

# Connection



Important information for Fallon Community Health Plan physicians and providers

## ■ Every day affairs

### Satisfaction survey results

Thank you to all who participated in our annual Provider Satisfaction Survey last fall. We're very pleased that over 86% of those who responded indicated that their overall satisfaction with Fallon Community Health Plan is excellent, very good or good.

Congratulations to our raffle winners:

- Michael Yogman, M.D.
- Sherrill West, Mount Auburn Medical Associates

The winners were randomly picked from the group of providers who responded to our survey by the December 12 deadline. Each winner was presented a \$250 American Express® Gift Cheque. Thank you to all who responded! ■

### Re-admission review process to be implemented

Fallon Community Health Plan's Inpatient Care Services department will be implementing an **inpatient re-admission review process effective May 1, 2009**, as described in our *Inpatient Medical Review and Payment Policy*. Our process will be to identify certain types of admissions that meet re-admission guidelines at the time of initial or admission review.

The guidelines include a re-admission within seven days of discharge from the first admission to the same facility with the same or related diagnosis as the first admission's diagnosis. FCHP's Inpatient Care Services nurses will identify potential re-admission situations and will bring the case to the attention of a medical director for review. We will make a determination within one business day of receiving all information.

Should the second admission be considered a re-admission issue per medical director review, a denial of the second admission will occur. FCHP will verbally notify the servicing provider as soon as the determination has been made between the facility's case manager and our staff. As with all denials, FCHP will follow up in writing to the servicing provider within one business day of the denial. This will be considered a vendor denial situation. The appeal process will be available to the providers. ■

### Ongoing review of provider records for claims accuracy

In order for Fallon Community Health Plan to help ensure reasonable rates to our members and prioritize our clinical programs, we're asking everyone in our provider community to continually ensure that you're correctly billing, coding and documenting your billed services. It's important that claim payments properly reflect the services that were provided.

What does this mean?

We'll continue to review provider records against FCHP payment policies to determine if the patient visit notes contain the appropriate documentation elements to support the CPT code billed. **The services to be reviewed in 2009 include, but are not limited to:**

- Never events
- Laboratory and pathology
- Evaluation and management

FCHP takes seriously its fiduciary responsibility to make sure claims submitted to FCHP are correctly billed. We recommend that you review FCHP's [Provider Manual](#) and payment policies, which can be found in the "Physicians and Providers" section of our Web site, [fchp.org](http://fchp.org).

If you have any questions, please contact Provider Relations at 1-866-ASK-FCHP, prompt 4; e-mail your questions to [askfchp@fchp.org](mailto:askfchp@fchp.org); or visit our Web site, [fchp.org](http://fchp.org). ■





## Do's and don'ts of preauthorization

Fallon Community Health Plan's Care Services program reviews and evaluates the health care our members receive to make sure it is well coordinated and that appropriate levels of services are available to them. A key component for the success of this review function is requiring preauthorization of select services.

As you know, it's FCHP's policy to deny claims for those services that require plan preauthorization *if no preauthorization was obtained*. The following are important reminders about FCHP's referral and preauthorization process that will help you avoid denials.

- PCP coordination of care is the foundation for care delivery.
- **All specialty visits—initial and follow-up—must be coordinated by the PCP.** Specialists cannot refer to other specialists.
- **Specialty visits that occur without PCP coordination will not be reimbursed.** Any exceptions to this rule—e.g., member self-referrals—are specifically noted in our [Provider Manual](#).
- FCHP has a designated **list of office-based procedure codes that require plan preauthorization** by the performing physician. Details are available in the *Provider Manual*, starting on page 69.
- **PCPs are allowed to refer for specific types of specialty services** for eligible health plan members when the member is being referred within his/her network option.
- If a PCP refers a member for **non-covered benefits or to non-contracted providers**, then the PCP's referral becomes void, as these situations require plan preauthorization. Please note that if these non-covered or out-of-network services are not specifically preauthorized by FCHP, reimbursement to these providers won't occur, and either the member or the referring physician will be financially liable for the services.

Our PCP referral and preauthorization process applies to all FCHP HMO products and Fallon Senior Plan™. The [preauthorization process is detailed](#) in our *Provider Manual* (page 66), including a grid that describes the referral, preauthorization and notification policies and procedures. The type of service, the services included, and the referral and preauthorization processes are outlined within the grid.

Also included in the *Provider Manual* is the [“List of Procedures Requiring Plan Pre-Authorization and Facility Notification”](#) (page 72), effective as of January 1, 2009. For all office and facility-based services identified on this list, the PCP or specialist **must obtain plan preauthorization and the facility must provide notification to FCHP**. This list is updated periodically.

Thank you for your attention to this important process that helps us to better coordinate all the services your FCHP member/patients receive. ■

## ■ Let's connect

### Case management and disease management programs

Do you have Fallon Community Health Plan members with complex conditions who need help accessing the resources they need from either the health plan or the community?

Do you have FCHP members who could benefit from a nurse care specialist who can educate them about chronic disease processes and 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. We have innovative programs like **Special Deliveries**, which is designed specifically to guide women with high-risk, pregnancy-related health needs. In addition, we make available to you **complex case management services**, as well as **disease management services** for FCHP members with chronic asthma or diabetes, or who have cardiac issues.

Our programs give extra support by providing care coordination, education and helpful tips on navigating the health care system. Our staff will contact your office to discuss the case, request medical information and collaborate with you and your staff on care.

We help the FCHP member to complete a health screening and then create a customized care plan focused on individual goals, shared action plans and reinforcement of positive behavior. Our staff regularly assesses progress towards goals to help ensure adherence to your medical guidelines.

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



Please contact FCHP regarding any members that 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. Or, you may visit our Web site for an Outpatient Care Services Referral Form at [fchp.org/providers/forms.htm](http://fchp.org/providers/forms.htm). ■

## New HEDIS® 2009 measures

New HEDIS measures focus on the assessment and documentation of **body mass index**.

<b>Who needs your help?</b>
All patients
<b>What is the preventive health goal?</b>
Review body mass index (BMI)
<b>Why should you help?</b>
It's important for patients to understand that higher BMI is associated with increased risk of conditions such as cardiovascular disease, type 2 diabetes and certain cancers.
<b>What will HEDIS reviewers look for?</b>
Documentation of BMI date and result in the medical record OR via claims data: V85.0-V85.5

HEDIS® is a registered trademark of the National Committee for Quality Assurance. ■

## Treating patients with depression

Once diagnosed with depression, only about one in five patients receive what recent, evidence-based research would consider minimally adequate treatment. At Fallon Community Health Plan, we'd like to improve the level of care for our members who are diagnosed with depression.

We've put together a summary of the HEDIS measure on managing anti-depressant medication, how to code depression, tips for practicing ongoing patient monitoring and how to reach Beacon Health Strategies, our behavioral health partner. Please refer to our article in *Connection* online for this important information. **i**

## ■ Coding corner

### Arthroscopy for osteoarthritis of the knee

FCHP **does not cover** arthroscopy for the treatment of osteoarthritis of the knee because this procedure has not been shown to improve patient outcomes, specifically reduction in knee pain or improvement of knee function when compared to a control group.

**Effective May 1, 2009**, claims for arthroscopy of the knee (CPT Codes 29870-29887 or 29999) submitted with osteoarthritis (ICD-9-CM 715.xx) listed as the primary diagnosis will be denied with the following disposition: Reject-Not Paid Separately-Vendor Liable.

Code G0289 is an add-on code. (Add-on codes represent procedures that are carried out in addition to a primary procedure.) When G0289 is submitted with a non-covered primary procedure, such as arthroscopy for osteoarthritis of the knee, G0289 will be denied with the following disposition: Reject-Not Paid Separately-Vendor Liable. ■

## Code updates

Please note that **effective May 1, 2009**, the following code is covered for *MassHealth members and Commonwealth Care Plan Type 1 members only*.

L3160	Foot, adjustable shoe-styled positioning device
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Please note that, **effective immediately**, the following code is covered for *all plan types*.

86891	Autologous blood or component, collection processing and storage; intra- or post-operative salvage
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Please note that, **effective immediately**, the following codes *no longer require plan preauthorization*.

C9239	Injection, temsirolimus, 1 mg
C9242	Injection, tosaprepitant, 1 mg
J2469	Injection, palonosetron HCL, 25 mcg
J2778	Injection, ranibizumab, 0.1 mg
J2820	Injection, sargramostim (gm-csf), 50 mcg
J8501	Aprepitant, oral, 5 mg
J9041	Injection, bortezomib, 0.1 mg
J9055	Injection, cetuximab, 10 mg
J9225	Histrelin implant, 50 mg
J9263	Injection, oxaliplatin, 0.5 mg
J9264	Injection, paclitaxel protein-bound particles, 1 mg
J9305	Injection, pemetrexed, 10 mg ■



## 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 ■ March 2009

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

- Treating patients with depression
- Do's and don'ts reminders for preauthorization
- Formulary update – commercial
- New 2009 CPT/HCPCS codes

#### Payment policies

The following policy is new:

- *Cardiology Services Payment Policy*

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

- *Medical Supplies and Surgical Dressings Payment Policy*
- *Non-Covered Services Payment Policy*
- *Nurse Midwife Payment Policy*

*Connection* is a bimonthly publication  
for all FCHP ancillary and affiliated  
providers. The next copy deadline is  
**March 6, 2009.**

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**Questions?**  
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