

# Connection



Important information for Fallon Community Health Plan physicians and providers

## ■ Every day affairs

### NaviCare overview and team contacts

Fallon Community Health Plan would like to thank all of our providers who are working with us to help eligible patients benefit from our NaviCare® HMO SNP. We hope you'll visit *Connection* online for updated information about whom to contact on the NaviCare team if you or your staff have a NaviCare-related question.

If you're not yet familiar with our NaviCare program, please go to *Connection* online for an overview. We hope you'll give it serious consideration for appropriate patients. It is a great option for people who are 65 or older, live in Worcester County and have MassHealth Standard. The plan includes all Medicare and Medicaid benefits with no plan premium or coinsurance. **i**

### Attention NaviCare primary care providers and nurse practitioners

As an FCHP NaviCare provider, you are required to obtain annual continuing medical education units in geriatric practice. Please watch for a letter being sent to your practice requesting proof of annual geriatric training. ■

### Skilled nursing facilities reminder

We'd like to remind skilled nursing facilities that you need to inform us within one business day of an FCHP member's admission to your facility. A copy of the face sheet should be faxed to 1-508-368-9175. Thank you for working with us. ■

### Negative balance RAS notification reminder

As previously communicated in the July 2010 *Connection* newsletter, FCHP modernized its core business system, known as QNXT, and there was a slight change to the negative balance Remittance Advice Summary (RAS) notification process.

When there is an overpayment on a provider claim, and the claim is adjusted, it can result in a negative balance if there is not enough positive claims activity to balance out the overpaid amount.

Providers will only receive the detailed patient claim information on the negative balance RAS. Once the provider's negative balance is cleared, he/she will see only the negative balance dollar value, from the prior negative balance RAS notification, reflected on the RAS/check that is issued. Therefore, it is very important to keep the negative balance RAS notification, as this will be needed to post the accounts. ■

## ■ Let's connect

### Reminding PPO members about prior review and authorization of services

To ensure the quality and affordability of our health care services, FCHP continually conducts medical management, a process of reviewing the use of covered benefits to determine medical necessity and appropriateness of care. Part of this process is prior authorization review.



We are reminding our Fallon Preferred Care PPO and Fallon Senior Plan Premier Preferred PPO members that certain services (e.g., inpatient admissions and outpatient surgery) require prior authorization—whether or not they are obtained from providers who are in our network.

It is the Fallon Preferred Care PPO member's responsibility to ensure that services are authorized in advance by calling the appropriate medical management office at least five days before receiving the service. If services are rendered by an in-network provider and a prior authorization has not been obtained, then the in-network provider will be liable for the cost of services received.

For Fallon Senior Plan Premier Preferred PPO members, it is the provider's responsibility to obtain prior authorization. (However, we do strongly recommend that the member ensures the provider requests the authorization). If the services are not reviewed and approved, then the provider will be liable for the cost of the services received.

Also, if FCHP determines that care received without prior authorization was not a covered benefit or did not meet medical necessity criteria, we will deny the claim. Both Fallon Preferred Care and Fallon Senior Plan Premier Preferred PPO members will be responsible for paying the provider out-of-pocket for the care received.

As we re-emphasize our standard medical management policy, we are encouraging our members to review their *Member Handbook/Evidence of Coverage* for additional details. ■

## Clinical Practice Guidelines

FCHP's Clinical Practice Guideline Committee recently has endorsed two guidelines:

- *Prevention, Detection, Evaluation, and Treatment of High Blood Pressure* (JNC 7 Express) [NIH Publication 03-5233]
- *Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Executive Summary* [NIH Publication 01-3670]

We also have reviewed and updated:

- *Clinical Practice Guideline for the Management of Asthma in Children and Adults*

These and other clinical practice guidelines may be accessed at [fchp.org/providers/medical-management/health-care-guidelines.aspx](http://fchp.org/providers/medical-management/health-care-guidelines.aspx). For paper copies, please call 1-508-368-9103. ■

## Maybe if we lighten up, they won't light up!

(... or why our patients who smoke may feel like we're scolding them.)

The American Legacy Foundation recently conducted a survey of several thousand adult smokers.\* The survey showed that an overwhelming majority (82%) of smokers said they wanted their physician's advice about quitting smoking. Yet, 54% of respondents felt guilt, embarrassment, annoyance, uneasiness or pressure after talking with their doctor about their smoking. Only about half as many (28%) reported positive feelings of motivation, pleasure or confidence.

As the survey suggests, what you say regarding smoking and what your patients hear may be very different. Sometimes it's a matter of context.

Consider the story of John, an FCHP member in our **Quit to Win** program. Recently, John tried not to cry as his 4-year-old granddaughter pulled away from him and ran to her mother saying, "Grampy stinks! I'm not hugging him." And then two weeks later, at the bus stop on his way to his doctor's appointment, some member of the "Smoking Police" marched up to him and began lecturing him about his smoking.

So when John's physician walks into the exam room and says, "It's nice to see you, John. Are you still smoking?", John hears him as "yelling" and is mentally running out of the room. In the moment, John is convinced that he's hopeless and will just hide in a cave and smoke himself to death.



# Script alert

## Formulary updates

Fallon Community Health Plan often makes changes to its formularies, including changing prior authorization requirements and adding new medications. Please note the following changes to our commercial plan formulary.

### Commercial plan formulary

#### Additions

Besivance (besifloxacin 0.6% oph sol)	Tier 3
Bromday (bromfenac 0.09% oph sol)	Tier 3
Cambia (diclofenac pwdr)	Tier 3, PA required
Lastacaft (alcafadine oph)	Tier 3
Moxeza (moxifloxacin oph)	Tier 3, QL 3ml per Rx
Safyral (drospirenone/e estrad/levomefolate)	Tier 3
Tribenzor (olmesartan/amlodipine/HCTZ)	Tier 3, QL 30 per 30 days
Valturna (aliskiren/valsartan)	Tier 3, PA required
Zymaxid (gatifloxacin 0.5% oph sol)	Tier 3, QL 2.5ml per Rx

#### New to Market Policy\*

Abstral (fentanyl SL)  
Fortesta (testosterone gel)  
Natroba (spinosad)


\* FCHP's New to Market Policy was enacted to ensure patient safety and to allow for adequate time for the development, review and approval of clinical criteria. When a new medication first becomes available, it will fall under this policy and be excluded from coverage. A process is in place that allows for the quick review of provider requests for non-covered pharmaceuticals. ■

# Payment policy updates

## Payment policies this issue

### Revised policy – effective July 1, 2011

The following policies have been updated; details about the changes are indicated on the policy, which you can link to in *Connection* online :

- **Ambulatory Surgery – Facility Payment Policy:** Added discussion about reduction for multiple surgical procedures.
- **Ambulatory Surgery – Professional Payment Policy:** Added discussion about reduction for multiple surgical procedures.
- **Anesthesia Payment Policy:** Reorganized and clarified language discussing reimbursement and billing/coding guidelines. Added discussion about certified registered nurse anesthetists (CRNAs) so that the CRNA policy can be retired.
- **Certified Registered Nurse Anesthetists (CRNAs) Payment Policy:** Content of this policy has been added to the Anesthesia Payment Policy. This policy will be retired.
- **Global Obstetrical Services Payment Policy:** Renamed policy to *Obstetrics/Gynecology Payment Policy*; corrected typographical errors and added discussion about routine obstetrical ultrasounds.
- **Vaccine Payment Policy:** Added clarifications on appropriate use for CPT codes 90460 and 90461; updated the table in Addendum A. 

## ■ Coding corner

### Anesthesia with GI endoscopic procedures

FCHP considers anesthesia assistance medically necessary for plan members with a number of risk factors for sedation-related complications that justifies the presence of an anesthesiologist during a GI endoscopic procedure. One of these risk factors is the patient's age. We've changed the patient age from under 1 year to under 18 years. Please refer to the current medical policy, *Anesthesia Assistance with Gastrointestinal Endoscopic Procedures*, in the *Provider Manual*. ■

### Reimbursement for New Technology IntraOcular Lens (NTIOL) – Q1003

The CMS provision that allows additional payment for NTIOLs expired February 28, 2011. Therefore, effective July 1, 2011, Q1003 will no longer be separately reimbursed. ■

### V2785 – processing, preserving and transporting corneal tissue

When a plan member has a corneal transplant in an ambulatory surgical center or an outpatient hospital setting, FCHP will separately reimburse the cost of corneal tissue acquisition. Procedure code V2785 (processing, preserving and transporting corneal tissue) must be used to report this service. **Effective July 1, 2011, this service will require plan prior authorization, as well as a copy of the invoice from the eye bank that provided the corneal tissue.** ■

### Code updates

**Effective July 1, 2011**, the following code will be covered for MassHealth and NaviCare® members. Currently, this code also is covered for Summit ElderCare® members. All other lines of business will deny vendor liable. This code also will require plan prior authorization for all covered lines of business.

E0245	Tub stool or bench
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**Effective July 1, 2011**, the following codes will be covered for NaviCare, Summit Eldercare and Fallon Senior Plan™ members only. All other lines of business will deny vendor liable.

G0438	Annual wellness visit; includes a personalized prevention plan of service (PPPS), initial visit
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPPS), subsequent visit

**Effective July 1, 2011**, the following codes will deny vendor liable for all lines of business.

61630	Balloon angioplasty, intracranial (e.g., atherosclerotic stenosis), percutaneous
61635	Transcatheter placement of intravascular stent(s), intracranial (e.g., atherosclerotic stenosis), including balloon angioplasty, if performed
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure.)
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure.)

**Effective July 1, 2011**, the following code will be considered and treated as durable medical equipment rather than a medical supply item. This item will be applied to the member's DME-cap limit or cost-sharing expense once this change is made.

E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips
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**Effective July 1, 2011**, the following codes will no longer require plan prior authorization.

15330	Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
15430	Acellular xenograft implant; first 100 sq cm or less, or 1% of body area of infants and children ■

## 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 ■ May 2011

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

- NaviCare: Whom do I call?
- NaviCare: Program overview
- Payment policy updates and links

*Connection* is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **May 6, 2011**.

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