

Blood Pressure Monitoring



Nearly **1 in 3** American adults have high blood pressure.



About **11 million U.S. adults with high blood pressure are not aware they have it and are not receiving treatment to control it.**

Uncontrolled high blood pressure raises the risk for heart disease and stroke, which are leading causes of death in the United States. Fortunately, high blood pressure is treatable and preventable. Help your patients take their health into their own hands by educating them on the importance of blood pressure monitoring.

Tips for monitoring blood pressure

Blood pressure should be assessed at every visit, especially for patients who are pregnant or have a history of hypertension or diabetes. Make sure you're getting an accurate reading every time!

- Wait 30 minutes after the patient ate or used caffeine or tobacco products. This may mean waiting until the end of the visit to check blood pressure
- Make sure the patient's bladder is empty
- Have your patient rest for 3 to 5 minutes and encourage him or her to avoid talking while blood pressure is being checked
- Seat patient in a comfortable position with legs and ankles uncrossed and back supported. Feet should be flat on the floor. Avoid checking blood pressures on the exam table if at all possible
- Elevate the arm to the level of the heart and make sure it's supported. A desk or table is best
- Wrap the cuff around the upper part of the bare arm. Remove arm from sleeve if necessary. There should be enough room for you to slip one fingertip under the cuff. The cuff should be the right size for the patient
- Check the placement of the cuff. The bottom edge of it should be 1 inch above the crease of the elbow



If the result of BP check is **140/90 or higher**, retake it to be sure. Many factors can affect a patient's BP, such as recent activity, how the patient is sitting, smoking, caffeine and even a full bladder!

Don't forget to add blood pressure results to the claim!

CPT II Codes

Systolic ≥ 140 -3077F

Systolic < 140 -3074F, 3075F

Diastolic ≥ 90 -3080F

Diastolic 80–89-3079F

Diastolic < 80 -3078F



Is home blood pressure monitoring right for your patients?

Automatic blood pressure cuffs are covered for MeridianChoice, MeridianComplete (Medicare-Medicaid Plan), and MeridianHealth members through an in-network **durable medical equipment (DME)** provider such as Healthy Living Medical Supply. Simply submit a prescription for the patient at a nearby DME location.

HCPSC Code

A4670-Automatic blood pressure monitor

If you have questions, call Healthy Living Medical Supply at **866-779-8512**.

Remember

Talk to your patients about what blood pressure results are right for them and when they should call you!

As with any chronic condition, make sure your patients have all the tools they need to successfully manage their blood pressure. Assessing medication adherence is vital.

- Make sure your patient knows how to properly take his or her medication as prescribed
- Discuss how medications work
 - This is especially important if patient is taking more than one blood pressure medication
 - This will help patients remember not to swap one out for the other
- Address possible side effects and how to alleviate them. Explore alternate medications if side effects are unbearable
- Assist with barriers to taking medication, such as forgetfulness or access to a pharmacy, and create a plan that works for the patient



Contact your Provider Network Management Representative with any questions or call Meridian at: **888-437-0606**.



Fax BP results to: **313-202-0006**.



Visit our website to check our formulary or locate a nearby in-network provider at: **corp.mhplan.com**.

Sources: cdc.gov, heart.org



Frailty and Advanced Illness

Frailty Examples*		
Abnormal gait or mobility	R26.0-R26.2, R26.89, R29.9, Z74.01, Z74.09, Z99.3	ICD10CM
Age-related physical debility	R54	ICD10CM
History of falling	Z91.81	ICD10CM
Weakness or fatigue	M62.81, R53.1, R53.81, R53.83	ICD10CM
Age-related cognitive decline	R41.81	ICD10CM

*Codes listed are specific to the subject matter of this flyer. While Meridian encourages you to use these codes in association with the subject matter of this flyer, Meridian recognizes that the circumstances around the services provided may not always directly support/match the codes. It is crucial that the medical record documentation describes the services rendered in order to support the medical necessity and use of these codes.



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> Telehealth Visits for Prenatal and Postpartum Care

Did you know that telehealth visits are acceptable for prenatal and postpartum care? Visits can include telehealth appointments, telephone appointments, or online assessments and be compliant for the Prenatal and Postpartum Care (PPC) Healthcare Effectiveness Data and Information Set (HEDIS®) measure.

Medicaid Incentives	
Prenatal Visit \$35	Visits with a nurse or medical assistant only will not qualify.
Postpartum Visit \$30	

Prenatal Visits

Prenatal care should start in the first trimester. Demonstrate prenatal care visits are a high priority by educating patients on the importance of initiating care in the first 13 weeks of pregnancy and attending routine visits throughout pregnancy.

Billing for Prenatal Care*				
Outpatient Visit CPT	Prenatal Bundled Services	ICD-10-CM	Telehealth POS	Telehealth Modifier
99201-99205*, 99211-99215*, 99241-99245*, 99483*	59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1000, T1015*	Use the appropriate code family O	02	95, GT

*Must include diagnosis of pregnancy for codes not specific to pregnancy.

Medical Record Documentation for Prenatal Care via Telehealth

A note indicating the date of the visit with a PCP or OBGYN physician, physician's assistant, nurse practitioner, or certified nurse midwife, and at least one of the following:

- Documentation indicating the woman is pregnant or references to the pregnancy; for example:
 - Documentation in a standardized prenatal flow sheet, or
 - Documentation of last menstrual period (LMP), estimated delivery date (EDD), or gestational age (GA), or
 - A positive pregnancy test result, or
 - Documentation of gravidity and parity, or
 - Documentation of complete obstetrical history, or
 - Documentation of prenatal risk assessment and counseling/education



Postpartum Visits

Schedule a postpartum visit at the 38-week appointment or prior to discharge from the hospital. This visit should be completed between 7 and 84 days after delivery.

Billing for Postpartum Care♦			
CPT	Postpartum Bundled Services	Telehealth POS	Telehealth Modifier
59430	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622	02	95, GT

Medical Record Documentation for Postpartum Care via Telehealth

A note indicating the date of the visit with a primary care provider (PCP) or OB-GYN physician, physician's assistant, nurse practitioner, or certified nurse midwife is required, and at least one of the following:

- Notation of "postpartum care"
- Screening for depression, anxiety, tobacco use, substance use, or preexisting mental health disorders
- Documentation of topics such as infant care or breastfeeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, or resumption of physical activity and healthy weight

Would your patient benefit from home blood pressure monitoring? Meridian covers automatic blood pressure monitors. Simply send a prescription to an in-network durable medical equipment company for your patient.

Automatic Blood Pressure Monitor	
HCCPS Code	A4670



For more information on adding or enhancing telehealth services in your office, check out www.telehealth.hhs.gov/providers



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Fax medical records to: **313-202-0006**

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Transitions of Care (TRC)

It is important to time-stamp and document in the patient's medical record each step of your patient's transition of care from one healthcare setting to another. This includes the:

- 1. Inpatient admission**
- 2. Discharge notification**
- 3. Patient engagement after discharge with medication reconciliation**

The TRC guidelines improve the coordination of care for patients, both during and after the inpatient admission, which helps avoid adverse drug events and unnecessary readmissions back into the hospital.

Review the four components below to clearly understand TRC:

Notification of Inpatient Admissions

- Document on the day of admission or within two days after admission, with the same date time-stamped in the medical record
- Notifications can happen by phone, email, or fax from the hospital (e.g., emergency department, case management), health plan, ongoing care provider or specialist
- Documentation of pre-op exam

Receipt of Discharge Information

- Document that the office was informed of discharge with time stamp for the date of discharge or within two days after
- Information must include:
 - The practitioner responsible for the patient's care during the inpatient stay
 - Procedures or treatment provided
 - Diagnosis at discharge
 - Current medication list
 - Testing results or tests pending
 - Instructions for patient care post-discharge

Patient Engagement after Inpatient Discharge

- Engage with the patient within 30 days after the date of discharge
- Complete an office visit, telehealth, home visit, telephone visit, and/or video conferencing
- Can be completed by any office staff

Transitions of Care (TRC)

Medication Reconciliation Post-Discharge

- Complete a medication reconciliation from the date of discharge through 30 days after discharge (31 total days to complete)
- Document that the discharge and current medications were reconciled
- Medication reconciliation can be completed by a prescribing provider, a registered nurse, or a clinical pharmacist

Description	CPT*
Medication Reconciliation	99483, 99495, 99496, 1111F
Engagement	Outpatient Visits: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483
	Telephone Visits: 98966-98968, 99441-99443
	Transitional Care Management Services: 99495, 99496
	Telehealth Modifier: (regular) 95, GT
	Telehealth POS: 02

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Make the most out of a patient's follow-up appointment by reviewing the following:

- Medication adherence, especially for hypertension, diabetes and/or cholesterol medications
 - › Update any 30-day prescriptions to 90-day fills and encourage medication delivery via mail order pharmacy
- Four components of the Care for Older Adults (COA) measure
 - › Advance care planning
 - › Medication review (must be completed by a prescribing provider or a clinical pharmacist)
 - › Pain assessment
 - › Functional status assessment or ability to perform activities of daily living (ADLs)
- Any outstanding preventive care screenings or condition management testing



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