



of Tennessee

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Important Notification & Instructions
Provider's Comprehensive Patient Assessment Form (PAF) Program

Why it's important to complete the Provider's Comprehensive Patient Assessment Form (PAF)

BlueCross BlueShield of Tennessee understands the additional work created for the primary care physician by the complex needs of the geriatric population. Because the overall health of our seniors is critical, BlueCross BlueShield of Tennessee's BlueAdvantageSM clinical staff developed the enclosed PAF tool to assist you with the coordination and documentation of the health care of these members. The PAF will provide a concise and portable summary of information. This summary will include your analysis and health care plan to encourage patients to seek regular medical care. The PAF also seeks to create a mechanism that will allow the BlueAdvantage Case Management team and its educators to locate and coordinate resources for your patient, thus, reducing time-consuming work for your staff.

The PAF intends to target those elements most frequently overlooked due to time constraints. For this reason, the PAF is designed to be used in conjunction with a patient's routine visit or on its own. When complete, the PAF should provide the patient with a roadmap of your medical direction for him/her in the coming year. And by completing it with your patient, it should encourage his/her adherence to a mutual plan of action decided by both of you.

How to turn in the PAF

Once completed, please fax the document to BlueAdvantage at **1-877-922-2963**.

Reimbursement for completion of PAF

In appreciation of your participation in completing the detailed assessment on your patients, BlueAdvantage will reimburse the service as E/M code 99420 with a maximum allowable charge of \$155.00. The reimbursement is in addition to the normal charges for the visit. (See enclosed FAQ's for claim filing instructions)

To receive reimbursement, you must complete the assessment in its entirety and submit the PAF located at <http://www.bcbst.com/providers/BlueAdvantage-PPO>. The PAF also needs to be included in your patient's chart as part of his/her permanent medical record.

Need more information?

Enclosed, please read the **Frequently Asked Questions** document to help you better understand how to complete the form. We appreciate your participation in advance and look forward to assisting with your patient's health care needs. *Please note, participation is optional and not a requirement of your BlueCross BlueShield of Tennessee participation.

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Frequently Asked Questions:

Question: What consists of acceptable provider authentication?

Answer: Acceptable provider authentication comes in the forms of handwritten and electronic signatures. If electronic signatures are used as a form of authentication, the system must authenticate the signature at the end of each note.

Some examples of acceptable electronic signatures are:

“Electronically signed by,” “Authenticated by,” “Approved by,” “Completed by,” “Finalized by,” or “Validated by,” and include the practitioner’s name and credentials, and the date signed.

Question: What about the coding of chronic conditions?

Answer: If a chronic condition exists it should not be coded as “history of” if treatment is ongoing or if the condition affects the patient’s care, treatment or management thereof. It should be listed as an active problem.

Question: What is needed in addition to the completed PAF

Answer: Nothing, but the completed PAF should have:

1. **Problem list** that outlines all of the patient’s problems including any unresolved conditions/diagnoses. *This PAF may serve that function.*
2. **Assessment** of what issues the problem brings to the patient, i.e.: “*Asymptomatic Decreased bone density of hips and spine, DEXA scan with T score of -3 on 12/13/12*”
3. **Management** of the problem: If you are not managing the problem you should indicate who is, i.e.: “*Patient is on allendroate 35 mg/week, vitamin D and Calcium and is treated by Dr. Endocrine Person.*”
4. **Action Plan:** A description of any unmet needs in regard to this problem and your plan to address them: i.e. “*Patient states she can’t afford meds. Will ask BCBST case manager to assist.*” or “*patient needs referral to Dr. Somebody. Will refer and see back in follow-up on (Date).*” Action Plan should include medications prescribed and tests ordered.

Question: What if the person is perfectly healthy and has no needs?

Answer: All patients have preventive needs. For example, are the immunizations up to date; do they need advice on diet or exercise; cholesterol level; drug or alcohol use; is the living will up to date; do they need to know how to prevent osteoporosis; is colon screening, mammogram, pap smear or prostate screening up to date; is depression an issue?

Question: How should Medicare claims be coded?

Answer: Problems should be listed to their highest level of specificity, i.e., “*Diabetes Mellitus, type II with complications including renal failure, micro vascular disease with neuropathy and amputation,*” AND you should include the ICD9 code to the fourth or fifth digit as required on the claim form. In the case of Diabetes, the detailed coding will tell if the patient is controlled or uncontrolled/unknown. It is important to differentiate between acute/unspecified versus chronic.

Question: Why do I have to do this coding?

Answer: Medicare is becoming more stringent in requiring that services and conditions are coded to the correct level of specificity. This information is used by Medicare to determine the reimbursement for services and whether programs should be developed to address particular problems. BlueCross BlueShield of Tennessee is required to ensure that coding is performed correctly. BlueCross BlueShield of Tennessee also uses the information to plan for future programs.

Question: As a contracted BlueCross BlueShield of Tennessee provider, am I required to participate in this PAF program?

Answer: Absolutely not. Of course, we would like to encourage providers to participate for the overall health and well being of our senior population.

Question: How often will I need to complete the PAF for each member?

Answer: The PAF will only need to be completed once every calendar year.

Question: What steps must I take to ensure payment for participating in the PAF initiative?

Answer: Complete the PAF during the patient’s visit.

- Submit the appropriate E/M code for the reason for the visit.
- Submit E/M code 99420 (administration & interpretation of health risk assessment tool) with a maximum allowable charge of \$155.00
- Fax a copy of the PAF material to 1-877-922-2963.

Please make sure to file the originals in the patient's permanent medical record. Feel free to offer the patient a copy of the completed materials.