

Healthy Children

Take advantage of back-to-school physicals to complete well-care visits, body mass index (BMI) documentation, and immunizations!

Codes included in current Healthcare Effectiveness Data and Information Set (HEDIS[®]) Measures:

Description	Code
Well-Care Visits	Current Procedural Terminology (CPT): 99381-99385, 99391-99395, 99461 Healthcare Common Procedure Coding System (HCPCS): G0438, G0439, S0302, S0610, S0612, S0613 ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
BMI Percentile <5% for age	ICD-10: Z68.51
BMI Percentile 5% to <85% for age	ICD-10: Z68.52
BMI Percentile 85% to <95% for age	ICD-10: Z68.53
BMI Percentile ≥95% for age	ICD-10: Z68.54

**HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA)*

Complete a Well-Care Visit and Sick Visit on the same date of service!

Molina Healthcare will pay for both a patient preventive/well-visit and a sick visit on the same date of service (DOS) if the diagnosis codes billed support payment for both visits. Bill the new/established patient Evaluation and Management (E&M) with modifier 25 and correct diagnosis codes to ensure accurate payment.

Healthy Adults

Annual Adult Visits

The Adults' Access to Preventive/Ambulatory Health Services (AAP) HEDIS[®] measure assesses the percentage of members 20 years of age and older who had an ambulatory or preventive care visit during the measurement year.

Reminders of upcoming appointments, education, and outreach for gaps in care are key!

Building a trusting relationship with your patient and emphasizing the importance of preventive care can increase the number of patients seeking care at their primary care provider (PCP) instead of the emergency room.

Codes included in current HEDIS® Measure:

Description	Code
Ambulatory Visits	<p>CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99483</p> <p>HCPCS: G0402, G0438, G0439, G0463, T1015</p> <p>UBREV: 0510-0517, 0519-0523, 0526-0529, 0982, 0983</p> <p>ICD-10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2</p>
Other Ambulatory Visits	<p>CPT: 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324- 99328, 99334-99337</p> <p>HCPCS: S0620, S0621</p> <p>UBREV: 0524, 0525</p>
Telephone Visits	<p>CPT: 98966-98968, 99441-99443</p>
Online Assessments (E-visits or Virtual Check-in)	<p>CPT: 98969-98972, 99421-99423, 99444, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252</p>

Women’s Health

Cervical Cancer Screenings with a Look into Health Equity

Routine health screenings are an essential part of your patient’s healthcare. Unfortunately, some racial and ethnic groups are more disadvantaged and less likely to see their physicians for a cervical cancer screening. Disparities affecting a member’s ability to get a needed cancer screening are widespread and can include a lack of transportation, childcare, housing, and food insecurity. Other factors affecting disparities include health coverage and access to care, discrimination and bias within the healthcare system, and social and economic inequities.

Many disparities are the result of significant socioeconomic barriers that lead to differences in screening rates. Studies show that both Black and Hispanic women are diagnosed at a later stage and have higher resultant mortality. Black women with cervical cancer also receive less aggressive treatment and have less access to healthcare. A substantial widening of the racial disparities in incidence and mortality occurs with advancing age, particularly in Black women.

While cancer incidence and mortality have decreased for all racial and ethnic groups, it still remains highest for Asian and Black individuals. Research shows that the overall rate of cancer screening is lower among Black, Hispanic, Asian, and American Indian and Alaskan Native populations compared to their white counterparts. It also shows that Black women compared to all groups are the least likely to receive human papillomavirus (HPV) co-testing with Pap smears.

Lesbian women are less likely than heterosexual women to have a Pap smear, and when they are tested, the result is more likely to be abnormal. Lesbian women were the only subgroup that was less likely than heterosexual women to be encouraged to receive cancer preventive care, such as HPV vaccinations and Pap smears. LGBTQ+** individuals are at a higher risk of getting cancer; there are disparities present due to discrimination and other factors.

Below are some helpful links to help overcome health disparities.

- *Addressing the Cervical Cancer Screening Disparities Gap* – Contemporary OBGYN contemporaryobgyn.net/view/addressing-the-cervical-cancer-screening-disparities-gap
- *Persistent Disparities in Cervical Cancer Screening Uptake: Knowledge and Sociodemographic Determinants of Papanicolaou and Human Papillomavirus Testing Among Women in the United States* - PubMed (nih.gov) pubmed.ncbi.nlm.nih.gov/32516053/
- *Cancer Research in LGBTQ Community* | American Cancer Society cancer.org/research/acs-research-highlights/cancer-health-disparities-research/cancer-health-disparities-ac-s-research-highlights.html
- *Rate of Overdue Cervical Cancer Screening Is Increasing* - NCI cancer.gov/news-events/cancer-currents-blog/2022/overdue-cervical-cancer-screening-increasing

**Lesbian, gay, bisexual, transgender, queer (LGBTQ).

Chronic Conditions: Diabetes

Continuous Glucose Monitors

Molina and the Ohio Medicaid Managed Care Organizations (MCOs) are working collaboratively to make diabetes management easier for providers and their patients. An area of significant focus is the use of Continuous Glucose Monitors (CGMs) when deemed appropriate by the provider.

There are many advantages to using CGMs as part of diabetes management. The device itself is easy to use, and many patients prefer using it instead of the daily finger stick. The American Diabetes Association¹ cited several reasons why CGMs are recommended. CGMs:

- Help avoid or delay serious, short- and long-term diabetes complications.
- Save money through improved diabetes management and fewer events such as hypoglycemia (low blood glucose), leading to fewer emergencies.
- Offer people with diabetes and their healthcare team more details about glucose levels than traditional blood glucose meters, giving them the opportunity to analyze their data more precisely than ever before.
- Provide biofeedback in real time, which allows people with diabetes to modify their dietary pattern or insulin dose based on trends, as directed by their

healthcare provider. This may reduce risk of hypoglycemia and hyperglycemia (high blood glucose).

One initiative undertaken by MCOs includes working closely with CGM manufacturers, Dexcom and Abbott, to educate and promote the use of CGM samples in provider offices. Providers who use samples report that it is a great way to introduce patients to the CGM during their office visit, especially in offices that do not have an embedded pharmacy.

Patients receive a sample at no cost, allowing them to use the device on a trial basis. The refill script can be given at the same time to facilitate continued use of the CGM. Prior authorization (PA) is **not** required for Ohio Medicaid members who receive a CGM through pharmacy or durable medical equipment (DME) providers. (For additional information, visit codes.ohio.gov/ohio-administrative-code/rule-5160-10-36).

CGM samples can be an effective bridge to increased CGM utilization. To request samples and in-office training and support, contact your Dexcom and/or Abbott representative or visit their websites via the links below.

	Email	Website
Abbott	Melissa.davis1@abbott.com	freestylelibre.us
Dexcom	Mary.mcclain@dexcom.com	dexcom.com

¹ Continuous Glucose Monitors (CGMs)-Everything You Need to Know. *American Diabetes Association*. diabetes.org/get-involved/advocacy/continuous-glucose-monitors

Behavioral Health: Children

Antipsychotic Metabolic Monitoring (APM)

Molina is striving to assist providers with closing care gaps for our patients that are on antipsychotics and in need of metabolic monitoring. Monitoring children and adolescents on antipsychotic medications to help avoid metabolic health complications is an important factor when it comes to member health. The literature suggests that there are many key elements that create barriers to the success of metabolic monitoring. Some of these are patient barriers, while others stem from provider challenges with metabolic monitoring.

Psychiatrists noted that the priority for metabolic monitoring and care is diminishing². The lack of payment for metabolic monitoring has an impact on screening prioritization. Some patients question their own ability to effectively convey their concerns to their psychiatrists. Clinicians have validated that they have underestimated patients’ symptoms due to the difficulty in obtaining their medical history³.

To address some of the barriers noted above, the below tips may be useful in closing care gaps:

1. Schedule annual appointments to have **metabolic** testing completed for your children and adolescent patients currently on antipsychotic medications.
2. Explain to the parent or guardian that properly monitoring their child's cholesterol and glucose decreases their risks of long-term illnesses.
3. Discuss potential side effects with patients around weight gain and coordinate dietary needs and education with the patient.
4. Monitor the **glucose and cholesterol levels** continuously after first establishing baseline levels.
5. Emphasize the importance of consistency and adherence to the medication regimen.

References:

²A doctor is in the house: Stakeholder focus groups about expanded scope of practice of community psychiatrists. *Mangurian et al*, 2018.

ncbi.nlm.nih.gov/pmc/articles/PMC6218641/

³Access to primary and specialized somatic health care for persons with severe mental illness: a qualitative study of perceived barriers and facilitators in Swedish health care. *Björk et al*, 2018. pubmed.ncbi.nlm.nih.gov/29316894/

Older Adults

Many adults ages 50 and older are socially isolated or lonely in ways that put their health at risk. Recent studies found that:

- Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.⁴
- Social isolation was associated with about a 50% increased risk of dementia.²
- Poor social relationships (characterized by social isolation or loneliness) were associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.⁵
- Loneliness was associated with higher rates of depression, anxiety, and suicide.²
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.⁴

This can be especially true for older adults who have moved to the United States or who belong to the LGBTQ+ community. There may be a lack of social structures available and poor connections to the larger community. According to the Centers for Disease Control and Prevention (CDC), "Nearly all adults aged 50 or older interact with the healthcare system in some way. For those without social connections, a doctor's appointment or visit from a home health nurse may be one of the few face-to-face encounters they have. This represents a unique opportunity for clinicians to identify people at risk for loneliness or social isolation."⁵

Tips for helping older adults include:

- Take time to get to know the patient.
- Discuss life situations and evaluate barriers to health goals.
- Consider if normal aging is related or if something more is going on.

Changes in physical experiences, such as loss of hearing or eyesight, may make the patient feel limited and impact their ability to interact with others. They may feel insecure about taking medications or engaging in prescribed health options due to low perceptive abilities. The American Medical Association (AMA) recommends taking time to sort out medications with the patient to ensure they can distinguish color and size and talk about potential difficulties with exercise or other health benefits.

Aging is not a disease, and many patients can feel hopeless if their health is poor. It is recommended to talk with the patient about normal aging rather than discussing only what is wrong or painful. Distinguishing between typical aging processes and serious health concerns can help the patient prioritize treatment and focus.

References:

⁴3 tips for integrating behavioral health care for older adults. *Tanya Albert Henry, American Medical Association, 2023.* [ama-assn.org/delivering-care/population-care/3-tips-integrating-behavioral-health-care-older-adults](https://www.ama-assn.org/delivering-care/population-care/3-tips-integrating-behavioral-health-care-older-adults)

⁵Loneliness and Social Isolation Linked to Serious Health Conditions. *CDC, 2023.* [cdc.gov/aging/publications/features/lonely-older-adults.html](https://www.cdc.gov/aging/publications/features/lonely-older-adults.html)

Questions?

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