

# CONNECTION

Important information for Fallon Health physicians and providers

March 2015

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## What's new

### Chronic lower back pain – Emmi Solutions

**Coming Soon!** Fallon Health will be offering members with chronic lower-back pain a free, web-based program through Emmi Solutions. This program will educate members about the origin and treatment options for their back pain, and is designed to help individuals understand:

- How medication and epidural injections may provide pain relief
- The benefits of passive therapies
- The benefits of active therapies
- The benefits of cognitive behavioral therapy, in isolation and in combination with other therapies
- That back surgery only works for certain people in certain situations
- The "red flags" that indicate the need for immediate medical attention
- How individuals can make simple lifestyle changes to help relieve their back pain
- Their treatment preferences and how to share them with their health care professional

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

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



## Doing business with us

### Durable medical equipment (DME) update

We previously reported in our November *Connection* that we would be using CareCentrix as our delegated durable medical equipment (DME) vendor as of January 1, 2015. Instead, we have decided to change direction.

Fallon Health is pleased to announce that we will continue to manage DME services and have developed a reduced, focused network for DME and medical supplies. The providers chosen have strong reviews for quality, accreditation, cost-effectiveness and good member experience.

To search for a DME provider, please use our Provider look-up tool at [fallonhealth.org/providertools/lookup](http://fallonhealth.org/providertools/lookup). Click on "Ancillary," then "durable medical equipment" in the drop-down box. Or, you may call the Provider Relations Department at 1-866-275-3247, option 4. ■

### Emdeon-Capario clearinghouse merger to be seamless

As you know, Fallon Health has used both Emdeon and Capario as claims submission clearinghouses. Last July, Emdeon announced that it had acquired Capario and would be combining the capabilities of the two companies. According to Emdeon, the merger will not alter the service, support or capability you have today.

As a result, Fallon has not renewed its Capario contract, which expires in May. **Emdeon has notified us that they will be merging the transactions from both companies into a single file, effective March 1, 2015.**

For our Emdeon/Capario users, this allows you to continue as is when submitting your claims. Emdeon assures us that they will notify providers if any changes are eventually needed, but the merger should be seamless to you.

Capario is transitioning to the Emdeon brand and name, and CaparioOne<sup>SM</sup>, its proprietary, cloud-based application suite, will become EmdeonOne,<sup>TM</sup> giving Emdeon the ability to help providers get reimbursed quickly, accurately and cost effectively.

In a letter to providers, Emdeon wrote that with the newly combined capabilities it will be better able to provide "a superior data-driven, patient-centric view of administrative elements of the care process, helping to improve outcomes and reduce cost."

If you have any concerns, please contact the Provider Relations Department at 1-866-275-3247, option 4. ■

### PCP toolkit for behavioral health care

Beacon Health Strategies, Fallon Health's behavioral health partner, has developed a toolkit to assist primary care physicians (PCPs) in the diagnosis and treatment of mental health and substance use disorders.

Delivering behavioral health services in a primary care setting can help reduce the stigma and discrimination associated with mental health diagnoses. It's also more cost-effective to treat common behavioral health disorders in primary care settings.

Primary care settings are also becoming the first line of identification for behavioral health issues, and PCPs are the center of care for many patients who have both physical and behavioral health disorders.

To support PCPs, this online toolkit will assist in identifying behavioral health conditions through well-known screening tools, as well as decision support. Condition-specific fact sheets, as well as other patient-centered information, are included within the toolkit so PCPs can help their patients understand their diagnosis and take the right steps to become and stay healthy.

The conditions included in the toolkit are:

- Alcohol and other drugs
- Anxiety
- ADHD
- Depression, adolescent depression and postpartum depression
- Eating disorders
- OCD
- PTSD
- Schizophrenia

The toolkit also has forms that will allow PCPs to share relevant patient information with other providers, including behavioral health providers, to facilitate better integration of care.

Beacon's PCP toolkit is an excellent resource for PCPs as they diagnose and treat behavioral health conditions. It can be found on Beacon's website at [beaconhealthstrategies.com/pcp\\_toolkit/pcp\\_toolkit](http://beaconhealthstrategies.com/pcp_toolkit/pcp_toolkit). ■

## Let's connect



### Fallon's Pat Hughes to lead MAHP board of directors

President and Chief Executive Officer Pat Hughes has been serving since January 1 as Chair of the board of directors for the Massachusetts Association of Health Plans

(MAHP). Nearly three dozen health care industry leaders make up the MAHP board, including Christie Bik, Fallon's Director of Government Relations.

MAHP is a non-profit organization committed to promoting high-quality, affordable health care. The organization represents 17 health plans that provide coverage to more than 2.5 million Massachusetts residents.

As health care continues to be an important topic in political and public arenas, Hughes will play an integral role in building MAHP's relationship with the new Baker-Polito administration and giving a voice to health plans across the state. ■

### Fallon screenings for osteoporosis in older women are ongoing

For almost a year, our Health Promotions department has been conducting 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 six months.

A BMD screening can indicate the level of bone thinning and risk for osteoporosis. Our BMD screening is a quick, painless procedure using the heel of the foot. 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.

This is a free and voluntary program. The population we are screening is selected based on claims data. However, we also welcome your referrals. Call Carla DeSantis, Program Support Coordinator, at 1-508-368-9898. ■

### Testing Wisely – Importance of appropriate imaging

This month we are working together with the Choosing Wisely® Massachusetts Campaign to promote the importance of **appropriate imaging for lower back pain and uncomplicated headache.**



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.

Organizations across the state are partnering with each other to build awareness among physicians and patients that imaging for these conditions without specific indications may not be helpful for patients and may actually cause more harm than good.

Specialty societies including the American Academy for Family Physicians, American College of Physicians, American College of Radiology, American College of Emergency Physicians, American Headache Society, American Academy of Neurology, and North American Spine Society all include at least one of these topics on their "Lists of Five Things Physicians and Patients Should Question."

**Choosing Wisely offers resources for physicians** to help support conversations with patients to make wise care choices around overuse of imaging tests for lower back pain and headache. These patient information sheets developed by specialty societies working with Consumer Reports® help patients to better understand when they may need imaging tests and when they may not.

Visit [choosingwiselyma.org](http://choosingwiselyma.org) for links to these materials and to learn more about the Choosing Wisely campaign in Massachusetts. ■

## Supporting healthier lives in 2015

Fallon Health is committed to providing opportunities that support healthier lives in our community. Our programs and services are created to educate and guide individuals in all areas of wellness.

The Fallon Information Center at the White City Shopping Center in Shrewsbury, Mass., is offering a variety of educational workshops to help people get and stay healthy in 2015. These classes and workshops are free and open to the community.

Please share our calendar of events found on [fallonhealth.org](http://fallonhealth.org), or encourage patients to call 1-866-209-5073, 8 a.m.–5 p.m., for more information.

Here are some of the courses available:

- **Quit to Win stop-smoking program**  
This eight-week program gives individuals the tools to become tobacco-free!
- **Sleeping Better**  
Learn tips and techniques for getting a better night's sleep.
- **Physical Activity and You**  
Learn why physical activity is important and how to incorporate an exercise program into daily life.
- **50 Days to Fabulous**  
This is a seven-week interactive program designed to help people create a healthier lifestyle.
- **Stress Management Program**  
Take a four-week, thought-provoking workshop to learn how to reduce stress. ■

## Quality focus

### Clinical Practice Guidelines update

Our Clinical Practice Guidelines are available on [fallonhealth.org/providers/medical-management/health-care-guidelines](http://fallonhealth.org/providers/medical-management/health-care-guidelines) and [fallontotalcare.com](http://fallontotalcare.com). For a paper copy, please contact Robin Byrne at 1-508-368-9103.

### Recent updates:

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

- 2013 ACC/AHA *Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines.*
- Family Health Center of Worcester's *Chronic Pain Program Opioid Prescribing Protocol*, updated November 13, 2014
- *Global Initiative for Chronic Obstructive Lung Disease (G.O.L.D.)*, from the Global Strategy for the Diagnosis, Management and Prevention of COPD, Updated January 2014 ■

## Improve opportunities to identify and treat chlamydia

Each year in the United States, there are more than one million new chlamydia infections. Most chlamydia infections are found in female adolescents and young women.

There are many factors that contribute to the high number of infections. Most women infected with chlamydia do not experience symptoms, which minimizes the chances they will seek care. Therefore, it's important to annually test all young women under age 25 who are sexually active and women over age 25 if they are at increased risk for chlamydial infection.

Consider urine-based screening for women when a pelvic examination is not performed. The Massachusetts Health Quality Partners (MHQP) preventive screening recommendations for chlamydia can be found at [fallonhealth.org/providers/medical-management/health-care-guidelines](http://fallonhealth.org/providers/medical-management/health-care-guidelines). ■

## Compliance

### ICD-10 on the horizon again

As you know, last July the U.S. Department of Health and Human Services postponed until **October 1, 2015**, the implementation of ICD-10 diagnosis and procedure codes on Medicare and other health care claims. Now, ICD-10 readiness is a top practice management initiative for most physicians this year.

To prepare, the Centers for Medicare & Medicaid Services (CMS) has scheduled several test runs of the new system, and is collecting and analyzing data after each trial. According to Medical Economics/Modern Medicine, during the November 2014 trial, more than 500 participating providers submitted nearly 13,700 claims using ICD-10 codes, and CMS accepted 76% of the total test claims.

About 850 volunteers representing a cross section of provider, claim and submitter types have been selected to participate in another test round, scheduled for April 26 through May 1. An additional opportunity for end-to-end testing will be available the week of July 20, CMS said.

For the latest information and guidance from CMS, visit [cms.gov/Medicare/Coding/ICD10/Latest\\_News](http://cms.gov/Medicare/Coding/ICD10/Latest_News). Also, you'll find additional information about implementing ICD-10 in the provider section of our website. ■

## Script Alerts

### Preferred drug for diabetes treatment

Effective March 1, 2015, Levemir® requires a prior authorization for Fallon Health commercial and Medicaid members. Members must try and fail Lantus®, which is our preferred long-acting insulin to manage diabetes. We have notified prescribing physicians and the affected Fallon members who were taking Levemir.

We are asking you to prescribe Lantus because it has a longer half-life and rarely requires multiple daily doses, unlike Levemir, which requires twice-daily dosing for a higher percentage of our members. Lantus is overall a more convenient option for our members.

Lantus is also a lower-cost drug. In an environment where the cost of care is rising, the difference in cost between Lantus and Levemir plays an important role. Also, since Lantus is the Fallon Health preferred drug, it is at a lower member cost-sharing tier than Levemir.

If you have any questions or concerns, please call Provider Relations at 1-866-275-3247, option 5. ■

## Product spotlight

### Solutions that add up to more than MassHealth, more than Medicare

You see it all the time—age 65-and-over patients who don't have the financial resources to get necessary health care items and services. Fallon Health's NaviCare HMO SNP and NaviCare SCO offer great solutions.

If one of your patients is having any of the following difficulties, please make a referral to NaviCare:

- Perhaps you have a patient who can't afford copayments, medications, or the dental services, hearing aids, eyeglasses or wheelchair they need.
- Perhaps your patient misses appointments because of transportation issues or fails to follow through on your recommendations.
- You might be aware that a patient wants to avoid moving to a nursing home but really needs more help at home with bathing, dressing, housekeeping and other tasks. They might also benefit from more socialization.
- Maybe your older patient sees multiple providers and needs help coordinating medical, social, behavioral health and other services.

By referring to NaviCare, you give your patient a chance to receive benefits above and beyond what MassHealth and Medicare provide. We help with the MassHealth eligibility review forms, too. And there is no cost to your patient. Learn more at [navicare.org](http://navicare.org).

Give us a call today at 1-877-255-7108 (TRS 711), between 8 a.m.–8 p.m., Monday–Friday (October 1–February 14, seven days a week). ■

## Billing Bytes

### When to use modifiers in billing

A modifier provides the means by which a physician or facility can indicate that a provided service has been altered or affected by some special circumstance, but the code description itself has not changed. Some of the most common examples of when a modifier may be appropriate are:

*continued on next page*

- A service or procedure has both a professional and technical component, and these components are billed separately.
- A service or procedure was performed by more than one provider.
- A service or procedure was site-specific.
- A bilateral service or procedure was performed.
- Multiple services or procedures were performed.
- A service or procedure was performed more than once on a single date of service.
- Unusual or distinct procedural services were provided.

A complete list of current modifiers can be found in the CPT (Current Procedural Terminology) and HCPCS (HCFA Common Procedural Coding System) code books and in the Fallon Health *Provider Manual* (see Billing Procedures section; Reference B–Modifiers).

There are limitations for the reporting of certain modifiers with specific codes. For instance:

- Modifier 57, “decision for surgery,” can only be appended to E/M codes and certain ophthalmology codes.
- Some modifiers are informational, such as 24, “unrelated E/M service by the same physician during postoperative period,” but can help determine whether the service will be reimbursed or denied.
- Other modifiers can directly affect reimbursement, such as 22, “increased procedural service,” and 52, “reduced services.”

There are times when multiple modifiers are required. In these cases, the modifier that affects payment should be listed first, followed by the information modifier. For instance, to report a nerve repair that was performed on multiple digits, modifier 51 would be listed first, followed by the modifier identifying the specific finger.

Some modifiers are more easily misused, and for them we provide additional guidance in our current payment policies. ■

## Coding corner

### Code updates

**Effective August 1, 2014**, the following code will deny vendor liable (excluding NaviCare, Summit ElderCare [PACE]/Mass Health, Medicare, FTC) and will require plan prior authorization.

Code	Description
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified ■

### New 2015 CPT/HCPCS codes final

As mentioned in the January *Connection*, all new 2015 codes required prior authorization until we performed a final review. We’ve now completed our review, assigned the appropriate coverage and have determined prior authorization requirements for all new codes as of January 1, 2015.

These codes, effective immediately, have been added to the list of procedures that require prior authorization, which can be found in the *Provider Manual* at [fallonhealth.org/providers/provider-manual](http://fallonhealth.org/providers/provider-manual). Under the “Managing patient care” chapter, go to the “PCP referral and plan prior authorization process” section.

Please refer to the *Connection* online for the entire list of 2015 codes that require prior authorization. ■

### Guidance to SNFs for submitting HIPPS codes related to “Admission Assessments”

We’d like to provide Skilled Nursing Facilities (SNFs) with additional guidance regarding submission of Health Insurance Prospective Payment System (HIPPS) codes when no Admission Assessment was completed during the Medicare Advantage (MA)-covered stay.

SNFs are required to submit an HIPPS code for the comprehensive Admission Assessment completed during the MA-covered stay at a skilled nursing facility, as required by the Omnibus Budget Reconciliation Act (OBRA). If such an assessment was not completed during the MA-covered part of the stay, then SNFs are to follow the guidance below.



**Stays of more than 14 days**—If the Admission Assessment for a stay in the facility was completed prior to the MA-covered portion of the stay, then SNFs must submit an HIPPS code by following the guidance in the order listed below.

**1. Submit the HIPPS code from another assessment completed during the MA-covered portion of the stay.**

If the OBRA-required Admission Assessment was completed for the current stay prior to the MA-covered portion of the stay, and another assessment (e.g., Quarterly Assessment or any Prospective Payment System assessment) was completed during the MA-covered portion of the stay, the SNF should submit the HIPPS code generated from that other assessment on their encounter submissions.

**2. Submit the HIPPS code from the most recent assessment that was completed prior to the MA-covered portion of the stay.**

If no assessment was completed during the MA-covered portion of the stay from which a HIPPS code could be generated, then the SNF should submit to the Centers for Medicare & Medicaid Services (CMS) the HIPPS code from the most recent OBRA-required or other assessment that was completed prior to the MA-covered portion of the stay (which may be the Admission Assessment).

**Stays of 14 days or less**—If there was no Admission Assessment completed before discharge for a stay of less than 14 days, then SNFs must submit an HIPPS code by following the guidance in the order listed below.

**1. Submit the HIPPS code from another assessment from the stay.**

If no OBRA-required Admission Assessment was completed for a SNF stay of less than 14 days, then the SNF should submit to CMS the HIPPS code from any other assessment that was completed during the stay that produces HIPPS codes.

**2. Submit a default HIPPS code of 'AAA00'.**

SNFs may submit a default HIPPS code for SNF encounter submissions to CMS only if (1) the SNF stay was less than 14 days within a spell of illness, (2) the beneficiary has been discharged prior to the completion of the initial

OBRA-required Admission Assessment and (3) no other assessment was completed during the stay. SNFs may not use this default code in other situations, such as to avoid collecting the proper HIPPS code, or when the SNFs systems are not prepared to submit HIPPS codes.

**Source:** CMS additional guidance to Medicare Advantage plans in a Health Plan Management System (HPMS) Memo dated December 4, 2014. ■

## Payment policy updates

### Payment policies this issue

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

#### **New policies – effective May 1, 2015:**

- *Diabetes Self-Management Education/Training Payment Policy*

#### **Revised policies – effective May 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](http://fallonhealth.org/providers/medical-management/payment-policies).

- *Ambulatory Surgery - Facility Payment Policy* – Changed threshold for which operative notes may be requested from \$2,500 to \$5,000 and noted prepayment review process. Moved to new template.
- *Ambulatory Surgery - Professional Payment Policy* – Noted prepayment review process and moved to new template.
- *Anesthesia Payment Policy* – updated billing/coding section discussion related to anesthesia assistance for GI endoscopy.
- *Medical Nutrition Therapy Payment Policy* – moved to Fallon Health template.
- *Gastroenterology Payment Policy* – updated discussion about anesthesia with upper and lower GI endoscopic procedures; moved to Fallon Health template.
- *Skilled Nursing Facility Payment Policy* – Added default HIPPS code language. ■

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 ● March 2015

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

- Payment policy updates and links
- New 2015 CPT/HCPCS codes final

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

*Send information to*

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[fallonhealth.org/providers](http://fallonhealth.org/providers)  
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**Questions?**

1-866-275-3247 – Fallon Health  
1-855-508-4715, press 4 –  
Fallon Total Care