

# Connection



Important information for Fallon Health physicians and providers

July 2019

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## What's new

### New program for Medical Benefit Drug Management

Effective in the fourth quarter 2019, Fallon Health will implement a change in management of specialty medications that are covered under the medical benefit for all lines of business. The new program for prior authorization and claims edits will be administered with the assistance of Magellan Rx Management (Magellan) and will involve a streamlined process for reviewing and approval of these medications. All new prior authorization requests submitted after the effective date of the program will be administered by Magellan.

Prior authorization requests can be submitted through an electronic portal and will get an immediate response. Requests that meet criteria based on submitted information will be authorized through the online tool. Providers can also view authorizations that have been previously requested. The program is supported by specially trained pharmacy technicians and pharmacists. A staff of physicians with specialties including oncology, neurology, rheumatology and ophthalmology will be available as appropriate to conduct prospective peer-to-peer reviews. Medical necessity coverage criteria, approved by both the Fallon Health Pharmacy and Therapeutics Committee and Magellan Rx's National Pharmacy and Therapeutics Committee, will be available on line.

The post-service pre-payment claims edits will include edits concerning eligible diagnoses, maximum dosage/units, duration and frequency. The edits are developed through evidence-based recommendations and are approved by Magellan’s National Pharmacy and Therapeutics Committee. This portion of the program will not involve any changes in providers’ workflows.

In preparation for the new program, Magellan will hold a series of webinars for providers. Upon request, onsite visits are available to review the program. All program materials will be available on the Fallon Health website, including clinical criteria and the formulary indicating which drugs require prior authorization. ■

### Healthy Outlooks mailer

In April, we sent [Fallon Senior Plan™](#) and [NaviCare®](#) members a mailer called Healthy Outlooks. Your patients may bring this mailer to their next appointment with you to help guide their discussions. Topics in the mailer include:

- Items to talk about with you
- Recommended vaccinations and screenings
- Osteoporosis
- Depression
- Medication review
- Fall prevention
- Health Outcomes Survey ■

### Summit ElderCare® Q1 2019 survey results

The Summit ElderCare survey results for the first quarter of 2019 are in. The program has consistently done well in this survey, and this year is no exception.

Summit ElderCare survey categories	Number of respondents	Percent*
<b>Overall program:</b>		
Rate satisfaction overall	126	95.2%
Recommend to family or friends	125	96.8%
<b>Insurance coverage:</b>		
Prescription drug	124	97.6%
Hospital	103	95.1%
Medical visits	126	96.8%
Home care services	84	95.2%
<b>Communication with staff:</b>		
Nurse	123	94.3%
Staff	83	97.6%
Receptionist	124	95.2%
Answering service	77	92.2%

Summit ElderCare survey categories	Number of respondents	Percent*
<b>Program results:</b>		
Positive difference in loved ones' quality of life	126	96.8%
Positive difference in caregivers' quality of life	66	98.5%
<b>Primary Care Provider:</b>		
Able to identify primary care provider	125	100.0%
Rate team quality of care	126	98.4%
Listening	126	94.4%
Showing respect	126	96.0%
Spending enough time	126	93.7%
<b>Nursing services:</b>		
Quality of care overall nursing care	55	98.2%
Quality of care nurse seen at medical offices	58	96.6%
Quality of care medical assistant	58	96.6%
<b>Social Worker:</b>		
Identified social worker	126	100.0%
Approachability	125	89.6%
Listening skills	125	92.8%
Communication of relevant information	125	89.6%
<b>Facility Health Aides:</b>		
Assisting with toileting	12	100.0%
Serving meals	42	95.2%
Assistance with feeding	6	83.3%
Assistance with mobility	31	100.0%
Friendliness	44	95.5%
Availability	44	84.1%
Overall helpfulness	44	93.2%
<b>Activities:</b>		
Interesting activities at the day center	34	91.2%
Intellectually stimulating activities	34	94.1%
Sufficient variety of activities	34	94.1%
Activities promote physical movement	34	97.1%
Activities promote socialization	34	97.1%
Activities promote enjoyment	34	94.1%
Adequate communication about activities	77	98.7%
Amount of activities offered is about right	78	88.5%
<b>Activities staff:</b>		
Friendliness	34	100.0%
Willingness to incorporate suggestions	34	88.2%
Overall helpfulness	34	97.1%

Summit ElderCare survey categories	Number of respondents	Percent*
<b>Transportation:</b>		
Courtesy of driver	94	92.6%
Timeliness of pickup	93	82.8%
Time spent in van	93	76.3%
Timeliness of drop off	94	80.9%
<b>Home Health Aides:</b>		
Assistance with toileting	36	91.7%
Assistance with feeding or meal prep	29	96.6%
Help with moving around	44	90.9%
Assistance with showers and bathing	51	88.2%
Timeliness of arrival	75	86.7%
Overall reliability showing up on time	76	84.2%
Friendliness of staff	76	93.4%
Overall level of helpfulness	76	92.1%
Housekeeping	70	85.7%

\*Percent of respondents who indicated Excellent and Very Good on a 5-point scale or a rating of 8, 9 or 10 on a 10-point scale.

### Comments from the survey

We received many positive comments about the Summit ElderCare program. A sampling is below:

*"It's a great program. The medical care and home care services I receive are excellent."*

*"I get transportation to and from Summit, which helps because I don't drive. Going to Summit keeps me busy and gets me out of the house."*

*"I see the nurse practitioner, and she is fantastic. She is thorough and very attentive to my care."*

*"My doctor is very good and always listens to me."*

*"Summit is a wonderful program. It provides excellent medical care, very good insurance coverage, and helpful home care services."*

*"This program is great for older people who need a lot of care and help to be able to keep living at home."*

If you think any of your patients or their family members would benefit from Summit ElderCare, have them call us at 1-800-698-7566. ■

# Product spotlight

## **NaviCare – Model of Care training**

The main objective behind our NaviCare product is to assist our members in functioning at the safest level in the most appropriate setting, utilizing both Medicare and Medicaid covered benefits and services. Eligible members must be age 65 or older, have MassHealth Standard, and may or may not have Medicare. NaviCare services every county in Massachusetts, with the exception of Nantucket and Dukes.

Every member has a customized plan of care developed by their Care Team. Benefits include, but are not limited to, in-home supportive services such as homemakers, the Personal Care Attendant (PCA) Program, Adult Day Health Care, Group Adult and Adult Foster Care.

Transportation to medical appointments is covered, along with 90 round-trip supplemental rides to health-related services, such as the pharmacy, gym or support groups within a 30-mile radius of the member's home.

Requirements of the PCP and roles of the Care Team are outlined below. The navigator shares the member-centric care plan with the PCP, who provides input as needed. If you have a patient with NaviCare, you can communicate with the Care Team by calling 1-877-700-6996. Advantages of NaviCare that impact both members and providers include care coordination by the Care Team at the time of member care transition and the support we provide.

### **Navigator**

- Educates patients about benefits and services
- Educates patients about, and obtains their approval for, their care plan
- Assists in developing patient's care plan
- Helps patients make medical appointments and access services
- Informs Care Team when patient has a care transition

### **Nurse Case Manager or Advanced Practitioner**

- Assesses clinical and daily needs
- Teaches about conditions and medications
- Helps patients get the care they need after they're discharged from a medical facility

### **Primary Care Provider**

- Provides overall clinical direction
- Provides primary medical services including acute and preventive care
- Orders prescriptions, supplies, equipment and home services
- Documents and complies with advance directives about the patient's wishes for future treatment and health care decisions
- Receives patient's care plan and provides input when needed

## **Geriatric Support Service Coordinator employed by local ASAPs**

*(if patient is living in own home)*

- Evaluates need for services to help patients remain at home and coordinates those services
- Helps patients with MassHealth paperwork
- Connects patients with helpful resources

## **Facility liaison**

*(if patient lives in assisted living, long-term care or rest home setting)*

- Connects the Care Team with the staff at patient's facility

## **Behavioral Health Case Manager** *(as needed)*

- Identifies and coordinates services to support patients' emotional health and well-being
- Supports patients through transition to older adulthood
- Helps connect patients with their Care Team mental health providers and substance-use counselors, if present

## **Clinical pharmacist** *(as needed)*

- Visits patients after care transition to perform a medication reconciliation and teaches them proper medication use ■

## **Support and education available to NaviCare members with COPD and asthma**

Chronic obstructive pulmonary disease (COPD) and asthma are major causes of illness for many NaviCare members. Uncontrolled COPD or asthma often leads to visits to the emergency department or admission to the hospital with lengthy recovery periods.

The medications to treat these conditions include a few different inhaled medications used to prevent and treat acute episodes. Many patients have two or three different inhaled medications to control their symptoms. The directions on timing and use for each one can vary and become quite confusing.

The NaviCare team is here to help reduce the confusion. NaviCare Nurse Case Managers work closely with Fallon's pharmacists to provide support and education for COPD and asthma sufferers. Our pharmacists, referred by Nurse Case Managers, make home visits to members to ensure that medications for COPD and asthma are being used at the right times and according to proper directions.

In addition, the pharmacists work with members to help change behaviors that may be barriers to good health. They can also refer members who desire a deeper level of support and education to our COPD/Asthma Disease Management Program to work with a respiratory disease specialist.

This coordinated team approach is another example of how NaviCare works to keep its members as healthy as possible. ■

# Doing business with us

## Prior authorization for specialist visits for Summit ElderCare

**Effective September 1, 2019**, all specialist visits for Summit participants *will require a prior authorization from a Summit provider*. Currently, when a participant is referred to a specialist, there is no limit on subsequent visits.

We are now requesting that specialists see our referred Summit participants on a consultative basis only, without ordering any diagnostics or medications, and send written findings and recommendations back to the Summit provider's office. The Summit provider will review findings and recommendations from the visit and determine whether additional specialty visits are needed. If it is determined that subsequent visits are needed, visits will be authorized as agreed upon and as medically necessary. ■

## Pharmacy and therapeutics formulary changes

**Effective June 10, 2019**, the following brand drugs *will be non-formulary for commercial and exchange plans, and will require prior authorization for MassHealth*:

Acanya Gel	Ambien	Avar-e LS	Cafergot
Accolate	Ambien CR	Avelox	Calan
Accupril	Amnesteem	Avodart	Calan SR
Accuretic	Ampyra	Aygestin	Calcitrene
Acetasol HC Solution	Analpram-HC	Azilect	Carac
Actigall	Anaprox	Azor	Carafate
Actiq Lozenge on a Handle	Ancobon	Azulfidine EN-tabs	Cardizem
Actonel	AndroGel	Bactrim	Cardizem CD
Actoplus Met	Antabuse	Bactrim DS	Cardizem LA
Actos	Anusol-HC	Bactroban	Cardura
Acular LS	Arava	Baraclude	Carnitor
Aczone GEL	Aricept	Benicar	Cartia XT
Adalat CC	Arimidex	Benicar HCT	Casodex
Adcirca	Arixtra	BenzaClin	Catapres
Aggrenox	Armour Thyroid	Benzamycin	CeleBREX
Agrylin	Aromasin	Betagan	CellCept
Ala Scalp Lotion	Arthrotec	Betapace	Centany
Albenza	Asacol HD	Betapace AF	Cetraxal
Aldactazide	Astepro	Biltricide	Ciclodan
Aldactone	Atacand	Bleph-10	Ciloxan
Aldara	Atelvia	Boniva	Cipro
Alkeran	Atralin	Bromfed DM	Cleocin
Allzital	Augmentin	BSS Solution Intraocular	Clobex
Alphagan P	Augmentin XR	Bumex	Cloderm Pump
Altace	Avalide	Bupap	Colazal
Altafrin	Avapro	Buphenyl	Colestid
Amaryl	Avar Cleanser	Butrans Patch	Colyte with Flavor Packs
	Avar LS Cleanser	Caduet	Combivir

Comtan	E.E.S.	Gleevec	Loprox Shampoo
ConZip	EC-Naprosyn	Glucophage XR	Lotensin HCT
Cordran	Edecrin	Glucotrol	Lotrel
Coreg	Effient	Glynase	Lotrisone
Coreg CR	Efudex	Glyset	Lotronex
Corgard	Elestat	Golytely	Lovaza
Cortane-B	Elimite	Halcion	Lovenox
Cortef	Elocon	Hepsera	Lunesta
Cortenema	Emend	Hiprex	Luxiq Foam
Corzide	Enablex	Hydrea	Macrobid
Cosopt PF	Entocort EC	Hydro 40 Foam	Macrodantin
Cozaar	Epiduo	HyperSal	Malarone
Crestor	Epivir HBV	Hyzaar	Marinol
Cutivate	Epzicom	Inderal LA	Mavik
Cyclogyl	Ery-Tab	InnoPran XL	Maxitrol
Cytomel	Erygel	Inspra	Maxzide
Cytotec	EryPed	Iopidine	Medrol
D.H.E. 45	Erythrocin Stearate	Isopto Atropine	Megace ES
Dantrium	Esgic	Isordil Titrados	Mepron
Daypro	Estrace	Istalol	Methadone HCl
DDAVP	Eurax	Jalyn	Methadose
Demadex	Evista	Kadian	MetroCream
Depo-Testosterone	Evoclin	Kaletra	Metrogel
Derma-Smoother/ FS Body Oil	Evoxac	Kazano	Miacalcin
Dermazene	Exalgo	Keflex	Micardis HCT
DermOtic Oil	Exelon Patch	Kenalog Aerosol	Migergot
DesOwen	Exforge HCT	Keralyt	Migranal
Detrol	Extina Foam	Klaron	Millipred
Detrol LA	Fareston	Kristalose Packet	Minipress
DexPak	Feldene	LamISIL	Minitran Patch
Dibenzyliline	Femara	Lasix	Minocin
Differin	Fenoglide	Lescol	Mirapex ER
Difil-G Forte	Fexmid	Levaquin	Mitigare
Diflucan	Fibricor	Levbid	Mobic
Dilaudid	Fioricet	Levitra	MS Contin
Diovan	Fiorinal	Levsin	Myambutol
Diovan HCT	Fiorinal/Codeine	Lexiva	Mycobutin
Diprolene AF	Flagyl	Lialda	Mydracyl
Ditropan XL	Flomax	Librax	Myfortic
Dolophine	Floxin Otic	Lidoderm Patch	Naftin
Donnatal Elixir	Flumadine	Lidozion Lotion	Nalfon
Doral	FML Liquifilm	Lipitor	Namenda
Doryx	Fortesta	Lipofen	Namenda XR
Dovonex	Fosamax	Locoid	Naprelan
Duac	Fosrenol	Lodine	Naprosyn
Duetact	Furadantin	Lodosyn	Nasonex Suspension
Duragesic	Gastrocrom	Lomotil	Natroba
Dutoprol	GaviLyte-H KIT	Lopid	Nebusal
Dyazide	Gentak	Lopressor HCT	Nesina
	Giltuss	Loprox	Niaspan



Nilandron	Pyridium	Synalar	Valtrex
Nitro-Time	Qualaquin	Syprine	Vancocin HCl
Nitrolingual	Questran	Taclonex	Vanos
NitroMist Aerosol	Rapaflo	Tamiflu	Vaseretic
Nizoral	Rapamune	Tapazole	Vasotec
Norco	Razadyne	Targretin	Vectical
Norvasc	Razadyne ER	Tarka	Verelan
Norvir	Reglan	Tasmar	Verelan PM
NuLev	Renvela	Tazorac	Veripred
Nystop Powder	Requip	Temodar	Vfend
Ocuflox	Requip XL	Temovate	Viagra
Olux Foam	Restoril	Tenoretic	Vibramycin
Olux-E Foam	Retin-A	Tenormin	Videx EC
Opana	Retrovir	Terazol 7	Vigamox
Oracea	Revatio	Tessalon Perles	Viramune
Orapred ODT	Reyataz	Tiazac I	Viramune XR
Oseni	Ribasphere	Tigan	Virasal Liquid
Ovace Wash	Rifadin	Timoptic	Viread
Ovide	Rilutek	Timoptic-XE	Viroptic
Oxandrin	Riomet	Tobi Nebulization	Vogelxo Pump
Oxistat	Robaxin	TobraDex	Vusion
Oxsoralen Ultra	Rocaltrol	Tobrex	Vytorin
OxyCONTIN	Rocaltrol	Topicort	Welchol Packet
Parlodel	Rosadan	Toprol XL	Xalatan
Pataday	Rowasa	Trezix	Xeloda
Patanase	Roxicodone	Tribenzor	Xenazine
Patanol	RyVent	Tricor	Xodol
Pepcid	Salagen	Triderm	Zanaflex
Percocet	Salex Shampoo	Trilipix	Zantac
Peridex	SandoSTATIN	TriLyte	Zavesca
PhosLo	Sinemet	Trizivir	Zemplar
Plaquenil	Sinemet CR	Trusopt	Zerit
Plavix	Singulair	Tussionex Pennkinetic ER	Zestoretic
Polytrim	Skelaxin	Twynsta	Zestril
Ponstel	Solodyn	Tylenol with Codeine #3	Zetia
Prandin	Soma	Tylenol with Codeine #4	Ziac
Pravachol	Soriatane	Uceris	Ziagen
Precose	Sorine	Ultracet	Ziana
Pred Forte	Spectracef	Ultram	Zithromax
Prevalite	Sporanox	Ultravate	Zocor
Prinivil	SPS SUSPENSION	Uramaxin	Zofran
Procardia	SSD CREAM	Urecholine	Zonalon
Procardia XL	Starlix	Uredeb	Zovirax
Procto-Pak	Stromectol	Uretron D/S	Zyclara Pump Cream
Proctocort Suppository	Sular	Urocit-K 10	Zyflo CR
Promethegan	SulfaCleanse 8/4	Urogesic-Blue	Zyloprim
Prometrium	Sulfamylon Packet	Uroxatral	Zymaxid
Proscar	Sumadan Wash Liquid	Urso	Zyvox
Protopic Ointment	Sumaxin	Urso Forte	
Provera	Suprax	Vagifem	
Pulmicort	Sustiva	Valcyte	

**Effective June 10, 2019**, the following brand drugs *will be non-formulary for commercial and exchange plans only*:

Abilify	Felbatol	Pamelor	Surmontil
Adderall	Focalin	Parnate	Symbyax
Adderall XR	Gabitril	Paxil CR	Topamax Sprinkle
Anafranil	Geodon	Paxil	Tranxene-T
Ativan	Intuniv	Pristiq	Trileptal
Brisdelle	Invega	ProCentra	Valium
Celexa	Kapvay	Provigil	Vistaril
Clozaril	Keppra	Prozac	Wellbutrin SR
Compro	Klonopin	Qudexy XR	Wellbutrin XL
Concerta	Lamictal ODT	Remeron SolTab	Xanax
Cymbalta	Lexapro	Remeron	Xanax XR
Depakene	Lorazepam Intensol	Risperdal	Zenzedi
Depakote ER	Metadate ER	Risperidone M-TAB	Zoloft
Desoxyn	Methylin	Ritalin LA	Zonegran
Dexedrine	Mysoline	Ritalin	Zyban
Diastat AcuDial Gel	Nardil	Sabril	Zyprexa
Diazepam Intensol Concentrate	Neurontin	Sarafem	Zyprexa Zydis
Effexor XR	Norpramin	Seroquel	
Evekeo	Nuvigil	Seroquel XR	
FazaClo	Onfi	Strattera	

**Effective June 10, 2019**, the following brand drugs *will require prior authorization for MassHealth plans only*:

Colcrys  
Finacea Gel  
Voltaren

**Effective June 10, 2019**, the following drugs *will require prior authorization for commercial, exchange and MassHealth plans*:

Altabax  
Mupirocin cream ■

# Quality focus

## Clinical Practice Guideline update

Our Clinical Practice Guidelines are available here:

[fallonhealth.org/providers/medical-management/health-care-guidelines](https://fallonhealth.org/providers/medical-management/health-care-guidelines)

For a paper copy, please contact Robin Byrne at 1-508-368-9103.

Fallon's Clinical Quality Improvement Committee endorsed and approved the following evidence based Clinical Practice Guidelines:

- Massachusetts Health Quality Partners 2019 Pediatric and Adult Preventive Care Guidelines
- Massachusetts Health Quality Partners 2019 Perinatal Care Guidelines
- CDC Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2019
- CDC Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, United States, 2019 ■

## Compliance

### Intermediate and Outpatient Behavioral Health Services for Children and Adolescents:

This notification is directed to primary care physicians and pediatricians. The Massachusetts Division of Insurance (DOI) is requiring fully insured commercial plans to implement coverage for certain Intermediate and Outpatient Behavioral Health Services for children and adolescents under the age of 19. These services are available to commercial members effective July 1, 2019, upon their plan anniversary date.

Intermediate services include community-based acute treatment (CBAT) and intensive community based acute treatment (ICBAT).

- CBAT treatment is provided in a staff-secure setting on a 24-hour basis to provide intensive therapeutic services.
- ICBAT treatment includes the same services as CBAT, but of higher intensity with more intensive staffing.

Outpatient services include Intensive Care Coordination (ICC), Family Stabilization Team (FST), In-home Behavioral Health Services (IHBS), and Mobile Crisis Intervention (MCI).

- ICC is a non-clinical service that provides community-based care management to families who are receiving multiple services across multiple domains.
- FST is an intensive family therapy model focused on youth who are most at risk for out-of-home placement due to behaviors in the home.
- IHBS is a specific behavioral planning approach that includes a functional behavioral assessment, a behavioral intervention plan and parent training to alleviate specific behaviors causing functional impairments.

- MCI is a service used for acute exacerbation of mental health symptoms that may require stabilization in an out-of-home or diversionary level of care. MCI is able to provide support in the home, school or a location in the community.

Benefits are only available to members who are residents of Massachusetts or whose principal place of employment is in Massachusetts.

Beacon Health Options works with Fallon to manage these benefits, including authorizations, network and claims. With the exception of MCI, all of these Intermediate and Outpatient Behavioral Health Services require authorization.

There are two additional services that will be implemented next year on July 1, 2020. They are Family Support and Training and Therapeutic Mentoring. ■

## Coding corner

### Coding updates

**Effective July 1, 2019**, the following codes *will be covered and will require plan prior authorization*:

Code	Description
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens
0085U	Cytotoxic distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (i.e., ELISA)
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a categorical result (i.e., benign, indeterminate, malignant)
0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected

Code	Description
0094U	Genome (e.g., unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis
0095U	Inflammation (eosinophilic esophagitis), ELISA analysis of eotaxin-3 (CCL26 [C-C motif chemokine ligand 26]) and major basic protein (PRG2 [proteoglycan 2, pro eosinophil major basic protein]), specimen obtained by swallowed nylon string, algorithm reported as predictive probability index for active eosinophilic esophagitis
0096U	Human papillomavirus (HPV), high-risk types (i.e., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine
0097U	Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 22 targets (Campylobacter [ <i>C. jejuni</i> / <i>C. coli</i> / <i>C. upsaliensis</i> ], Clostridium difficile [ <i>C. difficile</i> ] toxin A/B, Plesiomonas shigelloides, Salmonella, Vibrio [ <i>V. parahaemolyticus</i> / <i>V. vulnificus</i> / <i>V. cholerae</i> ], including specific identification of Vibrio cholerae, Yersinia enterocolitica, Enteroaggregative Escherichia coli [EAEC], Enteropathogenic Escherichia coli [EPEC], Enterotoxigenic Escherichia coli [ETEC] lt/st, Shiga-like toxin-producing Escherichia coli [STEC] stx1/stx2 [including specific identification of the E. coli O157 serogroup within STEC], Shigella/Enteroinvasive Escherichia coli [EIEC], Cryptosporidium, Cyclospora cayetanensis, Entamoeba histolytica, Giardia lamblia [also known as <i>G. intestinalis</i> and <i>G. duodenalis</i> ], adenovirus F 40/41, astrovirus, norovirus GI/GII, rotavirus A, sapovirus [Genogroups I, II, IV, and V])
0098U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 14 targets (adenovirus, coronavirus, human metapneumovirus, influenza A, influenza A subtype H1, influenza A subtype H3, influenza A subtype H1-2009, influenza B, parainfluenza virus, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydomphila pneumoniae, Mycoplasma pneumoniae)
0099U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human metapneumovirus, influenza A, influenza A subtype, influenza A subtype H3, influenza A subtype H1-2009, influenza, parainfluenza virus, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydomphila pneumoniae, Mycoplasma pneumoniae)
0100U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus NL63, coronavirus OC43, human metapneumovirus, human rhinovirus/enterovirus, influenza A, including subtypes H1, H1-2009, and H3, influenza B, parainfluenza virus 1, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, respiratory syncytial virus, Bordetella parapertussis [IS1001], Bordetella pertussis [ptxP], Chlamydia pneumoniae, Mycoplasma pneumoniae)
0101U	Hereditary colon cancer disorders (e.g., Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])

Code	Description
0102U	Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])
0103U	Hereditary ovarian cancer (e.g., hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])
0104U	Hereditary pan cancer (e.g., hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (32 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])

**Effective July 1, 2019**, the following codes *will be set up as deny vendor liable for all lines of business and will not require plan prior authorization*:

Code	Description
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transeptal puncture
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score
0548T	Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy
0549T	Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy
0550T	Transperineal periurethral balloon continence device; removal, each balloon
0551T	Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
0553T	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention

Code	Description
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report
0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data
0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density
0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure
0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure.)
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide
0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure.)

**Effective September 1, 2019**, the following code *will be set up as covered with prior authorization*:

Code	Description
E0193	Powered air flotation bed (low air loss therapy)

**Effective July 1, 2019**, the following codes *will be covered and will require plan prior authorization*:

Code	Description
J7677	Revefenacin inhalation solution, FDA-approved final product, non-compounded, administered through DME, 1 microgram
J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg
Q5115	Injection, rituximab-abbs, biosimilar, 10 mg ■

## ICD 10 DX codes for external causes of morbidity (V00-Y99)

This is a reminder that, per the CMS ICD 10 Chapter 20 coding guidelines, the external causes of morbidity codes (V00-Y99) should never be sequenced as the first or principal diagnosis.

External cause codes are intended to provide data for injury research and evaluation of injury prevention.

These codes capture how the injury or health condition happened, the intent, the place where the event occurred, the activity of the patient at the time of the event, and the person's status.

If the morbidity diagnosis codes are billed as the primary or sole DX, the claim will deny and the provider will be asked to rebill with the correct primary diagnosis. ■

## ICD-10-CM and ICD-10-PCS annual code update

The annual update of the ICD-10-CM diagnosis and ICD-10-PCS procedure codes is effective October 1, 2019. An ICD-10-CM diagnosis code is required on all paper and electronic claims billed to Fallon Health.

For a list of new and invalid ICD-10-CM and ICD-10-PCS codes, effective for dates of service on or after October 1, 2019, see *Connection* online. ■

## Medicare MS-DRG annual update

Medicare MS-DRG V34 fee schedule of weights is effective October 1, 2019. For a list of new and invalid MS-DRG codes, effective for dates of service on or after October 1, 2019, see *Connection* online. ■

# Payment policy updates

## Revised policies – effective September 1, 2019:

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

- **Dermatology** – Minor coding updates
- **Drugs and Biologicals** – Added Unit of Measurement requirements to Billing/Coding Guidelines for Masshealth and NaviCare
- **Durable Medical Equipment** – Removed wigs from requiring authorization section
- **Evaluation and Management** – Removed language related to member cost-share, added code T1015 to non-reimbursed with codes (36415/36416), removed termed code
- **Global Surgical** – Clarified billing/coding language
- **Incontinence Supplies** – Updated Referral/notification/prior authorization requirements section
- **Infertility** – Clarified language in the Referral/notification/prior authorization requirements section



- ***Inpatient Medical Review*** – Updated the reimbursement section, clarified authorization for elective admissions
- ***Laboratory and Pathology*** – Removed termed drug screening codes, added code T1015 to non-reimbursed with codes (36415/36416)
- ***Newborn Services*** – Updated the reimbursement section
- ***Non-Covered Services*** – Updated the code list
- ***Team Conferences and Telephone Services*** – Clarified reimbursement section
- ***Vision Services*** – Updated the reimbursement section ■

## Annual Review

The following policies were reviewed as part of our annual review process and no significant changes were made:

- ***Acupuncture***
- ***Acute Inpatient Rehabilitation***
- ***Counseling and/or Risk Factor Reduction***
- ***Diabetic Self-Management Education and Training***
- ***Emergency Department***
- ***Hospital Acquired Conditions***
- ***Limited Services Clinic***
- ***Long-Term Acute Care (LTAC)***
- ***Maximum Units***
- ***Medical Nutrition Therapy***
- ***Nurse Midwife***
- ***Provider Audit***
- ***Radiology***
- ***Retroactive Authorization Requests***
- ***Speech Therapy***
- ***Ventricular Assist Devices*** ■

*Connection* is an online quarterly publication for all Fallon Health ancillary and affiliated providers.

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**Questions?**

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