

Connection



Important information for Fallon Community Health Plan physicians and providers

■ Every day affairs

Changing provider enrollment information

Effective September 1, 2009, all changes to provider enrollment must be made on a prospective basis. We highly recommend that you use the new Provider Update Form, which can be found in the forms section of the *Provider Manual* at fchp.org/Providers/Provider_Manual.htm.

Please note that for providers adding, terminating or changing a Health Care Option (HCO) affiliation, as well as any provider terminations and non-renewals, we require 60 days prior written notice. For more details, please see the *Changing Provider Enrollment Information Policy* in the *Provider Manual* at fchp.org/Providers/Provider_Manual.htm or call the Provider Relations Department at 1-866-ASK-FCHP, prompt 4. ■

FCHP network choices

At Fallon Community Health Plan, we know that one size does not fit all—that's why we offer three different networks for our commercial products, including two HMO networks:

FCHP Select Care

FCHP Select Care is a broad network that includes physician practices, community-based hospitals and medical facilities across the Commonwealth. The network encompasses more than 17,000 providers and 50 hospitals. FCHP Select Care offers greater choice at a competitive price.

FCHP Direct Care

The FCHP Direct Care network is a subset of the FCHP Select Care network. Unique to the marketplace, FCHP Direct Care is one of the lowest-cost HMO plans available in Massachusetts today.

For a complete listing of hospitals in our Select Care and Direct Care networks, visit our Web site at fchp.org/Extranet/Plans/ProviderNetwork.htm.

Through our "Find a doctor" tool (fchp.org/FindPhysician/Search.aspx), you can search providers by specific plan network.

If you are not a provider who participates in both HMO networks, it's important to confirm the product your patient is enrolled in with Fallon Community Health Plan and communicate to the patient if you are contracted for that network.

If you have any questions, contact our Provider Relations Department at 1-866-ASK-FCHP, prompt 4. ■

Preauthorization requirements – lab and pathology services

Please note that, when ordering lab and pathology services, the ordering physician is required to obtain preauthorization for:


- **Unlisted CPT and HCPCS codes**
- **The applicable laboratory codes** that are in the List of Procedures Requiring Preauthorization located in the *Provider Manual*. Under the Managing Patient Care section, look for the topic, "PCP Referral and Plan Preauthorization Process."
- **Genetic testing**, as described in the *Genetic Testing Medical Policy* located in the *Provider Manual's* Medical Policy section. PCP referral to a specialist is required for the initial consultation. Plan preauthorization is needed for subsequent testing. ■

Changes to preauthorization process for home health

We're pleased to let you know about some exciting changes to our preauthorization process for skilled home health care services—that is, visiting nurse services.

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FCHP's contracted vendors no longer need to request preauthorization for in-home skilled care. Also, FCHP's contracted home infusion vendors no longer need to obtain preauthorization for certain home infusion services. In both cases, claims meeting the criteria can be submitted in the usual manner. These changes were effective April 28, 2009. For more details about these changes and which services still do require preauthorization, please see the article in *Connection* online. 

Let's connect

Quality focus: annual clinical reminders

FCHP's Quality & Health Services Department will be sending the annual clinical reminder reports to physicians in July and August 2009. These clinical reminder reports are based on claims received at the health plan at the time of report production. These reports are provided to physicians in an effort to identify patients who may be due or coming due for important clinical screenings.


This year, clinical reminders will include breast, cervical and colorectal cancer screenings; screenings for diabetics; cholesterol screening for those with cardiovascular conditions and controller medications for members with asthma.

Upon receipt of these reports, we ask that you or your office staff review the patients included on your lists and outreach to them as appropriate. We welcome any feedback and will integrate any information provided by you into our registries. Please call Beth Foley, Director of Quality Programs, at 1-508-368-9108 or e-mail her at beth.foley@fchp.org. 

Medicare Advantage fraud, waste and abuse training

FCHP has partnered with area Medicare Advantage health plans through HealthCare Administrative Solutions, Inc. (HCAS) to offer fraud, waste and abuse training, required by the Centers for Medicare & Medicaid Services. The training will be available on the HCAS Web site at hcasma.org this summer, and must be completed by the end of the year.


Look for additional information about the training requirements on the HCAS Web site. If you have any questions about this Medicare requirement, please contact the Provider Relations Department

at 1-866-ASK-FCHP, prompt 4, or via e-mail at askfchp@fchp.org. 

Mental health parity laws


Fallon Community Health Plan has made some minor changes to several of its products, effective July 1, as a result of the recent mental health parity laws requiring that mental health and substance abuse services be covered at the same level as general medical care.

The 30-day substance abuse inpatient rehabilitation limit on FCHP Select Care, FCHP Direct Care and Fallon Preferred Care plans has been removed. In addition, the \$500 per year substance abuse outpatient limit on Fallon Preferred Care has been removed.

These changes apply for all FCHP Select Care, FCHP Direct Care and Fallon Preferred Care members. Updated *Summaries of Benefits* are available on our Web site at fchp.org. If you have any questions, please contact the Provider Relations Department at 1-866-ASK-FCHP, prompt 4. 

For our MassHealth providers

MMIS information for MassHealth and Commonwealth Care providers

MassHealth introduced the new MassHealth Medicaid Management Information System (NewMMIS) in May 2009. NewMMIS provides MassHealth with increased flexibility to establish and manage effective benefit-plan structures, implement new payment methodologies and support the timely delivery of services to MassHealth members. **Real-time claims processing and online services will reduce administrative burdens on the provider community.** For details and relevant online links, please see *Connection* online. 

Specialty drugs arrangement not for MassHealth

As of June 1, Fallon Community Health Plan now has an exclusive partnership with Caremark Specialty Pharmacy for all specialty drugs dispensed through the pharmacy benefit. This partnership means that most FCHP members using specialty drugs through the pharmacy benefit will be required to use mail order through Caremark Specialty Pharmacy - Mail Order 1-877-287-1234 NABP # XXXXXXXX.

We'd like to remind you that this arrangement does not apply to FCHP's MassHealth members.

If you have any questions about this change, please contact the Provider Relations Department at 1-866-ASK-FCHP, prompt 4. ■

Standardized form updated for specialty formulas


Just a reminder to our participating providers that MassHealth and its contracted managed care organizations (MCOs) have primary responsibility for payment of enteral-nutrition products (special formula) that are medically necessary and are not covered by the Massachusetts Department of Public Health's Women, Infants and Children (WIC) nutrition program.

In an effort to provide a more streamlined and standardized process for requesting prior authorization for special formula, the MassHealth MCOs—Fallon Community Health Plan, Boston Medical Center's HealthNet Plan, Network Health and Neighborhood Health Plan—collectively adopted a standardized, slightly revised version of the MassHealth Medical Necessity Review Form for Enteral Nutrition Products (Special Formula). This process was put into place in autumn 2008.

The combined form has been recently updated and can be found in the forms section of the *Provider Manual* at fchp.org/Providers/Forms.htm. Please call the Provider Relations Department at 1-866-ASK-FCHP, prompt 4, if you have any questions about this process. ■

MassHealth training program for fluoride varnish application

Physicians and other qualified health care professionals may now apply fluoride varnish to eligible FCHP MassHealth members under age 21 during a pediatric preventive care visit. The goal is to prevent early childhood cavities in children who are at moderate to high risk for dental decay.

To apply the fluoride varnish, providers are required to complete a MassHealth-approved training program either on the Web, with an approved instructor or through the Department of Public Health. For details, see *Connection* online or visit mass.gov/masshealth/fluoridevarnish. ■ 

Coding corner

Coding issue: Operative notes

At times, a claim is rejected for incomplete procedure notes. This is done when the operative/procedure notes are missing significant pieces of information necessary to confirm the CPT codes billed.

The physician may go back, review his/her documentation and make an amendment, based on other supporting chart documentation. **Please be aware this amendment to the procedure note is not done to support the coding, but rather to complete the documentation.** The amendment must be done *only by the provider*, and must be initialed and dated indicating when the amendment was made.

This additional documentation must be faxed with a request for further review to our Claims Nurse reviewer at 1-508-797-4292, attention: Chris. A careful review of all operative/procedure notes for completeness before they are filed in the patient record is recommended. ■

Code updates

Effective September 1, 2009, the following codes (intended for use with molecular diagnostic techniques for analysis of nucleic acids) *will require plan preauthorization*.

Note: The ordering physician is responsible for obtaining preauthorization.

83890	Molecular diagnostics; molecular isolation or extraction
83891	Molecular diagnostics; isolation or extraction of highly purified nucleic acid
83892	Molecular diagnostics; enzymatic digestion
83893	Molecular diagnostics; dot/slot blot production
83894	Molecular diagnostics; separation by gel electrophoresis (e.g., agarose, polyacrylamide)
83896	Molecular diagnostics; nucleic acid probe, each
83897	Molecular diagnostics; nucleic acid transfer (e.g., Southern, Northern)
83898	Molecular diagnostics; amplification of patient nucleic acid (e.g., PCR, LCR), single primer pair, each primer pair

83900	Molecular diagnostics; amplification of patient nucleic acid, multiplex, first two nucleic acid sequences
83901	Molecular diagnostics; amplification of patient nucleic acid, multiplex, each multiplex reaction
83902	Molecular diagnostics; reverse transcription
83903	Molecular diagnostics; mutation scanning, by physical properties (e.g., single strand conformational polymorphisms (SSCP), heteroduplex, denaturing gradient gel electrophoresis (DGGE), RNA'ase A), single segment, each
83904	Molecular diagnostics; mutation identification by sequencing, single segment, each segment
83905	Molecular diagnostics; mutation identification by allele specific transcription, single segment, each segment
83906	Molecular diagnostics; mutation identification by allele specific translation, single segment, each segment
83907	Molecular diagnostics; lysis of cells prior to nucleic acid extraction (e.g., stool specimens, paraffin embedded tissue)
83908	Molecular diagnostics; signal amplification of patient nucleic acid, each nucleic acid sequence
83909	Molecular diagnostics; separation and identification by high resolution technique (e.g., capillary electrophoresis)
83912	Molecular diagnostics; interpretation and report
83913	Molecular diagnostics; RNA stabilization
83914	Mutation identification by enzymatic ligation or primer extension, single segment, each segment (e.g., oligonucleotide ligation assay (OLA), single base chain extension (SBCE), or allele-specific primer extension (ASPE))

Effective September 1, 2009, the following codes will require plan preauthorization.

90378	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each
J1565	Injection, respiratory syncytial virus immune globulin, intravenous, 50 mg

Effective September 1, 2009, the following codes will be covered as DME items and subject to all applicable DME caps.

E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)

Effective September 1, 2009, the following codes will no longer be separately reimbursed.

E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest
E2372	Power wheelchair accessory, Group 27 non-sealed lead acid battery, each
98960	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient.
98961	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients.
98962	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients.

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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 ■ July 2009

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

- Changes to preauthorization process for home health
- MMIS information for MassHealth and Commonwealth Care providers
- MassHealth training program for fluoride varnish application

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **July 8, 2009**.

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