Value-Based Care Team Insurances Guide

Commercial Insurances

BCBS (Blue Cross)

Oscar (Marketplace)

Avmed

Commercial Insurances
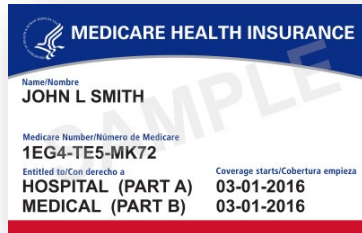
Aetna

UHC (United Healthcare)

Cigna
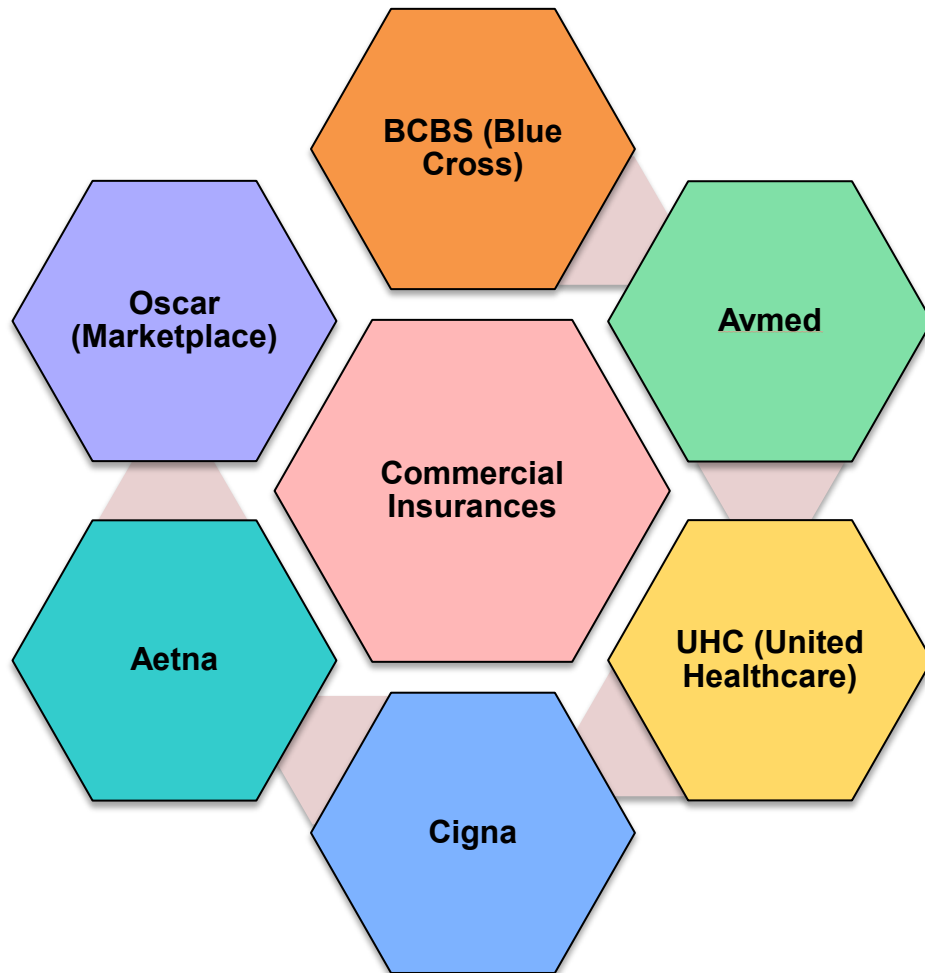
Commercial insurances: insurances offered by employer/patient's choice

- Require annual exams (physical) to be completed/billed <u>366</u> days <u>after</u> the previous physical
  - E.g., Annual Exam Date 01/01/2022 → Physical in 2023 must be done on 01/03/2023 or after
  - Please note, some insurances may have exceptions according to their requirements
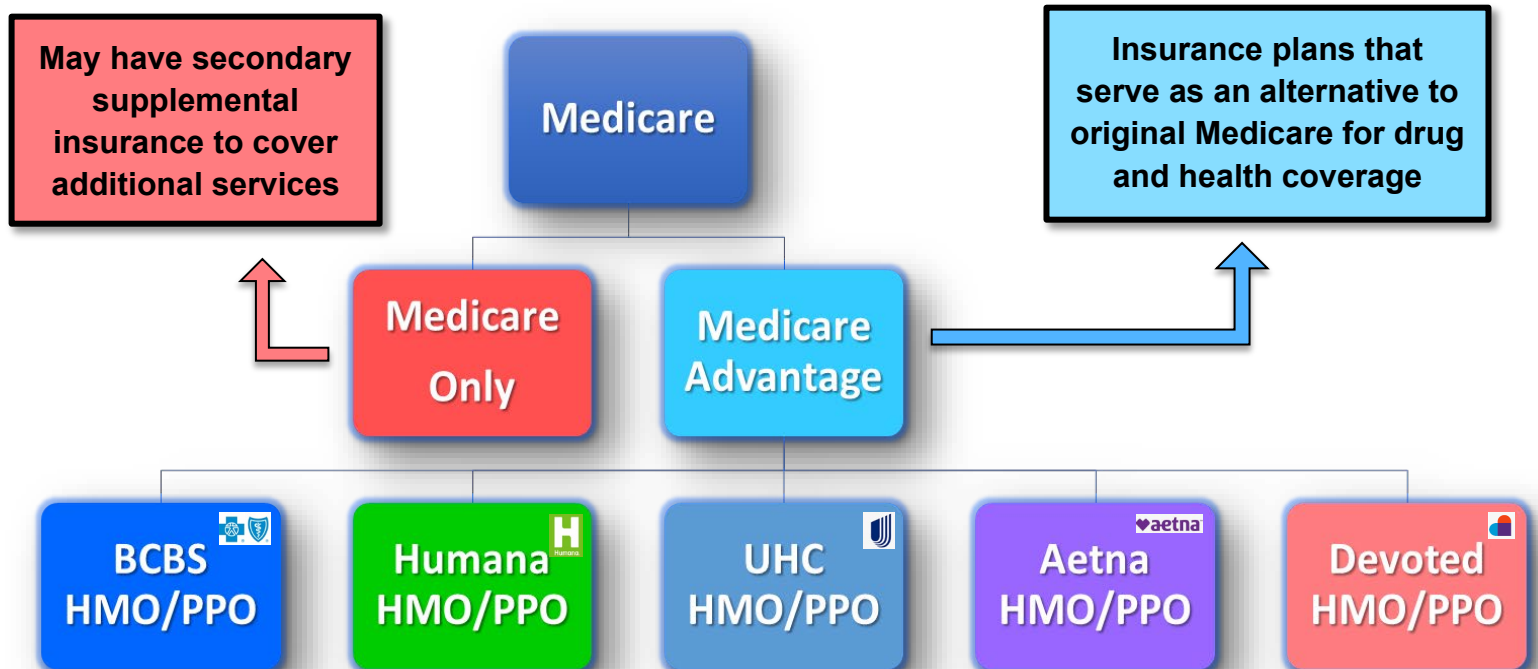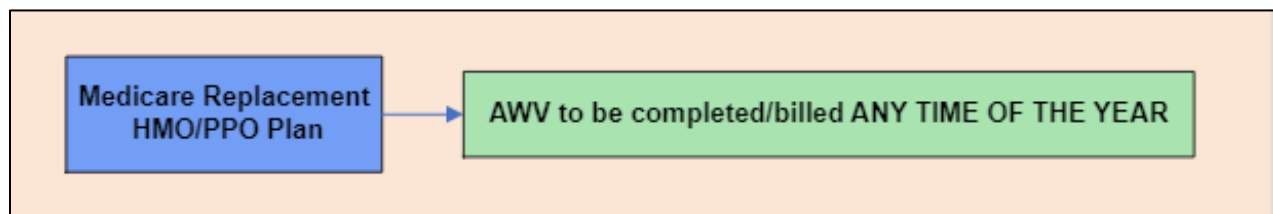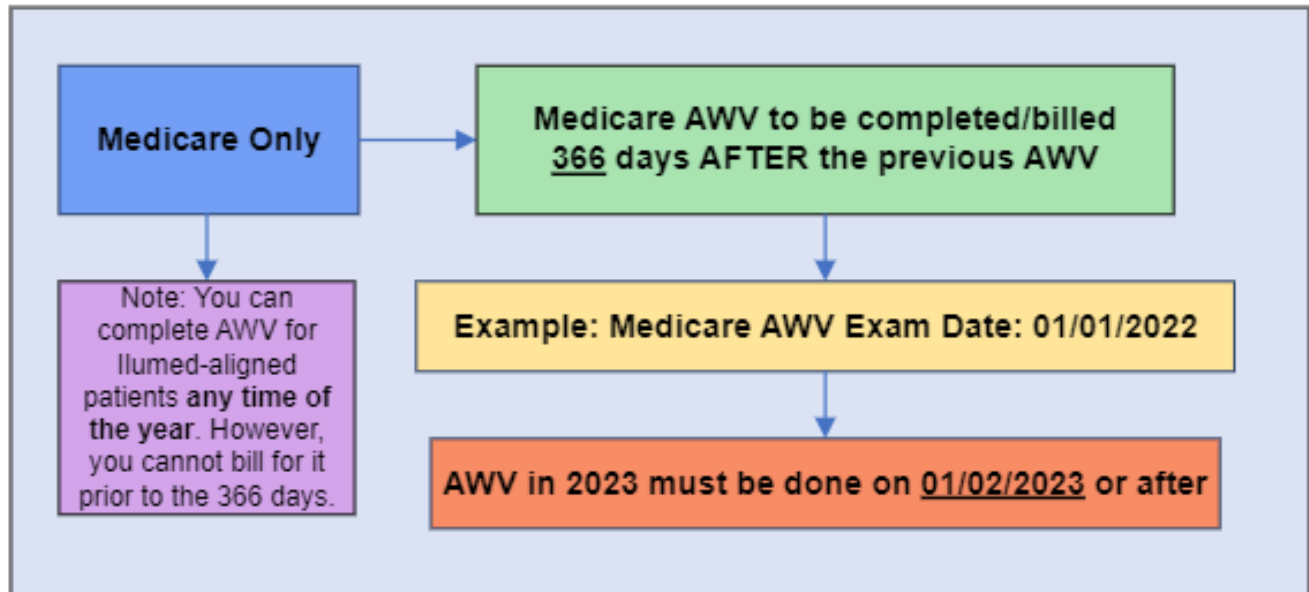   - E.g., United Healthcare School Board insurance

Created by Michelle Fiallos and Laura Ramirez
(Value-Based Care Team)
08/25/2023

Medicare Insurance

MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a   Coverage starts/Cobertura empieza
HOSPITAL (PART A)   03-01-2016
MEDICAL (PART B)   03-01-2016

Medicare Insurance: insurance offered for Medicare-eligible patients
- **65+ years of age**
- **Young people with disabilities**
- **End-stage disease**

May have secondary supplemental insurance to cover additional services

Medicare

Medicare Only

Medicare Advantage

Insurance plans that serve as an alternative to original Medicare for drug and health coverage

BCBS HMO/PPO

Humana HMO/PPO

UHC HMO/PPO

Aetna HMO/PPO

Devoted HMO/PPO

Created by Michelle Fiallos and Laura Ramirez
(Value-Based Care Team)
08/25/2023

Value-Based Care AWV's Reporting Timeline

Medicare Only

→ Medicare AWV to be completed/billed <u>366</u> days AFTER the previous AWV

↓

Note: You can complete AWV for Ilumed-aligned patients **any time of the year.** However, you cannot bill for it prior to the 366 days.

↓

Example: Medicare AWV Exam Date: 01/01/2022

↓

AWV in 2023 must be done on <u>01/02/2023</u> or after

Medicare Replacement HMO/PPO Plan

→ AWV to be completed/billed ANY TIME OF THE YEAR

Recommendation: All AWVs should be combined with a documented physical exam to assess and capture all chronic conditions

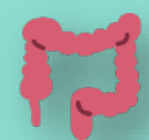Created by Michelle Fiallos and Laura Ramirez
(Value-Based Care Team)
08/25/2023

Annual Wellness Visit & Chronic Care Visit Timeline

January 1st - June 30th
(If AWV is due this half of the year)

Annual Wellness Visit
(Chronic Conditions, HRA, STARS)

Chronic Care Visit
(Chronic Conditions, STARS)

July 1st - December 31st

Chronic Care Visit
(Chronic Conditions, STARS)

Annual Wellness Visit
(Chronic Conditions, HRA, STARS)

January 1st - June 30th

July 1st - December 31st
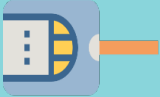(If AWV is due this half of the year)

Chronic Care Visits (CCV) include a follow-up visit with reporting of chronic conditions, HEDIS measure as needed, and additional diagnoses as per the provider.

Created by Michelle Fiallos and Laura Ramirez
(Value-Based Care Team)
08/25/2023

VALUE-BASED CARE CHECKLIST

⭐ Star Measures[i]	🧾 Requirements[ii]

☐ **Annual Wellness Visit**
 	
☐ Care of Adults (HRA questionnaire[iii])
  ☐ Functional Status Assessment
  ☐ Medication Review
  ☐ Pain Screening
  ☐ Urinary Incontinence
  ☐ Falls Risk Assessment
  ☐ Physical Activity
  ☐ Vaccinations
  ☐ BMI
	▪ To be completed within the calendar year according to insurance plan
	▪ Include **HEDIS** Measures/appropriate **screenings**
	▪ Physical exam documentation for reporting of **chronic conditions** as appropriate
	  ▪ Assessment of activities of daily living (ADL's)
	  ▪ Reconcile med list at AWV/all follow-up visits & document medication review
	  ▪ Pain screening/assessment
	  ▪ Clinical assessment for urine leaking/incontinence
	  ▪ Falls screening/prevention/plan of care
	  ▪ Physical activity assessment/plan to improve physical health
	  ▪ Vaccine requirements as indicated and documentation
	  ▪ BMI assessment/documentation/management
	  ▪ Assess vitals (Ht, Wt, BMI, BP)
	  ▪ Update medical, family, and social history

☐ Depression Screening	▪ Depression assessment & care plan (with AWV) ▪ PHQ-2/PHQ-9 documentation
☐ Cognitive Screening	▪ Cognitive assessment and care plan (with AWV)
☐ Alcohol Screening	▪ Document AUDIT screening/care plan (with AWV)
☐ Breast Cancer Screening	▪ **Yearly** mammogram for **women 40-75** years old

☐ ****Colorectal Cancer Screening****	▪ Colorectal cancer screening: **45-75** years old
	  ▪ **Cologuard** (valid for **3 years**)
	  ▪ **FOBT** (valid for **1 year**)
	  ▪ **Sigmoidoscopy** (valid for **5 years**)
	  ▪ **Colonoscopy** (valid for **10 years**)

☐ ****Osteoporosis Management****	▪ **Women 67-85** years old (**every 2 years**)
	  ▪ Bone density done within 6 months prior to fracture
	  ▪ Bone density done within 6 months after fracture

Created by: Laura Ramirez & Michelle Fiallos
(Value-Based Care Team)
08/25/2023

❑ **Chronic Care Visit**	▪ To be completed within calendar year according to AWV date & insurance plan ▪ Include **chronic conditions**/additional **HEDIS** as needed
❑ Diabetic Management ❑ **A1c^{iv}** ❑ GFR ❑ Microalbum/creat ratio in urine ❑ **Eye Exam** ❑ Medications for diabetic patients	▪ At least one **A1c** test (yearly) ▪ Maintain last A1c of the year at **≤ 9%** ▪ At least one **microalbumin/creatinine ratio in urine** test (yearly) ▪ At least one **GFR** test (yearly) ▪ must be ordered & done **together** with microalbumin/creat. ratio in urine ▪ Diabetic eye exam with eye professional (yearly) ▪ Retinal/dilated eye exam records/results must be in patient chart ▪ Statin and ACE inhibitor/ARBs required
❑ **Blood Pressure Control**	▪ Maintain BP within the range of **<140/90** by the end of year
❑ Cardiovascular Management	▪ Statin required for cardiovascular disease (high/moderate intensity dose) ▪ **Exclusion**: patients with myalgia due to statin (M79.1)
❑ **Medication Adherence** **Quick Reference:** - B-BLOCKERS END WITH -LOL - ACES END WITH -PRIL - ARBS END WITH -ARTAN - STATINS END WITH -STATINS	▪ Dispense 90-day supply with one refill to encourage adherence ▪ Diabetic medications ▪ Statin use for diabetes ▪ Hypertension (ACE/ARBs) ▪ Cholesterol (Statin) ▪ Patient must **fill** prescription **≥ 80%** of the time in the current year

MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.

REQUIRED AWV CPT CODES

VITALS	CPT II
SYSTOLIC < 130	3074F
SYSTOLIC 130 - 139	3075F
SYSTOLIC ≥ 140	3077F
DIASTOLIC < 80	3078F
DIASTOLIC 80 - 89	3079F
DIASTOLIC ≥ 90	3080F
VITAL/DOC/REV/TEM/PULSE/BP	2010F
PAIN ASSESSMENT - NO PAIN	1126F
PAIN ASSESSMENT - PAIN PRESENT (1-10)	1125F

Note: These codes will autopopulate once vitals are entered in Athena.

If you add a pain level between 1-10 on the Pain Scale in the vitals section, 1125F will autopopulate on the billing tab. If you select zero, 1126F will autopopulate.

Pain Scale   0   Numeric

Remember to link codes in the billing tab.

MEDICATIONS	CPT II
MEDICATION LIST DOCUMENTED	1159F
MEDICATION LIST REVIEWED	1160F
ON BETA BLOCKERS	4008F
ON ACE &/OR ARB	4010F
ON STATINS (CHOLESTEROL)	4013F

Note: These codes will autopopulate with the VBC template. You need to remove any codes that are not applicable in the Procedure Documentation (also found in the Physical Exam on the patient note). E.g., if patient is not on a beta blocker, click on the "x" to remove the code from the patient note.

4008F: Patient is on Beta Blocker ✕ ←

Patient is on Beta Blocker

Remember to link applicable codes in the billing tab.

B-BLOCKERS END WITH -LOL
ACES END WITH -PRIL
ARBS END WITH -ARTAN
** STATINS END WITH -STATIN**
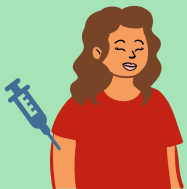
DIABETES	CPT II
DM RETINAL EYE EXAM (-) CURRENT YEAR	2023F
DM RETINAL EYE EXAM (-) YEAR PRIOR	3072F
DM RETINAL EYE EXAM (+)	2022F

Note: These codes will autopopulate with the VBC template. If the patient doesn't have diabetes, you can remove all of these codes by clicking on the "x" in the Procedure Documentation section of the patient note.

2023F: Dilated Retinal Exam performed, without Diabetic Retinopathy ✕ ←

Dilated Retinal Exam performed, without Diabetic Retinopathy

DM = DIABETES MELLITUS

If the retinal eye exam is (-), remove the code that is not applicable based on the year of the eye exam. Remember to link applicable codes in the billing tab.

SCREENING QUESTIONNAIRES	CPT
SCREENING DEPRESSION	G0444 (LINK TO Z CODE)
SCREENING ALCOHOL	G0442 (DO NOT LINK/BILL FOR AWV)
MENTAL HEALTH STATUS (MMS)	2014F
FALLS RISK ASSESSED/DOCUMENTED	3288F

Note: These codes will autopopulate with the VBC template. Remember to link these codes in the billing tab. If you apply all ICD-10 codes to all services, UNCLICK the G0442. You can still perform the screenings, but DO NOT bill G0444 and G0442 at the same time.

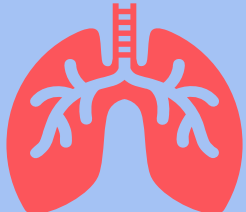| COA: CARE FOR OLDER ADULTS	CPT I
ANNUAL WELLNESS EXAM INITIAL VISIT	G0438 (DONE BY BILLER)
ANNUAL WELLNESS SUBSEQUENT VISIT	G0439 (DONE BY BILLER)
WELCOME TO MEDICARE (1ST 12 MONTHS)	G0402 (DONE BY BILLER)
HRA: HEALTH RISK ASSESSMENT	CPT II
ADVANCE CARE PLAN DISCUSS/DOC	1158F
FUNCTIONAL STATUS - ASSESSED	1170F
PAIN ASSESSMENT - NO PAIN	1126F
PAIN ASSESSED - PAIN PRESENT (1-10)	1125F
FLU SHOT STATUS ASSESSED	1030F
PNEUMONIA SHOT STATUS ASSESSED	1022F
PHYSICAL ACTIVITY ASSESSMENT	1003F
PATIENT SCREENED FOR DEPRESSION	1220F

RESPIRATORY	CPT II
TOBACCO USE ASSESSED	1000F

Note: The tobacco status is autopopulated from the social history in the billing tab. E.g., if a patient is a current smoker, the F code will autopopulate. This code will also autopopulate with the VBC template. Make sure to update the tobacco screening date in the Athena Social History tab.

MED RECONCIL. POST DISCHARGE	CPT II
MED RECONCILIATION D/C 30 DAYS INPT/ER	1111F

Note: It is possible to complete an AWV together with a hospital follow-up. If this is the case, you can code for the 1111F. However, you cannot bill the TCM code.

NOTE: CPT codes must be linked to a diagnosis in the billing tab. This ensures that they are reported to insurances through claims. Click on "Apply all ICD-10 codes to all services" located in the billing tab on the top right-hand corner of the screen. This will link all CPT codes to diagnoses with one click on Athena.

Apply all ICD-10 codes to all services

Make sure that all codes that need to go through the billing are in green.

1003F: Health Outcomes Measure current year: Discussed starting, increasing or maintaining exercise/physical activities
1003F — DISCUSSED STARTING INCREASING OR MAINTAINING EXERCISE/PHYSICAL ACTIVITIES — Z0001 / F1010 / E1329 / F320

Codes in red are part of the Care of Adults Quality Measure.

Created by: Michelle Fiallos & Laura Ramirez
(Value-Based Care Team)
08/30/2023

MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.

HEDIS: CPT CODES

VITALS	CPT II
SYSTOLIC < 130	3074F
SYSTOLIC 130 - 139	3075F
SYSTOLIC ≥ 140	3077F
DIASTOLIC < 80	3078F
DIASTOLIC 80 - 89	3079F
DIASTOLIC ≥ 90	3080F
VITAL/DOC/REV/TEM/PULSE/BP	2010F

BMI	CPT II
WEIGHT RECORDED	2001F
BMI ASSESSED/DOCUMENTED	3008F (Z. DX BMI CODE)

MEDICATIONS	CPT II
MEDICATION LIST DOCUMENTED	1159F
MEDICATION LIST REVIEWED	1160F
MEDS OBTAINED/DISCUSSED/UPDATED DOC.	G8427
ON ASA (ASPIRIN)	4086F
OSTEO MEDICATION	4005F
INHALED BRONCHODILATOR PRESC/TAKING	4025F
ABX GIVEN/TAKING	4120F
ON BETA BLOCKERS	4008F
ON ACE &/OR ARB	4010F
ON STATINS (CHOLESTEROL)	4013F

B-BLOCKERS END WITH -LOL
ACES END WITH -PRIL
ARBS END WITH -ARTAN
** STATINS END WITH -STATIN**

LIPIDS (CHOLESTEROL)	CPT II
LIPID PANEL DOC/REVIEW	3011F
LDL < 100	3048F
LDL 100 - 129	3049F
LDL > 129	3050F

DIABETES	CPT II
HGBA1C < 7.0	3044F
HGBA1C 7.0 - 7.9	3051F
HGBA1C 8.0 - 9.0	3052F
HGBA1C > 9.0	3046F
(-) MICROALBUMIN	3061F
(+) MICROALBUMIN	3060F
(+) MICROALBUMIN & DOCUMENTED	3062F
DM RETINAL EYE EXAM (-) CURRENT YEAR	2023F
DM RETINAL EYE EXAM (-) YEAR PRIOR	3072F
DM RETINAL EYE EXAM (+)	2022F
DM RETINAL EYE EXAM DOC & REVIEWED	2021F
DIABETIC FOOT EXAM	2028F

DM = DIABETES MELLITUS

SCREENING QUESTIONNAIRES	CPT
SCREENING DEPRESSION	G0444 (LINK TO Z CODE)
SCREENING ALCOHOL	G0442 (DO NOT LINK/BILL)
MENTAL HEALTH STATUS (MMS)	2014F
FALLS RISK ASSESSED/DOCUMENTED	3288F

Note: These codes will autopopulate with the VBC template. Remember to link these codes in the billing tab. If you apply all ICD-10 codes to all services, UNCLICK the G0442. You can still perform the screenings, but DO NOT bill G0444 and G0442 at the same time.

FALL RISK	CPT II
FALLS PLAN OF CARE DOCUMENTED	**0518F**

COA: CARE FOR OLDER ADULTS	CPT I
ANNUAL WELLNESS EXAM/HRA	G0438/G0439 (DONE BY BILLER)

HRA: HEALTH RISK ASSESSMENT	CPT II
ADVANCE CARE PLAN IN PLACE (IN CHART)	1157F
ADVANCE CARE PLAN DISCUSS/DOC	1158F
FUNCTIONAL STATUS - ASSESSED	1170F
PAIN ASSESSMENT - NO PAIN	1126F
PAIN ASSESSED - PAIN PRESENT (1-10)	1125F
PAIN ASSESSED - PLAN OF CARE DOC	0521F
PRESENCE/ABSENCE URINE INCONT	1090F
URINARY INCONTINENCE POSITIVE	1090F + 1091F
FLU SHOT STATUS ASSESSED	1030F
PNEUMONIA SHOT STATUS ASSESSED	1022F
PHYSICAL ACTIVITY ASSESSMENT	1003F
PATIENT SCREENED FOR DEPRESSION	1220F

Documentation must include DOS + Imaging Results (impression)**

PREVENTIVE SCREENINGS	CPT II
MAMMO RESULTS DOC/REVIEWED	3014F
BONE DENSITY RESULTS DOC/REVIEWED	3095F
BONE DENSITY ORDERED	3096F
COLON SCREEN RESULTS DOC/REVIEWED	3017F
CARDS GIVEN FOR FOBT (FIT CARDS)	G0328

RESPIRATORY	CPT II
COPD ASSESS	1015F
INTERMITTENT ASTHMA	1039F
PERSISTENT ASTHMA	1038F
PULSE OX % ≤ 88%	3035F
PULSE OX % > 88%	3037F
NON-TOBACCO SMOKER	1036F
CURRENT TOBACCO SMOKER	1034F
TOBACCO USE ASSESSED	1000F
SPIROMETRY DOC/REVIEWED	3023F

HEART DS	CPT II
SEVERITY OF ANGINA ASSESSED	1010F
ANGINA PRESENT	1011F

MED RECONCIL. POST DISCHARGE	CPT II
MED RECONCILIATION D/C 30 DAYS INPT/ER	1111F
INPT FACILITY DISCHARGE 60 DAYS	1110F + 1111F

NOTE: CPT codes must be linked to a diagnosis in the billing tab. This ensures that they are reported to insurances through claims. Click on "Apply all ICD-10 codes to all services" located in the billing tab on the top right-hand corner of the screen. This will link all CPT codes to diagnoses with one click on Athena.

Apply all ICD-10 codes to all services

Make sure that all codes that need to go through the billing are in green.

1003F: Health Outcomes Measure current year: Discussed starting, increasing or maintaining exercise/physical activities

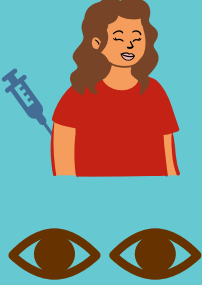| 1003F		DISCUSSED STARTING INCREASING OR MAINTAINING EXERCISE/PHYSICAL ACTIVITIES			Z0001	
					F1010	
					E1329	
					F320	

Codes in red are part of the Care of Adults Quality Measure.

Created by: Michelle Fiallos & Laura Ramirez
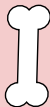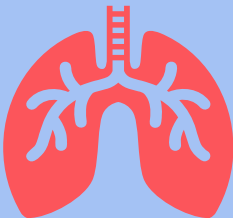*(Value-Based Care Team)*
08/30/2023

TCM/ER FOLLOW UP GUIDELINES

TCM	Requirements
TCM: Transitional Care Management **Includes patients discharged from:** ▪ **Hospitals** ▪ **Skilled Nursing Facilities** ▪ **Inpatient Rehabilitation Facilities** **Note: This includes hospital outpatient observation or partial hospitalization**	▪ Follow-up visit scheduled with Primary Care after an inpatient admission visit within **7-14 days** after discharge[1] ▪ Calendar day count does **NOT** include weekends ▪ **Follow up closely per case** ▪ **Avoid readmissions**

Inpatient Admission Notification	▪ Documentation of receipt of notification within **72 hours of admission date**:
	   ▪ Hospital admission notification document in patient chart, **OR**
	   ▪ Document case patient was in the hospital
	      ▪ E.g., patient case description:
	         ▪ Our office received notification from (hospital/patient/caretaker) that (patient name) was in the hospital on (date) for (diagnosis) and was admitted

Obtaining Discharge Information	▪ Request hospital records ▪ Recommendation: request access to hospital system to facilitate obtaining medical records or use **Evolv**

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[1] If the TCM is not completed by the 14 days from discharge, you can't bill the 99496-99495. However, a follow-up visit is necessary to meet the STAR measure within 30 days.

Patient Engagement After Discharge

- Contact the patient, caregiver, or beneficiary within 24-48 hours of discharge
  - Create patient case, which must include:
    - Case Title: TCM
    - Patient status (how they're feeling)
    - Admission & discharge date
    - TCM follow-up visit date
    - Who is assisting with ADLs
    - Any additional services needed
      - E.g., home health services, PT

Patient case - TCM • #27911415

Review

Details

Subject:
TCM

Case Description:
Spoke with _____ 24-48 hours after discharge. Patient was admitted to _____ Hospital from _____ to _____ for ___ (dx). Patient was discharged on (date). Patient is doing well/not doing well after discharge. Patient has all prescribed medication and understands how to use/take them (unable to perform a medication reconciliation at this time). Patient is currently at home with a family member/spouse who helps with ADLs. Patient is/is not receiving home health services. Patient is scheduled for a TCM visit on _____(date).

Face-to-Face Encounter Documentation
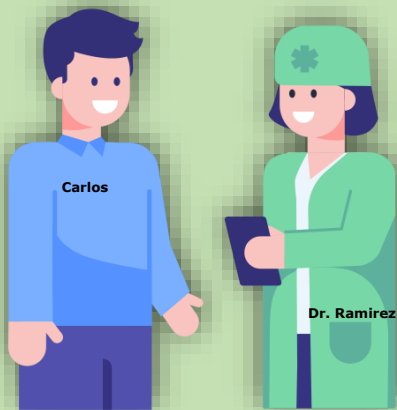
- Can be done as an office visit or via telehealth face-to-face
  - CANNOT BE A PHONE CALL
    - If video not available, can still do medication reconciliation, but will not be eligible to bill 99496/5
- HPI documentation should include:
  - Admission date
  - Discharge date
  - Reason for admission
  - Date contacted to schedule TCM visit

Documentation of Meds Reconciliation

- Document in the chart: medication reviewed, discussed, and updated with patient

Billing/Reporting	

Services
 	
Procedure Code — Code Description
 	
E&M
99496 — TRANSITNL CARE MGMT SVCS W/ FOLLOWING REQD ELEMENTS: COMMUNICATN (DIRECT CONTACT, TELEPHONE, ELECTRONIC) W/ PTNT &/OR CAREGIVER W/IN 2 BUS DAYS OF DISCHARGE MEDICAL DECISION MAKING OF HIGH COMPLEXITY DURING THE SERVICE PERIOD FACE-TO-FACE VISIT, W/IN 7 CALENDAR DAYS OF DISCHARGE
	• Procedure code:
	  ▪ **99496 High complexity**
	    ▪ within **7 days** of discharge w/high case complexity
	  ▪ **99495 Moderate complexity**
	    ▪ within **14 days** of discharge
	    ▪ Note: even if high complexity, should not bill 99496 after 7 days
	▪ CPT II: **1111F Medication reconciliation** within 30 days of discharge from inpatient/ER
	▪ CPT II: **1110F SNF/Rehab Inpatient Facility** within 60 days of discharge[2]

FMC	Requirements

FMC: ER Department Follow Up-Visit
 	
	▪ Follow-up visit scheduled with Primary Care after an Emergency Department visit **within 3-5 calendar days[3]**
	  ▪ **Calendar day count includes weekends**
	▪ Follow up closely per case. Pay close attention to patients with the following **High-Risk Chronic Conditions**:
	  ▪ Alzheimer's disease/related disorders
	  ▪ Atrial fibrillation
	  ▪ Chronic kidney disease
	  ▪ COPD/emphysema and asthma
	  ▪ Depression
	  ▪ Heart failure
	  ▪ Acute-myocardial infarction
	  ▪ Stroke and transient ischemic attack

ER Department Notification
 	
	▪ Documentation of receipt of notification within **72 hours of ER visit date**:
	  ▪ ER department notification document in patient chart, **OR**
	  ▪ Document case patient was in the hospital
	    ▪ E.g., patient case description:
	      ▪ Our office received notification from (hospital/patient/caretaker) that (patient name) was in the ER on (date) for (diagnosis)

Obtaining Discharge Information 	▪ Request hospital records ▪ Recommendation: request access to hospital system to facilitate obtaining medical records or use **Evolv**

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[2] Only applies to patients who have been discharged from an inpatient skilled nursing facility (SNF)/ inpatient rehab center and must be coded after patient is discharged from this facility. You may code 1110F with 1111F.
[3] If FMC is not completed within 3-5 days, a follow-up visit is necessary to meet the STAR measure for medication reconciliation within 30 days (1111F).

Patient Engagement After Discharge

Margie

- Contact the patient, caregiver, or beneficiary within **72 hours** of discharge

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Patient case - ER VISIT · #27911415

Review ⌄

Details

Subject:
ER VISIT

Case Description:
FMC: ER FOLLOW UP
Our office received notification from (hospital name) that (patient name)
was in the ER on (date) for (dx).

Patient has an ER follow -up visit in our office on (date). (Within 3-5 days after ER discharge date)

Encounter Documentation

- Can be done as an office visit, via telehealth face-to-face, or phone call
- HPI documentation should include:
  - Date of ER visit
  - Reason for ER visit

Documentation of Meds Reconciliation

- Document in the chart: medication reviewed, discussed, and updated with patient

Billing/Reporting

Services

Procedure Code	Code Description
E&M	
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 30-39 MINUTES OF TOTAL TIME IS SPENT ON THE DATE OF THE ENCOUNTER.

- Procedure code:
  - 99203/04/05 – for new patients
  - 99213/14/15 – for established patients
    - Code will depend on complexity of visit
- CPT II: **1111F Medication reconciliation** within 30 days of discharge from inpatient/ER

VALUE-BASED CARE TEAM

MEDICATION TOOL

ACE/ARB: Required for patients with DM

Dispense 90-day supply with one refill to encourage adherence
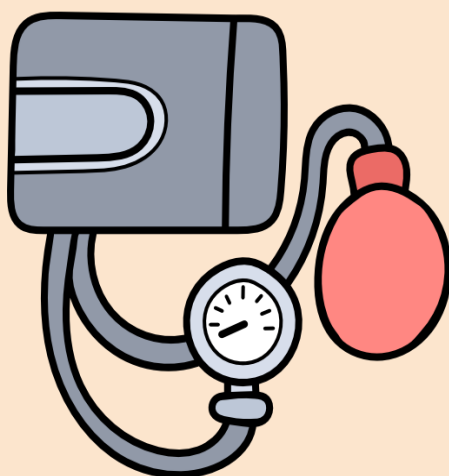
ACES -pril

Generic	Brand
Benazepril	Lotensin
Captopril	Capoten
Enalapril/Enalaprilat	Vasotec
Fosinopril	Monopril
Fosinopril/HCTZ	Monopril HCT
Lisinopril	Zestril or Prinivil
Lisinopril/HCTZ	Zestoretic
Moexipril	Univasc
Moexipril/HCTZ	Uniretic
Ramipril	Altace

ARBS -artan

Generic	Brand
Candesartan	Amias
Eprosartan	Teveten
Irbesartan	Aprovel
Losartan	Cozaar
Losartan/HCTZ	Hyzaar
Telmisartan	Micardis
Valsartan	Diovan
Valsartan/HCTZ	Diovan/HCT

B-Blockers -lol

Generic	Brand
Atenolol	Tenormin
Bisoprolol	Zebeta or Cardicor or Emcor
Carvedilol	Coreg
Labetalol	Trandate
Metoprolol	Betaloc or Lopressor or Toprol XL
Propranolol	Inderal or Angilol

Calcium Channel Blockers/ Miscellaneous Combinations

Generic	Brand
Amlodipine	Norvasc
Diltiazem	Cardizem
Nicardipine	Cardene IV or Cardene SR
Nifedipine	Procardia
Verapamil	Calan SR or Verelan

Benzodiazepine -am

Generic	Brand
Alprazolam	Xanax
Diazepam	Valium
Lorazepam	Ativan
Temazepam	Restoril

Blood Thinners

Generic	Brand
Rivaroxaban	Xarelto
Apixaban	Eliquis
Dabigatran	Pradaxa
Warfarin	Coumadin or Jantoven

Inhalers for patient with respiratory diagnoses
(COPD, Pulmonary Fibrosis, Emphysema, and Asthma)
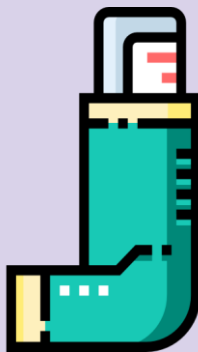
** * Rescue Inhaler**

Inhalers

Generic	Brand
Aclidinium	Tudorza Pressair
Albuterol *	**ProAir HFA, Ventolin HFA ***
Albuterol and Ipratropium	Combivent Respimat; Duoneb
Arformoterol	Brovana
Beclomethasone	Qvar
Beclomethasone	Qvar
Budesonide	Pulmicort
Budesonide and Formoterol	Symbicort
Flunisolide	Aerobid
Fluticasone	Flovent Diskus or Flovent HFA or Arnuity Ellipta
Fluticasone	Flovent
Fluticasone and Salmeterol	Advair
Fluticasone and Vilanterol	Breo Ellipta
Fluticasone, Umeclidinium, and Vilanterol	Trelegy Ellipta
Formoterol	Foradil; Perforomist
Glycopyrronium	Seebri Neohaler
Indacaterol	Arcapta Neohaler
Ipratropium	Atrovent
Levalbuterol *	**Xopenex HFA ***
Mometasone	Asmanex
Mometasone	Asmanex
Mometasone and Formoterol	Dulera
Olodaterol	Striverdi
Pirbuterol	Maxair Autohaler
Salmeterol	Serevent
Tiotropium	Spiriva
Tiotropium and Olodaterol	Stiolto Respimat
Tiotropium bromide	Spiriva Respimat
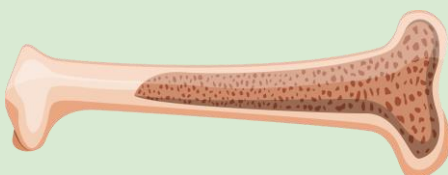
Osteoporosis

Generic	Brand
Alendronate	Fosamax
Denosumab	**Prolia** or Xgeva
Ibandronate	Boniva
Raloxifene	Evista
Risedronate	Actonel
Zoledronic acid	Reclast
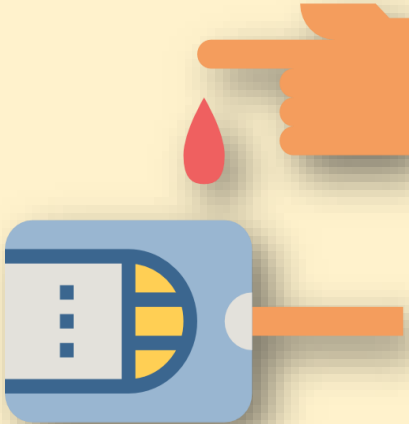
Antibiotics

	Antibiotics	
	Generic	**Brand**
	Amoxicillin	Moxatag
	Amoxicillin and Clavulanate	Augmentin
	Azithromycin	Zithromax or Zithromax Z-Pak or Zmax
	Cephalexin	Keflex
	Ciprofloxacin	Cetraxal or Cipro XR or Otiprio
	Clindamycin	Clindamycin
	Doxycycline	Doxy-100 or Monodox or Oracea
	Levofloxacin	Levaquin or Levofloxacin Systemic
	Metronidazole	Flagyl
	Nitrofurantoin	**Macrobid**
	Sulfamethoxazole and Trimethoprim	Bactrim or Septra
	Avelox	
	Cleocin	
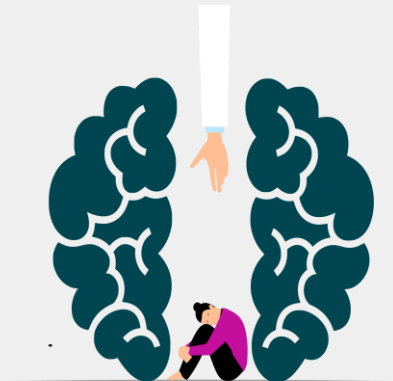
	Statins	
	Generic	**Brand**
Required for DM & CAD	Atorvastatin	Lipitor
	Ezetimibe-simvastatin	Vytorin
	Fluvastatin	Lescol XL
	Lovastatin	Altoprev
	Pitavastatin	Livalo or Zypitamag
	Pravastatin	Pravachol
	Rosuvastatin	Crestor or Ezallor
Dispense 90-day supply with one refill to	Simvastatin	Zocor

	Breast Cancer	
	Generic	**Brand**
	Anastrozole	Arimidex
	Exemestane	Aromasin
	Letrozole	Femara
	Tamoxifen	Soltamox

	Anti-Rheumatoid Arthritis	
	Generic	**Brand**
	Ibuprofen	
	Methylprenisolone	Depo-Medrol/Solu-Medrol
	Prednisone	Deltasone or Rayos
	Disease Modifying Anti-rheumatic Drugs (DMARDS)	
	Abatecept	Orencia
	Adalimumab	Humira
	Atenercept	Enbrel
	Cyclosporine A	Neoral or Sandimmune
	Hydroxychloroquine	Plaquenil
	Infliximab	Remicade
	Leflunomide	Arava
	Methotrexate	Rheumatrex or Trexall
	Rituximab	Rituxan
	Sulfasalazine	Azulfidine

Opioids

Generic	Brand
Oxycodone	OxyContin
Hydrocodone	Vicodin
Methadone	Diskets, Methadone Intensol, Methadose
Morphine	Arymo ER, MorphaBond ER, MS Contin
Tramadol	

Diabetes

Generic	Brand
Canagliflozin	Invokana
Dapagliflozin	Farxiga
Dulaglutide	Trulicity
Empagliflozin	Jardiance
Ertugliflozin	Steglatro
Exenatide	Byetta or Bydureon Bcise
Glimepiride	Amaryl
Glipizide	Glucotrol XL
Glyburide	DiaBeta or Glynase
Insulin Aspart	Novolog
Insulin degludec U-100/U-200	Tresiba
Insulin detemir	Levemir
Insulin glargine U-300	Toujeo
Insulin Glulisine	Apidra
Insulin lispro U-100/U-200	Humalog
Insulin U-100	Lantus or Basaglar
Linagliptin	Tradjenta
Liraglutide	Saxenda or Victoza
Metformin	Fortamet or Glumetza
Nateglinide	Starlix
NPH insulin	Novolin N, Humulin N
Pioglitazone	Actos
Regular insulin	Novolin R, Humulin R
Repaglinide	Prandin
Rosiglitazone	Avandia
Saxagliptin	Onglyza
Semaglutide	Ozempic/Rybelsus/Wegovy
Sitagliptin	Januvia

Depression

Generic	Brand
Bupropion	Wellbutrin, Wellbutrin SR, Wellbutrin XL
Amitriptyline	Elavil
Citalopram	Celexa
Desvenlafaxine	Pristiq, Khedezla
Doxepin	Sinequan
Duloxetine	Cymbalta
Escitalopram	Lexapro
Fluoxetine	Prozac, Prozac Weekly
Mirtazapine	Remeron
Nortriptyline	Pamelor
Paroxetine	Paxil, Paxil CR, Pexeva
Sertraline	Zoloft
Trazodone	Desyrel
Venlafaxine	Effexor, Effexor XR
Vilazodone	Viibryd

Dementia

Generic	Brand
Donepezil	Aricept
Galantamine	Razadyne
Memantine	Namenda
Rivastigmine	Exelon

Created By Lexi Mojica, Kara Dodge, Laura Ramirez, and Michelle Fiallos
Value-Based Care Team
05/30/2023

Office visits

Visit Level	New Pt	Established Pt
Level 1	99201	99211
Level 2	99202	99212
Level 3	99203	99213
Level 4	99204	99214
Level 5	99205	99215

Routine OV (includes physical exam)

Age	New Pt	Established Pt
1-4	99382	99392
5-11	99383	99393
12-17	99384	99394
18-39	99385	99395
40-64	99386	99396
65+	99387	99397

Consultations (referred by another provider)

Level 1	99241	Not allowed by Avmed, Humana, Medicare, or any Medicare replacements
Level 2	99242	
Level 3	99243	
Level 4	99244	
Level 5	99245	

Modifiers

25 added to the OV when more than one E&M or a procedure/inj the same day. Goes on 2nd E/M or both if procedure done too
59 is used for multiple unique procedures if more than one done in day

Wellness and Screening

IPPE	Welcome to Medicare first 12 mos of Medicare	G0402
Annual Wellness *-1st visit	AWV- first AWV (once in a lifetime)	G0438
Annual Wellness- 2nd +	AWV- subsequent visit (once per 12 mos)	G0439
Depression screen	Once per 12 mos (15 min)	G0444
Alcohol screen	Once per 12 mos (15 min)	G0442
Screening pelvic/breast exam	Once per 24 mos (12 month high risk)	G0101
Screening pap smear	Once per 24 mos (12 month high risk)	Q0091
Advanced Care Planning	End of life planning and forms -12 mos or prn	99497
Health Risk Assessment	Use of screening tool (limitation based on payer)	96127

Intensive Behavioral Therapy and Counseling

IBT Cardiovascular Disease	Once per 12 mos (15 min)	G0446
IBT Obesity	BMI >30, face to face wkly 1st mo. EOW mos 2-6, once/mo if >3kg wt loss mos 7-12	G0447
IBT Sexually Transmitted inf	High risk pt, 2 sessions per y (20-30min)	G0445
Alcohol Use Counseling	+ alcohol screen, max 4 per year	G0443
Smoking/Tobacco Cessation Counseling	3-10 minutes	99406
	10+ minutes	99407

Add-Ons

Prolonged E/M before or after ov Not face to face	First hour	99358
	Each additional 30 min after initial hour	99359
Prolonged E/M w/ direct patient contact (face to face)	First hour	99354
	Each additional 30 min after initial hour	99355
CCM Care Plan creation (F2F)	Comprehensive assessment and care planning	G0506

Care management

Chronic Care Management	20 min in a month	99490
	Complex care mgmt. 60 min or greater	99487
		99489
Transitional Care Management	Moderate complexity, OV within 14 days of D/C	99495
		99496
	High complexity, OV within 7 days of D/C	

*AWV does not include a physical examination- this can be coded as OV code

Revised 9/20/21 By D.Ford (RCM)