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What's new

Statins for patients with diabetes

In accordance with the recent changes to guidelines for cardiovascular risk management enacted by the American College of Cardiology (ACC) and the American Heart Association (AHA), the American Diabetes Association recommends all patients with diabetes receive either moderate or high doses of statins regardless of LDL levels. Cardiovascular disease is the number one killer of people with diabetes, and people with diabetes are two to four times as likely as people without diabetes to have a heart attack or stroke.

Based on these guidelines and the recent CMS addition of Statin Use in Persons with Diabetes (SUPD)* as a Star measure, Fallon Health supports the use of statins for patients with diabetes who are between the ages of 40 and 75. (The Star Rating gives an overall rating of a plan's quality and performance for the types of services it offers.)

The SUPD measure calculates the percentage of patients between 40 and 75 years of age who received at least two diabetes medication fills and a statin medication during the measurement year. In addition to the SUPD measure, two additional Star measures track adherence to diabetes and cholesterol medications.

To ensure our members receive care aligned with the most recent clinical guidelines, Fallon will send a letter to those of you who have patients who filled two diabetic medication prescriptions during the measurement year but did not receive a statin medication. This letter will ask you to review your patients' records and consider adding a statin to their medication regimen if clinically appropriate.

We will also send letters to patients and their prescribers if they have been identified as non-adherent to cholesterol and/or diabetes medications. Fallon encourages prescribing a 90-day supply of these medications as this may improve adherence.

** Patients in hospice are excluded from this measure. ■*

Recent enhancement to Fallon Health's 270/271 eligibility transaction

Fallon Health offers a CORE compliant 270/271 eligibility transaction. This transaction contains compliant and accurate benefit and eligibility information. Fallon has incorporated several enhancements to our existing 270/271 transaction based upon recommendation by you, our provider community. The following enhancements have been made to our 271 output:

- Program name – Added data element to identify the program, e.g., Direct Care, Select Care, Medicare Advantage HMO
- Physicians may now group members into different health care options for reporting.
- Effective and term date of enrollment
- EB04 Segment now displays the Service Type Code (STC) when members are inactive in our system.

Providers wishing to submit an eligibility status to Fallon via a clearinghouse should contact the clearinghouse directly and provide them with our payer ID number. A payer ID number is required for eligibility submissions that go through a clearinghouse and is used to route your eligibility transactions to the correct health plan for eligibility status. Our contracted clearinghouses are listed below:

New England Healthcare Exchange Network (NEHEN)

Call 1-781-907-7210, or visit their [website](#).

TriZetto Provider Solutions

Call 1-800-969-3666, or visit their [website](#).

Change Healthcare (formerly known as Emdeon or WebMD)

Call 1-800-845-6592, or visit their [website](#).

Providers wishing to establish a direct connection to Fallon, please contact our EDI Coordinator at 1-866-275-3247, prompt 6, or email edi.coordinator@fallonhealth.org ■

Product spotlight

Help for caregivers of NaviCare® members with dementia

Through a partnership with the Alzheimer's Association, Fallon's NaviCare Dementia Program is providing guidance, education and support to families and caregivers of NaviCare members with dementia. This is one of the latest improvements to our NaviCare Model of Care.

Alzheimer's disease and other forms of dementia affect 5.7 million Americans. That number is expected to rise to over 14 million in the next 20 to 30 years. About half of those who currently have a form of dementia have not yet had an official diagnosis.

Dementia-related functional disability, memory, language and behavioral problems cause great distress for caregivers and family members. They may not understand that dementia is responsible and are unfamiliar with what to expect in the coming months and years. The NaviCare Dementia Program is helping to address those needs.

NaviCare Nurse Case Managers refer members with a dementia diagnosis, or those suspected of having dementia, to the program. Health care providers, family members and caregivers can also make a referral by contacting the member's Nurse Case Manager or Navigator.

Once referred, Fallon's Memory Specialist, trained by the Alzheimer's Association and working collaboratively with other memory specialists, completes a multidimensional comprehensive assessment of the member and their support system. This assessment helps to develop an individualized plan for moving forward, and includes a review of medical, financial, legal, caregiving and support issues. It helps to deepen the understanding of dementia and its consequences for caregivers and families.

The stress of being a caregiver for someone with dementia is both physical and emotional. Caregivers, who are often older adults themselves, are at risk for a host of stress-related problems as well.

"For caregivers who are providing care for someone with dementia, it can be difficult not to take negative behavioral changes personally," says Cindy Foss, a NaviCare Nurse Case Manager. "Talking with a memory specialist helps them understand how the disease is affecting their loved one and how better to adapt to those changes."

Your patients may visit fallonhealth.org/caregiver-blog and fallonhealth.org/caregivers for information and support. ■

NaviCare Model of Care training

When your patients join Fallon Health's NaviCare® SCO or NaviCare® HMO SNP program, their Care Team helps them meet their health goals. The program's philosophy is to assist elders to function in the least restrictive setting at the highest level possible, meeting their defined goals of care. Each patient has a member-specific care plan.

Program benefits include both traditional Medicare covered benefits and Medicaid benefits, such as homemakers, meals on wheels, activities of daily living assistance, transportation to medical appointments and long-term custodial care. Our Navigators can provide additional details about how to access NaviCare benefits and how to communicate with the Care Team.

Roles of the Care Team members are as follows:

Navigator

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

Nurse Case Manager or Advanced Practitioner

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

Primary Care Provider

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

Geriatric Support Service Coordinator employed by local ASAPs (if patient is living in own home)

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

Behavioral Health Case Manager (as needed)

- Coordinates services to address mental health and substance use disorder needs
- Coordinates with the team and mental health and substance use providers

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

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

Clinical pharmacist (as needed)

- Visits patients after care transitions to perform medication reconciliation and teaches them proper medication use

We will soon offer Model of Care training for providers on our website. There will be more information in the next issue of *Connection*.

If you have questions about NaviCare benefits, or how to work with our Care Team, contact NaviCare Enrollee Services at 1-877-700-6996. ■

Doing business with us

Fallon Health Formulary

The Fallon Health Pharmacy and Therapeutics Committee reviews and updates the formulary at specified intervals so that it represents coverage of the safest, most effective drugs that will produce desired goals of therapy at the most reasonable costs. We have received feedback from you regarding the formulary, and you have asked for better medication coverage, fewer restrictions and a streamlined prior authorization (PA) process. The formulary underwent major changes in response to these recommendations. These modifications will benefit members and prescribers by making it easier for members meeting criteria to obtain medically necessary drugs. Some of the changes include:

- Modification of over 250 criteria to allow continuation of therapy for members stabilized on a medication requiring PA.
- Removal of PA or step-therapy restrictions for many maintenance medications. For example, certain direct oral anticoagulants, such as Eliquis and Xarelto, no longer require PA for coverage, and PA requirements have been changed to step therapy for many anti-diabetic medications.
- PA criteria for hepatitis C treatments has been modified to improve access to these medications.
- Oncology medications may be requested through the Standard Chemotherapy form, as indications change frequently and may not be immediately available on our website. This form will expedite approvals for FDA-approved indications and requests for off-label use with documentation that the drug is recognized as a “Medically Accepted Indication” according to the National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium as indicated by a Category 1 or 2A for quality of evidence and level of consensus. Please refer to [Pharmacy prior authorizations](#) on our website for standard chemotherapy criteria for off-label use of chemotherapy.

Changes to our formulary are made with consideration for quality, access and cost-effectiveness. Clinical treatment guidelines and indications for medication use frequently change, and we update our criteria to reflect these changes. We welcome your feedback and look forward to continued collaboration with you. ■

Operative Note review process discontinued

Fallon is continually evaluating efficiencies and actively working with our vendors to research areas where we may implement savings initiatives. We are happy to let you know about a recent change that we hope will help to reduce some administrative work in your office.

Effective May 1, 2018, the Operative Note review process was discontinued, and providers are no longer required to send in documentation for professional claims over \$1,000 or facility claims over \$5,000. If your office has a third party biller, please alert them to this change. ■

Doxycycline Hyclate tablets to require prior authorization

Effective November 1, 2018, Doxycycline Hyclate tablets will require prior authorization for all of our Commercial, Exchange, and Medicaid members. Please note: this does not include members who are enrolled in a Medicare plan. **Doxycycline Hyclate capsules do not require prior authorization.** Patients currently taking this medication will be able to continue to receive it, provided criteria for approval is met based on prescriber submitted documentation of trial/failure or contraindication to Doxycycline Hyclate capsules. ■

Quality focus

Fallon sponsors Costs of Caregiving Symposium

Did you know that 40 million people in the U.S. are providing unpaid care to an adult relative or friend? On average, they're providing 37 billion hours of care each year, while still working 34.7 hours a week at their jobs.

These were just some of the statistics that were discussed at Fallon's Costs of Caregiving Symposium, held on May 4 in Lowell. The Symposium, Fallon's second, brought together 150 people from a variety of organizations and agencies, including providers, local and state officials and health care advocates.

Fallon developed this Symposium in response to the challenges caregivers experience, and to help create more awareness of the financial, physical and emotional costs of caregiving. With Fallon's focus on supporting seniors and their families, we felt it was important for us to convene this discussion about the costs of caregiving.

The keynote speaker from last year's Symposium, C. Grace Whiting, returned to kick off this year's event. Whiting, President and CEO of the National Alliance for Caregiving, is a very knowledgeable and passionate voice on the topic. She provided attendees with a look at the national picture, offering a broad assortment of facts and figures related to caregivers and calling for a "caregiver movement."

After the keynote address, the following people participated in a panel discussion: Alice Bonner, Secretary of the Massachusetts Executive Office of Elder Affairs; Melissa Donegan, Assistant Director of the Healthy Living Center of Excellence at Elder Services of the Merrimack Valley; Dr. Gerry Gleich, Medical Director of Clinical Services for Fallon Health's NaviCare program; Naomi Prendergast, President and CEO of D'Youville Life & Wellness Community; and Jennifer Shuart, Director of Behavioral Health at the Metta Health Center at Lowell Community Health Center. The panelists offered their insights on caregiving challenges and solutions pertaining to their respective roles and organizations, and also took questions from the audience.

To close the program, Lisa Marrone, a caregiver and advocate, shared a story about her efforts to raise awareness about Alzheimer's, which included creating a dementia-friendly park in Leominster. Lisa's mother is a Summit ElderCare® participant.

If you're a caregiver, or know someone who is, Fallon has a blog on our website called Caregiver Connection. The blog provides a place for caregivers to find information and support, and hear from health care professionals, caregivers and others on a wide range of topics that may affect them or their loved ones. Visit the blog [here](#). ■

Medication safety for older adults

As people age, they accumulate more medical conditions and take more medications. Medications can help treat acute illnesses and help keep chronic diseases under control, but they can also be responsible for causing adverse reactions. Adverse reactions result in nearly 700,000 emergency room visits and 120,000 hospitalizations in the U.S. annually.

Older adults are at risk for severe adverse drug reactions because they take more medications with a greater chance of drug-to-drug interactions, and they have more chronic diseases putting them at risk for drug-to-disease interactions. The American Geriatric Society, building on the work of Dr. Daniel Beers, continually reviews and updates Beers® List of Potentially Inappropriate Medications in Older Adults, giving prescribers a guideline to help prevent adverse drug reactions and the dangers of certain medications for older adults.

Fallon has been playing a role in educating members and prescribers about the use of potentially high-risk medications by alerting physicians to possible risks. In the process, we have been able influence medication changes to safer alternatives in over 40 percent of identified cases. We are continuing to work on this and other projects to promote patient safety. Learn more about Beers' List [here](#). ■

Coding corner

Coding updates

CMS guidelines

When billing CPT codes with a modifier, please bill with required modifiers where applicable. If the modifier is not applicable, please do not append to the code. Please refer to [cms.gov](https://www.cms.gov) or your CPT book for guidance.

Fallon follows CMS guidelines with modifier rules. If CMS updates their guidelines, Fallon will update its system appropriately and in a timely manner.

3D Mammography

Effective June 1, 2018, Fallon began covering 3D mammography as a preventive screening for Commercial and MassHealth members. The service was previously covered for Medicare products. Prior authorization is not required. The codes below should be utilized for the service.

Code type	Code	Description
CPT	77061	Digital breast tomosynthesis; unilateral (Not covered for Medicare products.)
	77062	Digital breast tomosynthesis; bilateral (Not covered for Medicare products.)
	77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure.)
HCPCS	G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to G0204 or G0206.)

Effective July 1, 2018, the following codes will be set up as *deny vendor liable* for all lines of business:

Code	Description
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report
0507T	Near-infrared dual imaging (i.e., simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia

Effective April 1, 2018, the following code is set up as *covered with prior authorization*:

Code	Description
K0903	For diabetics only; multiple density insert; made by direct carving with CAM technology from a rectified CAD model from a digitized scan of the patient, total contact with patients foot, including arch, base layer minimum of 3/16 inch material, custom fabricated, each.

Effective April 1, 2018, the following code is *covered and will require plan authorization*:

Code	Description
Q2041	Ciloleucel, up to 200 million autologous anti-CD19 CAR T Cells, including leukapheresis and dose preparation procedures, per infusion

Effective April 1, 2018, the following codes are covered and will require plan prior authorization:

Code	Description
C9462	Injection, delafloxacin, 1 mg
C9465	Hyaluronan or derivative, Durolane, for intra-articular injection, per dose
C9466	Injection, benralizumab, 1 mg
C9467	Injection, rituximab and hyaluronidase, 10 mg
C9469	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg

Effective April 1, 2018, the following codes are covered and will require plan authorization:

Code	Description
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative
0036U	Exome (i.e., somatic mutations); paired formalin fixed paraffin embedded tumor tissue and normal specimen, sequence analyses
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden
0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative
0039U	Deoxyribonucleic acid (DNA) antibody; double stranded, high avidity
0040U	BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative
0041U	Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM
0042U	Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG
0043U	Tick-Borne Relapsing Fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM
0044U	Tick-Borne Relapsing Fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and XCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma

Effective July 1, 2018, the following codes will be *covered and will require plan authorization*:

Code	Description
Q9991	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg
Q9992	Injection, buprenorphine extended-release (sublocade), greater than 100 mg
Q9993	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg

Effective April 1, 2018, the following new pharmacy codes are *covered and will require plan prior authorization*:

Code	Description
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg

Effective July 1, 2018, the following code will be *covered and will require plan authorization*. This code will *only be covered for ages 5 years and above*. Visit Cystic Fibrosis Foundation [here](#).

Code	Description
Q9994	In-line cartridge containing digestive enzyme(s) for enteral feeding, each

Effective September 1, 2018, the following code *will require prior authorization*:

Code	Description
0398T	Magnetic resonance image guided high-intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed

Effective September 1, 2018, the following code will be set up as *not a covered benefit for all lines of business* **except** for Commercial, which will be set up as *requiring plan prior authorization*.

Code	Description
S2325	Hip core decompression

Effective September 1, 2018, we will *add the prior authorization notification* for the following codes:

Code	Description
0421	Physical therapy visit charge
0431	Occupational therapy visit charge
0441	Speech therapy visit charge
0550	Skilled nursing
0551	Skilled nursing visit charge
0552	Skilled nursing hourly charge
0559	Skilled nursing other
0561	Home health, medical social services visit charge
0572	Home health aide hourly charge
0579	Home health aide other
0581	Other visits (home health) visit charge
0582	Other visits (home health) hourly charge
0589	Other visits (home health) other

Medicare MS-DRG annual update

Medicare MS-DRG V34 fee schedule of weights will be effective October 1, 2018. For a list of new and invalid MS-DRG codes effective for dates of service on or after October 1, 2018, visit cms.gov.

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

The annual update of the ICD-10-CM diagnosis and ICD-10-PCS procedure codes is effective October 1, 2018. An ICD-10-CM diagnosis code is required on all paper and electronic claims billed to Fallon Health.

For a list of new and invalid ICD-10-CM and ICD-10-PCS codes, effective for dates of service on or after October 1, 2018, visit cms.gov.

Supervised Exercise Therapy

Per MLN MM10295 for Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease, code 93668 (Vascular Rehab) will only be covered for DX codes:

I70.211-I70.218

I70.311-I70.318

I70.611-I70.618

I70.711-I70.718

Per CMS, this is retroactive to May 25, 2017.

Unlisted CPT/HCPCS Codes

Reminder: Unlisted CPT/HCPCS codes require an authorization. The following notes are required when billing an unlisted CPT/HCPCS code:

- Procedure notes
- Letter of explanation as to why the unlisted CPT/HCPCS code is being billed
- Your comparison codes (work load based)
- How you determined the charge

Payment policy updates

Revised policies – effective September 1, 2018

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

- **Acupuncture** – Clarified billing guidelines.
- **ASAP** – Updated reimbursement section, added coding to purchased services.
- **Adult Foster Care** – Added language regarding duplicate services, clarified reimbursement section.
- **Ambulatory Surgery (Professional)** – Removed language surrounding \$1,000 plus claims being subject to pre-payment review.
- **Evaluation and Management** – Removed denial of cerumen removal (69209, 69210) when billed with E/M codes, clarified critical care reimbursement language.
- **Laboratory and Pathology** – Added saliva screening as non-reimbursable when performed on the same date of service as urine drug screening.
- **Newborn Services** – Updated MassHealth NOB-1 form.
- **Non-Covered Services** – Updated coding.
- **Nurse Midwife** – Clarified SB modifier billing.
- **Nurse Practitioner** – Clarified MassHealth reimbursed when services rendered at a licensed community health center.
- **Observation Status** – Added EAPG billing language.
- **Radiology** – Updated 3D Mammography coverage.
- **Transportation Services** – Clarified billing of code A0130 for NaviCare non-emergent transportation. ■

Annual Review

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

Acute Inpatient Rehab

Counseling and/or Risk Factor Reduction

Dermatology

Diabetes Self Management and Training

Emergency Department

Global Surgical

Hospital Acquired Conditions

Infertility

Limited Services Clinics

Long-Term Acute Care (LTAC)

Maximum Units

Medical Nutritional Therapy

Member Liability

Preventative Services

Retroactive Authorization Requests

Speech Therapy

Team Conferences and Telephone Services

Ventricular Assist Devices

Vision Services ■

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

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