

Connection



Important information for Fallon Community Health Plan physicians and providers

■ Every day affairs

System conversion update

Our system conversion to QNXT has been a massive undertaking, and we recognize the impact it has had on our providers. You have not been receiving the level of service you have come to rely upon from Fallon Community Health Plan—and for this we sincerely apologize.

Over the last several months, our dedicated staff has been working hard to reduce the volume of pending claims in our inventory. We continue to work on the Claim Adjustment inventory, but we still have work to do.

We regret any inconvenience or hardship these issues have caused you. We will continue to work hard to maintain your trust in FCHP. We appreciate your support and partnership during this time. ■

Procedure code look-up tool

We are writing to let you know about an important update to the procedure code look-up tool on fchp.org/Providers/ProcedureCodeLookup.

Because certain CPT/HCPCS information is considered proprietary, we have made the following changes:

- The tool no longer offers the ability to search for CPT/HCPCS by description.
- Code descriptions and the global period information no longer display in the search results.

You are still able to use the tool to search by code to determine FCHP's prior authorization requirements. Descriptions and global period information can be found using the American Medical Association's *Current Procedural Terminology* resources. For additional information about CPT/HCPCS codes, please visit ama-assn.org.

We hope that this change does not cause you any inconvenience. If you have questions or need assistance, please contact us at 1-866-ASK-FCHP (1-866-275-3247) prompt 4, or at askfchp@fchp.org.

As always, thank you for your continued support and partnership. ■

For our MassHealth providers

FCHP's new MassHealth contract expands coverage

Fallon Community Health Plan was awarded a new MassHealth contract, effective July 1, 2010, to continue to offer plans in Region 4, which includes all of Worcester County and parts of Hampden, Franklin, Middlesex and Norfolk counties. This is an expansion of our previous geographic area. We've also added new providers to our network.

In addition to our previous MassHealth coverage types—Basic, Standard/CommonHealth and Family Assistance, we now include the Essential coverage type. FCHP provides medical, pharmaceutical and behavioral health coverage, with the **addition of "extra" benefits** not provided by MassHealth. FCHP extras include our Oh Baby! program, which gives expecting parents a free car seat or breast pump, a free home safety kit and much more; our sponsored wellness programs; and our Quit to Win stop-smoking program.

Under the new contract, FCHP's MassHealth members receive **enhanced care management** support for physical and behavioral health concerns, conditions and social service needs. Our Care Management team of nurses and social workers reviews a member's needs, develops a plan to help improve health and function, and may visit a member at home depending on the complexity of his/her health issues. Members also may access **Nurse Connect**, our 24-hour nurse advice line, with health-related questions. The number is 1-800-609-6175 (TDD/TTY: 1-800-848-0160).

This spring, MassHealth announced changes to their MassHealth benefits, effective July 1, 2010. In brief, these changes include:

- **Adult dental:** MassHealth no longer pays for restorative dental services like fillings, crowns and root canals. MassHealth still covers preventive dental care including cleanings, X-rays and exams. There is no change in dental benefits for MassHealth members under age 21.



- **Copayments:** Now, copayments for those drugs that had a \$2 copayment have gone up to \$3. This includes most generic and over-the-counter drugs. The copayments for brand drugs remain unchanged at \$3. Those drugs that had \$1 copayments (drugs mainly used for diabetes, high blood pressure and high cholesterol) remain unchanged.
- **Non-emergency transportation:** MassHealth no longer covers non-emergency transportation for MassHealth Basic and Family Assistance members. Essential members also will not be covered.

We issued new FCHP MassHealth Member Identification (ID) cards to our existing members. All of our cards now have the member's MassHealth ID number and reflect updated prescription copayment amounts. **Note:** Providers should continue to bill FCHP using the member's FCHP identification number.

All FCHP MassHealth member benefits are included in our Provider Manual, available online at fchp.org/Providers/Provider_Manual.htm. If you have additional questions, please call our Provider Relations Department at 1-866-ASK-FCHP, prompt 4. ■

Reimbursement for problem-focused services with preventive services

Fallon Community Health Plan is aligning with other local payers its *Evaluation & Management Payment Policy* for problem-focused codes used with preventive codes, beginning January 1, 2011.

FCHP has traditionally not reimbursed a problem-focused office visit procedure code (99201-99215) when billed with a preventive medicine procedure code (99381-99387, 99391-99397). Beginning in 2011, reimbursement will be made for a preventive code with a problem-focused code when modifier -25 is applied to the problem-focused code. Reimbursement for the preventive service will be made at 100% of the contracted rate, and reimbursement for the problem-focused service will be made at 50% of the contracted rate.

This should only occur when a significant abnormality or pre-existing condition is addressed, and additional work is required to perform the key components of a problem-focused E&M service.

Many FCHP members have no copayment for routine physical exams. This includes services with preventive medicine procedure codes (99381-99387, 99391-99397). Members will be responsible for a copayment when a problem-focused code with modifier -25 is included on the claim.

Therefore, the appropriate use of modifier -25 is critical since it will be transparent to your patients that are FCHP members.

When members call to question the copayment, FCHP will explain that the reason a copayment applied is due to the fact that their physician billed for a problem in addition to their routine physical. This member engagement and education is important, but may be challenging.

Member grievances related to these issues will prompt an audit of the medical record for the appropriateness of the use of modifier -25. We also will be conducting ongoing audits of medical records to ensure compliance with FCHP guidelines and policies.

The *Evaluation & Management Payment Policy* has been updated to reflect this upcoming change. ■

Gynecology exam and Pap smear changes

After conducting a review of other local and national payers' policies, Fallon Community Health Plan will align its policies with that of other payers and will no longer reimburse HCPCS level II codes G0101 - cervical or vaginal cancer screening, pelvic and clinical breast examination, and/or Q0091 - preparing and conveyance of cervical or vaginal smear, when billed with a preventive medicine visit since these services are components of the preventive medicine visit.

This approach will be implemented for claims processed on or after **November 1, 2010**. This information has been updated in our *Evaluation & Management Payment Policy* and *Lab & Pathology Payment Policy*. ■

Important reminder: Virtual colonoscopy

Virtual colonoscopies require prior authorization. As with all other high-tech outpatient radiology procedures, please contact MedSolutions, Inc. (1-888-693-3211) for prior authorization for the following FCHP products:

- Select Care
- Direct Care
- Fallon Senior Plan™
- Commonwealth Care

Please submit a Request for Preauthorization Form to FCHP's Care Coordination department for the following FCHP products:

- Fallon Preferred Care (PPO)
- Fallon Senior Plan Preferred
- FCHP MassHealth
- Navicare HMO ■

Disease Management Program supports provider care

Our Disease Management Program is a proactive, patient-centered program for our members diagnosed with chronic diseases, such as asthma, diabetes and certain types of heart disease. As you continue to direct your patient's treatment plan, our registered nurses and health educators reinforce your efforts in order to achieve optimal clinical outcomes and patient satisfaction.

For more details about the program, see our article in *Connection* online and call our team at 1-800-333-2535, ext. 69898, Monday through Friday from 8:30 a.m. to 5:00 p.m. [i](#)

Let's connect

Fraud, waste, and abuse training update

The Centers for Medicare & Medicaid Services (CMS) no longer requires health plans to offer annual fraud, waste, and abuse training for providers. For details, please see *Connection* online. [i](#)

Visit our new Summit ElderCare® Web site!

We've redesigned our Summit ElderCare® Web site, summiteldercare.org, to make it more accessible, more useful and more attractive to our diverse audiences. We particularly enhanced the navigation and content of the site so it's easier for providers, seniors, referral sources and caregivers to learn more about this unique Program of All-Inclusive Care for the Elderly. For details, please see *Connection* online. [i](#)

Quality focus

Important links to information about care

We hope you'll take this time to visit our Web site, fchp.org, to learn how we work with you and our members to ensure the quality and safety of clinical care. Please see *Connection* online for more information about utilization care services, quality programs and members' rights. [i](#)

Utilization management incentives

For our statement on utilization management incentives and further resources, please see *Connection* online. [i](#)

Preventive Health Care Guidelines

FCHP continues to endorse key preventive guidelines. For more information, please see *Connection* online. [i](#)

Billing bytes

Clarification - CMS 1500 billing requirements

Please note:


- **When PCPs submit claims** for services rendered, the PCP name and NPI number should only be entered in field/box 31 and 33. It should **not** be entered in field/box 17 and 17b. Entering this information in field/box 17 and 17b may cause the wrong member copayment to be applied.
- **When specialists are submitting claims** for services rendered, the PCP's name and NPI number should be entered in field/box 17 and 17b. This is evidence of a referral. The specialists name and NPI number should then be entered in field/box 31 and 33.

If you have any questions regarding CMS 1500 billing requirements, please refer to the billing guidelines in the *Provider Manual* at fchp.org/Providers/Provider_Manual.htm, or contact Provider Relations at 1-866-ASK-FCHP (1-866-275-3247), option 4. ■

CPT 36415 billing

Please do not bill CPT 36415 on a separate claim form unless it is the only service provided. Billing this code separately from other services performed on the same date of service may delay payment of your claim. ■

Billing for vaccines


For FCHP's specific billing requirements for the "seasonal flu," pneumococcal vaccine and H1N1 (swine flu) vaccine, please see *Connection* online. 

■ Payment policy updates

Payment policies this issue


Revised policies – effective November 1, 2010

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


- **Ambulatory Surgery–Professional Payment Policy:** Updated discussion of operative note review.
- **Anesthesia Payment Policy:** Updated to reflect prior authorization requirement for anesthesia assistance for upper and/or lower GI endoscopic procedures.
- **Evaluation and Management Payment Policy:** Updated to reflect changes in reimbursement for cervical/vaginal cancer screening, pelvic and clinical breast examination, and/or preparing and conveyance of cervical or vaginal smear services billed with preventive services. Reimbursement changes that are effective January 1, 2011, regarding problem-focused services billed with preventive services are also included in this update.
- **Gastroenterology Payment Policy:** Updated to reflect prior authorization requirement for anesthesia assistance for upper and/or lower GI endoscopic procedures.
- **Hospice Payment Policy:** Updated to remove references to criteria now addressed in the FCHP Medical Policy for Hospice Services, to identify services that are limited or not covered for Commonwealth Care and FCHP MassHealth members, and to more clearly identify differences between commercial and Fallon Senior Plan.
- **Radiology/Diagnostic Imaging Payment Policy:** Updated to indicate a change to 50% reduction for multiple imaging services on contiguous body areas for Fallon Senior Plan members.
- **Vaccine Payment Policy:** Updated Addendum A table for 90650 and 90662 to indicate that these are now reimbursed. 

Script alert

Reminder: PPI prescription protocol


Fallon Community Health Plan covers prescriptions for over-the-counter proton pump inhibitors (PPIs) for just a \$5 copayment for 42 tablets. Please see *Connection* online for details about prescribing these or other PPI drugs on our formulary. Our Medicare Advantage members are not eligible. 

Formulary updates

Fallon Community Health Plan often makes changes to its formularies, including changing prior authorization requirements and adding new medications. You'll find the latest changes to our **commercial plan formulary and to the Medicare Part D formulary** in *Connection* online. 


■ Coding corner

Anesthesia with GI endoscopy needs prior authorization

Effective October 1, 2010, Fallon Community Health Plan will require prior authorization for all plan products for anesthesia provided with upper and lower gastrointestinal endoscopic procedures (CPT codes 00740 and 00810). 

ICD-9-CM annual code update

The annual update of the ICD-9-CM diagnosis and procedure codes is effective October 1, 2010. 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 and invalid ICD-9-CM codes, effective for dates of service on or after October 1, 2010, see *Connection* online. 

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 2010

Your online supplement to *Connection* at
fchp.org/Providers/Connection.htm contains:

- Disease Management Program supports provider care
- Fraud, waste, and abuse training update
- Visit our new Summit ElderCare® Web site!
- Important links to information about care
- Utilization management incentives
- Preventive Health Care Guidelines endorsed
- Billing for vaccines
- Reminder: PPI prescription protocol
- Formulary updates – Commercial and Part D
- ICD-9-CM annual code update

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **September 8, 2010**.

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

W. Patrick Hughes
President and CEO

Elizabeth Malko, M.D.
Chief Medical Officer

Eric Hall
Vice President, Network Development
and Management

fchp.org

Questions?

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

