

OPTUM Newsletter: February is American Heart Month

(see page 9 of this newsletter)

Feb 2018

PHYSICIAN AND PRACTICE CHANGES/UPDATES

New Physicians

- **Cynthia Bjorlie, M.D.** is now providing skin screening exams at **Cape Ann Medical Center**, 1 Blackburn Drive, Gloucester, MA 01930 (P) 978-282-3675 (F) 978-282-3699
- **Eva Volf, M.D.**, dermatologist, has joined the practice of **Howard Goldberg, M.D.** at 990 Paradise Road Swampscott, MA 01907 (P) 781-595-0151 (F) 781-592-6780

Practice Changes/ Updates

- Effective 12/19/17, **Edward Splaine, M.D.** retired from the **Wound and Hyperbaric Medicine Center** at 500 Cummings Center, Suite 1800, Beverly, MA 01915
- Effective 1/1/2018, **Mark Gilligan, M.D.** closed his practice, **High Performance Sports Medicine**, and joined the **Division of Orthopedic Surgery** at **Lahey Hospital and Medical Center**, 41 Mall Road Burlington, MA 01805 (P) 781-744-8650 (F) 781-744-5345 and **Lahey Medical Center, Peabody**, 1 Essex Center Drive, Peabody, MA 01960 (P) 978-538-4270 and (F) 978-538-4706
- Effective 5/18/2018, **Jared Turner, M.D.** will be resigning from **North Shore ENT** at 140 Endicott Street Suite 100, Danvers, MA 01923

SAVE THE DATE

Open Meeting I

The first set of Open Meeting presentations are being held in March. The same presentation is provided on each of the dates; attendance at more than one session will not provide additional attendance credit. All sessions will be held at Beverly Hospital Lecture Hall and by video conference at AGH and LOCD.

- **PCPs:** You may substitute a POD meeting for the Open Meeting I session.
- **Specialists:** You must attend one of the Open Meeting I sessions to be eligible for budget efficiency and quality surplus sharing.

Date: March 7, 2018 @7:00 A.M.
Place: BH Lecture Hall
RSVP: Lisa Driscoll (P) 978-236-1774 or via e-mail at Lisa.M.Driscoll@Lahey.org

Date: March 22, 2018 @12:30 P.M.
Place: BH Lecture Hall
RSVP: Lisa Driscoll (P) 978-236-1774 or via e-mail at Lisa.M.Driscoll@Lahey.org

Date: March 26, 2018 @5:30 P.M.
Place: BH Lecture Hall
RSVP: Lisa Driscoll (P) 978-236-1774 or via e-mail at Lisa.M.Driscoll@Lahey.org

Date: March 28, 2018 @7:00 A.M.
Place: BH Lecture Hall
RSVP: Lisa Driscoll (P) 978-236-1774 or via e-mail at Lisa.M.Driscoll@Lahey.org

cont.

SAVE THE DATE, cont.

MD Orientation

Date: March 15, 2018 @7:30 A.M.

Place: 500 Cummings Center, Suite 6500
Good Harbor Conference Room, Beverly, MA
01915

RSVP: Alycia Messelaar (P) 978-236-1784 or via
e-mail at Alycia.Messelaar@Lahey.org

NP/PA Meeting

Date: March 28, 2018 @12:00 P.M.

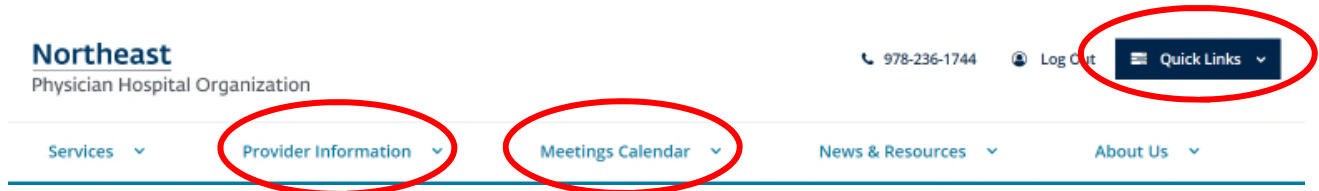
Place: 500 Cummings Center, Suite 6500
Good Harbor Conference Room, Beverly, MA
01915

RSVP: Judy O'Leary (P) 978-236-1739 or via
e-mail at Judith.O'Leary@Lahey.org

ATTENDANCE REMINDER

The new NEPHO [website](#) is easy to navigate and can be used to quickly check Meeting Attendance. Attendance is routinely updated by the last week of the month. You can find the Attendance link under any of the following website tabs:

- Quick Links button
- Provider Information
- Meetings Calendar



LAHEY HEALTH URGENT CARE OPENS IN GLOUCESTER, MA

Lahey Health Urgent Care, Gloucester located at 305 Gloucester Crossing Road, Gloucester, MA 01930 opened on February 9, 2018.

- Non-emergent medical care is provided at this center, such as the treatment of allergies, asthma, broken bones and sprains, burns, cold and flu symptoms, ear, sinus and respiratory infections, insect and animal bites, stomach viruses, skin rashes and most other non-life threatening injuries, illnesses and conditions.
- Patients with true medical emergencies are directed to go to the emergency room at Addison Gilbert Hospital in Gloucester, MA or call 911 immediately.
- Most visits take less than one hour and cost less than typical emergency room visits. Lahey Health Urgent Care accepts most health insurance plans, Medicare and MassHealth.
- Services offered include:
 - X-ray imaging
 - Lab tests
 - Splints
 - STD and pregnancy testing
 - EKGs

305 Gloucester Crossing Rd.
Gloucester, MA 01930
Phone: [978-381-7700](tel:978-381-7700)

Hours of operation

- Monday 8:00 am—8:00 pm
- Tuesday 8:00 am—8:00 pm
- Wednesday 8:00 am—8:00 pm
- Thursday 8:00 am—8:00 pm
- Friday 8:00 am—8:00 pm
- Saturday 8:00 am—4:00 pm
- Sunday 8:00 am—4:00 pm

WELCOME KAREN KEVENY, RN

Please join NEPHO Care Management in welcoming Karen Keveny, RN Care Manager to our team. Karen comes to NEPHO from the Lahey ACU where she was a Care Manager for several years. Prior to that she was a Case Manager for PCHI, embedded at Cape Ann Medical Center providing delegated services to the Tuft Medicare Preferred population.

Karen will be providing Care Management coverage to:

- Lahey Primary Care, Beverly, 30 Tozer Road—Drs. Tina Waugh, Gail Ellis, Susan Deluca, Nicholas Averginos and Neeraj Mahajan;
- Lahey Health Primary Care, Beverly, 900 Cummings Center, Suite 111W—Drs. Daniel McCullough, Emily Chin and Sokunthirith Thach;
- Cape Ann Medical Center—Drs. Shawn Pawson, James Maguire and Janet Doran;
- Dr. Amy Esdale; and
- Dr. Candace Thompson.

With Karen's experience and dedication to Care Management she will prove to be a very valuable addition to our team.

FEBRUARY POD AND IPA MEETING SUMMARIES

Out-of-PHO Reports

Dr. Di Lillo shared a sample of the detailed Out-of-PHO reports that will be made available to providers during 2018.

MHQP Patient Survey

The MHQP patient survey is used by health plans to score providers on patient experience.

- Liz Isaac shared an analysis which looked at the impact of patient experience "gate scores" on provider quality gate scores.
- Liz also reviewed a sample of a poster template available from MHQP for pre-notification efforts around the upcoming spring survey (to be deployed April-July 2018).
- Liz and Stephanie Cunningham will be meeting with practices now through beginning of the survey launch to prepare practice colleagues for the survey, including reviewing the "Why" of the survey effort, elevator speeches when in conversation with patients and to familiarize practice colleagues with the survey questions.

Hypertension Guidelines

The ACC/AHA 2017 hypertension guidelines were reviewed.

- Though the health plan targets for this year remain less than or equal to 139/89, the clinical guidelines emphasize that normal BP is 120/80.
- The quality team is reviewing patients who might benefit from medication review and changes and will provide patient specific recommendations to providers.

Epic Pharmacy Alerts

New Epic pharmacy alerts for PDE-5 Inhibitors were reviewed. Patients who may benefit from switching from Viagra to Sildenafil and purchasing it without insurance were identified for providers.

Other Handouts

The following handouts were also provided at the meetings:

- The Q3 2017 PCP Report card; and
- Information regarding the YMCA Diabetes Prevention Program; and
- Information on the Buprenorphine prescribing opportunity.

QUALITY

Hypertension, Nothing to Stay Silent About

Last November, the ACC/AHA released new guidelines for the treatment of hypertension. Below are a few key themes from the new guidelines, with specifics in the table below.

- NORMAL blood pressure (BP) is categorized as <120/80
- Hypertension, Stage 1 is a reading of >130/80
 - For patients at increased risk, initiate **at least 1 BP lowering medication**
 - **Follow up early (1 month)** to see if the medication is effective
 - **Monthly** follow up with dose titration or medication add on until BP control is achieved
- Hypertension, Stage 2 is a BP reading that is greater than or equal to 140/90
 - Initiate **2 BP lowering medications (different classes)**, follow closely, and **switch to different medications or titrate** until BP control is achieved

How do these guidelines impact the population you take care of?

- As an example, analysis of one commercial population that PHO providers are delegated to manage shows that **nearly 200 more patients in 2016 (consistent from 2015)** across the PHO would have qualified as Hypertension, Stage 1, and would benefit from **at least 1 medication** as adjunct to lifestyle changes.

What can you do?

- Follow the standards for accurate BP measurement and reinforce these standards with office colleagues who routinely measure BP
- Encourage conversations with your patients about the new guidelines. Please [see our Understanding Your Blood Pressure chart on page 10 of this newsletter](#) to help patients know what their target blood pressure is. (Want copies for your exam rooms? Contact Stephanie Cunningham at stephanie.k.cunningham@lahey.org .
- Educate your patients about the nature of high BP and the risks that you know about, but your patients may not
 - High BP is often called the “silent killer” because there are no obvious symptoms
 - High BP develops slowly over time
 - High BP can be very effectively managed through lifestyle changes and medication, when needed
- There are specific populations that may benefit from specific classes of BP medications. Check out the guidelines for details, or stay tuned for the next article which will highlight those details.

BP Category	Systolic BP		Diastolic BP	Treatment or Follow-up
Normal	<120 mm Hg	and	<80 mm Hg	Evaluate yearly; encourage healthy lifestyle changes to maintain normal BP
Elevated	120-129 mm Hg	and	<80 mm Hg	Recommend healthy lifestyle changes and reassess in 3-6 months
Hypertension: stage 1	130-139 mm Hg	or	80-89 mm Hg	Assess the 10-year risk for heart disease and stroke using the atherosclerotic cardiovascular disease (ASCVD) risk calculator <ul style="list-style-type: none"> • If risk is less than 10%, start with healthy lifestyle recommendations and reassess in 3-6 months • If risk is greater than 10% or the patient has known clinical cardiovascular disease (CVD), diabetes mellitus, or chronic kidney disease, recommend lifestyle changes and BP-lowering medication (1 medication); reassess in 1 month for effectiveness of medication therapy <ul style="list-style-type: none"> – If goal is met after 1 month, reassess in 3-6 months – If goal is not met after 1 month, consider different medication or titration – Continue monthly follow-up until control is achieved
Hypertension: stage 2	≥140 mm Hg	or	≥90 mm Hg	Recommend healthy lifestyle changes and BP-lowering medication (2 medications of different classes); reassess in 1 month for effectiveness <ul style="list-style-type: none"> • If goal is met after 1 month, reassess in 3-6 months • If goal is not met after 1 month, consider different medication or titration • Continue monthly follow-up until control is achieved

If you have questions contact **Liz Isaac** at 978-236-1767 or any other member of the NEPHO Quality Team.

AMERICA'S TOP DOCTORS

About Castle Connolly and Their Top Doctors' List

Castle Connolly Medical Ltd. is a healthcare research and information company founded in 1991 by a former medical college board chairmen and president to help guide consumers to America's top doctors and top hospitals.

- Castle Connolly's physician-led team of researchers follows a rigorous screening process to select top doctors on both the national and regional levels.
- Its online nominations process – located at www.Castleconnolly.com/nominations is open to all licensed physicians in America.
- Careful screening of doctors' educational and professional experience is essential before final selection is made among those physicians most highly regarded by their peers.
- The result: Castle Connolly identifies the top doctors in America and provides the consumer with detailed information about their education training and special expertise.
- Doctors do not and cannot pay to be selected and profited as Castle Connolly Top Doctors.

Congratulations to the NEPHO doctors listed in the Northshore Magazine—March 2018 Edition:

DERMATOLOGY

Gary S. Rogers, M.D.

FAMILY MEDICINE

Hugh Taylor, M.D.

GASTROENTEROLOGY

Michael Jay Aaronson, M.D.

INFECTIOUS DISEASE

Steven P. LaRosa, M.D.

Lucas E. Wolf, M.D.

INTERNAL MEDICINE

Mauri R. Cohen, M.D.

INTERVENTIONAL CARDIOLOGY

Edward J. Loughery, M.D.

NEUROLOGY

Timothy R. Kelliher, M.D.

Anna Litvak, M.D.

OPHTHALMOLOGY

Gregory Blaha, M.D.

Ioannis P. Glavas, M.D.

OPHTHALMOLOGY (cont)

John M. Gurley, M.D.

Emma Massicotte, M.D.

Michael A. Placentini, M.D.

ORTHOPAEDIC SURGERY

John J. Boyle, M.D.

OTOLARYNGOLOGY

James Demetroulakos, M.D.

Anna E. Petropoulos, M.D.

NATIONAL SURVEY

Your practice may be randomly selected to participate in the National Survey of Healthcare Organizations and Systems (NSHOS), funded by the Agency for Health Research and Quality, who has agreed to allow Massachusetts Health Quality Partners (MHQP) to look at how healthcare systems, hospitals, and practices adopt and spread evidence-based innovations. MHQP is working with researchers from Dartmouth Institute to distribute the survey; please look for a paper copy in the mail or email invitation from Barbra Rabson. As a token of appreciation for participation, you will receive a \$50 Amazon gift card from MHQP.

FEE SCHEDULE UPDATES

2018 Contract Updates

The fee schedule updates for BCBS and Tufts effective 1/1/18 have been uploaded to the NEPHO website. Please take a moment to review the updated fee schedules and adjust your charges accordingly. Please also forward this information to your billing department.

Go to <https://www.nepho.org> to access the PHO website. Once on the website, the fee schedules can be accessed most directly from the “Quick Links” tab at the top right corner of the home page.

If you have problems accessing the website or need a username and password, please contact Nick Catino at 978-236-1773 and Nicholas.Catino@Lahey.org.

PAYOR UPDATES

Harvard Pilgrim Health Care (HPHC) - Prior Authorization for Genetic Testing

Effective March 1, 2018, Harvard Pilgrim is requiring prior authorization through AIM Specialty Health® (AIM) for commercial members for certain genetic tests; a similar policy was introduced for HPHC Stride (Medicare Advantage) members in January. Please refer to the HPHC *Network Matters* newsletter for details on how to request authorization and additional information about the policy.

In addition, Harvard Pilgrim is requiring pre-test counseling by genetics experts for certain genetic tests, and HPHC wants to ensure that your patients can locate expert genetics providers in their area. If your practice has genetic counselors on staff, AIM may contact them to ensure that they are listed in and have access to OptiNet, the tool used to verify pretest counseling. If there are genetic counselors who you would like to ensure are included, please provide their name, phone number, and email address to Yslanna Brooks at yslanna_brooks@harvardpilgrim.org or 617-509- 5790.

Harvard Pilgrim Health Care (HPHC) - Maximum Dosage for Medical Drugs

HPHC announced a policy aimed at ensuring the cost-effective and appropriate use of medical drugs. As of dates of service beginning Feb. 26, 2018, Harvard Pilgrim is applying industry standard claims edits and will not reimburse for drug dosages above limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines for the medical drugs *listed on page 11-12 of this newsletter* for their commercial members.

Tufts Health Plan (THP) - “Your Choice” Product Tiering Update

For the 2018 “Your Choice” product tier placement, Tufts Health Plan has updated the underlying data used to tier hospitals and providers who render services to members covered under the “Your Choice” product.

- These data are based on the most recently available and completed quality, relative price and total medical expense information.
- Tier placement occurs at the integrated provider system level, including all physicians and hospitals within a contracted provider system. For 2017 and 2018 tier placements, refer to the Find a Doctor Search on Tufts Health Plan’s public Provider website at <https://tuftshealthplan.com>.
- Lahey Clinical Performance Network earned a Tier 1 (most favorable) status for 2018.

cont.

PAYOR UPDATES, cont.

Tufts Health Public Plans (THPP) - Updated Provider Manual

The Plan has posted an updated provider manual. To view the complete manual, visit the THPP website at <https://tuftshealthplan.com>.

UniCare– Prior Authorization for Genetic Testing

On January 1, 2018, the UniCare State Indemnity Plan transitioned prior authorization reviews for genetic testing to AIM Specialty Health® (AIM). As part of AIM's prior authorization process, ordering providers can get information about UniCare-contracted facilities and provider offices that offer genetic counseling services.

As you know, some genetic testing requires that the member receive genetic counseling. If you provide genetic counseling services, you can register with AIM using their OptiNet online tool via AIM's Provider Portal at <https://providerportal.com>.

PATIENT EXPERIENCE COMMENTS—FEBRUARY 2018

CAPE ANN MEDICAL CENTER

- **Dr. Shawn Pawson** is a very dedicated. Doctor concerned with my health w/an unbelievably good bedside manner.
- I have been going to **Dr. James Maguire** (15 yrs) and his staff since he began his practice. He and his staff are the best.
- **Dr. Janet Doran** is an excellent listener and a careful diagnostician.

CAPE ANN PEDIATRICS

- **Dr. Jeffrey Stockman** is excellent - and always is - spends a good amount of time talking about health and is interested in school, specials and overall how things are going in general. I would recommend him and always speak highly of him.

DANVERS MEDICAL ASSOCIATES

- I love my new PCP **Dr. Galina Feldman** and I love the facility. Very professional, clean and accommodating.
- **Dr. Manju Sheth** and her entire staff exemplify the very best in medical care and interaction with their patients.

LAHEY HEALTH PRIMARY CARE, BEVERLY – 900 Cummings Center, Suite 111W

- **Dr. Sokunthirith Thach** was very good to explain all concerns about different things and very supportive to explain my concerns.
- I always have a great visit with **Dr. Emily Chin**, everyone there is great at their job. I would highly recommend them.

LAHEY HEALTH PRIMARY CARE, BEVERLY – 100 Cummings Center, Suite 126Q

- **Dr. Pierre Ezzi** is excellent in every aspect. I am lucky to have him as my physician.

cont.

PATIENT EXPERIENCE COMMENTS, cont.

LAHEY HEALTH PRIMARY CARE, BEVERLY – 30 Tozer Road

- Great experience. Never had any problems! **Dr. Tina Waugh** truly cares about her patients.
- I had an excellent experience. The wait was short. The doctor was thorough and I didn't feel rushed. Got all questions answered. Very impressed with **Dr. Nicholas Avgerinos**.

LAHEY HEALTH PRIMARY CARE, DANVERS – 5 Federal Street

- The most important thing I like about primary care at Lahey is people listen to you.
- Everyone I have been in contact with in this practice are very helpful and efficient. Have recommend people!

LAHEY HEALTH PRIMARY CARE, GLOUCESTER – 4th Floor

- **Dr. Karen Damico** is the best physician I have ever seen. I recommend her to everyone I know.

NORTH SHORE PEDIATRICS

- **Dr. Shannon Dufresne** always takes time with my daughter and listens to all questions - I have confidence in the care she provides.

BRIAN ORR PEDIATRICIAN

- Wish every place was so good. Thank you **Dr. Brian Orr**.

THOMAS PEARCE, M.D.

- **Dr. Thomas Pearce** and his staff are so competent and knowledgeable in my personal health problems. His office deserves an A+.

FOCUS ON: Heart Disease

Cardiovascular disease (CVD) is common in the general population and is the leading cause of death and hospitalizations in the United States.¹ CVD includes coronary heart disease (CHD), also called coronary artery disease (CAD), and is a disease in which plaque builds up inside the coronary arteries. The coronary artery is then narrowed by the build-up of plaque which limits the flow of oxygen-rich blood through the artery. This can lead to myocardial infarction (MI), angina pectoris, heart failure and coronary death.

The American Heart Association report that 15.5 million persons in the United States have CHD, including 7.6 million with MI and 8.2 million with angina pectoris.² The reported prevalence increases with age for both sexes, independent of race. The Cardiovascular Lifetime Risk Pooling Project also demonstrates that optimizing modifiable risk factors reduces the lifetime risk of cardiovascular disease.³

The Centers for Medicare & Medicaid Services (CMS) covers a CVD Risk Reduction Visit (HCPCS code G0446) as long as (1) eleven months or more have elapsed from the month of the last CVD Risk Reduction Visit, (2) the beneficiary is competent at the time of the visit, and (3) the visit occurs in an outpatient setting by a primary care provider (PCP). The Intensive Behavioral Therapy (IBT) for CVD *must also include the following three components:*⁴

- Encouraging aspirin use for the primary prevention of cardiovascular disease for men aged 45 through 79 years and women aged 55 through 79 years, whenever appropriate;
- Screening for high blood pressure in adults aged 18 and older;
- And intensive behavioral counseling to promote a healthy diet for adults with hyperlipidemia, hypertension, advancing age and other known risk factors for cardiovascular and diet-related chronic diseases.

Always remember ...

- Document the type of angina (unstable, documented spasm, etc.)
- Document the date of the MI, the type (transmural, subendocardial) and site (affected vessel)

Documentation and coding tips

Coding angina

I20.0	Unstable angina
I20.1	Angina pectoris with documented spasm
I20.8	Other forms of angina pectoris
I20.9	Angina pectoris, unspecified

Codes from category **I20** are not reported if a patient has angina pectoris with atherosclerotic heart disease (category I25) or postinfarction angina (**I23.7**).

I25.10	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris

Coding myocardial infarction (MI)

MI specified as acute or with a stated duration of 4 weeks (28 days) or less from onset

- I21.-** Acute myocardial infarction
- The 4th characters 0, 1, 2, 3 report STEMI and the *site of the infarction*
 - The 4th character 4 reports NSTEMI
 - The 5th characters after .0, .1 and .2 further define exact vessel or site

Three new codes have been added for 2018:

I21.A1+	Myocardial infarction type 2
I21.A9+	Other myocardial infarction type (examples: types 3, 4a, 4b, 4c and 5)

I21.9+ Acute myocardial infarction, unspecified (type)
Note: Code also the underlying condition or disease processes that cause the Type 2 MI.

If patient is outside of 4 weeks from the acute MI:

- Asymptomatic, report I25.2 Old myocardial infarction.
- Symptomatic old MI, report I25.9 Chronic ischemic heart disease, unspecified or an appropriate aftercare code

For categories **I20-I25:**
 Use additional code to identify presence of hypertension (I10-I16)

For categories **I20, I21, I22** and I25:
 Use additional code to identify exposure to tobacco smoke (Z77.22, Z87.891, Z57.31, F17.-, Z72.0)

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2018: "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required." The bolding of ICD-10-CM codes represents categories, subcategories or codes that map to the 2017 CMS-HCC risk adjustment model for Payment Year 2018. Codes marked with a + directly after them represent new additions to the FY 2018 ICD-10-CM code classification.

This guidance is to be used for easy reference; however, the ICD-10-CM code book and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 3, 2017, the Centers for Medicare & Medicaid Services (CMS) announced that 2017 dates of service for the 2018 payment year model is based on 100% of the 2017 CMS-HCC model mappings released April 4, 2016, which include additional code updates in the 2017 Midyear Final ICD-10 Mappings released December 30, 2016. See: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2018.pdf>, <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html> and <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/Risk2017.html?DLPage=1&DLNtries=10&DLSort=0&DLSortDir=descending>.

For additional information as well as publications and products available for HEDIS®, please visit the National Committee for Quality Assurance (NCQA) website at ncqa.org. For additional information about the Medicare Advantage Five-Star Quality Rating System, please refer to: <http://go.cms.gov/partcandstarratings>.

Optum360 ICD-10-CM: Professional for Physicians 2018. Salt Lake City, UT: 2017.

1. Centers for Disease Control and Prevention. Underlying Cause of Death, 1999-2015. Accessed on December 15, 2016, at <<https://wonder.cdc.gov/ucd-icd10.html>>

2. Mozaffarian D, Benjamin EJ, Go AS, et al. On behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2015 update: a report from the American Heart Association Circulation. 2015; 131(4):e29-322.

3. Berry JD, Dyer A, Cai X, Garside DB et al. Lifetime Risks of Cardiovascular Disease. N Engl J Med 2012; 366(4):321-9.

4. Centers for Medicare and Medicaid Services. Intensive Behavioral Therapy for Cardiovascular Disease. MLN Matters #MM7636 Revised. March 23, 2012. Accessed on December 15, 2016 at <<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7636.pdf>>

11000 Optum Circle, Eden Prairie, MN 55344 | optum.com

For more information on Optum and the products and services we offer, contact us at 1-877-751-9207 or email providersupport@optum.com. If you have questions or wish to be removed from this email, please contact your local Optum Healthcare Advocate. Optum® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. This document is proprietary and confidential; altering, rebranding, public posting, digital downloading is not permitted without the express consent of Optum. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2018 Optum, Inc. All rights reserved. WF538598 01/18

UNDERSTANDING YOUR BLOOD PRESSURE

MORE THAN 139 SYSTOLIC
MORE THAN 89 DIASTOLIC

130 - 139 SYSTOLIC
85 - 89 DIASTOLIC

LESS THAN 120 SYSTOLIC
LESS THAN 80 DIASTOLIC



YOUR BLOOD PRESSURE
IS HIGH

APPROACHING HIGH RISK;
LIFESTYLE MODIFICATION
I.E.: DIET & EXERCISE

HEALTHY RANGE
MAINTAIN A HEALTHY
LIFESTYLE

HCPCS	Drug Name	HCPCS Description
J3262	Actemra	Injection, tocilizumab, 1 mg
J2504	Adagen	Injection, pegademase bovine, 25 iu
J9042	Adcetris	Injection, brentuximab vedotin, 1 mg
J1931	Aldurazyme	Injection, laronidase, 0.1 mg
J2469	Aloxi	Injection, palonosetron hcl, 25 mcg
J0256	Aralast Np	Injection, alpha 1 proteinase inhibitor (human), not otherwise
J0881	Aranesp (Albumin Free)	Injection, darbepoetin alfa, 1 microgram (non-esrd use)
J0882	Aranesp (Albumin Free)	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)
J0490	Benlysta	Injection, belimumab, 10 mg
J0597	Berinert	Injection, c-1 esterase inhibitor (human), berinert, 10 units
J1556	Bivigam	Injection, immune globulin (bivigam), 500 mg
J0585	Botox	Injection, onabotulinumtoxina, 1 unit
J1786	Cerezyme	Injection, imiglucerase, 10 units
J0598	Cinryze	Injection, c-1 esterase inhibitor (human), cinryze, 10 units
J1743	Elaprase	Injection, idursulfase, 1 mg
J1453	Emend	Injection, fosaprepitant, 1 mg
J0885	Epogen	Injection, epoetin alfa, (for non-esrd use), 1000 units
Q4081	Epogen	Injection, epoetin alfa, 100 units (for esrd on dialysis)
J0178	Eylea	Injection, aflibercept, 1 mg
J0180	Fabrazyme	Injection, agalsidase beta, 1 mg
J1572	Flebogamma Dif	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1569	Gammagard	Injection, immune globulin, (gammagard liquid), non-lyophilized,
J1566	Gammagard S/D	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
J1566	Gammagard S/D Less Ig	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
J1561	Gammaked	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg
J1557	Gammaplex	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1561	Gamunex-C	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg
90284	Hizentra	Immune globulin (SCIg), human, for use in subcutaneous infusions,
J1559	Hizentra	Injection, immune globulin (hizentra), 100 mg
J0800	Hp Acthar	Injection, corticotropin, up to 40 units
J2778	Lucentis	Injection, ranibizumab, 0.1 mg
J0221	Lumizyme	Injection, alglucosidase alfa, (lumizyme), 10 mg
J1725	Makena	Injection, hydroxyprogesterone caproate, 1 mg

Q9986	Makena	Injection, hydroxyprogesterone caproate (Makena), 10 mg
J0220	Myozyme	Injection, alglucosidase alfa, 10 mg, not otherwise specified
J1458	Naglazyme	Injection, galsulfase, 1 mg
J2505	Neulasta	Injection, pegfilgrastim, 6 mg
J2505	Neulasta Onpro	Injection, pegfilgrastim, 6 mg
J1442	Neupogen	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram
J2796	Nplate	Injection, romiplostim, 10 micrograms
J1568	Octagam	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg
J0129	Orencia	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a
J0129	Orencia Clickject	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a
J1459	Privigen	Injection, immune globulin (privigen), intravenous, non-lyophilized
J0885	Procrit	Injection, epoetin alfa, (for non-esrd use), 1000 units
Q4081	Procrit	Injection, epoetin alfa, 100 units (for esrd on dialysis)
J0256	Prolastin-C	Injection, alpha 1 proteinase inhibitor (human), not otherwise
J0897	Prolia	Injection, denosumab, 1 mg
J3489	Reclast	Injection, zoledronic acid, 1 mg
J1745	Remicade	Injection, infliximab, excludes biosimilar, 10 mg
J2353	Sandostatin Lar Depot	Injection, octreotide, depot form for intramuscular injection, 1 mg
J1602	Simponi Aria	Injection, golimumab, 1 mg, for intravenous use
J1300	Soliris	Injection, eculizumab, 10 mg
J3357	Stelara	Ustekinumab, for subcutaneous injection, 1 mg
J9226	Supprelin La	Histrelin implant (supprelin la), 50 mg
90378	Synagis	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each
J3240	Thyrogen	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial
J2323	Tysabri	Injection, natalizumab, 1 mg
J3385	Vpriv	Injection, velaglucerase alfa, 100 units
J2357	Xolair	Injection, omalizumab, 5 mg
J0256	Zemaira	Injection, alpha 1 proteinase inhibitor (human), not otherwise
J3489	Zoledronic Acid	Injection, zoledronic acid, 1 mg
J3489	Zometa	Injection, zoledronic acid, 1 mg