

# Connection



Important information for Fallon Community Health Plan physicians and providers

## ■ Every day affairs

### Statutory requirements regarding nurse practitioners as PCPs

A new Massachusetts statute, effective January 1, 2009, requires insurers to allow their members to select a contracted and credentialed nurse practitioner as a primary care provider. Insurers also must include all contracted and credentialed nurse practitioners in their provider directories. Fallon Community Health Plan is finalizing its implementation of these requirements and will soon provide you with more information. ■

### Health reimbursement arrangements and UltraBenefits

Fallon Community Health Plan has partnered with our wholly owned subsidiary, UltraBenefits, Inc., to provide a new opportunity to our employers: an integrated Health Reimbursement Arrangement (HRA) compatible with any FCHP plan design option. For details, please see *Connection* online. **i**

### Specialty drugs to be dispensed by mail

Fallon Community Health Plan has postponed until June 1 its exclusive partnership with Caremark Specialty Pharmacy for all specialty drugs dispensed through the pharmacy benefit. The new partnership means that FCHP members\* using specialty drugs through the pharmacy benefit will be required to use mail order through **Caremark Specialty Pharmacy - Mail Order 1-877-287-1234 NABP # XXXXXXXX**.

**Contrary to our previous communication, specialty drugs will not be available through CarePlus CVS/pharmacy locations.**

No changes will be made to specialty drugs that are billed through the medical benefit; the change is only for pharmacy benefits. The new benefit

will allow members to fill the initial script at any participating pharmacy, and then all refills must be obtained through Caremark Specialty Pharmacy via mail order.

By consolidating the distribution channel, FCHP will be able to better monitor compliance. FCHP members will receive extensive services with the Caremark Specialty Pharmacy, which provides not only the medicines but also personalized pharmacy care management services, including:

- Access to an on-call pharmacist 24 hours a day, seven days a week
- Convenient delivery directly to the patient or doctor's office
- Medicine- and disease-specific education and counseling

If you have any questions about this change, please contact Provider Relations at 1-866-ASK-FCHP, prompt 4. ■

*\* Does not apply to MassHealth members.*

### Something remarkable is happening in Massachusetts

Beginning July 1, 2009, **our state's mental health system for MassHealth-enrolled children** under the age of 21 will radically change.

What initially began as a class-action lawsuit, known as *Rosie D. v. Romney (Rosie D.)*, will soon become a coordinated, child-centered, family-focused, culturally competent and strength-based system of care for thousands of MassHealth-covered children as part of the Children's Behavioral Health Initiative (CBHI).

We've already begun to see change from requirements that include:

- Behavioral health screens using approved, standardized screening tools at each Early and Periodic Screening Diagnosis and Treatment (EPSDT)/Pediatric Preventive Healthcare Screening and Diagnosis (PPHSD) visit;

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# Payment policy updates

## Cardiology services - policy effective date

The *Cardiology Services Payment Policy* announced in the March 2009 *Connection* has an effective date of May 1, 2009. In this new policy, FCHP documented that an E&M office visit billed with a stress test (93015 – 93018) or non-invasive physiologic study and procedure (93875, 93922, 93923, 93924, 93965)—unless indicated as a significant and separately identifiable E&M service by the same physician on the same date of service—will not be reimbursed. Claims that FCHP processes on or after May 1, 2009, will be paid according to this policy. ■

## Billing – medical nutrition therapy

FCHP requires that claims for medical nutrition therapy professional services rendered in a facility setting be submitted on the CMS-1500 form. Beginning July 1, 2009, claims for these professional services will be denied as “Reject - Bill on CMS-1500 form” if submitted on UB-04 claim forms. ■

## Maximum Units Policy updated

Beginning **July 1, 2009**, FCHP will update the list of CPT and HCPCS codes for which it assigns “one” as a maximum number of units allowed.

This update was done after FCHP reviewed the procedural unit limitations that the Centers for Medicare & Medicaid Services (CMS) began publishing October 1, 2008, as part of its Medically Unlikely Edits (MUE) program. That program aims to improve the accuracy of claims payments by ensuring that providers and suppliers do not report excessive services.

To view the CMS Medically Unlikely Edits and other details, go to [cms.hhs.gov/NationalCorrectCodInitEd](http://cms.hhs.gov/NationalCorrectCodInitEd) and click on “Medically Unlikely Edits.” While the CMS list was referenced as a part of the FCHP update process, **the FCHP list is different from the CMS list.**

The **updated policy** has been renamed from “Units of Service Edit” to “Maximum Units,” and it is published in this May 2009 issue of *Connection* online. Please remember to report “from” and “to”

dates for a series of identical services and to report the appropriate number of days.

Fallon Community Health Plan **will deny claims** as “Reject - too many units billed” if the date of service extends more than one day and valid “from” and “to” dates are not present. ■

## Payment policies this issue

### New policies – effective July 1, 2009

- *Gastroenterology Payment Policy*
- *Human Leukocyte Antigen Testing Payment Policy*


### Revised policies – effective July 1, 2009

The following policies have been updated; details about the changes are indicated on the policies.

- **Ambulatory Surgery – Facility Payment Policy:** Added language about services that result in inpatient admission and observation care; clarified the bilateral procedure language, and the need for modifier –SG.
- **Emergency Department Payment Policy:** Updated verbiage explaining services resulting in or following observation or admission.
- **Inpatient Medical Review and Payment Policy:** Updated description of DRG and case payment methodology and reimbursement for readmissions.
- **Medical Nutrition Therapy Payment Policy:** Updated the list of professionals who perform the service; clarified the need to submit claims on CMS-1500 claim forms.
- **Non-covered Services Payment Policy:** Removed procedure codes
- **Observation Status Payment Policy:** Updated language explaining services resulting in or following emergency department services, ambulatory surgery and inpatient admissions.
- **Units of Service Edits [now Maximum Units] Payment Policy:** Changed name to “Maximum Units”; added codes to the procedure code maximum limit. See article called “Maximum Units Policy updated” in this section.
- **Unlisted Surgical Procedures and Services for Facilities Payment Policy:** Clarified language to more accurately explain the process.
- **Vaccine Payment Policy:** Clarified billing and coding guidelines, list of vaccines, and explanation of the process to follow when the physician supplies a Part D vaccine.

# Coding corner


## FCHP fee schedule updates

For updates to the FCHP Auxiliary Fee Schedule and FCHP Auxiliary Laboratory Fee Schedule, please see *Connection* online. 

## Ambulatory blood pressure monitoring (ABPM)

Fallon Community Health Plan covers ABPM for plan members with suspected white-coat hypertension. Diagnoses that will support the medical necessity for ABPM must include 796.2 (elevated blood pressure without diagnosis of hypertension).

**Effective July 1, 2009**, claims for any of the following procedure codes submitted without diagnosis code 796.2 will be rejected as not covered for the diagnosis reported, leaving no member balance.

Codes	Number	Description
CPT	93784	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disc, for 24 hours or longer; including recording, scanning analysis, interpretation and report
	93786	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disc, for 24 hours or longer; recording only
	93788	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disc, for 24 hours or longer; scanning analysis with report
	93790	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disc, for 24 hours or longer; physician review with interpretation and report 

## Code updates

Please note that, **effective July 1, 2009**, the following codes *require plan preauthorization*.

E0635	Patient lift, electric, with seat or sling
E0636	Multipositional patient support system, with integrated lift, patient accessible controls
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0640	Patient lift, fixed system, includes all components/accessories
J0886	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)
0095T	Removal of total disc arthroplasty, anterior approach cervical; each additional interspace (List separately in addition to code for primary procedure.)
0164T	Removal of total disc arthroplasty, anterior approach, lumbar, each additional interspace
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22865	Removal of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace

Please note that, **effective July 1, 2009**, the following codes *are covered for MassHealth and federal employee members only and require plan preauthorization*.

0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression) lumbar, each additional interspace
0165T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, each additional interspace
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace

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# 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 ■ May 2009

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

- Health reimbursement arrangements and UltraBenefits
- FCHP fee schedule updates
- Formulary update – Commercial plan and Medicare Part D

#### Payment policies

The following policies are new:

- *Gastroenterology Payment Policy*
- *Human Leukocyte Antigen Testing Payment Policy*

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

- *Ambulatory Surgery – Facility Payment Policy*
- *Emergency Department Payment Policy*
- *Inpatient Medical Review and Payment Policy*
- *Maximum Units Payment Policy*
- *Medical Nutrition Therapy Payment Policy*
- *Non-covered Services Payment Policy*
- *Observation Status Payment Policy*
- *Unlisted Surgical Procedures and Services for Facilities Payment Policy*
- *Vaccine Payment Policy*

*Connection* is a bimonthly publication  
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(1-866-275-3247)