

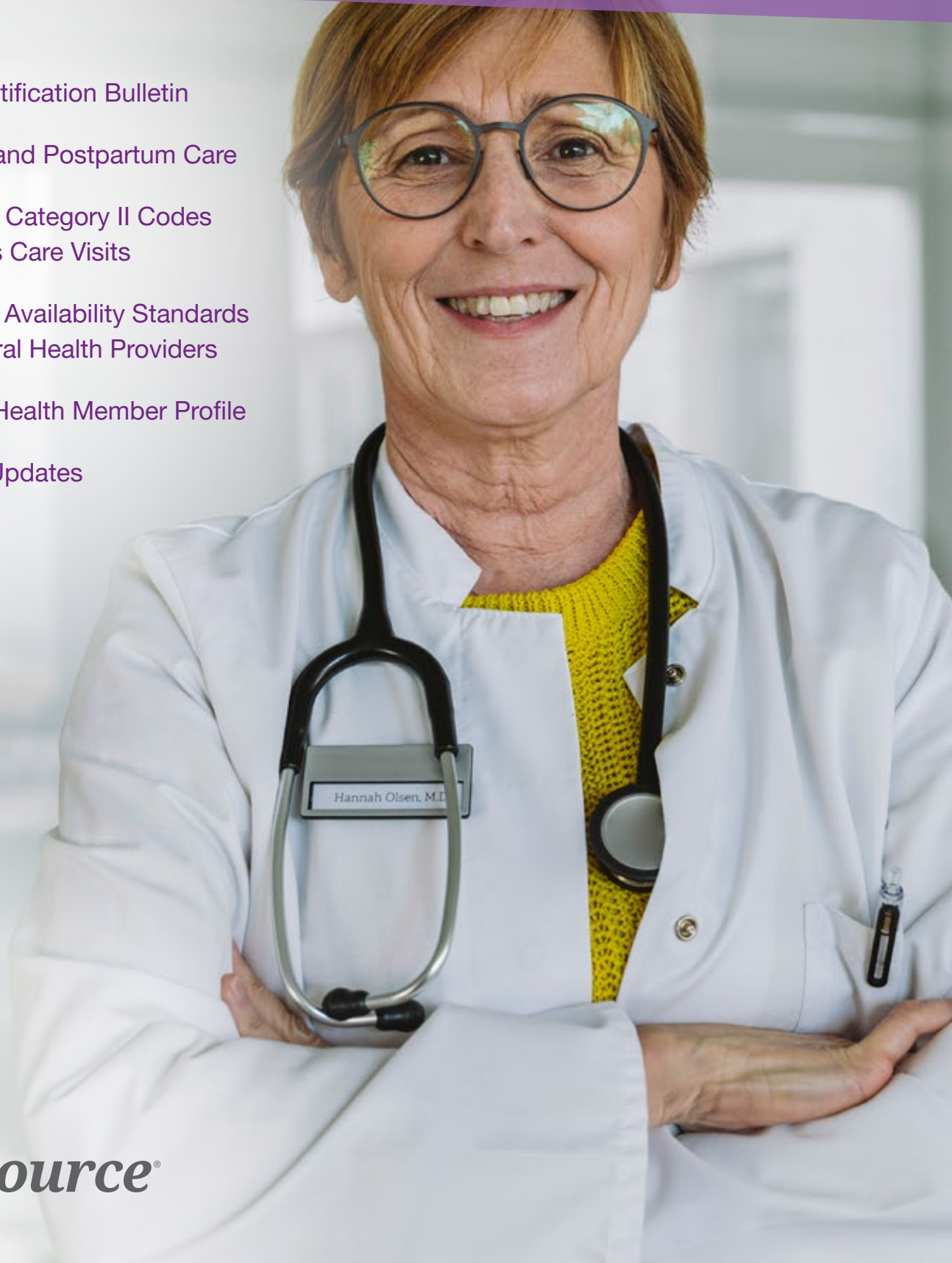


FALL 2022

# PROVIDER *Source*

A Newsletter for CareSource® Health Partners

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UPDATES



# Network Notification Bulletin

CareSource regularly communicates operational updates on our [Updates and Announcements](#) page. Our goal is to keep you updated with a format that is quickly accessible and that keeps you informed about working with us. Here are some network notifications posted from the previous quarter that you may have missed:

## Indiana Medicaid

- [CLIA-Waived Tests Update](#)
- [Patient Account Number Billing Guidance](#)
- [We Want to Hear from You!](#)

## Indiana Marketplace and D-SNP

- [Policy Updates September 2022](#)
- [Available On-Demand Behavioral Health Webinar Series & Provider Trainings](#)
- [Billing Update Re: Multiple Outpatient Claims](#)

CareSource would also like to remind you of our electronic policy postings, conveniently packaging medical, pharmacy, reimbursement, and administrative policy updates into a monthly network notification for your review. You can also find our provider policies listed at [CareSource.com](#) > Providers > [Provider Policies](#).



## Importance of Documentation

Proper documentation is essential to you and your patients. It ensures patients receive services that are reasonable and necessary, supports proper payment of claims, and supports favorable medical record review decisions. The Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network has released a [Provider Minute](#) video on the importance of proper documentation. This five-minute video addresses typical documentation errors such as insufficient documentation, medical necessity, incorrect coding and no documentation. The video also shows how to handle record requests for favorable outcomes.



A close-up photograph of a Black woman smiling and holding a newborn baby. The woman is looking down at the baby with a gentle expression. The baby is wearing a light blue onesie. The background is softly blurred, suggesting an indoor setting with natural light.

# Pregnancy and Postpartum Care

## Indiana Marketplace Providers

At CareSource, supporting our pregnant and postpartum members with quality care is a priority. By encouraging appropriate perinatal and postpartum care, we can positively impact the health of both mother and baby before, during, and after pregnancy.

Timely and adequate prenatal care can reduce the risk of poor birth outcomes and increase the likelihood of an uncomplicated pregnancy. Established quality criteria recommend at least one prenatal visit in the first trimester and at least one postpartum visit between **7 and 84 days** after delivery.

If you identify a pregnant or postpartum CareSource member who could benefit from focused outreach for education, support and/or assistance with resources, please refer the member to CareSource Integrated Care Management by phone at **1-855-202-0415**. Members can also be directed to contact Member Services to self-enroll in any of the available CareSource programs to work with our licensed clinical staff to resolve barriers to care and improve overall health and wellbeing.

Prenatal and Postpartum care are HEDIS® measures looking at the overall quality of care. HEDIS Coding guides have been developed by CareSource to provide information about documentation and coding. You can find these on our website at **CareSource.com** > Providers > [Quick Reference Materials](#).



# Using CPT® Category II Codes for Diabetes Care Visits

## Indiana Medicaid and Marketplace Providers

According to the Centers for Disease Control and Prevention (CDC), more than 37.3 million people (11.3%) in the US have diabetes, and 1 in 4 don't even know they have it. Managing diabetes can be complicated but using the proper CPT® Category II codes to file claims can help streamline administrative processes and close gaps in care.

CPT Category II codes are tracking codes which assist in data collection and are used for overall performance measurement. The use of these codes will decrease the need for chart reviews and improve the reporting of closed care gaps to confirm all the important work you are doing for your patients and our CareSource members.

### CPT II Coding– Examples for Quick References listed below:

HEDIS Measure	Description	Applicable Codes
<a href="#">Comprehensive Diabetes Care (CDC)</a>	Members ages 18-75 diagnosed with diabetes who have documentation in their medical record indicating the date and result of a Hemoglobin A1C test in the current year. <i>Last A1C result in 2022 should be documented in the medical record.</i>	HbA1c CPT II: 3044F, 3046F, 3051F, 3052F.
<a href="#">Controlling High Blood Pressure (CBP)</a>	Members ages 18-75 with a diagnosis of hypertension (HTN) and BP adequately controlled at 139/89 mmHg or less during the current year. <i>A diagnosis of Essential Hypertension and last blood pressure reading in 2022 should be documented in the medical record.</i>	Blood Pressure CPT II: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F

*\*Note CPT codes are for quality reporting purposes only, not for payment.*

What can you do to help improve your A1c rates?

- **No Test:** For members without a testing code, please outreach to them to complete an A1c test either in your office or at the lab. This will help both you and the member “know the numbers” to plan for care
- **No Results:** For members without a result, but completed a test, look in your EHR or research with the lab or lab portal what the test result was. If the result was inconclusive, please have the patient retest so there is a valid Result CPT II code sent to the health plan.
- **High results (>9):** Please refer the patient to an endocrinologist or adjust diet, exercise, or medications to stabilize the member. Please note that most health plans have a \$0 co pay gym benefit for the member to take advantage of. CareSource is also able to assist once you connect them to one of our care managers for support.

Click the links to access the Adult and Child/Adolescent HEDIS® Coding Guides that provide additional info about proper coding and documentation requirements.

If you have any questions, please contact your CareSource Health Partner Team Representative or Provider Services.



# Access and Availability Standards for Behavioral Health Providers

## Indiana Medicaid and Marketplace Providers

In accordance with the National Committee for Quality Assurance (NCQA) and the Office of Medicaid Policy and Planning (OMPP) standards, CareSource evaluates the availability and accessibility of services rendered to patients by participating providers. Participating providers are expected to have procedures in place to ensure timely and clinically appropriate services are available to CareSource patients.

**Please keep in mind the following access standards for each level of care:**

Behavioral Health	Medicaid Members	Marketplace Members
Emergency needs	Immediately upon presentation	Immediately upon presentation
Non-life threatening emergency	Not to exceed 6 hours	Not to exceed 6 hours
Urgent care	Not to exceed 48 hours	Not to exceed 48 hours
Initial visit for routine care	Not to exceed 10 business days	Not to exceed 10 business days
Follow-up routine care	Not to exceed 30 calendar days (based on condition)	Not to exceed 30 calendar days (based on condition)

CareSource supports and encourages coordination of care between physical and behavioral health providers. It is recommended that providers share information with referring providers when applicable. CareSource provides a *Coordination of Healthcare Exchange of Information* form to help facilitate this exchange of information. To access the form, please visit **CareSource.com** > Provider > [Forms](#).





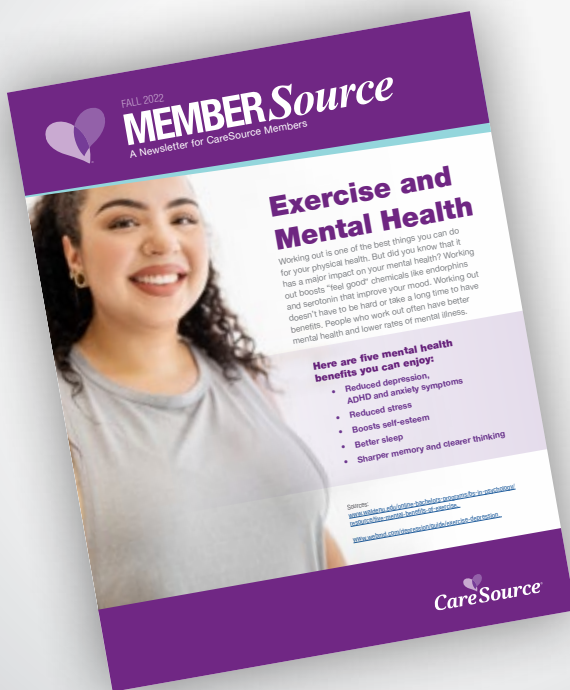
# Behavioral Health Member Profile

On a daily basis, CareSource sends information to the CareSource Provider Portal, including a behavioral health profile, to the assigned primary medical care provider (PMP) on file with us. This profile lists the physical and behavioral health treatment received by that member. Information about substance use disorder treatment and HIV is only released if the member has signed a consent form.

If you are a Primary Medical Provider (PMP) and want to view one of your member's behavioral health profiles, please visit the provider portal, **CareSource.com** > Provider Overview > [Provider Portal Log-in](#). If you are unable to log in to the portal, please call the CareSource Provider Services Department at **1-844-607-2831** for assistance. Feel free to check the Provider Portal at any time for updates and changes to the behavioral health profile.

We hope that the behavioral health profile assists in the exchange of health information between the PMP and behavioral health providers treating the member, to aid in coordination of care.





The MemberSource newsletter is a great resource to stay up-to-date with health, wellness and plan information for your CareSource patients. To view editions of the MemberSource newsletter, visit **CareSource.com** > Members > Education > [Newsletters](#).

## Pharmacy



## Pharmacy Updates

CareSource has a searchable drug list that is updated monthly on the website. To find out which drugs are covered under your plan, go to the Find My Prescriptions link under Member Tools & Resources. The most current updates can be found there also. If members do not have access to the internet, they can call Member Services for their respective market and plan. A CareSource Representative will help members find out if a medication is covered and how much it will cost.



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We want to hear from **you!**

We value provider feedback and want to ensure we provide adequate communication, education and resources for you to serve our members. Please complete the [survey](#) to rate your satisfaction with the ProviderSource newsletter, as well as share topics you'd like to see in future newsletter publications!

***Thank you for your partnership!***

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