# Quality+ Partnerships = Reimbursement Opportunities

Reimbursement Opportunities Guide

# BlueCare Plus members are eligible for different wellness exams annually. These can vary based on their date of Medicare enrollment and gender.

This page outlines which codes to use and how best to document these important exams.

## Welcome to Medicare Exams

Frequency: Once per **lifetime** within first 12 months of Medicare enrollment

| Service | Codes | Coverage Notes |
|---|---|---|
| Initial Preventive Physical Examination (IPPE) | G0402 | Members are covered for comprehensive preventive medication evaluation and management, including:<br>› Appropriate history, age and gender<br>› Exam<br>› Counseling and anticipatory guidance<br>› Risk factor reduction interventions |
| Initial Preventive Physical Examination (IPPE) w/EKG | G0402 with G0403, G0404 or G0405 | |

## Annual Wellness Visit and Exam

Frequency: Once per **calendar year,** after the first 12 months of Medicare enrollment

| Service | Codes | Coverage Notes |
|---|---|---|
| Annual Wellness Visit (AWV) | G0438 (Initial), G0439 (Subsequent) | Members are covered for comprehensive preventive medication evaluation and management, including:<br>› Appropriate history, age and gender<br>› Exam<br>› Counseling and anticipatory guidance<br>› Risk factor reduction interventions |
| Annual Preventive Physical Exam | 99385-99387 (New Patient), 99395-99397 (Established Patient) | This is a BlueCare Plus DSNP benefit and isn’t covered by Original Medicare.<br>This service should be submitted with the correct Initial or Periodic Comprehensive Preventive Medicine code if all elements of these services are performed. |

## Patient Assessment & Care Planning Form (PACF) and Interdisciplinary Care Team (ICT)

Frequency: PACF may be billed once per **calendar year**. ICT has no frequency limitations.

| Service | Codes | Coverage Notes | Amount |
|---|---|---|---|
| Patient Assessment & Care Planning Form (PACF) | 96160<br>96161 | This is a BlueCare Plus DSNP benefit and isn't covered by Original Medicare. A PACF may be submitted once per calendar year, per member. Providers don't need to wait 365 days from the last PACF submission or wellness exam. A PACF may be completed in conjunction with the Welcome to Medicare Exam or AWV. | $155.00 |
| Interdisciplinary Care Team (ICT) | 99366-<br>99368 | This is a BlueCare Plus DSNP benefit and isn't covered by Original Medicare. The ICT is designed to bring the plan and providers together in promoting better health outcomes for this most vulnerable population.<br>The sharing of information through the return of the completed PACF, patient medical records, or conversations with the plans care coordination team constitutes your ability to bill for the ICT. | $54.00 |

No modifier is needed. Charges and reimbursement are based on dates of service.
Use G0438, G0402 or G0439 with your E/M codes or E/M codes 99387 or 99397

# Checklist for Successfully Submitting the PACF or Medical Records

Ideally, the most efficient way to submit PACF or medical records each year is after our members complete their annual wellness visit. The Centers for Medicare & Medicaid Services (CMS) requires us to conduct an annual assessment, so our goal is to reassess with the member's annual wellness visit.

› **Complete during a patient's face-to-face annual wellness visit or with a Medicare AWV.**

  Note: If this isn't completed during the visit, send an equivalent medical record that includes all key components, which allows you to bill for PACF administration, CPT 96160 or 96161. File with the date of service of the AWV. It doesn't have to be billed with the AWV as a corrected claim.

For a PACF and ICT to be considered for reimbursement, we need the following data in the PACF or medical record

› **Current medications**

› **Care for older adults**

- Functional status assessment (66 and older)
  - Notation of activities of daily living (ADLs) - at least five

    Bathing, dressing, eating, transferring, toileting, walking, continence

  or

  - Notation of instrumental activities of daily living (IADLs) - at least four

    Shopping for groceries, driving or using public transportation, using the telephone, meal preparation, housework, home repair, laundry, taking medications, handling finances

  or

  - A standardized functional status assessment tool

  or

  - Notation of at least three of the following: Cognitive status, ambulation status, hearing, vision and speech. Also note other functional independence such as exercise or the ability to perform a job.
- Pain assessment
  - Evidence of pain and patient was assessed for pain (could be positive or negative findings)

  or

  - Results of a standardized pain assessment tool (Pain Scale)

› **Vital Signs**

- Blood pressure, height, weight for BMI (or provide BMI score)

› **Physical Exam**

- Specific conditions: circulatory, cardiac, artificial openings, digestive system, endocrine, nutritional, mental, nervous system, respiratory, etc., as appropriate
- Any unlisted diagnoses

› **Gaps in care** (include completed service date in MM/DD/YYYY format)

- Breast cancer screening (BCS)
- Colorectal screening (COL)

- Osteoporosis screening in women with a fracture (OMW)
- Rheumatoid arthritis drug therapy (ART)
- Diabetes nephropathy (CDC Neph)
- Diabetes HbA1c (CDC A1C)
- Diabetes retinal eye exam (DRE)
- Cervical cancer screening (CCS)
- Medication adherence
- Care for older adults, functional and pain assessment (COA)

  Note: If this isn't performed, indicate referral and appointment date.

› **Primary care provider-recommended plan of care and instructions**

- Review the plan of care and make any additions or corrections necessary
- In addition to billing for completion of PACF (CPT 96160 or 96161), you can also bill for the ICT (CPT code 99366-99368).

› **Advanced directives**

- Checking the box on the PACF or including information in your medical record allows you to bill for CPT 99497 or 99498 each time you discuss advance care planning.

  Note: Although we encourage these discussions and can bill for them, this particular element isn't required.

› **Practitioner attestation/signature/date of service**

Note: If you provide a medical record, the provider's electronic signature is sufficient.

## How to submit PACFs

› In Availity® under the Quality Care Rewards Tool **Availity.com**

› Fax: **(423) 591-9504**

› Online: BlueCare Plus **bluecareplus.bcbst.com**

## Need training or help with PACF and Quality Measure Gaps?

Call our Care Coordination Line at **1-877-715-9503**.

You can also call our eBusiness team to get Availity login help or Technical Support at **(423) 535-5717**, option 2, or send an email to **ebusiness_service@bcbst.com**.

# Frequently Asked Questions

### What's acceptable provider authentication?

Either a handwritten or electronic signature that includes your name and credentials, and the date signed. If electronic signatures are used, the system must authenticate the signature at the end of each note. Examples: "Electronically signed by," "Authenticated by," "Approved by," "Completed by," "Finalized by," or "Validated by." Doctors of medicine, doctors of osteopathic medicine, nurse practitioners and physician assistants may sign/attest to a PACF.

### What's needed in addition to the completed PACF?

Nothing, but please make sure the form includes:

- A list that outlines the patient's problems and any unresolved conditions/diagnoses.
- An assessment of how the problem affects the patient.
- Management of the problem. If you aren't managing the problem, ask yourself who is (i.e., "Patient is on alendronate 35 mg/week, and is treated by Dr. Endocrine Person. Follow up required by Dr. Endocrine Person").
- Action plan: Describe any unmet needs for this problem and your plan to address them (e.g., "Patient states she can't afford meds. Will refer to the Care Coordination team to assist" or "Patient needs referral to specialist, will complete referral with follow-up time frame and date"). The plan should include prescriptions, tests ordered and follow-up instructions.

### As a contracted network provider, am I required to complete PACFs on all my patients?

No, but we encourage you to participate for the overall health and well-being of our members. You also have the opportunity to earn an incentive for each PACF you complete. When you identify and close members' gaps in care, you're positively impacting your STARs score, which in turn positively affects your fee schedule.

### How often will I need to complete the PACF for each member?

A form must be completed once every calendar year, ideally during an AWV, when a member enrolls in Medicare, or during any other face-to-face encounter. You don't need to wait 365 days between PACF completions or AWV visits.

### What do I do with the PACF after completion?

CMS wants the original PACF to be a part of the member's permanent medical record. You may print completed online forms to give your patients.

### How will documenting my patient's medical record in the PACF close gaps in care?

Providers completing the PACF online have the opportunity to attest to gaps in care in the Provider Quality Care Rewards module as they complete the PACF. Information not typically closed by submitting the claim can be closed by completing the PACF.

Information recorded in your medical record

such as BMI, blood pressure, diabetes care for nephropathy, HbA1c screenings and Care for Older Adult assessments will be used to close gaps in care. Our clinical staff will review your PACF for the appropriate documentation and submit an attestation to close gaps in the Provider Quality Care Rewards module on your behalf.

### How long does it take to review a faxed PACF and close the gaps in care?

We try to review faxed PACFs within 30 to 45 days. Due to the timing of monthly systems processing, attestations submitted to close gaps in care in the Provider Quality Rewards module on behalf of a provider from the PACF should be given at least four weeks to update in the system once submitted.

### How can I find out how many PACFs I've submitted and how many gaps in care my PACFs have closed?

You can find this online through the Provider Quality Care Rewards module in Availity.

### What should I do to make sure I'm paid for completing the PACF?

- Submit the appropriate E/M codes for the AWV
- Submit CPT® code 96160 or 96161 (administration of patient-focused health risk assessment)
- Fax the PACF, or your equivalent medical record, to **(423) 591-9504**
- Check online through the Quality Care Rewards Portal

### If I have my own non-standard form, can I submit it in place of the PACF?

Yes, as long as your record includes all the key components within the PACF. For questions about what's acceptable please contact the Care Coordination team at **1-877-715-9503**.

### Can I complete only part of the PACF if I'm only submitting it for preventive screenings or gaps in care?

No. The PACF captures data for various reasons other than closing gaps in care. The form shows parts of the care plan developed by us and parts created by you. Sharing this information helps us show CMS we're meeting our Model of Care requirements. It's important we receive complete PACFs, otherwise we'll send them back and ask you to finish and return them within 30 days. If they're still incomplete after that time, it could result in PACF incentive recoupments. To speed up the process, please submit your PACF through the Quality Care Rewards module.

### When is it appropriate to bill for an ICT?

You can do this when completing the PACF or at any time we ask for medical records that include the member's care plan or patient instructions.

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