

# CONNECTION

Important information for Fallon Health physicians and providers

November 2014

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## What's new

### Fallon Health looking to better manage DME services

Fallon is planning in 2015 to work with our Sleep Benefit Management vendor, Sleep Management Solutions (SMS), and its parent company, CareCentrix, Inc., to manage durable medical equipment (DME) services. Our goal in making this change is to enhance the overall quality of services being delivered to Fallon members.

We anticipate that we'll delegate to SMS (CareCentrix) all of our DME services, including utilization management/prior authorization, network management and claims payment. To participate and provide services, you will need to be a contracted provider with CareCentrix.

We will update you in the coming months about the details and timing of this program. If you have any questions, please call Provider Relations at 1-866-275-3247, prompt 4. ■

### Fallon partners with Quest for cystic fibrosis screening

Fallon Health has chosen a preferred laboratory provider for cystic fibrosis screening. As of September 1, 2014, Quest Diagnostics is our partner for this testing. Samples sent to their lab will not require prior authorization for processing.

(continued)



Quest has been a long-time partner with Fallon. This new initiative enhances our relationship with them and translates into less administrative work for our provider community. For more clinical information about cystic fibrosis screening, based on recommendations of the American Congress of Obstetricians and Gynecologists, see Quest's test summary online. ■

## Fallon Health's updated portfolio for 2015

Fallon has reevaluated its current merged market product portfolio and made benefit adjustments to existing plan designs, introduced new plan designs and closed others. Our standardized Connector plans will have no changes for 2015.

The changes apply to our Direct Care, Select Care, Steward Community Care and Fallon Preferred Care (PPO) commercial products for individuals and small businesses. They will be effective upon enrollment anniversary dates, starting January 1, 2015.

Please see our more detailed article in *Connection* online for information about our plan design changes. **i**

## Doing business with us

### Treating patients at a non-participating location

A number of Fallon Health participating providers offer services at more than one location. There are instances when a provider's second location *is not contracted for the same set of products* as the first location for various reasons.

As a result, a provider may direct a Fallon member from their first location to the second location for services without realizing that the service is not reimbursable under the member's insurance product. In the past, these non-covered visits and services were denied—which negatively impacts members and providers.

In order to address these denied claims, and reduce member and provider hassle, Fallon has created a new process and a professional fee schedule for commercial products.\*

**Effective January 1, 2015**, if you see a patient who is a Fallon commercial plan member at a location where you are not contracted for the member's product, and the service doesn't normally require an authorization, Fallon will pay you at 160% of our commercial professional fee schedule instead of denying the claim.

If you have questions, please call the Provider Relations Department at 1-866-275-3247, option 4.

*\*Commercial products include, but are not limited to, Select Care, Direct Care, Tiered Choice, Advantage plans, ASO plans and PPO plans.* ■

## Let's connect

### Protect at-risk patients with pneumococcal vaccine

Many of your patients ask for the flu vaccine at this time of year. During their visit, when appropriate, you might take the opportunity to also give them a pneumococcal vaccine. These vaccines can be given at the same time.

**New!** Effective September 1, 2014, Fallon Health adult members who have a prescription benefit through Fallon can get their flu or pneumococcal vaccines at most pharmacies in our network without first paying out of pocket. **Both vaccines are covered in full—no cash up front, no reimbursement paperwork.** Learn more at [fallonhealth.org/flu](http://fallonhealth.org/flu).

For more vaccine-related information, please see *Connection* online. **i**

### One-stop wellness at Fallon Information Center

The Fallon Information Center in the White City Shopping Center, Route 9 in Shrewsbury, is a great place for individuals to stop for a health screening, wellness class or just to learn more about their health insurance. Most programs are free. For the latest program information and hours, refer your patients to [fallonhealth.org/infocenter](http://fallonhealth.org/infocenter), or to the center phone number, 1-866-209-5073. You'll find more program information in *Connection* online. **i**

## New program helps members with COPD

Fallon Health has added chronic obstructive pulmonary disease (COPD) to its disease management program offerings.

Members with COPD have an opportunity to work with a health educator or nurse on symptom management and improving the quality of day-to-day life. The program gives special attention to medication/oxygen therapy, activity level/energy conservation and exercising to an appropriate level with their doctor's consent.

See *Connection* online for more details about our disease management programs and how to refer Fallon members who are your patients. **i**

## Visit our provider home page online

Have you visited [fallonhealth.org/providers](http://fallonhealth.org/providers) lately? It's a one-stop resource for working with us.

You'll notice our revised "News and notifications" sidebar, where you'll find our latest updates. You'll get information about Electronic Funds Transfer and will have easy access to our provider tools, such as eligibility verification and claims metric reporting. You'll find our *Provider Manual* and our resources related to medical management, pharmacy and our health plans, and can review our FAQ section. Of course, you'll always find the current and archived issues of *Connection* there, too. Visit soon—and often. ■

## Quality focus

### Reminder for obesity screening and counseling

Fallon Health recognizes that obesity continues to be a common, serious and costly problem. Body mass index (BMI) screening is a useful tool to identify possible weight problems for adults. For children and teens, aged 2 through 19 years old, the BMI percentile charts should be used; for age 20 and over, use the adult BMI calculator.

For more details about the recommendations and resources from the Centers for Disease Control and Prevention, see *Connection* online. **i**

## Fallon Radiation Safety Program reports overexposure risk

Fallon Health monitors and enhances patient safety as an organizational priority, and one way we continue to do so is our Radiation Safety Program. In an effort to reduce the risk of overexposure, Fallon notifies PCPs of record when their patients who are Fallon members meet or exceed certain thresholds. You can read more about this program and what to expect in *Connection* online. **i**

## High-risk medications and the older adult

To help prevent medication side effects and other drug-related problems in older adults, the American Geriatrics Society (AGS) in 2012 updated and expanded the *Beers Criteria for Potentially Inappropriate Medication Use in Older Adults*, identifying medications that older adults should avoid or use with caution.

Fallon Health has analyzed recent HEDIS® data for use of high-risk medications in the elderly, and we're beginning a safety initiative to reduce the prescribing of these medications to our NaviCare® members. **We'll be sending out medication-specific recommendations** from our NaviCare pharmacist for members who are prescribed a high-risk medication. We'll send those letters to the provider prescribing the medication with a recommendation for discontinuation and/or substitution.

For more information, or if you have questions, contact Fallon's Pharmacy Department at 1-866-275-3247 option 5. You'll find the updated 2012 AGS Beers Criteria at [americangeriatrics.org](http://americangeriatrics.org) under the health care professionals tab. ■

## HEDIS® update –2015

For a comprehensive list of HEDIS measures, including a description of what is measured and the care treatment or test that is required for compliance, please visit [fallonhealth.org/providers/resources/hedis-measures](http://fallonhealth.org/providers/resources/hedis-measures). See our list of notable 2015 changes to HEDIS 2015, which affect PSA screening, certain cholesterol and blood pressure screenings, antipsychotic medications for children, osteoporosis management and more. See the complete list in *Connection* online. **i**

## Clinical Practice Guideline update

Fallon Health's Clinical Quality Improvement Committee has endorsed and approved the following Clinical Practice Guideline update: *Adult low-back pain*.

This guideline and others can be found at [fallonhealth.org/providers](http://fallonhealth.org/providers), under Medical Management. For a paper copy, please contact Robin Byrne at 508-368-9103. ■

## MassHealth update

### MassHealth providers

#### Pediatric health care screening tools

In July 2014, the Executive Office of Health and Human Services (EOHHS) sent a letter to participating MassHealth providers alerting them of revisions and ongoing requirements for the Early Periodic Screening, Diagnosis and Treatment (EPSDT) and Preventive Pediatric Healthcare Screening and Diagnosis (PPHSD) schedules.

MassHealth requires providers to choose a clinically appropriate behavioral health screening tool. The menu of approved standardized tools (See July/"ALL-207") is listed on [mass.gov](http://mass.gov). (Click on "MassHealth," then "MassHealth Regulations and Other Publications," then "Provider Library" and then "Transmittal Letters.") ■

## Product spotlight

### Introducing Community Care through the Health Connector

Fallon Health is pleased to introduce an affordable and innovative new health plan for individuals who qualify for subsidized coverage in Central Massachusetts: Community Care.

The new plan, built in partnership with Reliant Medical Group, Harrington HealthCare and other Central Massachusetts providers, will be offered in the region as one of the ConnectorCare plans through the Massachusetts Health Connector. The annual non-group enrollment period begins on November 15.

Learn more by calling the Provider Relations Department at 1-866-275-3247, option 4. For details, please see *Connection* online. ■

### FSP Medicare Advantage

#### New – An HMO with a point-of-service (POS) option

We are excited to offer for 2015 a new type of plan to people with Medicare in *Hampden and Hampshire Counties*. **Fallon Senior Plan (FSP) Plus Enhanced Rx HMO-POS** provides members with the ability to see certain types of providers, and access certain services, out-of-network. For details, please see *Connection* online. ■

### FSP Medicare Advantage

#### Fallon Senior Plan HMO update – 2015

We remain committed to our Fallon Senior Plan (FSP) Medicare Advantage product, which is available in all of Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties, and parts of Franklin County. During the Medicare Annual Election Period now through December 7, Fallon is offering a great selection of HMO plans with premiums ranging from \$0 and up.

We'll be happy to help your patients understand their health plan options for 2015. Members can call us or choose one of several ways to meet with us in person.

### 2015 plan change

Fallon Senior Plan direct pay plans will be **moving to a preferred/non-preferred pharmacy network**. If members have their prescriptions filled at a preferred pharmacy, they will have lower cost sharing than if they have their prescription filled at a non-preferred pharmacy. Preferred pharmacies include CVS, Walgreens, Target, and approximately 48 other independent pharmacies across the state. For specific information see [fallonhealth.org/medicare-faq#preferred](http://fallonhealth.org/medicare-faq#preferred), or check the pharmacy directory under current members/plan documents at [fallonhealth.org/seniorplan](http://fallonhealth.org/seniorplan).

For more details, please see *Connection* online. ■

## Insurance coverage updates

► All commercial plans are required to offer **coverage to dependent children** until they reach their 26<sup>th</sup> birthday. To facilitate compliance with different ACA requirements, Fallon will extend dependent coverage to the *end of the month* in which the dependent turns 26, beginning on January 1, 2015, as employers renew coverage.

► The Massachusetts Division of Insurance notified insurers that they must provide coverage for **services related to gender identity disorder, including gender reassignment surgery**, when medically necessary. Fallon is ready to treat medically necessary transgender surgery and related services as a covered benefit and is implementing this change across all fully-insured commercial plans.

*Our Transgender Services – Clinical Coverage Criteria* medical policy was effective August 1, 2014, and other related policies such as *Cosmetic, Reconstructive and Restorative Services* and *Infertility Services* already take a non-discriminatory position on transgender issues. In this issue of *Connection*, you'll see that codes 55970 and 55980 related to sex transformation require plan prior authorization, effective January 1, 2015.

For more details about these benefits, please see *Connection* online. **i**

## Script alert

### Responding to Caremark's request for Medicare PA information

When you submit a prior authorization (PA) request for a **pharmacy benefit medication** (patient self-administered) for a Fallon Medicare member\*, your office may receive a request for more information from our Pharmacy Benefit Manager, Caremark. It's of the utmost importance that you respond to that request as soon as possible, preferably the same day. Per CMS regulations, Caremark must resolve requests within either 24 (urgent) or 72 (non-urgent) hours from the time of receipt. For more details about the requirement, please see *Connection* online. **i**

\* Our Medicare members include those in Fallon Senior Plan™, NaviCare®, Summit ElderCare® and Fallon Total Care.®

## Coding corner

### Coding tips: Coding obesity

When compared to persons of normal weight for height and body frame, individuals who are overweight, obese or morbidly obese are at increased risk for certain medical conditions. Therefore, these conditions are always clinically significant and reportable by the provider. In addition, the Body Mass Index (BMI) code shows clinical significance.

When you document in the medical record note that a patient is overweight, obese or morbidly obese, also identify the BMI, if known, and code for both the obesity (278.00-278.02) and the BMI (V85.0-V85.54). ■

### Code updates

**Effective January 1, 2015**, the following codes will require plan prior authorization.

Code	Description
29914	Hip arthroscopy with femoroplasty
29915	Hip arthroscopy acetabuloplasty
29916	Hip arthroscopy with labral repair

**Effective July 1, 2014**, the following frenectomy codes will no longer require plan prior authorization.

Code	Description
40819	Excise lip or cheek fold
41010	Incision of tongue fold
41115	Excision of tongue fold

**Effective August 1, 2014**, the following codes will require plan prior authorization.

Code	Description
55970	sex transformation, male to female
55980	sex transformation, female to male

(continued)

Effective July 1, 2014, the following codes will require plan prior authorization.

Code	Description
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index
0008M	Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score
C2644	Brachytherapy source, cesium-131 chloride solution, per millicurie
C9022	Injection, elosulfase alfa, 1mg
Q9970	Injection, Ferric Carboxymaltos 1mg
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system
S1036	Transmitter; external, for use with artificial pancreas device system
S1037	Receiver (monitor); external, for use with artificial pancreas device system

Effective January 1, 2014, the following code will deny vendor liable (excluding NaviCare/Summit ElderCare/FTC with no prior authorization required).

Code	Description
L8010	Breast prosthesis mastectomy sleeve ■

## New 2015 CPT/HCPCS codes

All new codes will require prior authorization until a final review is performed by Fallon Health. Fallon will review and assign the appropriate coverage and determine prior authorization requirements for all new codes by January 1, 2015. Fallon will notify all contracted providers of this determination via the March issue of *Connection* and in the *Provider Manual* at [fallonhealth.org/providers/provider-manual](http://fallonhealth.org/providers/provider-manual). ■

## Reminder: Unlisted CPT/HCPCS codes

When submitting a request for plan prior authorization for an unlisted CPT/HCPCS code(s), you must also submit adequate documentation to support the request and charges you anticipate billing—that is, what code the service is similar to and what those code(s) charges would be—to have a fair comparison of the unlisted service and billed charges. ■

## ICD-9-CM and Medicare MS-DRG updates

### ► ICD-9-CM codes

There are no new, revised or deleted ICD-9-CM diagnosis or procedure codes effective for October 1, 2014. Due to the proposed ICD-10 implementation next fall, there are no annual updates. An ICD-9-CM diagnosis code is required on all paper and electronic claims billed to Fallon Health.

### ► Medicare MS-DRG annual update

The Medicare MS-DRG V31 fee schedule of weights was effective October 1, 2014. For a list of new and invalid MS-DRG codes, effective for dates of service on or after October 1, see [cms.gov](http://cms.gov), search “FY 2015 Final Rule Tables,” then, under downloads, look for “**Table 5: List of final MS-DRGs, Relative Weighting Factors and Geometric and Arithmetic Mean Length of Stay.**” If interested, you’ll also find a summary of the related CMS FY2015 Inpatient Prospective Payment Systems Final Rule (CMS-1607-F) on the CMS site. ■

## Billing bytes

### Interim bill types not reimbursed

As a reminder, our current policy, as stated in our *Provider Manual* (see Billing procedures, "Using the CMS 1500 claim form," p. 13) is that Fallon Health does not reimburse for interim bill types. Claims should be submitted for complete length of service. When a claim is submitted with an interim bill type (third digit ending in 2, 3 or 4), the claim will pay \$0.00.

For the list of complete bill type and status codes please go to [cms.gov](http://cms.gov). (Look under the "Regulations and Guidance" tab. Then under "Guidance", click on "Transmittals." In 2009, look for Transmittal #R1775CP on page 15.) ■

### Billing for the flu and pneumococcal vaccines

#### The "seasonal flu" vaccine

Fallon Health requires that CPT codes 90655, 90656, 90657, 90658, 90660, 90662, Q2034, Q2035, Q2036, Q2037, Q2038 and Q2039 be billed for the seasonal flu vaccine.

HCPCS code G0008 should be used for the administration when this is the only vaccine administered and there is no physician service performed. If administered on the same day as a physician service or when other vaccines are administered, use CPT codes 90460, 90461, 90471-90474 to report the administration of the vaccine. Fallon does not require you to submit an invoice for the flu vaccine.

#### The pneumococcal vaccine

Fallon requires that CPT codes 90669, 90670 and 90732 be billed for the pneumococcal vaccine.

HCPCS code G0009 should be used for the administration when this is the only vaccine administered and there is no physician service performed. If administered on the same day as a physician service or when other vaccines are administered, use CPT codes 90460, 90461, 90471-90474 to report the administration of the vaccine. Fallon does not require you to submit an invoice for the pneumococcal vaccine.

For both vaccines, please note:

- **Members have no copayment.**
- **State-supplied vaccine:** Claims should be submitted *with* the CPT code for the vaccine and the -SL modifier and a charge of \$0.00. The administration code and charge also should be submitted.
- **Not state-supplied vaccine:** The CPT code must be submitted *without* the -SL modifier and the appropriate charge. The administration code and the charge also should be submitted. ■

## Payment policy updates

### Payment policies this issue

Apply to Fallon Health and Fallon Total Care *unless otherwise noted*.

#### New policies – effective January 1, 2015:

- **Newborns Services Payment Policy** (Fallon Health only)
- **Skilled Nursing Facility Payment Policy**

#### Revised policies – effective January 1, 2015:

The following policies have been updated; details about the changes are indicated on the policies. Go to [fallonhealth.org/providers/medical-management/payment-policies](http://fallonhealth.org/providers/medical-management/payment-policies).

- **Durable Medical Equipment Payment Policy** – Updated referral/prior authorization discussion
- **Inpatient Medical and Payment Policy** – Updated discussion about readmissions
- **Medical supplies and surgical dressings payment policy** – Updated referral/prior authorization discussion
- **Radiology/Diagnostic Imaging Payment Policy** – Updated to include prior authorization and billing information for low dose CT screening
- **Sleep Management Services Payment Policy** – Updated prior authorization section
- **Transplant Payment Policy** – Updated format ■

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 ● November 2014

Your online supplement to *Connection* at  
[fallonhealth.org/providers/connection-newsletter](http://fallonhealth.org/providers/connection-newsletter) contains:

- Payment policy updates and links
- Fallon Health's updated portfolio for 2015
- It's vaccine season
- New program helps patients with COPD
- One-stop wellness at Fallon Information Center
- Reminder for obesity screening and counseling
- Fallon Radiation Safety Program reports overexposure risk
- HEDIS® update – 2015
- Introducing Community Care
- FSP Medicare Advantage: New – An HMO with a POS option
- Fallon Senior Plan HMO update – 2015
- Insurance coverage updates: dependent children;  
gender identity
- Responding to Caremark re: Medicare PAs

*Connection* is a bimonthly publication for all Fallon Health ancillary and affiliated providers. The next copy deadline is **November 5** for our January 2015 issue.

Send information to

**Elizabeth Riley**

Director, Provider Relations, Fallon Health  
10 Chestnut St., Worcester, MA 01608  
Email: [elizabeth.riley@fchp.org](mailto:elizabeth.riley@fchp.org)

**W. Patrick Hughes**

President and CEO

**Sarika Aggarwal, M.D.**

Chief Medical Officer, Fallon Health

**Lisa Price-Stevens, M.D.**

Medical Director, Fallon Total Care

**Eric Hall**

Vice President, Network Development  
and Management

[fallonhealth.org/providers](http://fallonhealth.org/providers)  
[fallontotalcare.com/providers](http://fallontotalcare.com/providers)

**Questions?**

1-866-275-3247 – Fallon Health  
1-855-508-4715, press 4 –  
Fallon Total Care