

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.

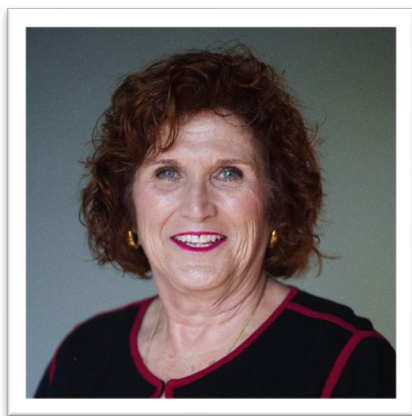
- **How to submit questions:**
- Open the Q&A feature at the bottom of your screen, type your question related to today's training webinar and hit "enter."
- Once your question is answered, it will appear in the "Answered" tab.
- All questions will be answered by the end of the webinar.



Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

ANNUAL WELLNESS COUPON



Anna Granen
Senior Provider Relations Representative
Blue Cross and Blue Shield of Louisiana

October 2022

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 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 (HMO) | Blue Advantage (PPO)

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



Partners with Blue Cross and Blue Shield of Louisiana to provide credentialing and recredentialing, 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.
- The 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 calendar year**, 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 AWV

ICD-10: Z00.00 or Z00.01 medical examination with or without abnormal findings and all applicable diagnoses



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.



Annual Wellness Coupon

2022 ANNUAL WELLNESS EXAM COUPON - DO NOT DISCARD

If you have any questions, please call 1-833-949-2788 (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 an 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 code **G0439** or **Z00.01** as primary, together with all other appropriate ICD-10 diagnosis codes including all 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 50-75
G0328 iFOBT x 1

For Diabetics, add the following:
83038 HgbA1C
82043 Urine Microalbumin
Schedule an annual eye exam for retinopathy screening
For Females, consider the following:
Mammogram and Pap Smear

Patient-specific services due:
Flu Shot, Wellness Visit

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

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 Blue Shield Association, offers Blue Advantage (PPO).

PROVIDER: PLEASE COMPLETE OTHER SIDE
Y0132_22-346_MKLA_C

TO BE COMPLETED BY PROVIDER IN 2022

Patient Name: John Doe Primary Care Provider (PCP): PCP Name
Patient Address: 111 Honest Lane PCP Signature: _____
Baton Rouge, LA 70447 NPI#: _____ TAX ID (Optional): _____
DOB: 8/16/45 Date of Visit: _____
Member ID #: MDV123456789 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 1-833-949-2788 (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.

- ☐ Atherosclerosis of aorta - I70.0 ☐ Chronic kidney disease, stage 3 (moderate) - N18.3
☐ Stem cells transplant status - Z94.84 ☐ Type 2 diabetes mellitus without complications - E11

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

- ☐ Abdominal aortic aneurysm, without rupture - I71.4 ☐ Alcohol dependence, uncomplicated - F10.20
☐ Angina pectoris, unspecified - I20.9 ☐ Chronic atrial fibrillation - I48.2
☐ Hypertensive heart disease with heart failure - I11.0 ☐ Morbid (severe) obesity due to excess calories - E66.01
☐ Peripheral vascular disease, unspecified - I73.9 ☐ Rheumatic heart failure - I09.81
☐ Type 2 diabetes mellitus with diabetic polyneuropathy - E11.42 ☐ Type 2 diabetes mellitus with hyperglycemia - E11.65
☐ Unspecified mood [affective] disorder - F39

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

- ☐ Atherosclerotic heart disease of native coronary artery with unsp. angina pectoris - I25.119 ☐ Substance use disorder - F17.200
☐ Disorder of arteries and arterioles, unspecified - I77.9 ☐ Bacteremia - I10
☐ Hypertensive heart disease with heart failure - I11.0 ☐ Hyperlipidemia - E78.5
☐ Opioid dependence, uncomplicated - F11.20 ☐ Hypothyroidism - E03.9
☐ Peripheral vascular disease, unspecified - I73.9 ☐ Cocaine use - K21.9
☐ Unspecified mood [affective] disorder - F39 ☐ Anxiety - F41.9
☐ Insomnia - G47.00

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

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, in addition to their reimbursement for the claim.



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

What if the patient loses their coupon or does not bring it in?

- Coupons may be requested by calling **1-844-753-1450**, even after a visit.
- Coupons are personalized and unique to each patient.
- Only the customized coupons that are received by patients will be processed.
- Duplicated coupons will not be accepted.



Coupons are Available on the Blue Advantage Provider Portal

Using the Member Lookup tab on the left side of the home screen, you may search for the member using their Member ID, name or date of birth.

Search Criteria	
Member ID	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Social Security #	<input type="text"/>
Date of Birth	<input type="text"/>

After selecting the member's profile, select "Download Wellness Coupon" and a PDF copy of the coupon will be generated. Please note that the member must be assigned to a provider associated with your group or this option will not be available.

Member Information			
Member contact and coverage status			
Name:			
DOB:			
Coverage Status:			
Primary Care Provider:			
VIEW CLAIMS	VIEW AUTHS	VIEW ID CARD	DOWNLOAD WELLNESS COUPON

The Blue Advantage Provider Portal is available through iLinkBlue (www.bcbsla.com/ilinkblue) > Blue Advantage (under "Other Sites").

Questions?

Contact us:

Blue Advantage Customer Service

1-866-508-7145

customerservices@blueadvantage.bcbsla.com

