

Provider Connections

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A Monthly Newsletter from HealthTeam Advantage

March 2023



New Utilization Management After Hours Number

Effective immediately, Utilization Management has a new after hours phone number: **336-207-2095**. Please update your records and ensure you're dialing this new number going forward for your after hours Utilization Management needs.

Coding Tip Corner: Spring into Action

Now that spring is just around the corner, this would be the perfect time to spring into action and clean up your EMRs. Perhaps start with annual wellness visits, or take the time to review the "visit diagnosis" section. Here are some tips to get you started:

- Remove any "old reasons" that are being pulled into the routine visit, for example, the CVA "from date." Sometimes the date in question was months or even years ago! Remember, coding a CVA becomes either a history of sequelae or residual as a result of the CVA once the patient has been discharged, regardless of the discharge destination.
- Update conditions that the patient is currently receiving treatment for, whether it is under your direct care or the care of another physician.
- Link conditions that have a causal relationship. For example, if the member is being treated for diabetes and this has resulted in the member having peripheral vascular disease, link the two.
- Be specific with all documentation. If the patient has been receiving treatment for major depressive disorder, single episode, mild and is now in full remission, update the record to reflect the change.
- When documenting in the record, please keep in mind that the person responsible for entering the codes for the visit may not have been in the room at the time of the visit. They may instead be coding strictly from the information listed at the time of the visit. Errors are common when this happens. Previous diagnoses that no longer are current are pulled in and not validated on a record that is reviewed.
- Each visit should reflect current and chronic conditions the patient is being treated for. Keep past medical history that does not currently require treatment as past medical history. (Imagine that your patient required care when you were not available. Would someone else be able to review your note and assess the patient or know if this is a new condition, one they are currently under care for, or a reoccurrence?)

Coding for Weakness

While there are two ICD-10-CM codes for "weakness," R53.1 and M62.81 – muscle weakness (generalized), these are two generic terms. When assessing the patient, always ask if there any other condition that may be linked to the weakness. For example:

- Is the patient currently undergoing treatment for cancer?
- Is this due to a CVA in the past with residual?
- Does the patient have disease progression such as multiple sclerosis?
- If this is related to age-related physical debility (R54), would this be a more specific code?
- Is the patient requiring therapy (physical therapy, durable medical equipment, home health, palliative care, hospice care, or oxygen therapy)?

When the patient simply states they feel weak, please take an extra couple of minutes to allow them to expand. It could be simply coding R53.1, M62.81, or an R54 is enough, or it could be an entirely different condition that should also be documented and captured.

Keep in mind that we are here to assist you in caring for our members in many ways. There are departments dedicated to assisting our members, so when appropriate, please remind the member to utilize the number on their card! And when possible, be specific as to what may be causing the underlying "weakness."

Required Annual Model of Care Training for CSNP Providers

The Center for Medicare and Medicaid Services (CMS) requires that all providers seeing beneficiaries enrolled in a Chronic Special Needs Plan (CSNP), such as our Diabetes and Heart Care Plan, participate annually in Model of Care (MOC) Training.

We need all administrators to support us by ensuring all providers have completed this requirement every year. HealthTeam Advantage is committed to making this training available to you and your providers on a variety of platforms and in-person when feasible.

All providers can [visit our website](#) to access the training and choose one of the following formats:

1. Read the 2023 MOC Training Slides via PowerPoint and complete the attestation form* at the end.
2. Read the 2023 MOC Training Document via PDF and complete the attestation form* at the end.
3. Watch the 2023 MOC Training Video and complete the attestation form* at the end.

*Please note that completing the training in full is required. An attestation form must be completed, signed, and submitted by the individual provider to obtain credit for the training.

If you have any questions about the status of your training and attestation requirements, please email providerconciierge@htanc.com or call 844-806-8217, option 5.



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For your convenience, past issues of the Provider Connection newsletter are available on our [website](#). You can visit the **For Provider** section of our website, or bookmark the [direct link](#).

Need Assistance?

Contact Your Dedicated Provider Concierge:

Phone: [855-218-3334](tel:855-218-3334)

Email: providerconciierge@htanc.com

Have a compliance concern or suspect fraud, waste, or abuse?

Contact the Compliance Helpline (anonymously if you wish) at:

1-855-741-4518 or www.hta.ethicspoint.com



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