

Connection



Important information for Fallon Community Health Plan physicians and providers

■ Every day affairs

FCHP health plans rank top 10 in nation

Fallon Community Health Plan is proud of its results in this year's rankings by *U.S. News & World Report/NCQA*: "America's Best Health Insurance Plans 2009-10".

- Our **commercial** HMO was ranked **#7** in the country (out of 239 health plans)
- Our **Medicare** HMO was ranked **#2** in the country (out of 166 health plans)
- Our **Medicaid** HMO was ranked **#3** in the country (out of 82 health plans)

Additionally, FCHP is the highest-ranked Medicare health plan in Massachusetts.

Our rankings also mean that we're the only health plan in America to be listed on the Honor Roll in all three product categories. The Honor Roll recognizes the very best of the hundreds of commercial, Medicare and Medicaid managed care plans reviewed for this year's health plan rankings.

"These rankings reinforce our commitment and continued focus on ensuring that FCHP members receive the highest quality of care and services they deserve and should expect from a top health plan," said Eric H. Schultz, President and CEO, FCHP. "Our members are benefiting from the hard work and efforts of our employees, and from the partnerships we've formed with the providers from which they receive care."

The rankings are based on publicly reported data used to compare and rank health plans across the country based on a variety of quality and customer satisfaction measures.

"America's Best Health Insurance Plans" is a trademark of U.S. News & World Report. NCQA is an independent, not-for-profit organization dedicated to measuring the quality of America's health care. ■

SMS partners with CareCore National for FCHP Sleep Care Management Program

Sleep Management Solutions (SMS) is pleased to announce that CareCore National (CCN), a leading provider of specialty benefits management services, will be joining SMS in providing Fallon Community Health Plan with our earlier-announced Sleep Care Management Program. The program, which will be effective January 1, 2010, is designed to improve the overall quality of sleep services and appropriate use of such services. This program will require prior authorization for all sleep services for members within selected FCHP product lines.

The addition of CCN will help to strengthen the Sleep Care Management Program in providing FCHP and its members with seamless access to quality sleep service providers. CCN will be responsible for the prior authorization and utilization management process. All sleep service requests will need to be sent directly to CareCore National by any of the following methods:

Phone: 1-800-630-3493

Fax: 1-866-999-3510

Web: carecorenational.com ■

FCHP's new core business system to launch in 2010

It's important to stay current with technology today as business processes and health care regulatory requirements become ever more complex. To do so, Fallon Community Health Plan has been taking steps to modernize its core business systems and expects to launch our new system in the first quarter of 2010.

FCHP selected TriZetto as our vendor for the new system, which is called "QNXT." TriZetto is a leader in health care payer technology and offers a system that is



service-oriented and easy to use. Because of the magnitude of this project, we have carefully moved from development, design, testing and piloting of the new system over the past two years.

Our new QNXT system will have a minimal (yet positive!) impact on our interaction with our providers. It will allow us to be more efficient and flexible in providing services to you, our members and other customers. Watch for more details from us this quarter. ■

FCHP expanding medication therapy management program for seniors

Fallon Community Health Plan is expanding its Medication Therapy Management Program in 2010. This program is for Fallon Senior Plan™ members who are taking at least eight prescriptions, have three or more chronic conditions* and are spending an annual amount of \$3,000 or more on prescriptions. The expansion will allow more Fallon Senior Plan members to get help managing their medications.

Eligible Fallon Senior Plan members will receive a letter from us explaining the program. Members may opt out of this program if they choose to. The enrolled members will receive at least one comprehensive, interactive consultation with a clinical pharmacist and one or more quarterly medication reviews.

We would like to work with you to educate and monitor your patients in order to improve adherence to complex drug regimens and minimize adverse drug effects. You may be contacted by our clinical pharmacists, who will provide you with comprehensive medication review findings. Our pharmacists are also available to answer any medication-related questions that you may have regarding your patients in the program.

If you have any questions or feedback about how to maximize the usefulness of this important program, please contact Mojgan Haji, Manager of Clinical and Government Programs, at 1-866-ASK-FCHP, ext. 69916. We look forward to our collaboration in delivering the best possible care to your patients.

* *Chronic conditions identified for this program are COPD, depression, diabetes, hyperlipidemia, hypertension and heart failure.* ■

Specialty pharmacy network to include fertility pharmacies

Throughout 2009, Fallon Community Health Plan has required all specialty medications to be dispensed through Caremark Specialty Pharmacy after the initial fill at any network pharmacy. In 2010, FCHP members will be able to fill their fertility medications at either Caremark Specialty Pharmacy or two newly added network pharmacies that specialize in fertility treatments:

- Freedom Fertility Pharmacy in Byfield, Mass.
- Village Fertility Pharmacy in Waltham, Mass.

Fertility medication treatments often have highly sensitive and unique timing and dosage requirements, which have resulted in our need to expand our network to best serve our membership. We are confident that all three of our fertility network pharmacies can meet the needs of our members throughout our service area with added flexibility and a level of care that is critical to supporting these patients. ■

When generics and OTC meds trump brands for cost and effectiveness

Coverage for prescription medications is one of the first benefits that come to mind when patients think of their health insurance—and with good reason. Medications can cost a lot of money. Members may be relieved to have only a small copayment up front. However, they often don't realize that the remaining high medication costs paid by health plans contribute to higher health insurance premiums.

According to the Kaiser Family Foundation, spending on prescription drugs accounts for about 10% of total health expenditures, and its rapid growth (an 89% increase since 2000) has received considerable public attention.

That's why Fallon Community Health Plan continues to encourage use of equally effective, and less expensive, generic and over-the-counter medications. One example is our requiring prior authorization for some of the Tier 3 dermatology medications in our formulary.

"Pharmaceutical companies keep coming out with so-called 'new' drugs to treat acne, eczema, and allergic or topical skin conditions when, in fact, these drugs are simply a change in the delivery

vehicle, such as gel vs. ointment vs. cream vs. foam. These medications cost considerably more,” explains Leslie Fish, Pharm.D., Senior Director of Pharmacy Services at FCHP.

Here is one example. This medication, clobetasol, is used to treat certain scalp and skin conditions (e.g., psoriasis, dermatitis, rash).

Generic, Tier 1	Cost
clobetasol cream 0.05% 50 gm	\$27.95
clobetasol emollient cream 0.05% 50 gm	\$27.80
clobetasol gel 0.05% 50 gm	\$40.70
clobetasol ointment 50 gm	\$26.90
clobetasol solution 50 gm	\$23.50
Brand, Tier 3	
Olux foam (clobetasol foam) 50 gm	\$222.74

“For most mild or moderate skin conditions, there are equally effective, tried-and-true medications, such as over-the-counter benzoyl peroxide and generic topical antibiotics,” Dr. Fish says. “It’s the right approach to take for the majority of patients needing treatment.”

Another example of encouraging treatment- and cost-effective drug use is how **FCHP now covers prescriptions for over-the-counter proton pump inhibitors**, specifically Prilosec OTC, Prevacid 24HR and generic omeprazole OTC, for just a \$5 copayment for 42 tablets. (State employees with the Group Insurance Commission have a \$10 copayment.) Patients using equally safe and effective OTC versions of PPIs can save up to \$480 a year. [See article in the November *Connection* Supplement.]

“It’s past time to take health care costs seriously, particularly in the pharmaceutical area,” concludes Dr. Fish. “Controlling costs is at the heart of true health care reform.” ■

Vaccine-ordering policy change

Effective March 1, 2010:

- FCHP will no longer allow providers to order **vaccines** from our specialty pharmacy providers for **commercial plan** members (including HMO, Major Medical, PPO, MassHealth, Commonwealth Care and Fallon Senior Plan™ Retiree Group with 28% subsidy members).
- FCHP will no longer allow providers to order from our specialty pharmacy providers any **Part B vaccines** (flu, pneumonia, hepatitis B and vaccines, such as tetanus toxoid, directly related to the treatment of an injury or direct exposure to a disease or condition) for **Fallon Senior Plan** members. ■

Experimental/investigational services not covered

FCHP does not provide coverage for experimental/investigational services. For this reason, effective **March 1, 2010**, FCHP will not cover the following services:

- Impella® Percutaneous Cardiac Support System:** FCHP considers any use of the Impella Recover® LP 2.5 Percutaneous Cardiac Support System (Abiomed, Inc., Danvers, Mass.) to be experimental/investigational. This decision applies to all products. There is no specific CPT/HCPCS code for the insertion or removal of the Impella Recover LP 2.5 percutaneous cardiac support system.
- Posterior Tibial Nerve Stimulation (PTNS):** FCHP considers PTNS experimental/investigational. This decision applies to all products. There is no specific CPT/HCPCS code for PTNS.

Please see “Coding Corner” on page 6 for additional coded services not covered because they are considered to be experimental/investigational. ■

■ Let's connect

ClaimCheck® software upgrade

In order for Fallon Community Health Plan to be up to date with new technology, we continually evaluate our software and make modifications to accommodate our payment methodology.

With this in mind, FCHP is upgrading ClaimCheck. This software is an automated method that helps us in the proper processing of claims and ensures consistent application of FCHP payment policies across all claims. Due to the upgrade, you may see changes in reimbursement. If you have any questions, please call the Provider Relations Department at 1-866-ASK-FCHP, prompt 4. ■

Want to add staying power to those New Year's resolutions?

By TJ Sweeney, Health Promotion Coordinator, FCHP

I'm not sure what it is about January 1, but for whatever reason we tend to use the start of a new year as a reason for making positive changes in our lives. Change is good, but change is hard! Some changes are downright scary! From a health-impact perspective, quitting smoking is the change that is most likely to bring health benefits to a person—not to mention wealth benefits.

If any of your patients have made resolutions to quit smoking, there's a really easy way to double their chances of being successful. Put them in touch with FCHP's Quit to Win, one of the most successful tobacco cessation programs in the nation.

If you're in the Central Mass. area, all of your patients can participate free of charge in the weekly meetings in Leominster, Auburn, Spencer or Worcester. Every participant gets personalized expert advice, peer support, and an opportunity to develop a personalized quit plan that's based upon their unique smoking profile. Statistically, people who participate in a weekly program while they're quitting are twice as likely to quit and stay smoke-free than folks who try to do it on their own.

Regardless of geography, FCHP-insured patients also can take advantage of Calling It Quits, the telephonic version of the Quit to Win program.

FCHP members can also take advantage of discount-priced nicotine patches and gum.

So go ahead—refer your patients to the Quit to Win program and know that you're helping make some worthwhile resolutions come true. It's really easy. Call the QTW phone number with the patient name and date of birth. We'll contact them on your behalf and explain how the program works. And remember that all of your patients can get our teaching materials and participate for free in the weekly groups. Here's to a happy and healthier new year!

Contact Quit to Win by phone at 1-508-368-9540, fax at 1-508-798-8394, or by e-mail at QuitToWin@fchp.org. ■

■ Payment policy updates

Payment policies this issue


Revised policies – effective March 1, 2010

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

- **Ambulance and Transportation Services Payment Policy:** Added description of scenarios that do and do not require prior authorization to the referral/notification/prior authorization requirements section.
- **Ambulatory Surgery – Facility Payment Policy:** Updated language discussing review of operative notes.
- **Medical Supplies and Surgical Dressings Payment Policy:** Updated list of codes.
- **Radiology Payment Policy:** Added discussion about the reduction of global payments for multiple procedures on contiguous body areas.
- **Vaccine Payment Policy:** Updated discussion of eligibility for state-supplied vaccines and language related to ordering from specialty pharmacy providers. ■

Coding corner


New 2010 CPT/HCPCS codes

Fallon Community Health Plan will accept new 2010 CPT/HCPCS codes for dates of service beginning January 1, 2010. All new codes will require prior authorization until a final review is performed by Fallon Community Health Plan. FCHP will review and assign the appropriate coverage determinations and prior authorization requirements for all new codes by January 1. FCHP will notify all contracted providers of this determination in the March issue of *Connection* and in the *Provider Manual* on the FCHP Web site. For a list of the new codes, please see *Connection* online. 

FCHP auxiliary and supplemental fee schedules update

Effective March 1, 2010, code 90470 will be added to the FCHP auxiliary fee schedule and the FCHP supplemental fee schedule:

- 90470 – H1N1 immunization administration (intramuscular, intranasal), including counseling when performed

The 100% reimbursement rate is \$23. You must apply the appropriate inflator as set per your contract. Only providers who are currently being reimbursed according to the FCHP auxiliary fee schedule and the FCHP supplemental fee schedule will be affected by this update. Please contact your contract manager at 1-866-ASK-FCHP if you have any questions regarding rate information. 

Modifier usage and the effect on claim denials

Modifiers are designed to provide payers with additional information to process claims. Modifiers are two-digit numeric or alphanumeric codes that provide the means by which a physician or facility can indicate that a service provided to a patient has been altered or affected by some special circumstance(s), but the basic code description itself has not changed. Some examples of when a modifier may be appropriate are:


- A service or procedure has both professional and technical components, but both components are not applicable.

- Only part of a service was performed.
- A bilateral procedure was performed.
- A service or procedure was performed more than once.


To some coders, the existence of a modifier may infer the unrestricted use of modifiers with all CPT/HCPCS codes when, in fact, there are limitations for the reporting of certain modifiers. For instance, modifier -57, decision for surgery, can only be appended to appropriate E&M codes and certain ophthalmologic service codes.

Some modifiers can affect payment, while others are informational only. The placement of a modifier after a CPT/HCPCS code does not guarantee coverage and/or payment. As of March 1, FCHP will require that a modifier be included or excluded on a claim in order to allow payment. Incorrect use of a modifier may result in denials that you do not see today.

For example, DME code E0656 must be billed with one of the following modifiers to allow correct payment: MS, NU, RR, UE. If you append a modifier other than one of these, it will result in a claim line denial. Conversely, appending no modifier at all will result in a claim line denial. A complete listing of current and valid modifiers can be found in Appendix A of your current CPT book and Appendix 2 of your current HCPCS book.

If you have any questions, please call the Provider Relations Department at 1-866-ASK-FCHP, prompt 4. 

Modifier JW update

Modifier JW - Drug amount discarded/not administered to any patient: This modifier is used to identify drugs where the dosage listed is greater than ordered and/or administered by the provider. *This modifier is used for single-use vial drugs only.* To correctly report this scenario, you should bill the drug HCPCS code and the amount dispensed on one claim line with the total billed amount. Then, on a second claim line, you should report the amount discarded with a \$0.00 dollar amount. 

Experimental/investigational coded services not covered

FCHP does not provide coverage for experimental/investigational services. For this reason, effective **March 1, 2010**, FCHP will not cover the following services:

- **Ankle arthroplasty:** FCHP will not cover total ankle arthroplasty (replacement) for any indication because it is considered experimental/investigational. Claims for total ankle arthroplasty (CPT code 27702, 27703, and 27704) **will be denied vendor liable**.
- **Vertebral fractures:** FCHP considers screening for vertebral fractures using dual-energy X-ray absorptiometry (DXA) as an adjunct to bone mineral density measurement experimental/investigational. Evaluating vertebral fractures or signs and/or symptoms suggestive of vertebral fractures using dual-energy X-ray absorptiometry (DXA) also is considered experimental/investigational. Claims for vertebral fracture assessment **will be denied vendor liable**.

77082	Dual-energy X-ray absorptiometry (DXA), bone density study, one or more sites; vertebral fracture assessment
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- **Conformal and intensity modulated radiation therapy (IMRT) of the breast:** FCHP considers conformal radiation therapy, including but not limited to IMRT, an image-guided radiation therapy (IGRT) for the treatment of breast cancer, to be experimental/investigational.
 - Effective March 1, 2010, **claims will be denied vendor liable** for services related to conformal radiation therapy for commercial plan members for the treatment of primary breast cancer (ICD-9-CM diagnosis codes 174.x and 175.x), including but not limited to planning (CPT code 77301) and delivery (CPT code 77418).
 - **FCHP does cover IMRT of the breast for Fallon Senior Plan™ members** in accordance with National Heritage Insurance Company (NHIC) LCD for Intensity Modulated Radiation Therapy (IMRT) (L3244). Effective March 1, 2010, IMRT of the breast for Fallon Senior Plan members **will require preauthorization** by an FCHP medical director. ■

Code updates

In the November *Connection*, we **incorrectly reported** that the following codes no longer require plan preauthorization. *These codes do require plan preauthorization.* We apologize for any confusion this may cause.

21555	Excision tumor, soft tissue of neck or thorax; subcutaneous
24075	Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous
25075	Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous
27327	Excision, tumor, thigh or knee area; subcutaneous
27618	Excision, tumor, leg or ankle area; subcutaneous tissue

Effective March 1, 2010, this code will *no longer be separately reimbursed*.

94660	Continuous positive airway pressure ventilation (CPAP), initiation and management
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Effective immediately, this code *is covered for all member plan types*.

97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes.
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Effective immediately, this code *no longer requires plan preauthorization*.

J2805	Injection, sincalide, 5 micrograms
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Please note that, effective **March 1, 2010**, the following codes *are covered for Fallon Senior Plan™ members only and require plan preauthorization*.

0171T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level
0172T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion of imaging guidance), lumbar; each additional level (list separately in addition to primary procedure) ■

Codes for product-specific covered service

The following codes are covered for Fallon Senior Plan™, MassHealth, Summit ElderCare™, Commonwealth Care Plan Type 1 and NaviCare™ HMO members. For all other products, these services are considered noncovered services unless **prior authorization from the plan** has been received prior to the services being rendered. If prior authorization has not been received, these services **will reject as vendor liable**. Please see *Connection* online for the list of codes. 


Script alert

Formulary updates

Fallon Community Health Plan often makes changes to its formularies, including changing prior authorization requirements and adding new medications. Below are the latest changes to our Medicare Part D formulary.

Medicare Part D formulary

Product description	Changes
AMOX/CLAV K 250 MG; 62.5 MG/5ML SUSR	Added as Tier 1
APIDRA SOLOSTAR 100 UNIT/ML SOLN	Added as Tier 3 PA
APRACLONIDINE 0.5% SOLN	Added as Tier 1
CLONIDINE HCL 0.1 MG/24HR PTWK	Added as Tier 1
CLONIDINE HCL 0.2 MG/24HR PTWK	Added as Tier 1
CLONIDINE HCL 0.3 MG/24HR PTWK	Added as Tier 1
CODEINE SULFATE 15 MG TABS	Added as Tier 3
CODEINE SULFATE 30 MG TABS	Added as Tier 1

Product description	Changes
CODEINE SULFATE 60 MG TABS	Added as Tier 1
GALANTAMINE HBR	Added as Tier 1
HECTOROL 1 MCG CAPS	Added as Tier 3
KAPIDEX 30 MG CPDR	Added as Tier 2, QLL 30 per 30 days
KAPIDEX 60 MG CPDR	Added as Tier 2, QLL 30 per 30 days
MALATHION 0.5% LOTN	Added as Tier 1
REVELA 0.8 GM PACK	Added as Tier 2
REVELA 2.4 GM PACK	Added as Tier 2
SABRIL 500 MG PACK	Added as Tier 3 PA
SABRIL 500 MG TABS	Added as Tier 3 PA
SAPHRIS 10 MG SUBL	Added as 3 PA
SAPHRIS 5 MG SUBL	Added as 3 PA
HIBTITER 25 MCG; 10 MCG SOLN	Product removed from market
INVERSINE 2.5 MG TABS	Product removed from market
STROMECTOL 6 MG TABS	Product removed from market
TIMOLIDE 10/25 25 MG; 10 MG TABS	Product removed from market 

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Get connected



Connection online ■ January 2010

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

- List of new 2010 CPT/HCPCS codes
- List of codes for product-specific covered service

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **January 6, 2010**.

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