How to submit questions:

- Open the chat feature at the bottom of your screen to type your question related to today's training webinar.
- In the "Send to" field, select "Hosts and Panelists."
- Once your question is typed in, hit the "Send" button to send it to the presenter.
- We will address submitted questions at the end of the webinar.



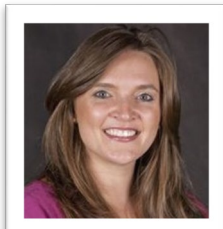
Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

ANNUAL WELLNESS COUPON



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Blue Cross and Blue Shield of
Louisiana



Presented by:
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Population Health Manager
Affinity Health Group



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Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross and Blue Shield Association, offers Blue Advantage (PPO). Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

Who are we?



Blue Advantage provides HMO and PPO networks to our Blue Advantage members.



Partners with Blue Cross and Blue Shield of LA to provide Customer Service, Utilization Management, Claims expertise & Quality improvement support to our Blue Advantage HMO and PPO members.



Offers support for Population Health visits as well as additional quality programs such as the Blue Advantage Coupon program and HEDIS/Star ratings improvement for Blue Advantage members.

Importance of Complete and Accurate Clinical Documentation and ICD-10 Coding



- Physicians that treat sicker populations have higher average cost and utilization per patient. Risk-adjusted reporting can accurately reflect these sicker patients.
- Centers for Medicare and Medicaid Services (CMS) sets Risk Scores for a calendar year based on diagnoses from the previous calendar year.
- All existing diagnoses must be submitted every calendar year for risk scores to be accurate.
- Member attribution is done by wellness exams.

Importance of Annual Wellness Visits



- Provides the ability to effectively assess your patients' chronic conditions, as well as close care and coding gaps for Blue Advantage patients.
- Covered at 100%, **once every 12 months**, for Blue Advantage patients.
- Quality
 - Assess and capture outstanding Star Rating Care Gaps for value-based contract performance and better patient outcomes.
- Risk Adjustment
 - Greater appointment time allotment for comprehensive assessment and care planning for chronic conditions.

Coding for Annual Wellness Visits

G0438: Initial Annual Wellness Visit (AWV)

G0439: Subsequent AWW

ICD-10: Z00.00 or Z00.01 medical examination with or without abnormal findings

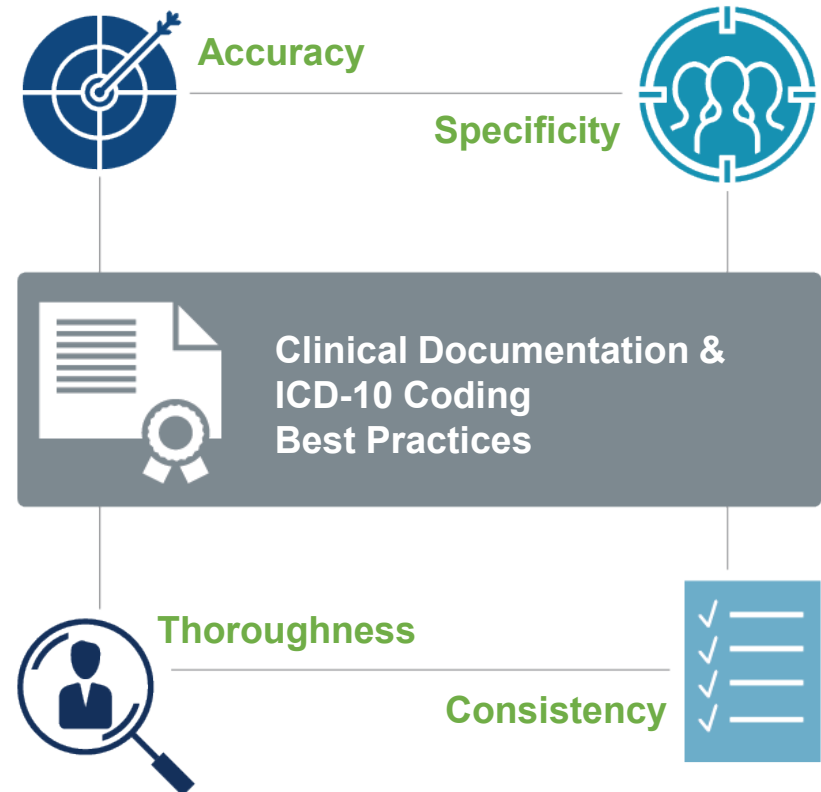
The Annual Wellness Examination costs nothing for the patient.



Complete and Accurate Clinical Documentation and ICD-10 Coding

Best Practices in Medical Record Documentation

- Documentation needs to be sufficient to support and substantiate coding for claims or encounter data.
- Chronic conditions need to be reported every calendar year including key condition statuses (e.g., leg amputation and/or transplant status must be reported each year).
- Include condition specificity where required to explain severity of illness, stage or progression (e.g., staging of chronic kidney disease).
- Treatment and reason for level of care needs to be clearly documented; chronic conditions that potentially affect the treatment choices considered should be documented.



Blue Advantage Annual Wellness Coupon Program

- Blue Advantage members will receive a paper coupon in the mail as part of our Annual Wellness Coupon Program.
- The coupons are for the patient's annual wellness exam, which should be provided by a primary care provider.
- The current coupon program is limited to only Blue Advantage members.



Goals of the Annual Wellness Coupon Program

- To help facilitate wellness visits by the patient's primary care provider.
- Document commonly overlooked conditions/diagnoses that may be applicable to the patient.
- Identify conditions based on claims history.
- Ensure all diagnoses are submitted yearly.
- Complete preventative services.

Annual Wellness Coupon

- Coupons are customized per patient and are based off claims and other health information.
- Category (1) diagnoses are previously submitted chronic diagnoses. If they still exist, bill them on the wellness claim.
- Category (2) diagnoses are suspected diagnoses. Only bill codes that do apply to the patient.
- Category (3) diagnoses are commonly overlooked diagnoses.
- Generic Wellness coupon – If no claims or medical history exist for a patient, they will not have Category (1) or (2) codes on their coupon. Just code all diagnoses that the patient is known to have.



What Should Providers do When They Receive the Coupon?

- Review and complete the back of the coupon at the visit, marking appropriate diagnoses and adding notes as applicable. As with a standard claim, the diagnoses and clinical values should also be documented on the claim and in the provider's medical record.
- To attest to the accuracy of the notes and diagnoses, add the provider's NPI, date of visit and provider's signature, then fax the completed coupon to **1-844-843-9770**.

Providers will be compensated \$100 per coupon for the additional administrative work associated with documentation and billing.



Providers may be asked to submit a corrected claim if diagnoses marked on the coupon are not billed on the claim.

Annual Wellness Coupon

2021 ANNUAL WELLNESS EXAM COUPON - DO NOT DISCARD

If you have any questions, please call 1-855-545-9457 (TTY 711), Monday - Friday from 8 a.m. to 5 p.m.



ATTENTION: Blue Advantage (HMO) | Blue Advantage (PPO) Member

Please take this coupon to your in-network Blue Advantage Primary Care Provider for your Annual Wellness exam AT NO CHARGE to you!

ATTENTION: HEALTHCARE PROVIDER & OFFICE MANAGER

Blue Advantage members have no deductibles, copays or coinsurance for this Annual Wellness exam. The following services (CPT codes) should be billed with the wellness ICD-10 Z00.00 or Z00.01 as primary, together with all other appropriate ICD-10 diagnosis codes including any of the diagnoses on the back of this page.

CODES TO BILL:

Annual Wellness Exam - G0439

AND THE FOLLOWING SCREENINGS:

85025 CBC
80053 CMP
80061 Lipid panel
81002 Urine Dip
93000 EKG if indicated (e.g., irregular heart rhythm)
82270 FOBT x 3 for patients age 50-75
G0328 iFOBT x 1

For Males, add the following:
83036 HgbA1C
82043 Urine Microalbumin
Schedule an annual eye exam for retinopathy screening
For Females, consider the following:
Mammogram and Pap Smear

Patient should receive services due at this visit.
Flu Shot, Wellness Visit

Monitoring of chronic stable conditions, prescription refills and vaccinations may also be included in the examination.

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PROVIDER: PLEASE COMPLETE OTHER SIDE
Y0132_21-247_MKLA_C

TO BE COMPLETED BY PROVIDER IN 2021

Patient Name: John Doe Primary Care Provider (PCP): PCP NAME
Patient Address: 111 Honest Lane
Baton Rouge, La 70447 PCP Signature: _____
DOB: 5/14/1950 NPI#: P098754P032123 TAX ID (Optional): _____
Member ID #: MDV123456789 Date of Visit: _____
Coupon ID: 123456

PROBLEM LIST - Please select ALL that apply to this patient and KEEP A COPY OF THIS IN THE CHART. Blue Advantage pays an additional \$100 to the provider when this form is completed and faxed to 1-844-843-9770. **ALSO, REMEMBER TO INCLUDE ALL SELECTED DIAGNOSES ON YOUR WELLNESS VISIT CLAIM.** You may be requested to send a corrected claim if diagnoses marked are not billed on the wellness claim. For any questions or concerns, please call Blue Advantage at 1-855-545-9457 (TTY 711).

1. Bill one of the following as primary:

- ☐ Wellness Exam without abnormal findings (Z00.00)
OR
☐ Wellness Exam with abnormal findings (Z00.01)

2. Category 1 Suspects - Please mark all that apply to this patient.

- | | |
|---|---|
| <input type="checkbox"/> Atherosclerosis of aorta - I70.0 | <input type="checkbox"/> Chronic obstructive pulmonary disease, unspecified - J44.9 |
| <input type="checkbox"/> Disorder of arteries and arterioles, unspecified - I77.9 | <input type="checkbox"/> Peripheral vascular disease, unspecified - I73.9 |
| <input type="checkbox"/> Pneumonitis due to inhalation of food and vomit - J69.0 | <input type="checkbox"/> Stenosis of arteries - I77.1 |

3. Category 2 Suspects - Please mark all that apply to this patient.

- | | |
|---|--|
| <input type="checkbox"/> Abdominal aortic aneurysm, without rupture - I71.4 | <input type="checkbox"/> Angina pectoris, unspecified - I20.9 |
| <input type="checkbox"/> Chronic atrial fibrillation - I48.2 | <input type="checkbox"/> Heart failure, unspecified - I50.9 |
| <input type="checkbox"/> Hypertensive heart disease with heart failure - I11.0 | <input type="checkbox"/> Inflammatory polyneuropathy, unspecified - G61.9 |
| <input type="checkbox"/> Opioid dependence, uncomplicated - F11.20 | <input type="checkbox"/> Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity - I80.209 |
| <input type="checkbox"/> Rheumatic heart failure - I09.81 | <input type="checkbox"/> Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene - E11.51 |
| <input type="checkbox"/> Type 2 diabetes mellitus with diabetic polyneuropathy - E11.42 | <input type="checkbox"/> Type 2 diabetes mellitus with foot ulcer - E11.621 |
| <input type="checkbox"/> Varicose veins of unspecified lower extremity with ulcer at unspecified site - I83.009 | |

4. Category 3 Suspects - Please mark all that apply to this patient.

- | | |
|---|---|
| <input type="checkbox"/> Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris - I25.110 | <input type="checkbox"/> Tobacco use disorder - F17.200 |
| <input type="checkbox"/> Disorder of arteries and arterioles, unspecified - I77.9 | <input type="checkbox"/> Hypertension - I10 |
| <input type="checkbox"/> Hypertensive heart disease with heart failure - I11.0 | <input type="checkbox"/> Hyperlipidemia - E78.5 |
| <input type="checkbox"/> Opioid dependence, uncomplicated - F11.20 | <input type="checkbox"/> Hypothyroidism - E03.9 |
| <input type="checkbox"/> Peripheral vascular disease, unspecified - I73.9 | <input type="checkbox"/> GERD - K21.9 |
| <input type="checkbox"/> Unspecified mood [affective] disorder - F39 | <input type="checkbox"/> Anxiety - F41.9 |
| | <input type="checkbox"/> Insomnia - G47.00 |

5. Please list any additional diagnoses with the corresponding ICD-10 codes:

What if the patient loses their coupon or needs an extra copy?

- Coupons are personalized and unique to each patient.
- Only the customized coupons that are received by patients will be processed (not photocopied coupons).
- Duplicated coupons will not be accepted.
- Copies may be requested by calling **1-844-753-1450**.



Questions?

Contact us:

General Blue Advantage Questions

Blue Advantage Customer Service

1-866-508-7145

customerservices@blueadvantage.bcbsla.com

Wellness Coupon Questions:

Savannah Ray

Affinity Health Group,

Population Health Department

1-844-753-1450

SRay@ahgphysician.com

