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FROM THE DESK OF OUR MEDICAL DIRECTOR

## UNDERSTANDING AND MANAGING HEADACHES

According to the Global Burden of Disease (GBD) study, headache disorders are among the most prevalent and disabling conditions worldwide and a common reason for visits to the emergency department<sup>1</sup>. Some headaches may be under or over diagnosed, and as patients resort to frequent use of pain relievers to remedy the headache, overuse of pain medication can occur<sup>2</sup>.

A thunderclap headache, often referred to as the worst headache of one's life, should be considered a subarachnoid bleed until proven otherwise. In this instance, a negative CT alone is not enough. According to the latest Medical Knowledge Self-Assessment Program (MKSAP) protocol, if CT is negative, it must be followed by a lumbar puncture for xanthochromia. If there is still no diagnosis or the puncture cannot be completed, MRA is the next step. Not following the protocol is a departure from standard medical care.

Tension headaches are the most common and will not respond to migraine medications. Slow onset, bi-temporal pounding with trapezius tenderness and no neurological sequel should be treated with Motrin or Tylenol first, along with local heat and massage therapy. Historically, bad pillow angles and non-ergonomic workstations are the basic cause of these headaches so treatment should be targeted to the specific cause. Again, assessment and interview are key.

Remember **POUND** (Pulsating / One day / Unilateral / Nausea / Disability) when diagnosing migraine headaches. Seventy-five percent of migraines have no aura. Common examples of aura can be an unpleasant smell to complex neurological symptoms, and MRI is a basic diagnostic test to rule out other pathology. Step therapy is non-steroidal, then triptans like sumatriptan can be administered orally, nasally, or subcutaneously. High-dose prednisone or intravenous Medrol can break an attack. Narcotics should be reserved for in-hospital care. Beta-blockers like propranolol, Topamax, and Pamelor can effectively prevent frequent attacks.

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# UNDERSTANDING AND MANAGING HEADACHES (CONTINUED)

Headaches with visual disturbances are common. Opening ocular pressure of higher than 250 is diagnostic. In this instance, acetazolamide is the drug of choice. Repeated lumbar puncture may be necessary. Lastly, cluster headaches are usually nocturnal and brief and may have lacrimation or nasal discharge. Steroids can break the cycle and Topamax or Propranolol may also be used as preventive treatments.

AgeWell New York continues to partner with you to keep your patients/our members healthy. Please contact our Utilization Management department at **1-718-696-0210**, [um@agewellnewyork.com](mailto:um@agewellnewyork.com) or fax **1-855-895-0776** for assistance with service authorizations or visit our website at [agewellnewyork.com/for-providers](https://agewellnewyork.com/for-providers) to locate UM guidelines, prior authorization forms, summary of benefits, Part D formulary and claims information.

## MOH Reference

1. Stovner, L.J., Hagen, K., Linde, M. et al. The global prevalence of headache: an update, with analysis of the influences of methodological factors on prevalence estimates. *J Headache Pain* 23, 34 (2022). <https://doi.org/10.1186/s10194-022-01402-2>
2. Vandebussche, N., Laterza, D., Lisicki, M., Lloyd, J., Lupi, C., Tischler, H., Toom, K., Vandervorst, F., Quintana, S., Paemeleire, K., & Katsarava, Z. (2018). Medication-overuse headache: a widely recognized entity amidst ongoing debate. *The journal of headache and pain*, 19(1), 50. <https://doi.org/10.1186/s10194-018-0875-x>

## COGNITIVE ASSESSMENT

Detecting cognitive impairment is a required element of Medicare's Annual Wellness Visit (AWV). You can also detect cognitive impairment as part of a routine visit through direct observation or by considering information from the patient, family, friends, caregivers and others. You may use a brief cognitive test and evaluate health disparities, chronic conditions, and other factors that contribute to increased risk of cognitive impairment.

If you detect cognitive impairment at an AWV or other routine visit, you may perform a more detailed cognitive assessment and develop a care plan during a separate visit, which Medicare will cover using CPT code 99483 to bill for this service. As of January 1, 2023, Medicare pays approximately \$266 (may be geographically adjusted) for these services when provided in an office setting. This additional evaluation may be helpful to diagnose a person with dementia, such as Alzheimer's disease, and to identify treatable causes or co-occurring conditions such as depression or anxiety.

### Who Can Offer a Cognitive Assessment?

Any clinician eligible to report evaluation and management (E/M) services can offer this service. Eligible providers include:

- Physicians (MD and DO)
- Nurse practitioners
- Clinical nurse specialists
- Physician assistants

### Where Can I Perform a Cognitive Assessment?

You can perform the assessment at any of these locations:

- Office or outpatient setting
- Private residence
- Care facility
- Rest home
- Via telehealth

### What's Included in a Cognitive Assessment?

The cognitive assessment includes a detailed history and patient exam. There must be an independent historian for assessments and corresponding care plans provided under CPT code 99483. An independent historian can be a parent, spouse, guardian, or other individual who provides patient history when a patient is not able to provide complete or reliable medical history.

Typically, you would spend 60 minutes face-to-face with the patient and independent historian to perform the following elements during the cognitive assessment:

- Examine the patient with a focus on observing cognition
- Record and review the patient's history, reports and records
- Conduct a functional assessment of Basic and Instrumental Activities of Daily Living, including decision-making capacity
- Use standardized instruments for staging of dementia like the Functional Assessment Staging Test (FAST) and Clinical Dementia Rating (CDR)

# COGNITIVE ASSESSMENT (CONTINUED)

- Reconcile and review for high-risk medications, if applicable
- Use standardized screening instruments to evaluate for neuropsychiatric and behavioral symptoms, including depression and anxiety
- Conduct a safety evaluation for home and motor vehicle operation
- Identify social supports including how much caregivers know and are willing to provide care
- Address Advance Care Planning and any palliative care needs

## What Care Plan Services Result from the Assessment?

Information gathered during a cognitive assessment will help you create a written care plan to address:

- Neurocognitive symptoms
- Functional neuropsychiatric symptoms
- Limitations

Referral to community resources as needed (for example, rehabilitation services, adult day programs, support groups) shared with the patient or caregiver with initial education and support.

## How Do I Bill for Cognitive Assessment & Care Plan Services?

Service	Code	Things to Know
Initial AWW	G0438	Checking for cognitive impairment as part of the AWW is required.
Subsequent AWWs	G0439	Checking for cognitive impairment as part of subsequent AWWs is required.
Assessment of and care planning for patients with cognitive impairment like dementia, including Alzheimer's disease, <a href="#">at any stage of impairment</a>	CPT code 99483 (replaced the interim HCPCS code G0505)	<p>If you detect a cognitive impairment during the AWW or other routine visit, you may perform a more detailed cognitive assessment and care plan.</p> <p>Part B coinsurance and deductible apply.</p> <p>You may bill this code separately from the AWW. If you choose to perform the AWW and the Cognitive Assessment &amp; Care Plan Services in the same visit, add modifier 25 to the claim.</p> <p>Includes Level 5 E/M service CPT code 99215 elements like:</p> <ul style="list-style-type: none"> <li>• comprehensive history</li> <li>• comprehensive exam</li> <li>• high complexity medical decision-making</li> </ul> <p>Providers can bill CPT code 99483 with HCPCS code G2212 for a visit that exceeds the 60-minute timeframe</p> <p>Providers can't bill CPT code 99483 on the same day as these services:</p> <ul style="list-style-type: none"> <li>• 90785 (Psytx complex interactive)</li> <li>• 90791 (Psych diagnostic evaluation)</li> <li>• 90792 (Psych diag eval w/med srvcs)</li> <li>• 96103 (Psycho testing admin by comp)</li> <li>• 96120 (Neuropsych tst admin w/comp)</li> <li>• 96127 (Brief emotional/behav assmt)</li> <li>• 99201– 99215 (Office/outpatient visits)</li> <li>• 99324–99337 (Domicil/r-home visits new pat)</li> <li>• 99341–99350 (Home visits)</li> <li>• 99366–99368 (Team conf w/pat by hc prof)</li> <li>• 99497 (Advncd care plan 30 min)</li> <li>• 99498 (Advncd care plan addl 30 min)</li> </ul>

# HEDIS® MY2022 DATA COLLECTION IS QUICKLY APPROACHING

From **February through mid-May 2023**, AgeWell New York will be conducting HEDIS® medical record reviews.

## What is HEDIS®?

HEDIS®, Healthcare Effectiveness Data and Information Set, is a set of standardized performance measures sponsored, supported and maintained by the National Committee for Quality Assurance (NCQA).

HEDIS® evaluates how well a health plan is performing in **six** key areas:

1. Effectiveness of care
2. Access/Availability of care
3. Experience of care
4. Utilization and risk adjusted utilization
5. Health plan descriptive information
6. Measures collected using electronic clinical data systems



## Why is HEDIS® Important?

HEDIS® ensures health plans are offering quality preventive care and service to members. It also allows for a true comparison of the performance of health plans by consumers.

### What You Can Do

- Encourage your patients to schedule important preventive screenings (e.g., colorectal cancer screening, diabetes care etc.).
- Complete outreach calls to non-compliant patients.
- Document all care in the patients' medical record.
- Accurately code all claims for services/procedures.
- Ensure all office staff is adequately trained and prepared to provide medical records timely.

## Value of HEDIS® to You, Our Providers

HEDIS® can help save you time, while potentially reducing health care costs. By proactively managing patients' care, you can effectively monitor their health, prevent further complications and identify issues that may arise. HEDIS® can also help you identify non-compliant patients to ensure they receive preventive screenings and understand how you compare with other AgeWell New York providers as well as with the national average.

## Value of HEDIS® to Your Patients, Our Members

HEDIS® ensures that members will receive optimal preventive and quality care. It gives members the ability to review and compare plans' scores, helping them to make informed healthcare choices.

For more information on HEDIS® measure specifications and the medical record retrieval process, you may refer to the HEDIS® MY 2022 Provider Guide.

**If you have any questions, please contact:**

**AgeWell New York**  
**Quality Assurance Department**  
**Phone: 1-866-237-3210**  
**Fax: 1-855-895-0778**



# HEDIS® MEASURE TIPS: HOW TO IMPROVE MEDICATION RECONCILIATION POST-DISCHARGE (MRP)

The National Committee of Quality Assurance (NCQA) HEDIS® hybrid measure, Medication Reconciliation Post-Discharge (MRP), calculates the percentage of members 18 years of age and older who had a documentation of medication reconciliation on the date of discharge through 30 days after discharge (NCQA). Documentation in the outpatient medical record must include evidence of medication reconciliation and the date that it was performed.

NCQA recently updated HEDIS® specifications to include a physician assistant as an appropriate provider type to perform a medication reconciliation.

## Your Role as a Provider

Encourage recently hospitalized patients to schedule a follow-up visit within 30-days of discharge. Be sure to discuss necessary tests or screenings and changes in medication and properly document the medical record.

Compliant records include **any** of the following documentation:

- List of current medications with notation of reconciliation of current and discharge medications.
- List of current medications with notation that references discharge medications.
- List of current medications with notation that discharge medications were reviewed.
- Current and discharge medication lists and notation that both lists were reviewed on the same date of service.
- List of current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review.
- Notation that no medications were prescribed or ordered upon discharge.

## Tips to Increase MRP Compliance Rate:

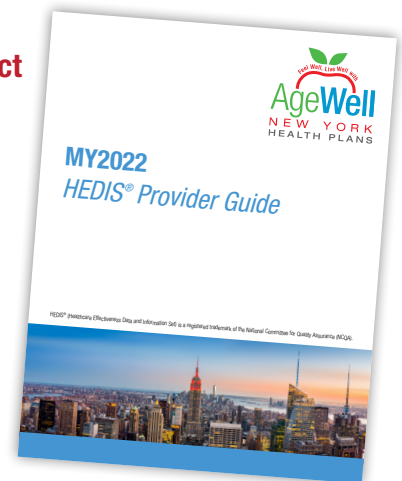
- Schedule follow-up visits with your patients within 30-days of discharge from the hospital or skilled nursing facility (SNF).
- Obtain a copy of the discharge summary from patient for the medical record.
- Include notation that the member was seen for “post-discharge follow-up” and the date of discharge.
- Include current and discharge medication lists and indicate completion of a medication reconciliation.
- Ensure that the progress note is dated and signed.

\*Please note: If documentation of “post-op/surgery follow-up” is noted, you **must** reference “hospitalization,” “admission” or “inpatient stay” in your progress note for compliance.

## Remember to use the correct codes during the visit!

\*Please refer to the HEDIS® MY2022 Provider Guide.

If you would like to view it on our website, visit [agewellnewyork.com/for-providers](http://agewellnewyork.com/for-providers).



## INITIATING COMMUNITY ORIENTED RECOVERY AND EMPOWERMENT (CORE) SERVICES

CORE (Community Oriented Recovering Empowerment) services is a recovery based managed care delivery model that emphasizes and supports a person’s potential for recovery by optimizing quality of life and reducing symptoms of mental illness and substance use disorder.

### Services include:

- PSR (psychosocial rehabilitation)
- Community psychiatric support and treatment (CPST)
- Family support and training (FST)
- Empowerment services - peer support

### Designated CORE providers work with:

- Individuals and their managed care plan
- Other service providers
- Family
- Government partners

### Eligibility:

- The member must be HARP eligible
- Services must be recommended by a licensed practitioner of the arts



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## CONSIDER A MAP PLAN FOR YOUR PATIENTS WHO HAVE MEDICARE AND MEDICAID

The AgeWell New York Advantage Plus MAP (Medicaid Advantage Plus) plan is designed for people who have both Medicare and full Medicaid coverage who need community based long-term care services and supports in the home. Our goal is to help vulnerable New Yorkers stay in their homes as long as possible.

### Benefits for providers include:

- One Plan and one ID card for all Medicare, Medicaid, Prescription Drugs, additional Supplemental Benefits and Community Based Long Term Care Services and Supports in the home
- One Payor Source for Providers which eliminates fragmentation caused by two payors
- One Dedicated Care Manager who coordinates services for your patient and offers support to your practice

### Benefits for 2023 include:

- ✓ \$0 monthly premium
- ✓ \$225 each month to purchase over-the-counter (OTC) health products
- ✓ \$2,000 annual dental benefit with a \$0 copay
- ✓ \$0 vision copay plus \$200 annually to purchase eyewear
- ✓ \$0 non-emergent transportation
- ✓ Up to \$50,000 for emergency and urgent care services outside the U.S.
- ✓ Additional \$150 healthy food card for eligible members with a qualified diabetes diagnosis
- ✓ And more!