



## Using CPT II Codes for Diabetic Eye Exam

### DIABETIC EYE EXAM MEASURE INFO

The Eye Exams for Patients with Diabetes (EED) measure looks at the percentage of members 18 to 75 years of age with diabetes (type 1 or 2) who completed a retinal OR dilated eye exam. This measure resulted from the separation of indicators that replaces the former Comprehensive Diabetes Care (CDC) measure.






**It is important for diabetic members to receive eye screenings annually.** Referring diabetic members to an acceptable eye care professional annually for screening can help close gaps in care. Diabetic eye screening acceptable for this measure include the following:

- 1 A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- 2 A negative retinal or dilated exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.
- 3 Bilateral eye enucleation anytime during the member's history through December 31 of the measurement year.





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# Using CPT II Codes for Diabetic Eye Exam *(continued)*

## Using CPT II Codes for Gap Closure

It's important to use accurate CPT Category II codes to improve efficiencies in closing patient care gaps and in data collection for performance measurement. When you verify that you performed quality procedures and closed care gaps, you're confirming that you have given the best of quality care to members. CPT II codes can provide more accurate medical data and decrease requests for members' records for review as well as identify and close gaps in care more accurately and quickly.

## Codes to Close Diabetic Eye Exam Care Gaps

These CPT-II codes let PCPs document patient completion of a diabetic eye exam. You can use these codes to close care gaps in diabetic eye exams. This activity is part of the HEDIS® measure Comprehensive Diabetes Care (CDC). Appropriate CPT-II codes for these exams include:

Code	Description
<b>3072F</b>	Low Risk for Retinopathy (This is the YEAR PRIOR CODE and should be billed with a date of service in the CURRENT YEAR. This lets us know the eye exam was from the previous year and it was negative.)
<b>2022F</b>	Dilated Retina Exam with Interpretation by an Ophthalmologist or Optometrist Documented and Reviewed
<b>2024F</b>	Seven Standard Field Stereoscopic Photos with Interpretation by an Ophthalmologist or Optometrist Documented and Reviewed
<b>2026F</b>	Eye Imaging Validated to Match Diagnosis from Seven Standard Field Stereoscopic Photos Result by an Ophthalmologist or Optometrist Documented and Reviewed

2022F, 2024F, and 2026F should be billed with a date of service during the CURRENT YEAR, with the specific date's exam was performed.

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Please call Provider Services at **1-888-453-2534** if you have questions.



## Asthma Medication Ratio (AMR)

THE PERCENTAGE OF MEMBERS FIVE TO 64 YEARS OF AGE WHO WERE IDENTIFIED AS HAVING PERSISTENT ASTHMA AND HAD A RATIO OF CONTROLLER MEDICATIONS TO TOTAL ASTHMA MEDICATIONS OF 0.50 OR GREATER DURING THE MEASUREMENT YEAR.

All members five to 64 years of age as of December 31 of the measurement year, who have persistent asthma and have met at least one of the following criteria during both the measurement year and the year prior to the measurement year:

- **At least one ED visit** with asthma as the principal diagnosis.
- **At least one acute inpatient encounter or discharge** with asthma as the principal diagnosis (without telehealth).
- **At least four outpatient visits, observation visits, telephone visits or online assessments** on different dates of service, with any diagnosis of asthma AND at least two asthma medication dispensing events for any controller or reliever medication. Visit type need not be the same for the four visits.
- **At least four asthma medication dispensing events** for any controller medication or reliever medication.



### Denominator Exclusions:

- ✓ Members who had no asthma medications (controller or reliever) dispensed during the measurement year.
- ✓ Members in hospice or who used hospice services during the measurement year.
- ✓ Members who died during the measurement year.
- ✓ Members who had any diagnosis from any of the following value sets, anytime during the member's history through December 31 of the measurement year:
  - Emphysema Value Set.
  - Other Emphysema Value Set.
  - Chronic Obstructive Pulmonary Disease Value
  - Obstructive Chronic Bronchitis Value Set.
  - Chronic Respiratory Conditions Due to Fumes or Vapors Value Set.
  - Cystic Fibrosis Value Set.
  - Acute Respiratory Failure Value Set.



## Statin Therapy for Patients with Cardiovascular Risk Factors

Statin therapy should be considered for most patients with cardiovascular risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking history) for primary prevention to reduce the risk of atherosclerotic cardiovascular disease (ASCVD). For your convenience, we have listed the United States Preventative Services Task Force's (USPSTF) recommendation on the prescribing of statins for primary prevention to assist you in helping you choose the most appropriate statin-intensity for your patient.

### United States Preventative Services Task Force (USPSTF) Recommendation: Primary Prevention

Patient Risk Category	Recommendation
Adults aged 40 to 75 years of age who have 1 or more cardiovascular risk factors and an estimated 10-year cardiovascular disease (CVD) risk of 10% or greater	Prescribe a statin for primary prevention of CVD
Adults aged 40 to 75 years of age who have one or more cardiovascular risk factors and an estimated 10-year CVD risk of 7.5% to less than 10%	Selectively offer a statin for primary prevention of CVD
Adults 76 years of age or older	Clinical assessment and risk discussion

### Commonly Prescribed Statins

High-Intensity	Moderate-Intensity	
atorvastatin 40, 80 mg	lovastatin 40, 80 mg	Fluvastatin 80 mg
rosuvastatin 20, 40 mg	pravastatin 40, 80 mg	rosuvastatin 5, 10 mg
	simvastatin 20, 40 mg	Pitavastatin 1, 4 mg
	atorvastatin 10, 20 mg	



**We value everything you do to deliver quality care to our members – your patients.**

We recognize that you are best qualified to determine the potential risks versus benefits in choosing the most appropriate medications for your patients.



## Working Together to Reduce HbA1c < 9%

AS WE EMBARK TOGETHER, WELLCARE HAS IMPLEMENTED MANY SERVICES TO ASSIST MEMBERS IN GETTING THEIR DIABETES UNDER BETTER CONTROL.

We understand that there are many factors that go into improving glycemic control, such as: **taking medications as prescribed, visiting the practitioner regularly, plus exercising and eating right.** These are all ways that a member can manage their diabetes, to reduce their HbA1c.



With this goal in mind, WellCare has added additional benefits for our members. Social drivers of health play a huge part in preventing members from adhering to medications, healthy eating, and exercising. When you have a member who has unmet health needs, please refer them to our care management team. A care manager will assess and determine which of the benefits would help the member in achieving the desired result of a lowered HbA1c.

These benefits are mentioned in both the practitioner and member handbook. They include but are not limited to transportation to medical care, as well as food shopping and other member needs. Medicaid members are eligible for a six-month membership to the Weight Watchers program, along with one-on-one counseling with a health coach, nutritionists, and diabetes education.



**As an incentive to members,** the member can receive a reloadable debit or gift card for **\$25 each** for certain preventative health screenings, including getting a HbA1c lab test.

To assist you further, the CPT codes below are specifically for A1c Results.

3044F – < 7%

3046F – > 9%

3051F – ≥ 7% and < 8%

3052F – ≥ 8% and ≤ 9%



**WellCare looks forward to working with you and our members to change the health of our members, one member at a time.**

## IMPORTANT INFORMATION REGARDING OUR MEDICAID MEMBERS



### Rewards Program

Some changes recently occurred to our Medicaid Members Rewards Program, and we want to help our members make the most of their benefits. Here's what members need to know:



- ✓ WellCare of North Carolina changed from **Healthy Rewards** to the **My Health Pays®** program, beginning July 1, 2023.
- ✓ The program is part of the benefits that support members' wellbeing.
- ✓ Members will receive a My Health Pays® Visa® pre-paid card, upon completion of their first healthy activity.
- ✓ Reward dollars are loaded to the card once the member completes a healthy activity, and the claim is processed and paid.
- ✓ Members can use their earned rewards to buy a wide variety of items. These include groceries, baby items, personal care items, over-the-counter medications, utilities, transportation, and childcare.

**Thank you for partnering with us on alerting our members to this change and educating them on the below rewardable activities.**

Please see the details below about the My Health Pays® program.

#### My Health Pays® Program

WellCare of North Carolina rewards members who take steps toward good health. It's part of our My Health Pays® program. Members can earn up to \$75 each year just for doing things like getting checkups and screenings as shown in the following chart:

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## Rewards Program *(continued)*

Program	Focus Area	Activity Criteria	Incentive Type	Incentive Value
Children's Health	Ages 0 to 24 months	Requires completion of <b>all</b> of the following vaccines: <ul style="list-style-type: none"> <li>• <b>Four (4)</b> diphtheria, tetanus and acellular pertussis (DTaP).</li> <li>• <b>Three (3)</b> polio (IPV).</li> <li>• <b>One (1)</b> measles, mumps and rubella (MMR).</li> <li>• <b>Three (3)</b> haemophilus influenza type B (HiB).</li> <li>• <b>Three (3)</b> hepatitis B (HepB).</li> <li>• <b>One (1)</b> chicken pox (VZV).</li> <li>• <b>Four (4)</b> pneumococcal conjugate (PCV).</li> <li>• <b>One (1)</b> hepatitis A (HepA).</li> <li>• <b>Two (2) or three (3)</b> rotavirus (RV).</li> <li>• <b>Two (2)</b> influenza (flu).</li> </ul>	Prepaid	\$25
	Ages 0 to 30 months	Complete well-child visits per well-child checkup schedule. Members may complete up to six (6) visits between 0 and 15 months old and two (2) visits between 15 and 30 months old.	Prepaid	\$15 per visit
	Ages 0 to 13 years	Must complete all vaccines by 13th birthday: <ul style="list-style-type: none"> <li>• One (1) dose of meningococcal.</li> <li>• One (1) tetanus shot.</li> <li>• Diphtheria toxoids and acellular pertussis (Tdap).</li> <li>• Human papillomavirus (HPV) vaccine series.</li> </ul>	Prepaid	\$25
	Ages 3 to 21 years	Complete annual well-care visit (each year).	Prepaid	\$25

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## Rewards Program *(continued)*

Program	Focus Area	Activity Criteria	Incentive Type	Incentive Value
<b>Healthy Pregnancy</b>	Prenatal Care Visits (Ages 12 and older)	Attend a prenatal visit during first trimester (or within 42 days of enrollment).	Prepaid	<b>\$25</b>
	Completion of Prenatal Visit	Members who complete a prenatal visit can choose one (1) of the rewards listed.	Bonus Reward	Choice of a stroller, portable playpen, car seat or six (6) packs of diapers.  <b>Please call Member Services to redeem reward.</b>
	Postpartum Care Visit 1 (Ages 12 and older)	Attend a postpartum visit 21 days or less after the birth of the baby.	Prepaid	<b>\$25</b>
	Postpartum Care Visit 2 (Ages 12 and older)	Attend a second postpartum visit 22 to 84 days after the birth of the baby.	Prepaid	<b>\$25</b>
<b>Chronic Care Management</b>	Diabetes (Ages 18 to 75 years)	Members with diabetes complete an annual eye exam.	Prepaid	<b>\$25</b>
		Members with diabetes complete an annual HbA1c lab test.	Prepaid	<b>\$25</b>
<b>Well Women</b>	Cervical Cancer Screening (Ages 21 to 64 years)	Complete office visit for an annual cervical cancer screening (pap smear).	Prepaid	<b>\$25</b>
<b>Adult Health</b>	Annual Adult Health Screening (Ages 20 and older)	Complete annual adult health screening (wellness visit).	Prepaid	<b>\$25</b>

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## Rewards Program *(continued)*

Program	Focus Area	Activity Criteria	Incentive Type	Incentive Value
Behavioral Health	Behavioral Health (Ages six and older)	Go to a behavioral health provider within 30 days after a behavioral health hospital stay.	Prepaid	\$25
	Behavioral Health (Ages one to 17)	Go to a counseling appointment within 30 days after anti-psychotic prescription.	Prepaid	\$25
Tobacco Cessation	Tobacco Cessation Counseling (Ages 18 and older)	To start, members must call the Quit Line at <b>1-866-QUIT-4-LIFE</b> Call <b>1-866-784-8454</b> . Members will be rewarded through the My Health Pays® program for completing five (5) coaching sessions.	Prepaid	\$25
Flu Shot	Ages 18 and older	Get a flu shot once per flu season: September through April.	Prepaid	\$10



If members have any questions about any of the information above, please call Member Services at **1-866-799-5318** (TTY: **711**) or visit our website at **wellcarenc.com**.



## WellCare's Provider Portal Has New Live-Chat Offerings

CHECK OUT ALL THE NEW WAYS PROVIDERS CAN EASILY ACCESS IMMEDIATE ASSISTANCE

**Providers will now have more options to easily access help thanks to the new Chat offers that are now available on the Provider Portal!**

Live-Chat agents are trained to quickly – and accurately – answer your questions.

### New Live-Chat Offers on the Provider Portal:



- ✓ Provider Home Page
- ✓ Care Management Home Page (Authorizations)
- ✓ Claim Main Page
- ✓ Claims Appeals & Disputes Page



If you would like more information on Live-Chat on the Provider Portal, please contact your provider representative.



## Updating Provider Directory Information

**WE RELY ON OUR PROVIDER NETWORK TO ADVISE US OF UPDATED DEMOGRAPHIC CHANGES.**

Ensuring that our members and Provider Relations staff have the most current provider information is a top priority, so **please give us a 30-day advance notice of changes** that you make to your office phone number, office address, or panel status (open/closed).



**New Phone Number, Office Address or Change in Panel Status:**

Please call us at: **1-855-538-0454**

Thank you for helping us maintain up-to-date directory information for your practice.



## Provider Resources

### Provider News – Provider Portal

Remember to check messages regularly to receive new and updated information. Access the secure portal using the Secure Login area on our home page. You will see messages from WellCare on the right.

### Resources and Tools

Visit [wellcare.com/North-Carolina](http://wellcare.com/North-Carolina) to find guidelines, key forms and other helpful resources for Medicaid. You may also request hard copies of documents by contacting your Provider Relations representative.

Refer to our Quick Reference Guide for detailed information on areas including Claims, Appeals and Pharmacy.

These are located at: [wellcarenc.com/providers/medicaid.html](http://wellcarenc.com/providers/medicaid.html)

### Additional Criteria Available

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available on our website at [wellcare.com/North-Carolina/Providers/Clinical-Guidelines](http://wellcare.com/North-Carolina/Providers/Clinical-Guidelines)



## NC Medicaid Provider Manual

The NC Medicaid Provider Manual is located at [www.wellcarenc.com/providers/medicaid.html](http://www.wellcarenc.com/providers/medicaid.html) under the Overview and Resources section. Click on the *Resources* drop-down menu to view the document.

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### We're Just a Phone Call or Click Away

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**Medicaid:**  
**1-866-799-5318**



[wellcare.com/North-Carolina/Providers](http://wellcare.com/North-Carolina/Providers)