



2022 PCMH Redesign Q&A

WEBINAR #1 – NOVEMBER 18, 2021:

1. Our PCMH practice has been billing for behavioral health screenings utilizing 96127; based on this presentation. Do we need to bill 96160 instead of the 96127?

Correct, in order to count the behavioral health screening, providers should bill the 96160 procedure code.

2. Who can bill for the nutrition and physical activity counseling? Only providers or nutritionists or BH providers?

The nutrition and physical activity counseling may be billed by the PCMH provider. It is also open to nutritionists. The only restrictions for these codes are for dental providers.

3. If we have integrated care, those codes are not allowed for the LCSW discipline type?

The only restrictions on the nutrition and physical activity counseling codes are for dental providers. LCSWs may also bill those codes for reimbursement.

Clarification: this presentation only applies to PCMH providers. If you are not contracted as a PCMH provider, this presentation does not apply to your provider type and you are ineligible for SoonerExcel Incentive payments.

4. What types of clinics did you say this change did not apply to at the first of the presentation?

This presentation applies to patient-centered medical home providers, however certain PCMH providers are ineligible to receive SoonerExcel incentive payments: FQHCs, RHCs, and ITUs.

5. Can the counseling provided for obesity be completed any time or on the day of the office visit?

The obesity counseling can be completed during any type of office visit along with any other services that were also provided.

6. When billing the G0447, do we need to use both the Z71.3 and the Z71.82, or will using one of them work?



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The Z71.3 code will be used to indicate nutrition or dietary counseling was provided, the Z71.82 code will be used to indicate exercise counseling was provided. Those diagnostic codes should be billed in addition to the G0447 procedure code.

7. Are the obesity counseling codes time-based?

The G0447 code is a 15 minute code. The Z codes are diagnostic and do not have time requirements.

8. Can the obesity codes be delivered via telehealth?

We are actively exploring opening the G0447 up for telehealth and will follow up once a final decision has been made.

9. What does the members with A1C compliance mean? An A1C within the past year? The past six months?

A1C within the past six months.

10. Regarding A1C compliance, is there a level? Less than 7%? Less than 9%?

During the first year there is no level. Options are being explored for incorporating a level for future years.

WEBINAR #2 – NOVEMBER 30, 2021:

1. For the diabetes inpatient measure will you be looking for a diabetes code anywhere on the claim or as the primary diagnosis? Does it cover all diabetes ICD-10 codes?

The measure will cover all inpatient discharges with ICD-10 principal diagnosis codes for the short term complications of diabetes. Refer to covered codes provided by technical specifications available on the SoonerExcel webpage at

<https://oklahoma.gov/ohca/providers/types/soonerchoice/incentive-payments.html>.

2. What data are you processing for ER utilization from our information?

Please see the SoonerExcel Performance Measures and Payment Criteria manual for technical specifications on the ED measure. The ED measure looks at ED claims with procedure codes between 99281 and 99285 as well as the observed to expected ratio. This way overall wellness of each PCP panel is taken into account in the process. There is nothing the PCMH provider needs



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to code on claims for the ED measure. The PCMH provider is expected to do their part in engaging all members assigned to their panel, educating members on proper ED utilization and alternative resources such as after-hours clinics, urgent care centers, etc., and to do their part to ensure any ED utilization is clinically appropriate.

3. In the slides, it mentioned a diabetic panel. Will we receive a list of those patients like our capitation list?

A list of patients meeting criteria will not be provided by OHCA, rather we will be relying on providers to do necessary testing/screening to confirm those diagnoses.

4. With obesity being a new incentive, will SoonerCare be changing the opportunities for bariatric surgeries?

There have been some recent changes to approval criteria for bariatric surgery that can be found on our medical authorization page at <https://oklahoma.gov/ohca/providers/claim-tools/prior-authorization/medical.html>.

5. For the Behavioral Health measure, are the members on the panel assigned members or only members with a visit in the last quarter?

The expectation for the behavioral health measure is that all members (ages 5 and older) assigned to the panel are screened once per year.

6. How are the members identified in panel size for the obesity measure?

The PCMH provider coding BMI information on claims will identify members for the obesity measure.

7. How are the members identified that qualify in the "Diabetic Members in Panel"?

A core set measure called comprehensive diabetes care will be used to identify diabetic members.

8. I would like to know if the expectation for patients to see their PCP will be the same as the SoonerCare expansion age. I also wonder if you offered a member webinar to educate parents as well.

Yes. The expectations for all SoonerCare members are the same.

We do not have any plans at this time to offer a member webinar to educate parents, but we will keep this in mind as a suggestion for the future.



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