

Provider Resources: Comprehensive Diabetes Care (CDC) - Eye Exam

This is a quick reference to help our providers with coding and documentation of quality measures that close care gaps.

Tips and Best Practices to Help Close the Diabetic Eye Exam Care Gap

- Always list the date of service, test, and result together if you are documenting the history of a dilated eye exam in a Member's chart and don't have the eye exam report from an eye care professional.
- Documentation of a diabetic eye exam by an optometrist or ophthalmologist is not specific enough to meet the criteria. The medical record must indicate that a dilated or retinal exam was performed. If the words "dilated" or "retinal" are missing in the medical records, a notation of "dilated drops used" and findings for macula and vessels will meet the criteria for a dilated exam.
- A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an optometrist or ophthalmologist reviewed the results will be compliant.

Codes

Diabetic eye exam

CPT (Must be performed by optometrist or ophthalmologist) 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245

Exclusions

Standard exclusions

- Patient in hospice
- Gestational diabetes before
- Steroid-induced diabetes before

Timeframe

- Anytime during the measurement year
- Anytime between Jan. 1 and Dec. 31 of the measurement year
- Anytime between Jan. 1 and Dec. 31 of the measurement year

Medical Record Documentation

Test, service, or procedure to close the care gap

- Dilated or retinal eye exam
- Fundus photography
- Patients without retinopathy should have an eye exam every two years.
- Patients with retinopathy should have an eye exam every year.

Medical record documentation

- Eye exam report
- Diabetic flow sheets
- Consultation reports
- Progress notes

For any questions please connect with the Molina Quality Team at QIHEDISDivision@MolinaHealthcare.com.



Find a Provider

For a complete list of providers in the Molina Healthcare network, visit www.MolinaHealthcare.com and click on the "I'm a Professional" option. Search under the "Find a Provider" section or at:

<https://providersearch.MolinaHealthcare.com/Provider/ProviderSearch?RedirectFrom=MolinaStaticWeb>

HCC Pearls

Molina's HCC Pearls program focuses on the coding and documentation rules of Hierarchical Condition Category (HCC) applied by the Centers for Medicare and Medicaid Services (CMS).

HCC Pearls are concise tips for effectively and easily identifying, coding, and documenting the health status of your patients.

HCC Pearls can be found at:

<http://www.MolinaHealthcare.com/providers/ill/duals/comm/Pages/hcc-pearls.aspx>

Provider Webinars and Trainings

Molina offers provider education webinar trainings to help close care gaps for Molina Members. To sign up for a webinar or view the schedule of upcoming webinars please visit the provider website at:

<http://www.MolinaHealthcare.com/providers/ill/medicaid/comm/Pages/updatesevents.aspx>

Molina Healthcare of Illinois to Incorporate American College of Radiology (ACR) Guidelines

Effective October 1, 2017, Molina Healthcare of Illinois (Molina) will incorporate American College of Radiology (ACR) guidelines to its criteria of clinical decision support for advanced imaging for the Medicaid (FHP, ICP) and Duals (MMP) lines of business.

As trusted partners, Molina is working to ensure that providers are aware of this change. Provider services representatives are available to help providers who have specific questions regarding the update. Molina values the collaborative relationship and joint focus on improving health care for Molina Members in Illinois.

If any questions arise or if you should need assistance please contact your provider services representative or you may contact the Molina Provider Services Department at (630) 203-3965. Providers may also email their questions to IllinoisProviders@MolinaHealthcare.com.

Recovery Month: Substance Abuse and Mental Health Treatment

Every September, the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services (HHS) sponsors **National Recovery Month** to increase awareness of behavioral health conditions and support those in recovery. Through **Recovery Month**, people become more aware and able to recognize the signs of mental and substance use disorders, which can lead more people into needed treatment. Managing the effects of these conditions can help people achieve healthy lifestyles, both physically and emotionally.

Examples of HEDIS® Quality Measures that touch behavioral health:

- Follow-up After Hospitalization for Mental Health (FUH), which requires a visit within 7 and 30 days of discharge with a behavioral health provider with a Master's degree or higher.
- Initiation and Engagement of Alcohol and Other Drug Dependence (IET), which requires a new diagnosis of Alcohol and Other Drug Dependence (AOD), initiation of treatment for outpatient, inpatient, IOP or partial hospitalization within 14 days of the diagnosis and two additional services for AOD within 30 days of the initiation visit.
- Follow-up After Emergency Department Visit for Mental Illness (FUM) requires a principal diagnosis of mental health with any practitioner, within 7 and 30 days after the ED visit.
- Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA) requires a principal diagnosis of AOD with any practitioner, within 7 and 30 days after the ED visit.

How can you help?

Screen your patients for substance abuse and mental health issues. You can find behavioral health providers to refer members by going to the Molina's webpage and look under "Search for a Doctor".

<http://www.MolinaHealthcare.com/providers/il/Medicaid/Pages/home.aspx>.

Sepsis Awareness

Molina is sensitive to the devastating impact sepsis and severe sepsis can have on patients. A two pronged approach will be employed to identify and address preventable causes of sepsis and standardize optimum early identification and management for those identified as having sepsis and severe sepsis.

According to the Society of Critical Care Medicine, **Sepsis** is now defined as life-threatening organ dysfunction caused by a dysregulated host response to infection. **Septic shock** is a subset of sepsis with circulatory and cellular/metabolic dysfunction associated with a higher risk of mortality. This definition has evolved over time but represents the most current iteration from the 2017 Sepsis Guidelines.

Molina is very interested in collaborating with providers, facilities, and Members to reduce the incidence and impact of sepsis. Please reach out to your case manager to access resources to assist you and your patients.

Resources: http://journals.lww.com/ccmjournal/Fulltext/2017/03000/Surviving_Sepsis_Campaign__International.15.aspx#P480

National Immunization Month

As National Immunization Month comes to a close, Molina thanks providers for attending to the preventative care needs of our mutual patients.

Molina encourages providers to continue to offer influenza and pneumonia vaccines where applicable. Both vaccines are covered benefits for Molina Members ages 2 and older. Molina also covers these vaccines at no cost for Molina Members 18 and older at any Molina network pharmacy that offers immunization services. Members will need to provide written prescription orders and proof of identity via a photo identification card.

To locate pharmacies within the Molina network, visit www.MolinaHealthcare.com. Providers who need assistance may call Provider Services at (630) 203-3965.

News and Updates

As a network provider, we are committed to communicating updates and information with you. Through the Provider Bulletin, Provider Memos and supplemental e-updates, we will share news with you about our health plan, new opportunities to engage with us and policy updates.

Please visit the 'News and Updates' page in the provider website at <http://www.MolinaHealthcare.com/providers/il/medicaid/comm/Pages/newsupdates.aspx> to access all provider communications.

August and September's communications:

- Molina Cares Member Rewards Program
- Helpful Tips for Providers Regarding Timely Filing for Claims Submission
- Molina Healthcare of Illinois to Incorporate American College of Radiology (ACR) Guidelines
- Corrected Claims Billing Requirements
- Valid Modifier to Procedure Code Combinations
- Helpful Information for Providers Regarding Determination of Claims Payer Responsibility

To get e-updates from Molina Healthcare of Illinois, send your email address to IllinoisProviders@MolinaHealthcare.com. If you have any questions, please contact your Provider Services Representative.

Frequently Asked Questions

Molina is building a strong provider network across Illinois' 102 counties. The following includes a list of helpful information for common questions.

What value-added benefits are available to Molina Members?

Molina provides the full range of benefits covered by Medicaid or Medicare depending on the type of program the Member is enrolled in. Molina also offers a range of value-added benefits at no cost to Members. These benefits include but are not limited to:

- \$0 doctor appointments.
- \$0 hospital and urgent medical visits.
- Additional vision care, including \$40 credit for Medicaid and \$125 for Medicare-Medicaid Dual eligible (MMP / MMAI) Members, when Members choose frames outside of the approved options.
- \$20 allowance for over-the-counter items for MMP.
- Transportation to and from medical appointments, pharmacy, Women, Infants and Children (WIC) visits or visits to a Durable Medical Equipment (DME) provider.

What benefits are there for being an in-network Molina Healthcare provider?

- Molina is committed to exemplary customer services including our dedicated team of Provider Service professionals who provide onsite training and issue resolution as requested or as Molina identifies potential issue or training opportunities.
- Provider incentive programs include, but not limited to, HEDIS® Incentive Program, Patient-Centered Medical Home (PCMH) incentive, Annual Comprehensive Exam (ACE) Incentives, and Value Based Reimbursement.
- Molina continues to foster a strong partnership with providers and community stakeholders in the communities we serve, by supporting or hosting community events, hosting education forums and training, and participation in conferences.

HFS Corner

Please make sure to review Illinois Department of Healthcare and Family Services (HFS) website for important updates and notifications. www.Illinois.gov/hfs/MeidcalProviders/Pages/default.aspx

Provider Notifications

Provider notices and bulletins contain pertinent information for participating providers for medical services provided or for claims submitted for reimbursement.

<http://www.Illinois.gov/hfs/MedicalProviders/notices/Pages/default.aspx>

Prior Authorization (PA) Form

The Prior Authorization (PA) form is available to providers at:

<http://www.MolinaHealthcare.com/providers/il/duals/forms/Pages/fuf.aspx>

Updating Provider Information

It is important for Molina to keep our provider network information up to date. Providers must notify Molina in writing at least 30 days in advance when possible of changes.

Changes should be submitted on the Provider Update Information Form or Membership Panel Form located on the Molina website at www.MolinaHealthcare.com under the Provider Forms section.

Send changes to:

Email:

IllinoisProviders@MolinaHealthcare.com

Fax: (630) 571-1220

Contact your Provider Services Representative at (855) 866-5462 if you have questions.