

connection

important information for fallon community health plan physicians and providers

january 2008

● every day affairs

fchp receives top rankings in america

Fallon Community Health Plan's **Medicare and Medicaid health plans are the #1 plans in the nation** in their respective categories, according to a joint ranking by *U.S. News & World Report*® and the National Committee for Quality Assurance.

FCHP's commercial HMO health plan was ranked 12 out of 250 plans in America, making it among the nation's elite health plans as well.

"We're proud of this achievement, which we share with our providers," notes FCHP President and CEO Eric H. Schultz. "These rankings demonstrate our mutual efforts to ensure that FCHP members receive the highest level of care and service."

In addition to the top rankings, FCHP is also one of only 10 health plans in the nation, and the only health plan in Massachusetts, to receive "Excellent" accreditation from the NCOA for all three of its core products—commercial HMO, Medicare Advantage and Medicaid.

Also, for the seventh straight year, Fallon Senior Plan™ has been awarded the **2008 Senior Choice Gold Award**. The award recognizes Fallon Senior Plan's commitment to excellence in the design of its 2008 health plans, including those with Part D prescription drug benefits.

NCOA is a private, non-profit organization dedicated to improving health care quality. ●

revised form and new guide for provider appeals

Please see the **Provider Manual** in our provider section at www.fchp.org to find an updated Provider Appeals Form and a new Provider Appeals Reference Guide. Look under the "Billing Procedures" chapter, the "Adjustments and Appeals" section. ●

fchp names cmo ad interim



Barbara A. Chase, M.D., was appointed FCHP's Chief Medical Officer ad interim in November with the departure of former CMO Dennis Batey, M.D., who relocated to be President of Presbyterian Health Plan in New Mexico.

Dr. Chase has served as FCHP's Medical Director of Quality and Care Management for the past three years and, along with the rest of FCHP's Care Services team, is well positioned to continue our important initiatives and seek new opportunities. She also brings to this position a broad set of experiences from MassHealth, MassPro, Tufts University School of Medicine, the Massachusetts Medical Society and other organizations. ●

fchp launches radiology notification consult program

Beginning February 1, 2008, MedSolutions will administer a utilization management program for all outpatient MRI/MRA, CT/CTA, PET and nuclear cardiology imaging studies affecting most FCHP members. This program is an extension of our Radiology AnswerLine, introduced with MedSolutions in March 2006.

No service denials will be issued. Please note that imaging procedures performed during an inpatient admission or emergency room visit are not included in this program.

A letter announcing the implementation of the program was mailed in late November, followed by a reference guide with program specifics.

We look forward to working with our providers to continue giving our members high-quality, cost-effective care. Please call Provider Relations at 1-866-ASK-FCHP, press 4, if you have any questions. ●

masshealth notice

Last spring, FCHP adjusted its commercial plan designs and product offerings to respond to our customers' interest in more choices and affordable premiums. The changes, which included copayment adjustments, became effective on April 1 for new accounts and upon renewal for existing accounts. (See our **May 2007** issue of *Connection*, available on www.fchp.org.) **We'd like to remind you that the changes mentioned in this article do not apply to FCHP's MassHealth members.** If you have questions, please call Provider Relations at 1-866-ASK-FCHP (1-866-275-3247), press 4. ●

network development role changes hands

Dan Concaugh has left his position at Fallon Community Health Plan as Vice President of Network Development and Management, effective the end of December. Dan had been with FCHP for almost 10 years and made significant contributions to our organization in his role developing business strategies and expanding the physician and hospital networks.

Eric Hall, Senior Director of Network Development and Management, has assumed responsibility for the



role on an interim basis. Dan and Eric have worked closely over several weeks to ensure a smooth transition. Eric has been at FCHP for three years as Senior Director of Network Contracting and Development. During that time, Dan and Eric have worked together to greatly expand the network around

MetroWest, Southeast and Western Massachusetts. Eric's experience before coming to FCHP includes 16 years of health care experience at Mercer Consulting as a Life and Health Consultant, and at Tufts Health Plan as Manager of Underwriting and then Director of Provider Contracting. ●

more benefits extended to ppo

Fallon Community Health Plan's It Fits! and Oh Baby! programs have been favorites of our FCHP Direct Care and FCHP Select Care members since their introduction in 2004. Now Fallon Preferred Care members are eligible, too, for each of these programs, as of January 1.

In addition, Fallon Preferred Care members of all ages can take advantage of **\$0 routine in-network physicals**. FCHP follows the Massachusetts Health Quality Partners recommended guidelines for pediatric and adult routine physical examinations.

For more information, please call Provider Relations at 1-866-ASK-FCHP (1-866-275-3247), press 4, or visit our Web site at www.fchp.org.

Benefits may vary by employer. ●

let's connect!

ongoing review of provider records for claims accuracy

Fallon Community Health Plan is committed to the delivery of quality care options to our members. Recent estimates by the Centers for Medicare & Medicaid Services indicate that \$21.7 billion per year is being overspent due to incorrect coding, incorrect documentation and/or lack of sufficient clinical documentation to support the medical necessity of services being rendered. As part of our mission to deliver the most cost-effective health care to our members, it's important to FCHP that claim payments properly reflect the services that were provided.

In order for FCHP to help ensure reasonable rates to our members, and prioritize our clinical programs, we are asking our provider community to continually ensure that you are correctly billing, coding and documenting your billed services.

what does this mean?

As part of our ongoing efforts, 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 2008 include, but are not limited to, the following:

- Consultation CPT codes 99241-99245; 99251-99255
- Nurse practitioner, physician assistant services/office setting
- Same-day evaluation and management (E&M) services
- Emergency Department

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, www.fchp.org.

If you have any questions, please contact Provider Relations at 1-866-ASK-FCHP, e-mail your questions to askfchp@fchp.org or visit our Web site. ●

quality focus: ADHD meds and follow-up reimbursement

In a previous issue of *Connection*, we highlighted the HEDIS measure, *Follow-up Care For Children Who Have Been Newly Prescribed An ADHD Medication*. We explained that the measure consisted of two parts:

- The first part examines whether a prescribing practitioner saw the child in a face-to-face visit at least once during the 30 days following the prescribing date.
- The second part of the measure looks for at least two more follow-up visits with a prescribing practitioner during the continuation phase (days 31 to 300).

One of the two recommended continuation phase visits now may be a telephone visit, which is reimbursed at a rate of \$35. In order to qualify for a telephone visit, it must occur during the continuation phase, and you must use both a CPT code for telephone management (99441, 99442 or 99442) and a diagnosis code for ADHD (most commonly 314.00, 314.01). Three older telephone management CPT codes that you may have been using (99371, 99372, 99373) were deleted as of January 1, 2008. If you have any questions, please contact Provider Relations at 1-866-ASK-FCHP (1-866-275-3247), press 4. ●

practice guideline: treatment of patients with major depressive disorder

by Toni P. Coughlin, R.N., B.S.N., C.C.M.

Beacon Health Strategies, FCHP's behavioral health partner, has adopted the American Psychiatric Association practice guideline for the treatment of patients with major depressive disorder. This guideline summarizes the specific forms of somatic, psychotherapeutic, psychosocial and educational treatments that have been developed to deal with major depressive disorder.

For more details about this practice guideline, please see our article in *Connection* online. ⓘ

national asthma guidelines updated

The National Asthma Education and Prevention Program recently issued comprehensive updates to its clinical guidelines for the diagnosis and management of asthma.

The Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma—Full Report, 2007, highlights the importance of asthma control and introduces novel strategies to monitor asthma symptoms. They also feature an expanded section on childhood asthma. See *Connection* online for more details. ⓘ

fchp masshealth member updated epsdt and pphsd information

FCHP, working in conjunction with MassHealth, has updated the description of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services and preventive pediatric health-care screening and diagnosis (PPHSD) services available to FCHP MassHealth members under the age of 21.

This updated description includes important information about new requirements for well-child care services, including a new requirement which will become effective December 31, 2007, for primary care providers to offer to use a standardized behavioral health screening tool selected from a menu of approved screening tools when screening children for behavioral health needs. Please refer to the FCHP *Provider Manual* at www.fchp.org for details. ●

fchp reimburses for palliative and hospice consultations

FCHP is delighted to provide reimbursement for hospice and palliative medicine consultations offered in our pilot program area of Worcester County. We hope you'll help our members take advantage of this program.

We have put together information about what FCHP covers, reimbursement criteria and billing/coding guidelines. For these details, please see our article in *Connection* online. ⓘ



● billing bytes

things to know

- FCHP will follow the Medicare guidelines for processing **endoscopic procedures** at the contracted rate for Fallon Senior Plan members.
- The industry standard for hydration, therapeutic, prophylactic and diagnostic injections and infusion services is that the **physician will not be reimbursed** for infusion/injection services (codes 90760-90779) when provided in an emergency room setting. Modifiers -26 and -TC can't be used with these codes.
- **EDI reminder:** The following items can't be submitted through EDI and must be billed on paper: claim status checks, late charges, corrected claims, re-billed claims, invoiced items, claims requiring attached documentation and claims related to coordination of benefits. Should you need to resubmit a claim that was previously submitted through EDI, please provide proof of prior submission. ●



vaccine payment policy in review

In accordance with CMS guidelines, beginning January 1, 2008, Fallon Community Health Plan will implement a new Part D vaccine reimbursement policy for Fallon Senior Plan members.

part d vaccines

Medicare Part D vaccines are subject to the same terms and conditions as other Part D prescription drugs, including copayments, deductibles, coverage limits, coverage gaps, catastrophic coverage, etc. To determine if a vaccine is covered under Part B or Part D, please refer to the **Vaccine Payment Policy** located in the Provider Manual on the FCHP Web site at www.fchp.org.

reimbursement for part d vaccines and part d vaccine administration fee

There are three ways in which Part D vaccines are administered to Fallon Senior Plan members. Below is a description of the reimbursement processes:

1. The physician orders the Part D vaccine through an FCHP-contracted pharmacy specialty company for a specific member.

The FCHP-contracted pharmacy specialty company will process the claim for the Part D vaccine through its claims system and bill the member for the appropriate cost-sharing. The charge for the vaccine administration is paid by the member to the physician at the time of service. The provider will instruct the member to submit a copy of the itemized bill and proof of payment to FCHP for reimbursement. The itemized bill from the physician's office must identify the Part D vaccine so the member reimbursement for the vaccine administration can be processed by FCHP.

2. The member obtains the Part D vaccine at an FCHP-contracted retail pharmacy (with a prescription).

The member will pay the appropriate cost-sharing at the pharmacy and the pharmacy will process the claim through its claims system. The member will then transport the vaccine to the physician's office for administration. The charge for the vaccine administration will be paid by the member to the physician at the time of service. The provider will instruct the member to submit a copy of the itemized bill and proof of payment to FCHP for reimbursement. The itemized bill from the physician's office must identify the Part D vaccine so the member reimbursement for the vaccine administration can be processed by FCHP.

3. The physician supplies the Part D vaccine.

The charge for the Part D vaccine and the administration is paid by the member to the physician at the time of service. The provider will instruct the member to submit a copy of the itemized bill and proof of payment to FCHP for reimbursement. The itemized bill from the physician's office must identify the Part D vaccine and the administration so the member reimbursement can be processed by FCHP.

- OR -

If the physician agrees, the physician may submit a claim for the Part D vaccine (with the invoice attached) and for the vaccine administration to FCHP on behalf of the member. The claim for the vaccine and vaccine administration will be processed as a Part D covered drug. The physician's office will be sent reimbursement along with a remittance advice summary (RAS), including the amount of the member's cost-sharing to be collected.

Please be sure to use the appropriate vaccine CPT code and immunization code. The **Vaccine Payment Policy** is located in the *Provider Manual* on the FCHP Web site at www.fchp.org.

state-supplied part d vaccines

Some Part D vaccines are state-supplied. To determine if a Fallon Senior Plan member is eligible for a state-supplied Part D vaccine, refer to the Massachusetts Department of Public Health (MDPH) Immunization Program guidelines. The guidelines are available at: www.mass.gov/dph/cdc/epii/imm/imm.htm.

When a physician administers a state-supplied Part D vaccine, the charge for the vaccine administration is paid by the member to the physician at the time of service. The provider will instruct the member to submit a copy of the itemized bill and proof of payment to FCHP for reimbursement. The itemized bill from the physician's office must identify the state-supplied Part D vaccine so the member reimbursement for the vaccine administration can be processed by FCHP.

It is important to note that not all Fallon Senior Plan members have the Part D drug benefit. Members without the Part D drug benefit are responsible for all Part D vaccines and administration charges.

call us

If you have any questions or need assistance, please contact Provider Relations at 1-866-ASK-FCHP (1-866-275-3247), option 4, Monday through Friday from 8 a.m. to 5 p.m. ●

vaccine payment policy – billing tips

As noted in the November 2007 *Connection*, there have been significant changes made to FCHP's **Vaccine Payment Policy**. (You'll find the policy in our *Provider Manual* in the provider section of our Web site, www.fchp.org.) Here are some points to help you:

- Modifier -22 should no longer be used when billing for vaccines, including flu and pneumococcal vaccines.
- When billing a state-supplied vaccine, you must append the -SL modifier to the appropriate vaccine CPT code. FCHP doesn't reimburse for state-supplied vaccines, that is, *vaccines that are available free from the state*.
- When there is a documented shortage of a state-supplied vaccine, FCHP will reimburse providers who have purchased vaccines. When billing for vaccines in the event of a shortage, bill the appropriate vaccine CPT code. You don't need to append the -SL modifier in this scenario.
- Preauthorization is not required for vaccines, with the exception of unlisted vaccine/toxoids submitted with CPT code 90749. ●

code changes

Please note the following CPT code changes.

The following codes *will no longer be separately reimbursed*.

| CPT | Description | Effective date |
|-------|--|----------------|
| E0441 | Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit. | March 1, 2008 |
| E0442 | Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit. | March 1, 2008 |

The following codes *will no longer require plan preauthorization*.

| CPT | Description | Effective date |
|-------|--|----------------|
| S0625 | Retinal telescreening by digital imaging of multiple different fundus areas to screen for vision threatening conditions, including imaging, interpretation and report. | Immediately |
| K0552 | Supplies for external drug infusion pump, syringe type cartridge, sterile, each. | Immediately ● |

new 2008 CPT/HCPCS codes

All new codes will require a preauthorization until a final review is performed by Fallon Community Health Plan. FCHP has reviewed and assigned the appropriate coverage categories and determined prior authorization requirements for all new codes as of January 1.

FCHP will notify all contracted providers of this determination via the March 2008 issue of *Connection* and on the FCHP Web site in the *Provider Manual*.

New CPT/HCPCS codes became effective for claims received on or after January 1, 2008. The HIPAA Transaction and Code Set Rule requires the use of the medical code set that is valid at the time the service is provided. ●

tips for medicare coding

The Risk Adjustment Rating Methodology employed by the Centers for Medicare & Medicaid has presented several opportunities for FCHP and our partners to **identify areas for quality coding improvements with the potential for increased reimbursement**. This process is very detailed, and not only requires implementation of accurate coding and charting practices but also complete and detailed claims submission practices.

For a more detailed look at this methodology and tips for improving coding, please see our article in *Connection* online. 

npi update

One of the top reasons claims can't be processed is because the NPI (National Provider Identifier) of the referring/ordering physician has not been completed or entered accurately in Items 17 and/or 17b of the revised 08-05 version of the CMS-1500 claim form or for electronic claims, ~LOOP 2310A NM1/REF Segments~ (Referring Provider).

background

The implementation of the NPI number has resulted in some confusion surrounding the proper billing of ordered or referred services. It's important to remember that all physicians who order or refer for services must obtain an NPI.

The following illustrates the proper billing of referred or ordered services.

08-05 1500 claims form sections 17, 17a, and 17b

| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | 17A | Optional | Legacy # |
|--|-----|----------|-------------|
| JANE DOE, M.D. | 17b | NPI | 12134567890 |

electronic billing (referring provider)


~LOOP 2310A NM1/REF Segments~

NM1*DN*DOE*JANE****XX*1234567890 = 17B (NPI)
REF*G2*C12345 = 17A (Optional Legacy)

billing tips to remember

- Item 17 is for the name of the provider who referred or ordered services.
- Item 17a – Optional legacy number.
- Item 17b of the 08-05 CMS-1500 claim form is for the NPI of the referring/ordering physician. ●


tips for bilateral services and modifier -50

One of the most frequently asked billing questions we receive is how to bill for bilateral services. We hope you'll check out the answers in our article on the correct use of modifier -50 in *Connection* online. 



script alert

formulary updates

Fallon Community Health Plan continually updates its formularies, including changing prior authorization requirements and adding new medications. Please see *Connection* online for changes to our commercial plan and Medicare 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 • january 2008

Your online supplement to *Connection* at

www.fchp.org/Extranet/Providers/Connection.htm contains:

- practice guideline: treatment of patients with major depressive disorder
- national asthma guidelines updated
- fchp reimburses for hospice and palliative medicine consults
- tips for medicare coding
- tips for bilateral services and modifier -50
- commercial and medicare formulary updates

medical payment policies:

The following policy is **new**:

- *Hospice and palliative medicine consult payment policy*

The following policies have been reviewed and have **substantial changes**.

For more details, please go to *Connection* online.

- *Emergency department payment policy*
- *Global surgical payment policy*
- *Nurse practitioner/physician assistant payment policy*
- *Procedure code review policy*

The following policies have been reviewed and **do not have** substantial changes.

- *Ambulance service payment policy*
- *Claims auditing software*
- *Preoperative autologous blood donation payment policy*
- *Physician owned diagnostic imaging center payment policy*
- *Registered nurse first assistance (RNFA) payment policy*
- *Unit of service edit payment policy*

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is January 7, 2008.

Send information to

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questions?

Call 1-866-ASK-FCHP
(1-866-275-3247)