

# Connection

Important information for Fallon Community Health Plan physicians and providers

September 2008

## ● Every day affairs

### New program supports people living with depression

Fallon Community Health Plan has partnered with Beacon Health Strategies to develop a Depression Health management program for our adult members. Health Management programs are designed to improve the health of persons with chronic health problems by providing them with access to information and support.

The goal of the Beacon program with FCHP is to manage depression and prevent health complications. By empowering our members and involving providers, the program helps members stay on their medications and treatment plans and make healthier choices.

Because depression and its symptoms vary widely, we offer a range of services to address the unique needs of your patients who are FCHP members. The services focus on:

- Education about depression
- Help with identifying and accessing resources or depression treatment
- Support and assistance in setting goals and making decisions regarding depression treatment
- Access to online tools for self-management
- A dedicated nurse for support and health coaching

The following two-question survey provides a quick screening tool to assess whether a patient may be depressed.

- Over the past two weeks, have you felt down, depressed or hopeless?
- Over the past two weeks, have you felt little interest or pleasure in doing things?

If your patient answers yes to one or both of these questions, call Beacon to speak with one of our clinicians for consultation about our program.

**Beacon's Depression Health Management Program is staffed Monday through Friday, 8:30 a.m. to 5:00 p.m., at 1-888-421-8861.** ●

### Inpatient rehabilitation limit to change

Effective upon enrollment anniversary dates beginning November 1, Fallon Community Health Plan will be implementing a change to the inpatient rehabilitation benefit. This benefit will now have a 100-day-per-calendar-year limit on all standard FCHP Direct Care, FCHP Select Care and Fallon Preferred Care options.

If you have any questions regarding this benefit change, please contact Provider Relations at 1-866-ASK-FCHP, option 4. ●

### It Fits! adds skiing to reimbursement list

FCHP is pleased to announce that we're expanding our fitness reimbursement program again.

Under It Fits!, our members may now be reimbursed for ski lift passes and ski lessons—and we're asking you to help us spread the word! Please see *Connection* online for details. ⓘ

### Letter of Medical Necessity (LMN) for medical supply overages

It has come to our attention that we need to clarify our LMN requirement as stated in our *Medical Supply and Surgical Dressings Payment Policy* at: [www.fchp.org/Providers/Medical\\_payment\\_policies.htm](http://www.fchp.org/Providers/Medical_payment_policies.htm).

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There are monthly limits established for most medical supplies. When your patients require quantities above those limits, an LMN is required. The letter must document:

- Type of supplies
- Quantity per unit of time
- Justification of medical necessity

Remember, it must be signed and dated by the treating physician.

Be aware that the provider of these supplies cannot deliver overages unless the LMN is complete. If you have any questions, please call 1-866-ASK-FCHP, option 4, and a Provider Relations Representative can assist you. ●



## ● Let's connect!



### FCHP Outpatient Care Services— collaborating for better outcomes

Do you have FCHP members with complex conditions who need help accessing needed resources from either the health plan or the community? Do you have FCHP members who could benefit from a nurse care specialist able to provide education on chronic disease processes and to help them function as independently as possible?

As one of America's top-rated health plans, FCHP continues to prove that quality care is cost-effective care—through our innovative programs like Coming Home, which reaches out to our members returning from a hospital stay, and Special Deliveries, which is designed specifically to guide women with high-risk, pregnancy-related health needs.

In addition, our Complex Case Management Services and Disease Management Programs are available to help your patients who are FCHP members. FCHP's Disease Management Programs are for patients with asthma, diabetes or cardiac issues.

Our programs assist FCHP members through care coordination, education and helpful tips on navigating the health care system. Our FCHP Outpatient Care Services nurses and other care professionals will contact your office to discuss the case, request medical information and collaborate with you and your staff on care.

Our staff will work with your FCHP patient to complete a health screening. The information will help us create a customized care plan focused on individual goals, shared action plans, and reinforcement of positive behavior. Our staff performs regular assessments of progress towards goals to help ensure adherence to your medical guidelines.

Learn more about our programs in the "Case Management" section of the *Provider Manual* at [www.fchp.org/Providers/Managing\\_patient\\_care\\_Provider\\_Manual.htm](http://www.fchp.org/Providers/Managing_patient_care_Provider_Manual.htm)—or call to receive a paper copy.

Please contact Fallon Community Health Plan regarding any of our members you would like to enroll in our programs. Call 1-866-ASK-FCHP, ext. 69301 (TDD/TTY: 1-877-608-7677), Monday through Friday from 8:30 a.m. to 5:00 p.m.

You also have the option of visiting our Web site for the Outpatient Care Services Referral Form at [www.fchp.org/providers/forms.htm](http://www.fchp.org/providers/forms.htm). ●

### Kudos to our provider network!

Thank you to all of our providers and their office staff for helping us with our yearly Health Plan Employer Data and Information Set (HEDIS®) measurement. We are grateful for your cooperation and support.

Specifically, we want to thank all of you who completed provider abstraction sheets and/or copied and sent us the medical records requested in the beginning of the year. We realize that the data collection process can be time-consuming. Without your help, we would be unable to successfully participate in the HEDIS process. We look forward to our ongoing work with you to ensure that our FCHP members, who are your patients, receive the highest possible quality health care.

For HEDIS 2008, many metrics, including HbA1c control, LDL screening for diabetics and appropriate treatment for children with upper respiratory infections, showed great improvement. However, others, such as avoidance of antibiotics in the treatment of adults with bronchitis, remain a challenge. In the remaining months of 2008, we'll focus on improving rates for several key measures, including asthma, antidepressant medication management, cervical cancer screening and postpartum care.

A HEDIS chart, which describes the measures and the care screening or test needed for compliance, is located in the Provider section of our Web site

at [www.fchp.org/Providers/HEDISMeasures.htm](http://www.fchp.org/Providers/HEDISMeasures.htm).

This chart has been updated to include new measures for HEDIS 2009.

To discuss HEDIS-related issues or to let us know how we can help support your efforts to encourage patient compliance with preventive care guidelines, call Beth Foley, Director, Health Services, at 1-508-368-9108. ●

*HEDIS® is a registered trademark of NCOA.*

## Improving prenatal and postpartum care

This important HEDIS measure assesses the following facets of prenatal and postpartum care.

- **Timeliness of prenatal care**
- **Postpartum care**, i.e., checkups after delivery (Read below about our new scheduling tool!)

The first rating looks at how well **timely prenatal care** is provided to pregnant women. It measures the percentage of pregnant women in the health plan that began prenatal care during the first 13 weeks of pregnancy or within 42 days of enrollment—for women who were more than 13 weeks pregnant when they enrolled. Care can be delivered by a variety of appropriate obstetrical, primary care or nurse-midwife practitioners.

Healthy diet, counseling, vitamin supplements, identification of maternal risk factors and health promotion must occur early in pregnancy to ensure the best outcome and avoid spontaneous abortion, low-birth-weight babies, large-for-gestational-age babies and neonatal infection.

The second rating of this measure looks at **care rendered to women after they have delivered a baby**. It measures the percentage of women who had live births and who had a postpartum visit between 21 and 56 days (three to eight weeks) after delivery. This time frame is a little less stringent than the recommendation of the American College of Obstetricians and Gynecologists, which recommends that women see their health care provider at least once between four and six weeks after giving birth. The first postpartum visit, which includes a physical examination, is an opportunity for the health care practitioner to answer parents' questions, give family planning guidance and counsel on nutrition.

FCHP saw a decline in both of these ratings when measuring care received in 2007.

In an effort to facilitate the scheduling of postpartum appointments within the recommended period, **FCHP has developed a postpartum visit scheduling tool. For a link to this tool, see the "Supplemental articles and policies" section of our Connection online.** You also may receive multiple copies of this scheduling tool by calling Maryann in Quality and Health Services at 1-508-368-9206. ●

## Chantix: Wondering about the "wonder drug"?

In the past two years, a new tobacco-treatment medication, Chantix® (varenicline), has attracted a lot of attention. Read more about the pros and cons of Chantix and find out how our Quit to Win program can provide the extra support that makes a difference. Details are in the article by T.J. Sweeney, our Tobacco Treatment Specialist, in our *Connection* online. For program information, e-mail us at [QuitToWin@fchp.org](mailto:QuitToWin@fchp.org) or call 1-888-807-2908. ⓘ

## Senior expo coming

Alert your patients! Fallon Senior Plan™ is inviting seniors and caregivers to attend a Senior Spectacular expo on October 21 at the DCU Center in Worcester. There is no cost to attend the event, and it's open to the public. Fallon Senior Plan is the presenting sponsor of the event.

The day includes entertainment, workshops, exhibits, health screenings and seminars. Many exhibitors will be on site to provide information on different products and services. ●



## Code updates

Please note the following code changes:

**Effective November 1, 2008**, the following codes will be covered for Fallon Senior Plan™ and MassHealth members only.

G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes

**Effective November 1, 2008**, the following codes will no longer be separately reimbursed.

S9055	Procuren or other growth factor preparation to promote wound healing.
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes

**Effective November 1, 2008**, the following code is not covered for all plan types.

92065	Orthoptic and/or pleoptic training with continuing medical direction and evaluation
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**Effective immediately**, the following codes are covered for all plan types. These services do not require plan preauthorization.

G0275	Renal artery angiography (uni or bilateral), performed at the time of cardiac catheterization, includes catheter placement , injection of dye, flush aortogram and radiologic supervision and interpretation and production of images
G0278	Iliac artery angiography performed at the time of cardiac catheterization, includes catheter placement , injection of dye, radiologic supervision and interpretation and production of images

**Effective immediately**, the following codes no longer require plan preauthorization.

11981	Insertion, bio-degradable drug delivery system
11982	Removal, bio-degradable drug delivery system
11983	Removal with reinsertion, bio-degradable drug delivery system

**Effective November 1, 2008**, the following codes will require plan preauthorization.

J0800	Injection, corticotropin, up to 40 units
V2299	Specialty bifocal (by report)
V2399	Specialty trifocal (by report)
V2599	Contact lens – other type
V2797	Vision supply, accessory and/or service component of another HCPCS vision code

**Effective November 1, 2008**, the following codes will be covered for Fallon Senior Plan members only.

83695	Lipoprotein (a)
83698	Lipoprotein-associated phospholipase A-2 (Lp-PLA2)
83700	Lipoprotein, blood; electrophoretic separation and quantitation
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins, including lipoprotein subclasses when performed (e.g., electrophoresis, ultra-centrifugation)
83704	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (e.g., by nuclear magnetic resonance spectroscopy) ●

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## ● Coding corner

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### Accurate documentation for lesions

Here are the coding and documentation requirements for lesion excision codes 11400 through 11646.

Correct coding for dermatologic lesion(s) excision(s) requires three measurements to be documented in the patient's medical record:

1. Size of lesion(s)
2. Size of margin(s)
3. Size of closure

It can't be assumed that the lesion(s) + margin(s) = closure—because obtaining smooth linear closure often requires a larger incision than the lesion itself requires. The size of the lesion must be documented, including the margin.

For example: a 3 mm lesion including margins was excised with a 5 mm closure. This indicates the lesion + margin = 3 mm (excision CPT) and the closure is 5 mm (repair CPT). The lesion and margin may be documented separately, i.e., a 1 mm lesion + 1 mm margins = 3 mm (excision CPT). Omitting either of these measurements (or presuming the documentation of the measurements in the ORDER

section of your Electronic Medical Record) prevents code validation and hampers timely payment.

Sizes documented in your ORDER section are notes you have entered for coding instructions. These do not provide appropriate documentation to validate your coding. Pathology reports are not an accurate documentation of the size as specimens shrink after excision. These reports also do not differentiate the lesion versus the closure size.

Please make sure your documentation is complete. ●

### New ICD-9-CM codes available

The annual update of the ICD-9-CM diagnosis and procedure codes is effective October 1, 2008. An ICD-9-CM diagnosis code is required on all paper and electronic claims billed to Fallon Community Health Plan.

For a list of new ICD-9-CM codes, effective for dates of service on or after October 1, 2008, see *Connection* online. ⓘ

## ● Script alert

### New prior authorization form

Fallon Community Health Plan has a new Pharmacy Prior Authorization Form that requires an ICD-9 code (and description) and a J-Code (if it's a medical benefit). Please discontinue using any older versions of this form. You'll find the current version on the "Physicians and providers" section of our Web site at [www.fchp.org/Providers/Forms.htm](http://www.fchp.org/Providers/Forms.htm). ●

### Formulary updates

Fallon Community Health Plan often makes changes to its formularies, including changing prior authorization requirements and adding new medications. Please see *Connection* online for the list of changes to our commercial plan and Medicare Part D formularies. ⓘ

Have you seen your  
*Connection*?

Please pass this along to  
the next person on the list.

Date received \_\_\_\_\_

Please route to:

- Office manager
- Physician
- Billing department
- Receptionist
- Referral site
- Other

## ● Get connected...

### **Connection online • September 2008**

Your online supplement to *Connection* at [www.fchp.org/Providers/Connection.htm](http://www.fchp.org/Providers/Connection.htm) contains:

- It Fits! adds skiing to reimbursement list
- Chantix: Wondering about the "wonder drug"?
- Formulary updates – commercial and Part D
- List of new ICD-9-CM codes, effective October 1, 2008

#### **Medical Payment Policies:**

The following policies are new:

- *Ambulatory Surgery - Facility*
- *Ambulatory Surgery - Professional*

The following policies have been reviewed and changes are indicated on each policy:

- *Counseling and/or Risk Factor Reduction Intervention Services Payment Policy*
- *Evaluation and Management Payment Policy*
- *Special Services, Procedures and Reports Payment Policy*
- *Team Conferences and Telephone Consults Service Policy*
- *Well Baby/Well Child Care Visits Policy* ●

*Connection* is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **September 8, 2008**.

Send information to

**Kathleen M. Bien**  
Director, Provider Relations  
Fallon Community Health Plan  
10 Chestnut St., Worcester, MA 01608  
E-mail: [kathy.bien@fchp.org](mailto:kathy.bien@fchp.org)

**Eric H. Schultz**  
President and CEO

**Elizabeth Malko, M.D.**  
Chief Medical Officer

**Eric Hall**  
Vice President, Network  
Development and Management

[www.fchp.org](http://www.fchp.org)

**questions?**  
1-866-ASK-FCHP  
1-866-275-3247