

CONNECTION

Important information for Fallon Health physicians and providers

May 2014

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What's new

The 2013 provider survey results are in...

You've provided us with feedback saying that, overall, the service Fallon Health provides you is 70.3% *excellent* or *very good*. We have some room for improvement!

Aside from the overall satisfaction score, providers rated Fallon Health similar to our competitors in most other areas. It's also of significance that **82% of providers responding to the survey stated they would recommend Fallon Health to their patients.**

We recognize the importance of your satisfaction, and we encourage you to share improvement areas at any point during the course of the year. In addition, we realize how you are impacted by the changing health care environment. Changes in health plan designs and compliance with state and federal legislation make our shared health care mission more complicated every day. We appreciate your continued flexibility.

Fallon Health remains committed to finding better ways to collaborate with the provider community. The feedback we've received from our survey reveals multiple opportunities for improvement. We're taking a close look at these opportunities and more as we work to strengthen how we collaborate with providers in support of our mission, *making our communities healthy.*

If you have questions or comments, please call the Provider Relations Department at 1-866-275-3247, option 4. ■



Product reference and ID card updated

Moving forward as Fallon Health, it remains our goal to keep you informed about our products, policies and member benefits.

During the upcoming months, you'll see materials, including member ID cards, which showcase our new logo. We've updated our guide to help you identify all of Fallon's member ID cards and corresponding plan details such as the referral process, copayments and deductibles. Specific plan information may vary on individual cards.

You'll find it at fchp.org/providers, under the right-hand Highlights box.

Please review the Table of Contents for a list of our products—and note your participating status by checking off the appropriate boxes. Feel free to ask us for clarification of your participation.

This Product Reference Guide is a great tool for your day-to-day interaction with Fallon Health members. We hope you'll download it and contact your Provider Relations rep if you have any questions at 1-866-275-3247, option 4. ■

Action health

Heywood Healthcare's Suicide Prevention "Call to Action"

North Central Massachusetts has one of the highest suicide rates in the Commonwealth for both adults and adolescents (five times the state average). The small urban/rural communities of this region have lost more than 40 residents to suicide during the past two years alone.

In a call to action, Heywood Hospital and community partners have developed a series of strategies to begin to improve this outlook, and to provide hope, education, and the opportunities for support and services that this region needs.

Outreach: Suicide Prevention Task Force

One such strategy was the development of the Suicide Prevention Task Force. Its mission is to prevent suicide by providing education and resources for individuals who struggle with

depression, survivors of suicide, and those who have lost loved ones to suicide. The task force, which has been in operation for over two years, is represented by more than 100 active members.

Educating and engaging employees

Additionally, through a workforce development grant partnership with Mount Wachusett Community College, the hospital system (Heywood and Athol Hospital) has the opportunity to provide suicide prevention education to each and every employee (more than 1,000 employees).

The training, "QPR," which stands for Question Persuade Refer, gives employees tools that demystify truths about suicide. It also teaches employees how to recognize and approach a person who may be suicidal and, most importantly, how to refer them for care.

Most at-risk: Men's Suicide Prevention Program

Heywood Hospital recently kicked off a Men's Suicide Prevention Program that focuses prevention efforts on working-age men. This group has one of the highest suicide rates in the Commonwealth and nationally.

The Men's Suicide Prevention Program is funded through a grant provided by The Health Foundation of Central Massachusetts. The program engages primary care providers who play a key role in prevention efforts. National data demonstrates that 45% of people who go through with suicide have a visit with their primary care provider in the month before taking their life.

The program also engages the business community and the department of training and unemployment. It embraces peer support and the use of technology to reach, and prevent suicide among, at-risk men.

Expanding mental health efforts

Heywood Healthcare has also expanded mental health care-coordination efforts in emergency departments, schools, primary care practices and community-based organizations.

Heywood Hospital is committed to expanding inpatient mental health capacity. The hospital also is committed to working with community partners to expand regional access to services for youth and adolescents, as well as substance and alcohol abuse services.

Upcoming fundraisers

The 2nd Annual "Ride of Your Life" motorcycle ride, walk and run is planned for Sunday, August 24, 2014, and the 2nd Annual Heywood Healthy Harvest 5k "Running for Mental Health" community run/walk will be held on September 20, 2014. All proceeds will support suicide prevention efforts.

For more information visit the Greater Gardner Suicide Prevention Task Force website at ggsuicideprevention.org. ■

Is text messaging the answer for ambivalent smokers?

Not all of your tobacco-using patients who are Fallon Health members may be ready to commit to our Quit to Win program. But here's one more option for you to propose when you encounter that not-quite-ready smoker: *Daily Quit Texts* from the Quit to Win program.

These quiet little messages aim to encourage and inform smokers through their stages of readiness for change. It's an easy, non-threatening way for your patients who have Fallon insurance to stick their toe in the water, so to speak, without attending a group or committing to telephone coaching.

Our members can join the program by emailing their name and cell number to QuitToWin@fchp.org or by calling 1-888-807-2908, option 1. The text messages are free, depending upon their cell plan. And, of course, we'll stop sending texts whenever they ask us to. ■

Compliance

ICD-10 delayed

Although Fallon Health ICD-10 implementation efforts are well under way, Congress has delayed the compliance deadline to occur *no earlier than* October 2015. We'll continue to monitor progress at the national level for a new implementation date, and to partner at the state level with the Massachusetts Health Data Consortium in efforts to prepare for ICD-10 compliance.

Please continue to consult fchp.org/icd10 for current information. If you have any questions about our transition to ICD-10, contact your Provider Relations representative at 1-866-275-3247, option 4. ■

Quality focus

Preventive care guidelines updated

Fallon Health's Clinical Quality Improvement Committee has endorsed and approved the newly updated evidence-based Massachusetts Health Quality Partners (MHQP) *Adult and Pediatric Preventive Healthcare Guidelines*.

These guidelines can be found at fchp.org/providers/medical-management/health-care-guidelines. For a paper copy, please contact Robin Byrne at 1-508-368-9103. ■

Proper and timely disinfection of stethoscopes needed

Contributed by Matthew J. Collins, M.D., Fallon Senior Medical Director, Medical Affairs

The importance of cleaning stethoscopes between patients is reinforced by a study published in the March issue of *Mayo Clinic Proceedings*.

This study is the first to compare directly the level of contamination of physicians' hands and stethoscopes. It found that physicians' stethoscopes are more contaminated than the palms of their hands.

In a related press release, lead investigator Didier Pittet, M.D., M.S., Director of the Infection Control Program and WHO Collaborating Centre on Patient Safety, University of Geneva Hospitals, commented:

"By considering that stethoscopes are used repeatedly over the course of a day, come directly into contact with patients' skin, and may harbor several thousands of bacteria (including MRSA) collected during a previous physical examination, we consider them as potentially significant vectors of transmission. From infection control and patient safety perspectives, the stethoscope should be regarded as an extension of the physician's hands and be disinfected after every patient contact."

Study:

"Contamination of Stethoscopes and Physicians' Hands After a Physical Examination," by Yves Longtin, M.D., et. al., *Mayo Clinic Proceedings*, Volume 89, Issue 3 (March 2014), published by Elsevier ([mayoclinicproceedings.org/article/S0025-6196\(13\)01084-7/abstract](http://mayoclinicproceedings.org/article/S0025-6196(13)01084-7/abstract)). ■

Let's connect

Choosing Wisely® Massachusetts website launched



An initiative of the ABIM Foundation

At Fallon Health, we want to share the news that a new website was launched earlier this year supporting the collective efforts of the Choosing Wisely Massachusetts campaign.

More care is not always better care. Visit choosingwiselyma.org to learn more about how patients and providers in Massachusetts can think and talk about tests and procedures, and when they may or may not be helpful.

The site provides a call to action for providers, patients and consumers, employers, and health plans. It also gives the statewide Choosing Wisely campaign the opportunity to establish a baseline of interest and awareness while tracking progress for the campaign moving forward. ■

Product spotlight

More ways to promote wellness

We have two great wellness programs that give our members the tools, and some financial motivation, to be or become healthy. Please encourage your patients with Fallon Health to participate.

The Healthy Health Plan incentive expanded to adult dependents

Last April, Fallon Health launched The Healthy Health Plan, an easy-to-implement wellness program for our commercial plans that has been rewarding eligible *subscribers* for being—and becoming—healthy. As of April 1, 2014, all adult dependents (age 18 and over) on the subscriber's plan are eligible for financial incentives, too!

Qualifying members simply fill out an online health assessment, and are eligible to receive up to \$200 in financial incentives. If an individual could use a little help to get healthier, he/she can choose to enroll in a customized action health plan that may include regular health coaching,

wellness workshops, interactive tools and more. For example, participants can choose from more than 25 exercise/fitness plans (or they may create their own)—including Beginner Walker, Boot Camp Fitness and Get Fit for Golf.

It Fits!—more reimbursement for wellness

Fallon members love our It Fits! annual fitness reimbursement program that pays families \$400 and individuals \$200 annually for participating in healthy activities. It's one of the richest fitness benefits in Massachusetts.*

Whether they love the gym, prefer road races, or are the star player of a Little League team, we give our members money to use towards a variety of different health activities—everything from race entry fees and swimming lessons to eligible weight-loss programs and cardiovascular home fitness equipment. If the kids are going to a sports camp or taking karate lessons, we'll reimburse that, too.

For details, see fchp.org/members/healthy-extras. ■

*Amount may vary by plan and employers.

Fallon spreading health in a town near you

We're partnering again this summer—for the third year—with FOX25 Zip Trip broadcasts every Friday morning to do a special segment that explains different health risks and steps to take for a healthier lifestyle. From May 23 through August, we'll be visiting a new community in Massachusetts with our TV hosts and promoting our mission, *making our communities healthy*. Visit myfoxboston.com (click the Zip Trips navigation bar) for what towns we'll be visiting soon. ■

Health Connector and MassHealth transition members

Commonwealth Care temporary coverage, Commonwealth Choice member transition

In February, with a backlog of 72,000 applications for subsidized health care coverage, the Health Connector announced that people covered by the Commonwealth Care extension program or who were previously Medical Security Plan members have access to their coverage through at least June 30, 2014. Another expansion to this fall is anticipated.

All Commonwealth Choice plans ended March 31 or sooner. However, Massachusetts residents who have had difficulty signing up through the Health Connector for unsubsidized health insurance coverage were given an extra two weeks to enroll, with payment due April 23 for coverage starting on May 1. Stay tuned. ■

Script alert

Caution urged in prescribing testosterone therapy

There is growing evidence of potential cardiovascular risks related to testosterone replacement therapy (TRT). Recent studies reinforce other research findings that hormone therapy may increase the risk of heart attack and stroke, and may not be safe for everyone.

The studies

- A U.S. Veterans Affairs study, published in the November 2013 issue of the *Journal of the American Medical Association*, looked at 8,709 men who had low testosterone levels and a high prevalence of cardiovascular disease. The men who received TRT had a 29% increased risk of myocardial infarction, ischemic stroke or mortality compared to those in the no-therapy group.
- Another federally funded study in the January 2014 issue of the online medical journal *PLOS ONE*, tapped a medical records database of 55,593 men. Researchers found that prescription testosterone doubled the risk of heart attack among men aged 65 and older during the three months after starting therapy. The risk was nearly tripled among younger men who had a history of heart problems.

Recommendations

Study authors note that these red flags about safety should trigger caution in prescribing testosterone supplements and prompt serious physician-patient discussion about the benefits and risks of TRT. They also emphasize the need for more clinical trials and observational studies.

The Food and Drug Administration, in a “safety announcement” on January 31, said that it was reviewing the safety of these drugs in response to the latest studies. (See: fda.gov/drugs/drugsafety/ucm383904.htm.) A consumer advocacy group, called Public Citizen, has petitioned the FDA to add a “black box” warning—the most serious type—to all testosterone medications and require manufacturers to warn physicians about the risks.

Diagnosis of low T and use of TRT

Because many of the signs and symptoms of low testosterone are vague and can have many causes, the Endocrine Society recommends doing a blood test for a more definitive diagnosis. A blood sample should be taken in the morning, when testosterone levels are highest. The results must show low-serum testosterone levels (300 ng/dl or below) on two different mornings for a diagnosis of low testosterone. TRT comes in several forms: a gel, patch, injection or tablet.

Testosterone therapy has been promoted to improve sexual function, bone mineral density, strength and lipid profiles. TRT is not approved by the FDA to improve strength, physical appearance or prevent aging. FDA labeling on the drugs indicates they are only to be used for men who have abnormally low testosterone caused by a medical condition.

Since pharmaceutical companies started promoting testosterone replacement therapy to physicians and directly to consumers in 2000, the use of testosterone supplements has increased to 5.3 million prescriptions as of 2011, for an estimated cost of \$1.6 billion annually. Growth in the market is fastest among younger men.

Studies:

“Association of Testosterone Therapy with Mortality, Myocardial Infarction and Stroke in Men with Low Testosterone Levels,” Rebecca Vigen, M.D., et. al., *Journal of the American Medical Association*, Volume 310, Number 17, November 6, 2013.

“Increased Risk of Non-Fatal Myocardial Infarction Following Testosterone Therapy Prescription in Men,” William D. Finkle, et.al., *PLOS ONE*, plosone.org, January 29, 2014. ■

Payment policy updates

Payment policies this issue (Fallon Health only)

Revised policies – effective July 1, 2014

The following policies have been updated; details about the changes are indicated on the policies. Go to fchp.org/providers/medical-management/payment-policies.

- **Gastroenterology Payment Policy** – Updated the list of codes in the policy.
- **Inpatient Medical Review and Payment Policy** – clarified discussion about drugs waste.
- **MassHealth Provider Preventable Conditions Payment Policy** – Updated the code in the policy.
- **Non-Covered Services Payment Policy** – Updated the codes in the policy.
- **Outpatient Drugs Payment Policy** – clarified discussion about drugs waste.
- **Team Conferences and Telephone Services Payment Policy** – Updated the codes in the policy.
- **Transplant Payment Policy** – Updated the codes in the policy.

The following policy is being retired – effective immediately.

- **Human Leukocyte Antigen Testing Payment Policy** ■

Medical policy updates

Policies mapped to ICD-10-CM

The following policies contain ICD-9-CM codes and have been mapped to include ICD-10-CM codes:

- *Arthroscopy for Osteoarthritis of the Knee**
- *Conformal and Intensity Modulated Radiation Therapy (IMRT) of the Breast*
- *Deep Brain Stimulation*
- *Iontophoresis*
- *Lyme Disease*
- *Posterior Tibial Nerve Stimulation*
- *Prenatal Screening*
- *Pulmonary Rehabilitation*

*This policy will remain rather than moving to InterQual® guidelines as listed in November 2013 Connection. ■

Coding corner

Code updates

Avastin® coding reminder

Since January 2010, we've required that ophthalmology-dose Avastin be billed with the HCPCS code **C9257 and 5 units**. Claims that are submitted with code J3490 or J9035 will be corrected and paid according to your contract.

Claims for ophthalmology-dose Avastin require submission of an invoice for correct payment. If you already have one on record, there is no need to forward a new one, unless your cost has changed. Please fax your procedure note and invoice to "Op Note Review—attention Chris" at **1-508-368-9094** and they will be kept on file. ■

Arthroscopy of the knee for osteoarthritis

Arthroscopy of the knee for osteoarthritis (ICD-9-CM 715.xx) currently is not reimbursed separately for all lines of business. **Effective July 1, 2014**, this service will *deny vendor liable* for all lines of business.

Code	Description
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	Arthroscopy, knee, surgical; with lateral release
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (e.g., medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral), including any meniscal shaving
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral), including any meniscal shaving
29882	Arthroscopy, knee, surgical; with meniscus repair (medial or lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial and lateral)
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesions)
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29999	Unlisted procedure, arthroscopy
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee ■

Effective May 1, 2014, the following codes will no longer require plan prior authorization.

Code	Description
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (e.g., for blepharospasm, hemifacial spasm)
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (e.g., for chronic migraine)
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (e.g., for cervical dystonia, spasmodic torticollis)
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (e.g., for spasmodic dysphonia), includes guidance by needle electromyography, when performed
64642	Chemodenervation of one extremity; 1-4 muscle(s)
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure.)
64644	Chemodenervation of one extremity; 5 or more muscle(s)
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure.)
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
64647	Chemodenervation of trunk muscle(s); 6 or more muscle(s)
64650	Chemodenervation of eccrine glands; both axillae
64653	Chemodenervation of eccrine glands; other area(s) (e.g., scalp, face, neck), per day ■

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 2014

Your online supplement to *Connection* at
fchp.org/providers/connection-newsletter contains:

- Payment policy updates and links

Connection is a bimonthly publication for all Fallon Health ancillary and affiliated providers. The next copy deadline is **May 5** for our July 2014 issue.

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