



# Every Body + Mind Matters Newsletter

Summer 2024

Aetna Better Health (ABHLA) is proud to be part of the CVS Health family. We take a whole-person approach to Medicaid, bringing together what matters most to health. Through expert care and easier access to services and support, we help our members live their healthiest lives. This newsletter is specifically dedicated for our providers with updates, resources and articles. This newsletter, as well as previous newsletters, can be found [here on our website](#). If you are interested in contributing to the newsletter, have ideas or suggestions, or you and your organization are interested in partnering with primary care organizations to integrate behavioral and physical health to treat the person as a whole, please contact Brian Guess at [GuessB@aetna.com](mailto:GuessB@aetna.com).

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## Provider quality monitoring team

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### BEHAVIORAL HEALTH



#### Your AI therapist is not your therapist: the dangers of relying on AI mental health chatbots

By Zoha Khawaja and Jean-Christophe Belisle-Pipon

With current physical and financial barriers to accessing care, people with mental health conditions may turn to artificial intelligence (AI)-powered chatbots for mental health relief or aid. Although they have not been approved as medical devices by the U.S. Food and Drug Administration or Health Canada, the appeal to use such chatbots may come from their 24/7 availability, personalized support and marketing of cognitive behavioral therapy.

However, users may overestimate the therapeutic benefits and underestimate the limitations of using such technologies, further deteriorating their mental health. Such a phenomenon can be classified as a therapeutic misconception where users may infer the chatbot's purpose is to provide them with real therapeutic care.

With AI chatbots, therapeutic misconceptions can occur in four ways, through two main streams: the company's practices and the design of the AI technology itself.

Inaccurate marketing of mental health chatbots by companies that label them as "mental health support" tools that incorporate "cognitive behavioral therapy" can be very misleading as it implies that such chatbots can perform psychotherapy.

Not only do such chatbots lack the skill, training and experience of human therapists, but labelling them as being able to provide a "different way to treat" mental illness insinuates that such chatbots can be used as alternative ways to seek therapy.

This sort of marketing tactic can be very exploitative of users' trust in the health-care system, especially when they are marketed as being in "close collaboration with therapists." Such marketing tactics can lead users to disclose very personal and private health information without fully comprehending who owns and has access to their data.

You can read this article in its entirety [here](#).



**Lung cancer is the deadliest of all cancers, and screening could save many lives – if more people could access it**

By Nina Thomas

Medical organizations have been recommending lung cancer screening for decades for those at high risk of developing the disease.

But in 2022, fewer than 6% of people in the U.S. eligible for screening actually got screened. Compared with other common cancer screenings, lung cancer screening rates fall terribly behind. For comparison, the screening rate in 2021 for colon cancer was 72%, and the rate for breast cancer was 76%. Why are lung cancer screening rates so poor?

Lung cancer is the leading cause of cancer-related death in the world. But early detection can significantly improve outcomes. Survival rates for early stage lung cancer are nearly seven times higher than lung cancer that has spread in the body. Between 2015 and 2019, survival rates for lung cancer improved by 22%, in part because of an increase in earlier diagnosis.

Most patients with early-stage lung cancer, however, have no symptoms and aren't diagnosed

until they reach more advanced stages that are harder to treat, underlining the need for effective lung cancer screening.

One of the primary barriers to lung cancer screening is lack of public awareness and understanding. Many people are unaware they qualify for lung cancer screening or have misconceptions around what to expect from the screening process.

Fear is another barrier. Many people believe that a lung cancer diagnosis is a death sentence. When diagnosed early, however, doctors treat lung cancer with an intention to cure. Additionally, advances in lung cancer treatment over the past 10-15 years have led to remarkable improvements in survival for all stages of the disease. Reassurance and education around next steps and paths to treatment at the time of screening help diffuse some of the distress surrounding lung cancer.

You can read this article in its entirety [here](#).

**Pyx Health**



As a health care provider, you and your staff may talk with a patient with

multiple chronic conditions, social determinants of health and behavioral health co-morbidities, and conclude, "What this patient needs is a friend."

Patients are at a higher risk for poor health outcomes in part due to loneliness and social isolation. Pyx Health provides 24/7 companionship and support for patients via a mobile platform and compassionate support center after they have been discharged from the emergency room or inpatient care.

Once the patient has been on-boarded by Pyx Health they receive companionship to help treat loneliness through a non-clinical, whole-person care approach.

**Hi friend...**

**Meet Pyxir,**  
*a new friend to count on!*

No one should go through life's challenges alone. That's why our friendly robot Pyxir and the compassionate humans at Pyx Health are here to help you:

- Find resources to support your physical and mental health
- Make the most of what your health plan offers
- Feel better each day with companionship and humor

**Sign up for the program today!**  
Use your smart phone to go to [www.HiPyx.com](http://www.HiPyx.com) or aim your smart phone camera at this QR code. Call Pyx Health at 1-855-499-4777 for a helping hand.

**Pyx Health**

24/7 Member Services: 1-855-242-0802, TTY 711  
[www.AetnaBetterHealth.com/Louisiana](http://www.AetnaBetterHealth.com/Louisiana)

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## Provider-to-Provider Consultation Line (PPCL)

The Louisiana Mental Health Perinatal Partnership (LAMHPP) and its services have joined with the Provider-to-Provider Consultation Line (PPCL). Both perinatal and pediatric providers can now contact PPCL for guidance in treating their patients with mental health concerns.

- The Louisiana PPCL is a no-cost provider-to-provider telephone consultation and education program to help pediatric and perinatal health care providers address their patients' behavioral and mental health needs.
- In Louisiana, there is an increasing need for mental health services for children, but a shortage of providers, especially in rural areas. It is often left to pediatric primary care providers (PCPs) to care for and treat children with behavioral health disorders even when it falls outside of their typical scope of work. Pediatric PCPs have reported a lack of training, confidence and time needed to address the behavioral health needs of their patients.
- Additionally, women are at an increased risk of experiencing mental health issues during pregnancy and the postpartum period. However, just like pediatric providers, healthcare clinicians providing care for women during these times often have limited mental health training and their patients have limited access to community mental health support.
- PPCL was created to help address these issues. Mental health consultation has shown to be an effective approach to addressing mental health issues within clinical settings. Learn more about the program below.



### How It Works

1. A provider has a mental health-related question. If they're not already registered for PPCL, they will **register for the program**.
2. The provider calls **833-721-2881** to request a consult **using this form**.
3. A licensed mental health consultant responds to questions about behavioral health and local resources, and, if necessary, connects the provider to an on-call psychiatrist who can assist with diagnostic clarification and medication management questions.
4. Once complete, the provider receives a summary report of the consultation via email.



## Food is Medicine program collaborates with facilities in assisting food-insecure patients

Food is Medicine is a partnership with healthcare partners such as hospitals, clinics or any other medical facilities.

The medical facility will use a survey of 2 questions or existing social determinants of health questions to determine if a patient is food-insecure. If a patient is determined to be food-insecure, they are given a 15-pound box of non-perishable, nutritious food provided by the **Greater Baton Rouge Food Bank (GBRFB)**. It is at the medical facility's discretion to determine when and who gives the box to the patient. A location is needed to store the food boxes.

Healthcare facilities can determine the number of

food boxes they would like to receive, how often they want to receive them and the method of acquisition, by pick up or delivery. The box will contain a flyer that helps the patient/client to get connected to long-term resources and services offered at the GBRFB.

The following parishes that are served through this program are: Ascension, Assumption, East Baton Rouge, East Feliciana Iberville, Livingston, Pointe Coupee, St. Helena, St. James, West Baton Rouge and West Feliciana.

For more information, email Kyra Anderson at [Kyra@brfoodbank.org](mailto:Kyra@brfoodbank.org).



## Pharmacy SPDL and drug utilization changes

ABHLA aligns their pharmacy benefits preferred drug list and their drug utilization review (DUR) program with Louisiana Department of Health (LDH) Pharmacy Medicaid program.

### Single preferred drug list (SPDL) or Louisiana Medicaid Single PDL

The SPDL is a list of drugs reviewed by Louisiana Department of Health's Pharmacy P & T Committee. Drugs are listed as preferred and non-preferred. All non-preferred drugs are required to follow the prior authorization process.

The SPDL is a subset of the drugs covered by the state's pharmacy benefits services. Some drugs not listed on the Louisiana Medicaid Single PDL which may be available for coverage. These drugs typically do not require prior authorization. Generic substitution is mandated by the state. Clinical edits, such as, quantity limits, prior authorization and age restrictions, may apply to some drug categories. Please review the **Preferred Drug List** for any restrictions or recommendations regarding prescription drugs before prescribing a medication to an ABHLA patient.

**Prospective DUR Interventions.** Louisiana Fee for Service DUR Board meets quarterly to review opportunities to execute point of sale edits which monitors prescriptions before the prescription is released to a patient. The recommendations are intended to assist with the safety and medically necessary drug use which could target pregnancies, patient's age, duplicate therapy and medication quantity limits based on Federal Drug Administration guidance.

Details of SPDL and DUR changes that will be implemented on July 1, 2024 are in the links below:

- [Louisiana Medicaid Pharmacy Single Preferred Drug List \(PDL\) Update](#)
- [Louisiana Medicaid Pharmacy Point of Sale Edits for Vonoprazan \(Voquezna<sup>®</sup>\), Sitagliptin \(Zituvio<sup>™</sup>\), and Budesonide \(Eohilia<sup>™</sup>\)](#)
- [Louisiana Medicaid Pharmacy Point of Sale Clinical Authorization and Updates](#)
- [Louisiana Medicaid Pharmacy Point of Sale Quantity Limit](#)
- [Louisiana Medicaid Pharmacy Point of Sale Diagnosis Code Requirement](#)



## CDC guidelines around STI prevention and treatment

The first message around this initiative was in the previous provider newsletter and focused on talking to your patients about STIs and explaining that regular screening is part of being healthy.

The second part of the CDC campaign called **Talk:Test:Treat** to help stamp out many of the STIs that are treatable and often curable is ‘**Test**’. ABHLA is committed to the overall health of our members and is doing regular campaigns to improve the screening and treatment of many STIs that are on the rise in Louisiana. Patients may not be comfortable discussing all aspects of their life even with a reassurance of privacy, so be sure to share options for screening/testing through the links below and in some cases – self-test kits.

**Test:** Test your patients for STIs as recommended. Use the sexual history to determine **which STIs you should test for** and the **anatomical sites to test**. STI screening recommendations for different patient populations are available. Below is a brief overview.

- **All adults and adolescents from ages 13 to 64** should be tested at least once for HIV.
- **All sexually active women** younger than 25 years should be tested for gonorrhea and chlamydia every year. Women 25 years and older with risk factors such as new or multiple sex partners or a sex partner who has an STI should also be tested for gonorrhea and chlamydia every year.
- **Everyone who is pregnant** should be tested for syphilis, HIV, hepatitis B and hepatitis C starting early in pregnancy. Those at risk for infection should also be tested for chlamydia and gonorrhea starting early in pregnancy. Repeat testing may be needed in some cases.
- **All sexually active gay, bisexual and other men who have sex with men should be tested:**
  - » At least once a year for syphilis, chlamydia and gonorrhea. Those who have multiple or anonymous partners should be tested more frequently (e.g., every 3 to 6 months).

- » At least once a year for HIV and may benefit from more frequent HIV testing (e.g., every 3 to 6 months).
- » At least once a year for hepatitis C, if living with HIV.

- **Anyone who engages in sexual behaviors that could place them at risk for infection or shares injection drug equipment** should get tested for HIV at least once a year.

Keep in mind that screening recommendations are sources of clinical guidance, not prescriptive standards. Always consider a patient’s sexual history and the burden of disease in their community.

Once a patient has been tested, make sure they know how they will get their test results.

Changes in testing and or treatment is also a good reference point for opening the conversation. There are many self-test options, so if the patient isn’t ready to test today they can access their Medicaid plan’s page and find resources or access the **Louisiana Health Hub** to explore options for themselves.

If you want to learn more, the provider portal on the **CDC site** is a great resource.





## Social determinants of health billable and payable Z codes

ABHLA is committed to reducing health inequities. As part of this commitment, ABHLA encourages the use of Z codes to document social determinants of health (SDoH), including access to food, access to transportation, literacy issues and other social and economic issues. In 2021, ABHLA began reimbursing a flat rate incentive payment of \$30 for a one-time billing of Z codes per claim, per member encounter when providers billed CPT code G9919 with 1 unit, and at least one of the Z codes listed in this notification as a diagnosis on a claim. After careful consideration that included direct feedback from our providers, and in an effort to reduce administrative barriers, ABHLA will institute an adjustment to billing requirements. **Beginning 06/01/2024, providers should submit claims using CPT code 96160 with 1 unit and eligible Z codes to receive the SDoH incentive payment.**

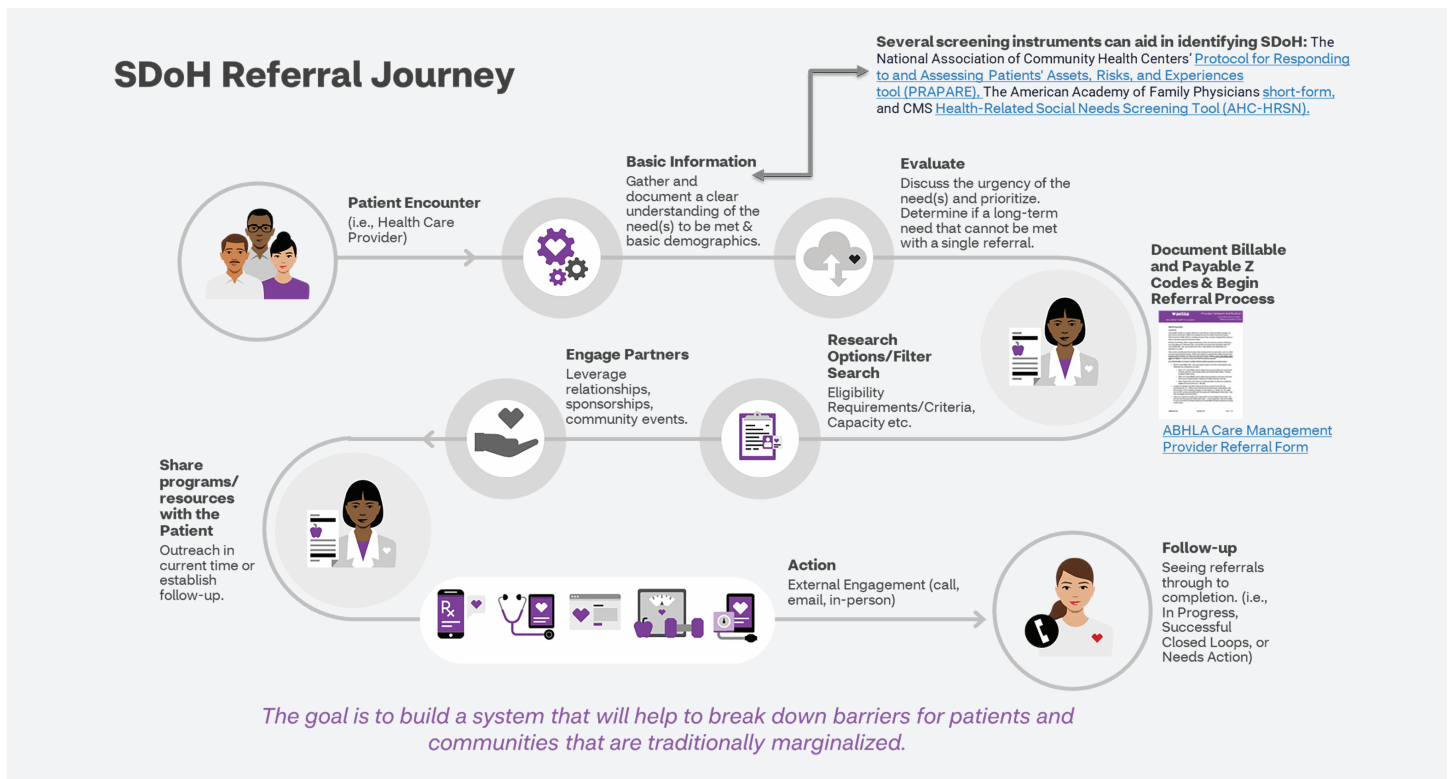
To ensure receipt of this incentive payment, health care providers must:

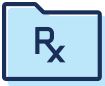
- Bill CPT code 96160 with 1 unit and include at least one of the Z codes listed in this notification as a diagnosis on a claim.
  - » Note: CPT code 96160 must be billed in the amount of \$30.00 to receive the incentive payment; this includes claims from rural health clinics / federal qualified health clinics.

- » Note: CPT Code 96160 must be linked and submitted on the same claim line level as the corresponding Z code(s) to be billed and paid correctly.
- Providers of all types may bill Z codes in the above manner for the flat rate reimbursement. (i.e., ABHLA does not limit any provider types or specialties to bill this incentive). If the rendering providers on the claim (e.g., CHWs, etc.) are valid, have an NPI and are associated with the group and credentialed to bill a claim, they are eligible for the incentive).
- There is no maximum number of Z codes which can be included on the claim. The flat rate incentive payment of \$30 is per claim – not per diagnosis. This can be billed for each encounter a member presents and is identified through screening as having a SDoH need.

Please note that providers reimbursement may be impacted if not aligned to the Louisiana Department of Health’s Medicaid services manual within 30 days of the date of this reminder notification.

For questions, contact [LAProvider@AETNA.com](mailto:LAProvider@AETNA.com) or call 1-855-242-0802 and follow the prompts.





## Screening mammography coverage update

Effective June 1, 2024, Louisiana Medicaid made revisions to the coverage of screening mammograms (CPT 77063 and 77067). Coverage is being extended to include beneficiaries age 30-39. The Medicaid Professional Services Provider Manual has been updated to reflect this change, and the fee-for-service (FFS) fee schedule will be updated on the Louisiana Medicaid website, [lamedicaid.com](http://lamedicaid.com).

Louisiana Medicaid allows payment for one screening mammogram (either film or digital) per calendar year for beneficiaries meeting one or more of the following criteria:

- Any woman age 30 or older with hereditary susceptibility from pathogenic mutation carrier status or prior chest wall radiation.
- Provider recommendation for any woman 35 years of age or older with a predicted lifetime risk greater than 20 percent.
- Any woman who is 35 through 39 years of age.  
**Please note:** Only one baseline mammogram is

allowable between this age range for beneficiaries not meeting other criteria.

- Any woman who is 40 years of age or older.

Questions regarding this message and FFS claims are to be directed to Gainwell Technologies at **800-473-2783** or **225-924-5040**. Questions regarding managed care claims should be directed to the appropriate managed care organization.



## Smile For Life Oral Health services for Medicaid members 6 months to 5 years old

The LDH has implemented a process improvement program for Medicaid with the goal of increasing the number of eligible enrollees ages 6 months to 5 years who receive fluoride varnish application by their primary care provider. This implementation can assist with dental caries and other diseases associated with dental neglect in children.

### Coding requirements

The LDH allows primary care providers who have completed the Smile For Life Oral Health certification to bill CPT code 99188 for the application of fluoride varnish. The fluoride varnish can be applied at each visit and there is no limit, so every interaction can be an opportunity to help improve their oral health for life.

### Resources

- [Prevention of Dental Caries in Children from Birth Through Age 5 Years: US Preventive Services Task Force Recommendation Statement 2021.](#)
- American Academy of Pediatrics Clinical Guidance Report on Fluoride Use in Caries Prevention in the Primary Care Setting (Clark et al., 2020).
- LDH Informational Bulletin 16-7, Revised June 27, 2017: Professional Services Fluoride Varnish Program Policy. [\*\*smilesforlifeoralhealth.org\*\*](http://smilesforlifeoralhealth.org), Course No. 6: Caries Risk assessment, Fluoride Varnish & Counseling.

For questions or for more information, please contact Aetna Better Health of Louisiana at [\*\*laproviders@aetna.com\*\*](mailto:laproviders@aetna.com).

