

CONNECTION

Important information for Fallon Health physicians and providers

July 2015

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Let's connect

Testing Wisely – Avoiding CT of the head for syncope



An initiative of the ABIM Foundation

As part of our Testing Wisely series, we are profiling recent recommendations from the American College of Emergency Physicians (ACEP) for the

Choosing Wisely® campaign.

As you may recall, Choosing Wisely is an initiative of the ABIM Foundation that aims to raise awareness about the overuse of certain tests and to help physicians and patients engage in conversation and promote partnership in making effective care choices that are based on each patient's individual situation.

This month, we are focusing on the following campaign recommendation from the American College of Emergency Physicians:

"In the emergency department, avoid CT of the head in asymptomatic adult patients with syncope, insignificant trauma and a normal neurological evaluation."

Syncope (passing out or fainting) or near syncope (lightheadedness or almost passing out) is a common reason for visiting an emergency department and most of those visits are not serious. Many tests may be ordered to identify the cause of the problem. However, these tests should not be routinely ordered, and the decision to order them should be guided by information obtained from the patient's history or physical examination.

What Fallon found

Upon reviewing emergency departments' use of head CT for simple syncope over the past year, we identified 685 members with uncomplicated syncope; approximately half of these members (386) underwent a CT of the head as part of their emergency visit workup.

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Our analysis suggests that there may be room for improvement in terms of adherence to this Choosing Wisely recommendation from ACEP. Although our analysis did not discern the uniqueness of each clinical situation, radiation exposure poses its own health risks. There may be an opportunity for emergency physicians to examine their use of head CT given the risks and benefits.

To learn more about the Choosing Wisely campaign in Massachusetts visit choosingwiselyma.org. ■

Annual report highlights breadth of Fallon experience

We suspect there's much you don't know about us. So, we hope you'll take us up on our invitation to read a digital version of Fallon Health's 2014 Annual Report, now available at fallonhealth.org/about-fchp/annual-report.

We remain one of America's top-ranked health plans—with provider networks that cover 95% of the state's population. But, we also are a growing enterprise that enters new markets and lines of business and offers solutions to a diverse population of all ages, income levels and health statuses. We are more than a health plan—we are a *health care services organization*.

We hope you'll take a few minutes to read our report and get to know us better. ■

Educating members about back pain treatment options

Fallon Health is offering its members with *chronic lower-back pain* a free, web-based program through Emmi Solutions, a health care communications company.

Based on recent claims experience, our members will be contacted by Emmi and encouraged to watch a short online video about back pain, its possible causes and ways to treat it. The video will:

- Simplify information so individuals can understand the pros and cons of each treatment option.
- Help them sort out treatment goals and fit them with their personal needs.
- Give them the tools needed to discuss their options with their primary care provider.

Topics include how medication and epidural injections may provide pain relief, the benefits of passive and active therapies, the limitations of back surgery, lifestyle changes that promote pain relief, and more.

The Emmi program offered through Fallon will help to engage your patients and improve their experience across the continuum of care.

If you have questions, please contact Provider Relations at 1-866-275-3247, option 4. ■

Our support for your patients with high-risk pregnancies

Fallon Health offers coordinated help for our members who are your patients and may be at high risk for pregnancy-related complications. Our Special Deliveries program offers case management support throughout your patient's pregnancy. We also offer education, home health services and identification of community resources to support or supplement care.

Your patients who may benefit from this program may include, for example:

- Women carrying multiple babies
- Women with hyperemesis
- Those undergoing, or with a history of, preterm labor and/or delivery
- Women with chronic medical conditions such as diabetes, coronary artery disease and autoimmune disorders

To refer a patient to our Special Deliveries program, contact our Case Management Department at 1-800-333-2535, ext. 78002. Please leave a private voicemail message. One of our Case Management Navigators will return your call within 24 business hours. ■

OTC nicotine replacement therapies are safe and effective

The U.S. Food and Drug Administration (FDA) said in 2013 that it would relax guidelines for certain over-the-counter (OTC) nicotine replacement therapies (NRT) used to quit nicotine.

After reviewing decades of scientific research on the safety of NRT products, the FDA decided that transdermal nicotine patches, nicotine chewing gums and lozenges sold over the counter "do not appear to have significant potential for abuse or dependence" and "can be used safely and effectively to quit smoking."

Broader use of NRT accepted

Nicotine replacement therapy products are FDA-approved for adults ages 18 and over who want to quit smoking. Companies making NRT products sold over the counter now have some flexibility in labeling how those products are used and for how long. The FDA noted what these changes mean for consumers:

- There are no significant safety concerns associated with using more than one OTC NRT at the same time, or using an OTC NRT at the same time as another nicotine-containing product—including a cigarette. If a person “slips up” and smokes, he/she should keep using the OTC NRT and keep trying to quit.
- NRT users should still pick a day to quit smoking, and begin using the OTC NRT product on their “quit” day, even if they aren’t immediately able to stop smoking.
- Users of NRT products should still use the product for the length of time indicated in the label—for example, 8, 10 or 12 weeks. However, if they feel they need to continue using the product for longer in order to quit, it is safe to do so in most cases.

Fallon Health support

Fallon Health’s Quit to Win (QTW) program offers positive, non-judgmental support that can be another vital piece of your patients’ quit plan. It’s easy to get your patients who are Fallon members started:

- Members can call us 1-508-368-9540 or 1-888-807-2908.
- Members can email us at quittowin@fchp.org.

Please let us know how QTW can enhance your provider experience.

Source: fda.gov/ForConsumers/ConsumerUpdates/ucm345087.htm ■

Fallon benefit supports older patients in managing weight

It’s well-established that physical activity is a key factor in weight management, as well as in the prevention of many chronic diseases. The Healthways SilverSneakers® Fitness program, which Fallon offers its Fallon Senior Plan™ (FSP) Medicare Advantage, FSP Medicare Supplement and NaviCare® members, is designed to help you help your patients—and it works.

The program gives these members a basic membership to select fitness facilities at no additional cost, with access to all the amenities and targeted fitness classes. Encourage your patients to look into it. For more information, see our article in *Connection* online. ■

Quality focus

PCP toolkit for behavioral health care - update

Beacon Health Strategies’ PCP toolkit is an excellent resource for primary care providers who diagnose and treat behavioral health conditions. It now can be found on our website at fallonhealth.org/providers. Under “News & notifications,” look for Beacon Health Strategies PCP Toolkit. ■

Clinical Practice Guideline update

Our Clinical Practice Guidelines are available on fallonhealth.org/providers/medical-management/health-care-guidelines and fallontotalcare.com/Providers/working-with-us/clinical-guidelines. For a paper copy, please contact Robin Byrne at 1-508-368-9103.

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

- **Immunization Schedules** from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention:
 - 2015 Recommended Immunizations for Children from Birth through 6 Years Old
 - 2015 Recommended Immunizations for Children from 7 through 18 Years Old
 - 2015 Recommended Immunizations for Adults: By Age

See: fallonhealth.org/providers/medical-management/health-care-guidelines.

- Massachusetts Health Quality Partners (MHQP), in collaboration with Fallon Health and other health care organizations across Massachusetts, has released updated editions of its statewide **Adult and Pediatric Preventative Care Guidelines**. The Preventive Care Guidelines can be viewed on or downloaded from fallonhealth.org/providers/medical-management/health-care-guidelines.

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- 2014 Evidence-Based Guideline for the Management of **High Blood Pressure in Adults**. Report from the Panel Members Appointed to the Eighth Joint National Committee (JNC 8).
- **Asthma Care Quick Reference Diagnosing and Managing Asthma**. This guide summarizes recommendations developed by the National Asthma Education and Prevention Program’s expert panel after conducting a systematic review of the scientific literature on asthma care. ■

Important links to information about care

We hope you’ll take this time to explore 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 Provider Relations at 1-866-275-3247, option 4.

- **Clinical criteria for utilization care services.** Fallon 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 online (see fallonhealth.org/providers/medical-management/medical-policies) or as a paper copy upon request.
- **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. 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. View a complete list of Fallon members’ rights and responsibilities at fallonhealth.org/members/resources/rights. ■

Disease Management Program reinforces treatment plan

The Fallon Health Disease Management Program is a proactive, patient-centered program for individuals diagnosed with chronic diseases—including asthma, diabetes, chronic obstructive pulmonary disease (COPD), cardiac disease or heart failure. It reinforces standards of care by providing health education, health coaching, behavioral change and self-management skills. We work toward empowering members to take a more active role in improving and maintaining their health.

We welcome referrals for your patients, our Fallon members, to our Disease Management Program and look forward to working with you. For more information or to make a referral, please call our team at 1-800-333-2535, ext. 69898, Monday through Friday from 8:30 a.m. to 5:00 p.m. You also may use our online Disease Management referral form at fallonhealth.org/providers/medical-management/forms. ■

Access to complex case management

Fallon Health has many avenues for members to be considered for our case management services including, but not limited to, the following referral sources: member/family, practitioner, health information line (Nurse Connect), facility discharge planner, community resources and the Fallon utilization management process.

As a provider, you may refer members to Fallon’s complex case management programs by calling 1-800-333-2535, ext. 78002, or using our online Case Management referral form at fallonhealth.org/providers/medical-management/forms. Thank you for your referrals. ■

Utilization management incentives

Fallon Health affirms the following:

- Utilization management (UM) decision-making is based only on appropriateness of care and service and existence of coverage.
- Fallon Health 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. ■

MassHealth update

Prompt reporting of serious reportable events

Fallon Health would like to remind providers about reporting a Serious Reportable Event (SRE) within seven days of the incident. The SRE needs to be reported to both the Department of Public Health (DPH) as well as to the insurance company.

If you report the SRE later than the seven-day timeframe, you'll be out of compliance with both the Massachusetts Executive Office of Health and Human Services (MassHealth) and Fallon.

Regulation

A Serious Reportable Event (SRE) means an event that occurs on premises covered by a hospital's license that results in an adverse patient outcome, is clearly identifiable and measurable, has been identified to be in a class of events that are usually or reasonably preventable, and of a nature such that the risk of occurrence is significantly influenced by the policies and procedures of the hospital. The Department will issue a list of SREs based on those events included on the NQF table of reportable events to which 105 CMR 130.332 applies (105 CMR 130.332).

Reporting

- Hospitals and ambulatory surgical centers are required to report SREs to the patient/family, third party payer, and DPH's Bureau of Health Care Safety and Quality within seven days of the incident.
- An updated report to all three parties is required within 30 days of the incident, including documentation of the root cause analysis findings and determination of preventability as required by 105 CMR 130.332(c) & 105 CMR 140.308(c).

Examples

- Stage 3, stage 4 or unstageable pressure ulcer
- Artificial insemination with wrong donor sperm or egg
- Death or serious injury associated with a medication error
- Death or serious injury associated with patient elopement

- Patient suicide, attempted suicide, or self-harm that results in serious injury
- Death or serious injury from failure to follow up on test result

You'll find more examples of SREs at mass.gov/eohhs/gov/departments/dph/programs/hcq/serious-reportable-event-sres. ■

Compliance

Are you ready? ICD-10 going live this October!

Is your practice ready to be ICD-10 compliant by October 1? If not, below are a few checklist items to help prepare you and your practice staff before the go-live date. Please be aware that ICD-9 coded claims will not be accepted after September 30, 2015.

Training and third-party compliance

- Have you and/or staff familiarized yourselves with the new changes in clinical documentation? This is important for both medical records and accurate claim submission.
- Have you and/or coding/billing staff completed and been certified with ICD-10 coding training? Under ICD-10, the number of diagnosis codes will increase to 69,000 from the current number of 14,000 under ICD-9. Likewise, the number of procedure codes under ICD-10 will increase to 72,000 from the current number of 4,000 under ICD-9.
- Has your EMR/EHR vendor updated their software to ICD-10 coding for medical records?
- Has your third-party billing service/claims clearinghouse tested their software to be able to send ICD-10 coded claims and to be able to receive ICD-10 coded 835 files from Fallon?

ICD-10 compliant materials

- Do you have on hand ICD-10 compliant encounter forms, "superbills," and/or CMS 1500 forms?
- Do you have ICD-10 resource materials (e.g., coding books; "cheat sheets") available for your (and your staff's) reference?

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Online resources

If, after reviewing the above checkpoints, you need additional guidance on next steps and what to expect, please refer to the ICD-10 resources from Centers for Medicare & Medicaid Services (cms.gov/ICD10), Massachusetts Medical Society (massmed.org), Massachusetts Health Data Consortium (mahealthdata.org) and Fallon Health (fallonhealth.org/ICD10).

Now is the time to act. ICD-10 is rapidly approaching and it is very important to have a transition strategy in place and a readiness plan to stay on target.

If you have any questions, please contact Fallon's Provider Relations at 1-866-275-3247, option 4. ■

ICD-10 and specificity

The granularity and specificity of the ICD-10 code set diminishes the need for providers to use unspecified codes in medical record documentation and billing workflows. The ICD-10 code set is expansive with 69,000 codes to choose from versus the 14,000 codes associated with ICD-9.

Under ICD-10, providers will now have the opportunity to: identify etiology; select anatomic site; describe severity; define laterality; as well as code combination codes for co-morbidities when documenting and billing for a patient's diagnosis.

As your office or practice implements ICD-10, Fallon Health is encouraging you to take advantage of this opportunity to evaluate the use of unspecified codes in EHR/EMR problem and pick lists, as well as within standard billing practices.

Regulators and payors are evaluating "unspecified" diagnoses code use within the context of payment policy, reporting requirements and national coding standards. Clinical documentation, like billing accuracy, must meet the level of coding specificity required in order to satisfy these standards and requirements as well as reflect the level of care provided.

Fallon offers a number of ICD-10 helpful hints at fallonhealth.org/ICD10. ■

Payment policy updates

Payment policies this issue

Apply to Fallon Health and Fallon Total Care unless otherwise noted.

Revised policies – effective September 1, 2015:

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

- **Ambulance and Transportation Services** – Renamed to "Transportation Services," moved to new plan template and updated language in reimbursement section.
- **Dermatology** – Moved to new plan template and updated definitions section.
- **Durable Medical Equipment (DME)** – Moved to new plan template and clarified capped language.
- **Home Health Care** – Moved to new plan template and updated policy and reimbursement sections.
- **Hospice** – Moved to new plan template and added code Q5010 to the billing/coding section.
- **Medical Supplies and Surgical Dressings** – Moved to new plan template and updated lifetime supply limits in table at end of policy.
- **Nurse Practitioner** – Moved to new plan template and updated to reflect addition of Advanced Practice Registered Nurse title.
- **Physician Assistant** – Moved to new plan template and updated definition section.

Policies - Annual review (9 policies)

We have completed an annual review of the following policies and have reformatted them in our new plan template without any content changes.

- **Claims Auditing Software**
- **Code Review**
- **Coding Analysis**
- **Counseling/Risk Factor Reduction Intervention Services**
- **Emergency Department**
- **Evaluation and Management**
- **Global Surgical**
- **Hospital Acquired Conditions**
- **Infertility/Assisted Reproductive Technology (ART) Services** ■

Coding corner

Code updates

Effective March 1, 2015, the following code will be covered with no prior authorization.

| Code | Description |
|-------|---|
| G6002 | Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy |

Effective April 1, 2015, the following codes will be covered and will require prior authorization.

| Code | Description |
|-------|---|
| C9945 | Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units |
| C9448 | Netupitant 300 mg and palonosetron 0.5 mg, oral |
| C9449 | Injection, blinatumomab, 1 mcg |
| C9450 | Injection, fluocinolone acetonide intravitreal implant, 0.01 mg |

Effective July 1, 2015, the following code will be set up as deny vendor liable excluding: Fallon Total Care/ Medicare/Medicare Supplement/NaviCare/Summit ElderCare (PACE)/ Fallon Health Weinberg (HMO SNP and PACE), and will require plan prior authorization.

| Code | Description |
|-------|--|
| E0676 | Intermittent limb compression device (includes all accessories), not otherwise specified |

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

3-D mammogram clarification

Screenings:

These two codes (77061 and 77062) are considered experimental/investigation and would be covered only with an approved prior authorization. Claims will deny vendor liable unless there is an approved authorization on file.

| Code | Description |
|-------|--|
| 77061 | Digital breast tomosynthesis; unilateral |
| 77062 | Digital breast tomosynthesis; bilateral |

| Code | Description |
|-------|--|
| 77063 | Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure.) |
| | <ul style="list-style-type: none"> For commercial and Medicaid plan members, this code is also considered experimental/investigational and would be covered only with an approved prior authorization. Claims will deny vendor liable unless there is an approved authorization on file. For our Medicare-based plans (Fallon Senior Plan™, NaviCare®, Summit ElderCare®, Fallon Total CareSM), this is covered without prior authorization when done in conjunction with a standard 2-D mammogram, HCPCS code G0202. |

Diagnostic:

This code is considered experimental/investigation and would be covered only with an approved prior authorization. Claims will deny vendor liable unless there is an approved authorization on file.

| Code | Description |
|-------|--|
| G2079 | Diagnostic digital breast tomosynthesis, unilateral or bilateral |

Have you seen your
CONNECTION?

Please pass this along to the
next person on the list.

Date received _____

Please route to:

- Office manager
- Physician
- Billing department
- Receptionist
- Referral site
- Other

Get connected

Connection online ● July 2015

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

- Payment policy updates and links
- Fallon benefit supports older patients in managing weight

Connection is a bimonthly publication for all Fallon Health ancillary and affiliated providers. The next copy deadline is **July 6** for our September 2015 issue.

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Questions?

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1-855-508-4715, press 4 –
Fallon Total Care