

# CONNECTION

Important information for Fallon Health physicians and providers

September 2014

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## What's new

### An update on cost transparency

Last October, a Massachusetts law went into effect mandating that individuals can request and receive an estimate for the cost of specific medical services within a two-day turnaround time. In accordance with the mandate, Fallon Health currently has a procedure in place where our members can receive their cost estimate within two days.

Effective October 1, 2014, the requirement is that information must be available to patients in real time.

We are pleased to have a solution that will provide our commercial members with both instantaneous cost information, as well as potential financial incentives based on where they receive their care. Our web-based tool, called SmartShopper, is scheduled to go live on October 1. For more information, please see *Connection* online. **i**

### New payment policy for preventive visits

We listen to our provider partners and continually evaluate our policies and procedures to make it easier for you to deliver care and help your Fallon commercial plan patients get as healthy as possible.

Beginning October 1, 2014, Fallon Health is making changes in response to feedback we received from you and our members about the confusion that results when a member schedules an annual preventive visit but receives services that go beyond the scope of that visit.

*continued*



Fallon Health will **no longer calculate a member cost share/copayment** for evaluation and management codes submitted with modifier -25—when billed with annual preventive services for Fallon members enrolled in a commercial plan (e.g., Direct Care, Select Care).

**In addition, the following labs will be covered in full as preventive services:**

- Glycosylated hemoglobin test (83036)
- HIV-1/HIV-2 single result (86703)
- Lipid panel (80061)
- Metabolic panel total CA (80048)
- Microalbumin quantitative (82043)

Our decision to cover additional labs and certain evaluation and maintenance codes for prevalent chronic conditions will reduce member confusion around payment and streamline billing for you.

For additional information, please refer to the ***Evaluation and Management Payment Policy*** and ***Preventive Services Payment Policy*** updated with this issue. ■

## Doing business with us

### **Beacon offers PCP behavioral health consultation service**

We'd like to remind you of the decision support services available to assist primary care providers (PCPs) in our network.

In concert with Fallon Health, Beacon Health Strategies (Beacon) provides a PCP behavioral health consultation service for pediatricians, family practitioners, physician assistants and nurse practitioners who care for Fallon members. Beacon is our contracted partner for behavioral health management.

The consultation service gives Fallon PCPs access to one of Beacon's board-certified psychiatrists for routine requests during business hours. *This is not an urgent service.* If a psychiatrist is not readily available to take the call, then the call will be returned within two business days.

If you have a Fallon member for whom you are prescribing psychiatric medications and have questions about available medications or dosing, or are considering a medication change, you can call Beacon directly at 1-877-249-6659.

This service is also available to you for a collaborative diagnostic discussion about a Fallon member and the management of his/her behavioral health issues. Physicians who have used the service report that it's very helpful in clarifying diagnostic, treatment and medication questions in the management treatment of routine behavioral health conditions in primary care. The service is available Monday through Thursday from 8:30 a.m.-6:00 p.m., and Friday from 8:30 a.m.-5:00 p.m. ■

### **Coverage for low-dose CT scans**

The U.S. Preventive Services Task Force has issued a final Grade B recommendation statement on **lung cancer screening with low-dose computed tomography**. In response to the recommendation, Fallon Health will cover this service in full, beginning December 1, 2014, for members enrolled in commercial plans, when the service receives prior authorization from MedSolutions.

Fallon will be monitoring the Medicare Evidence Development Coverage Advisory Committee recommendations, and will update coverage for members enrolled in government-based plans accordingly. Please refer to the ***Radiology/Diagnostic Imaging Procedures Payment Policy*** for information on obtaining authorization from MedSolutions and coding for the service. ■

### **Fallon Health selected as finalist in strategic use of QNXT**

For our success in implementing and using QNXT™, Fallon Health was selected as a finalist among other health plans in the category of "Excellence in Operations" at TriZetto's annual payer conference.

We're now preparing to upgrade to QNXT's next version, which offers enhancements in claim processing, customer service and provider management in addition to integration opportunities with other systems. Learn more details in *Connection* online.  ■

## Let's connect

### Testing Wisely – Avoiding antibiotics for viral respiratory illnesses



An initiative of the ABIM Foundation

To continue our “Testing Wisely” series, this month we are putting the spotlight on antibiotic utilization recommendations from the Choosing Wisely® campaign.

A review of the HEDIS® rates in our network showed that our **providers rank in the 90<sup>th</sup> percentile** for appropriate treatment of children with URI and pharyngitis—and of adults with bronchitis. At Fallon, we attribute this adherence to our high-quality provider network, and we want to take this opportunity to commend you, the providers in our network, for these excellent results!

For more details, please see our complete article in *Connection* online. [i](#)

### Osteoporosis management in older women—Fallon Health screenings

Our Health Promotions department is doing bone mineral density (BMD) screenings on our female Medicare (Fallon Senior Plan™) members and NaviCare enrollees who are age 67-85 and who have had a bone fracture within the past 180 days (six months).

This is a free and voluntary program offered by Fallon Health. The population we are screening is selected from a monthly claims file created by our quality data analyst. *However, we also welcome your referrals—call Danielle Viva in Health Promotions at 1-888-807-2908 or 1-508-368-9540, prompt 5.*

BMD testing within six months for older individuals who have had a fracture is one of our HEDIS measures under the National Committee for Quality Assurance (NCQA). An older person with a past fracture is more at risk for having another one and, since there are no symptoms of brittle bone (osteopenia/osteoporosis) until a fracture occurs, most people don't even know they're at risk until they're tested.

A BMD screening can indicate the level of bone thinning and risk for osteoporosis. Our BMD machine is a Sahara® Clinical Bone Sonometer Unit by Hologic, which is ultrasound technology (not an X-ray).

This is a screening tool only—it's not meant to diagnose osteoporosis. Low bone-density results will suggest greater risk of fracture, and the member/enrollee will be advised to follow up with their PCP.

Our BMD screening is a quick, painless procedure using the heel of the foot, which has a high percentage of the kind of bone most affected by osteoporosis. The member/enrollee gets immediate results, along with education on osteoporosis and its risk factors.

Participants are encouraged to review a copy of the results with their PCP, who can then determine if any further testing is needed or what treatment options may prevent future fractures.

If you have any questions, please call Provider Relations at 1-866-275-3247, prompt 4.

*NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. NCQA's Healthcare Effectiveness Data and Information Set (HEDIS) is the most widely used performance measure tool in health care. ■*

### #Change4Good

Now, in line with the ACA, Fallon Health commercial plans cover FDA-approved tobacco cessation medications (nicotine and non-nicotine.) (Fallon Total Care<sup>SM</sup> and Fallon MassHealth already covered all cessation medications for two quit attempts per year.)

With this better access and affordability, we expect to see more quit attempts and hope that even more patients will be asking their providers about quitting.

Please remember that we can help with our **Quit to Win (QTW)** program. We offer weekly conference calls with a qualified Quit Coach and other quitters, and we continue to provide free individual telephonic coaching and other support options for all Fallon plan members. Call 1-508-368-9540 or 1-888-807-2908, or email us at [quittowin@fchp.org](mailto:quittowin@fchp.org). Find out more about the program in our detailed article in *Connection* online. [i](#)

## Quality focus

### Important links to information about care

We hope you'll take this time to visit our website, [fallonhealth.org](http://fallonhealth.org), to learn how we work with you and our members to ensure the quality and safety of clinical care. If you'd like to receive a copy of this information, please call our Provider Relations Department at 1-866-275-3247, prompt 4.

- **Clinical criteria for utilization care services.** Fallon Health uses national, evidence-based criteria that are reviewed annually by a committee of health plan and community-based physicians to determine the medical appropriateness of selected services requested by physicians. These criteria are approved as being consistent with generally accepted standards of medical practice, including prudent layperson standards for emergency room care. Criteria are available at [fallonhealth.org/providers/medical-management/medical-policies](http://fallonhealth.org/providers/medical-management/medical-policies), or call to request a paper copy.
- **Learn more about our quality programs.** Fallon is proud of its long history of quality accomplishments, including our "Excellent" accreditation from the National Committee for Quality Assurance. A detailed description of our quality program, goals and outcomes is available at [fallonhealth.org/about-fchp/quality-standards](http://fallonhealth.org/about-fchp/quality-standards). We also welcome suggestions from our physicians about specific goals or projects that may further improve the quality of care and service available through our health plan projects.
- **Know our members' rights.** Fallon members have the right to receive information about an illness, the course of treatment and prospects for recovery in terms that they can understand. They have the right to actively participate in decisions regarding their own health and treatment options, including the right to refuse treatment. For a complete list of Fallon commercial members' rights and responsibilities, visit [fallonhealth.org/members/resources/rights](http://fallonhealth.org/members/resources/rights). ■

## Utilization management incentives

Fallon Health affirms the following:

- Utilization management (UM) decision-making is based only on appropriateness of care and service, and the existence of coverage.
- Fallon does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization. ■

## Compliance

### Reminder: HITECH compliance deadline this month for business associates

HIPAA's Privacy and Security Rules, as modified by the HITECH Act, apply to Fallon Health as a "covered entity," and to its vendors, as "business associates."

We want to remind you that the compliance date for business associates is September 23, 2014—a date that is upon us.

In addition, the accelerated movement to use electronic health records provides an opportunity to update policies, procedures and employee training regarding the legal requirements, risks and security vulnerabilities of ePHI.

If you have questions about Fallon's privacy policies or your role as a business associate, please contact us at [Compliance@fchp.org](mailto:Compliance@fchp.org). You may also report a concern anonymously through our Compliance Hotline at 1-888-203-5295. ■

## Product spotlight

### NaviCare announces improvements in its model of care

NaviCare, Fallon Health's Medicare Advantage Special Needs Plan (SNP) and Senior Care Options (SCO) program, has improved its model of care in several ways.

NaviCare provides coordinated medical care, prescriptions and supportive care, with a Navigator coordinating needed services with a Primary Care Team. NaviCare combines MassHealth Standard benefits with Medicare benefits—including Part D and more.

Here are a few examples of recent improvements:

- We implemented the **TruCare® Care Management** product suite last March. This new documentation system has customized reporting capabilities that allow the leadership team to track and report Primary Care Team member activities on many factors that are important to the management of a frail, dual-elder population.
- We placed **NaviCare navigators in large provider practices** to work side by side with providers and their office staff.
- **Dedicated RN case managers** now work closely with skilled nursing facilities to help facilitate seamless discharge plans.
- We established a **dedicated Authorization Unit and team** focused on processing authorization requests for our NaviCare members via a new dedicated fax line, 1- 508-368-9822.
- We continually **add new providers to the network** in our geographic service areas to meet this population's needs.

To learn more or refer a patient, call 1-877-255-7108, or visit [navicare.org](http://navicare.org). NaviCare serves members in all Massachusetts counties, with the exception of Berkshire County, the Islands, and a limited area in Franklin County. ■

### MassHealth providers

### Developmental and behavioral health screens at PCP visits

MassHealth includes developmental and behavioral health (mental health and substance use disorder) screens in the list of Early Periodic Screening, Diagnosis and Treatment (EPSDT) Services and Preventive Pediatric Healthcare Screening and Diagnosis (PPHSD) services in accordance with Massachusetts regulations.

As a contracted provider for Fallon MassHealth members, you must adhere to MassHealth regulations.

Effective July 1, 2014:

1. MassHealth has revised Appendix W (EPSDT/ PPHSD periodicity schedule), which requires that providers choose a clinically appropriate behavioral health screening tool from a menu of approved, standardized tools when conducting a behavioral health screen at a periodic or inter-periodic visit. Three additional tools have been added to the list of MassHealth-approved standardized behavioral health screening tools for children under the age of 21.
2. MassHealth has revised Appendix Z (EPSDT/ PPHSD screening services codes) to reflect the accurate description of CPT Service Code 96110.
3. Change to Patient Health Questionnaire-9 (PHQ-9) protocol: MassHealth now approves the use of the PHQ-9 for members age 13 and older.

### Menu of standardized behavioral health screening tools

The menu of behavioral health screening tools that primary care providers may use during EPSDT and PPHSD visits is published in Appendix W. These tools accommodate a range of ages while permitting some flexibility for provider preference and clinical judgment.

For more information about the standardized behavioral health screening tools, please go to [mass.gov/mashealth/cbhi](http://mass.gov/mashealth/cbhi). Click on "Screening for Behavioral Health Conditions." To review Appendix W and Appendix Z, see the "Managing patient care" section of our *Provider Manual* ([fallonhealth.org/providers/provider-manual](http://fallonhealth.org/providers/provider-manual)). ■

## Coding corner

### Documentation we need for prior authorization of unlisted codes

Fallon Health reimburses for unlisted procedures/ services codes that have been prior authorized (PA). In order for us to review a PA request for an unlisted code, you must submit clear documentation supporting the use of an unlisted code, including the following:

- A detailed description of the procedure that the unlisted code is to represent for billing
- Why an unlisted code must be used instead of an assigned code for billing
- An equivalent known code for comparison
- Cost associated with the unlisted code (as we will need to prepare an ad-hoc rate agreement)

Please refer to the *Unlisted Procedures and Services Payment Policy* for additional information and clarifying details. ■

### Correct use of modifiers RT and LT

The purpose of these modifiers is to identify services/procedures performed on the left or right side of the body. Modifiers LT and RT **do not** indicate bilateral procedures.

All radiological and diagnostic ophthalmology services performed bilaterally should be billed on two separate claim lines, with modifier LT on one line and modifier RT on the subsequent line, and one unit per line.

Fallon Health will accept modifiers LT and RT when used as appropriate with codes such as, for example, surgical and radiological procedures; procedures in the medicine section of the CPT manual; and prosthetic and orthotic devices. ■

### Tips for documenting and coding diabetes with manifestations

Based on ICD-9-CM guidelines related to diabetes, it's important that all five digits of the ICD-9-CM code be coded and documented within the visit note, containing the following pieces of information:

- Presence of diabetes mellitus (250)
- Complications or manifestations (4<sup>th</sup> digit)
- Whether the diabetes is controlled or uncontrolled and is Type 1 or Type 2 (5<sup>th</sup>)

Here are some examples:

- Diabetes with renal manifestation 250.4x
- Diabetes with ophthalmic manifestations 250.5x
- Diabetes with neurological manifestations 250.6x
- Diabetes with peripheral circulatory manifestations 250.7x
- Diabetes with specified manifestations 250.8x

ICD-9-CM guidelines require that cause and effect be established with language in the progress note, such as:

- Diabetes *with* CKD
- CKD *resulting from* diabetes
- PVD *secondary to* diabetes

When a patient has complications due to diabetes, **you must separately document** your assessment of the (1) diabetes and (2) the complication in order to bill for both.

An example of your documentation in Progress Note:

- **Diabetes with neurological manifestations** – sugar levels have remained stable on current medication. *Your assessment statement here relates specifically to diabetes, indicating whether it is controlled or not.*
- **Polyneuropathy in diabetes** – tingling and numbness worsening, increasing Neurontin® dosage. *Your assessment statement here relates only to the neuropathy.*

The above documentation clearly supports codes **250.60 Diabetes with Neurological Manifestations** and **357.2 Diabetic Polyneuropathy**. ■

## Code update

Effective March 1, 2014, the following code no longer requires plan prior authorization.

Code	Description
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder ■

## Medical policy updates

### Fallon Health to follow additional InterQual guideline

Beginning November 1, 2014, Fallon will use InterQual guidelines when reviewing for medical necessity for **HIV-1 Co-receptor Tropism Assays**. ■

### New policy for experimental and investigational procedures

Effective November 1, 2014, Fallon Health has a new medical policy outlining services and procedures that are considered experimental and investigational (non-covered).

While Fallon already maintains other medical policies for specific experimental and investigational procedures, this policy provides a list of specific CPT codes and procedure names that are considered experimental and investigational. The policy will be posted in the Medical Policies section of our *Provider Manual* online at [fallonhealth.org/providers/medical-management/medical-policies](http://fallonhealth.org/providers/medical-management/medical-policies). ■

## Payment policy updates

### Payment policies this issue

#### Apply to Fallon Health and Fallon Total Care

#### Revised policies – effective November 1, 2014:

The following policies have been updated; details about the changes are indicated on the policies. Go to [fallonhealth.org/providers/medical-management/payment-policies](http://fallonhealth.org/providers/medical-management/payment-policies).

- **Claims Auditing Software Payment Policy** – Updated the discussion about reductions for multiple procedures.
- **Evaluation and Management Payment Policy** – Updated the discussion about evaluation and management services billed with preventive visit codes.
- **Home Health Care Payment Policy** – Updated the billing and coding discussion related to HIPPS codes.
- **Lab and Pathology Payment Policy** – Updated discussion about drug testing code reimbursement.
- **Preventive Services Payment Policy** – Updated discussion about preventive services. ■

### Reducing professional components under MPPR on diagnostic imaging

Fallon Health follows the rules for Multiple Procedure Payment Reduction (MPPR) on Diagnostic Imaging Procedures set forth by the Centers for Medicare & Medicaid Services (CMS).

The CMS rules have included a reduction for the professional component since 2012, and **Fallon will follow the rule to reduce professional components**, beginning with claims processed on or after November 1, 2014. Accordingly, we have updated our *Claims Auditing Software Payment Policy* and *Radiology/Diagnostic Imaging Procedures Payment Policy*. ■

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 2014

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

- An update on cost transparency
- Fallon Health selected as finalist in strategic use of QNXT
- Testing Wisely—Avoiding antibiotics for viral respiratory illnesses
- #Change4Good (Quit to Win program)
- Payment policy updates and links

*Connection* is a bimonthly publication for all Fallon Health ancillary and affiliated providers. The next copy deadline is **September 4** for our November 2014 issue.

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[fallonhealth.org/providers](http://fallonhealth.org/providers)  
[fallontotalcare.com/providers](http://fallontotalcare.com/providers)

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