

# Connection



Important information for Fallon Health physicians and providers

July 2017

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## What's new

### Welcome Towns of Sutton and West Boylston employees and retirees

We are welcoming two new towns to Fallon: **Sutton** and **West Boylston**.

The 700-member Town of Sutton and 500-member Town of West Boylston offer Select Care, Direct Care and Fallon Preferred with the standard It Fits! benefit of \$400/\$200. The Healthy Health Plan also offers our new members the opportunity to earn additional dollars by completing a customized program that pinpoints the specific steps they need to improve or maintain their health.

### Retiree benefits, too!

The Town of West Boylston previously provided Fallon Senior Plan HMO for their Medicare-eligible retiree populations. Today, they will also offer Fallon's Companion Care which includes a Prescription Drug Plan (PDP) through a partnership with Aetna. Companion Care allows retirees to obtain services wherever Medicare is accepted. The Town of Sutton will offer retiree benefits as well with Companion Care as the plan of choice for adults over age 65.

We're proud to have our 1,200 new members. ■

## Dr. Ebert appointed to pulmonary hypertension task force

Massachusetts governor, Charlie Baker, signed the nation's first pulmonary hypertension bill into law in January. Thomas Ebert, MD, Executive Vice President and Chief Medical Officer at Fallon, has been appointed to the task force that is required as a part of this law.

"I was delighted to accept the appointment offered to me by Secretary Sudders on behalf of Governor Baker," said Dr. Ebert. "I look forward to working with experts to develop guidelines and support systems for patients and their families who have a devastating disease which inexorably leads to progressive disability and death. Although there are more and better treatments, pulmonary hypertension is the most common antecedent disease resulting in lung transplantation."

The responsibilities of the task force include:

- Developing a strategic plan on how to improve clinical outcomes, with yearly updates.
- Providing summaries on research, services and support for patients.
- Monitoring transplants, public awareness, health care delivery and improvements in diagnosis.

Pulmonary hypertension is caused by an increase in blood pressure in the pulmonary artery, pulmonary vein or pulmonary capillaries. It results in shortness of breath, dizziness, fainting, swelling of the leg, and other symptoms. The disease is often misdiagnosed as asthma.

The national Pulmonary Hypertension Association (PHA) applauds the new law, and hopes it will become a model for other states. ■

## Fallon Select Care, Senior Plan network expansion

Effective May 1, 2017, Boston Medical Center (BMC) and affiliated physicians are now part of Fallon's Select Care and Fallon Senior Plan networks. ■

# Doing business with us

## State-supplied HPV vaccines

State-supplied vaccines are vaccines that are available free from the state. Information regarding the availability of these vaccines for specific age groups can be located [here](#).

Fallon Health expects that providers will obtain these free vaccines when available. Massachusetts supplies the vaccine for human papillomavirus (HPV) as defined in the CPT codes listed below. Claims submitted for these HPV vaccinations will be denied for any age group where the vaccine is available from the state-supplied program. To properly bill for the administration of a state-supplied vaccine:

- Submit the appropriate immunization administration CPT code in addition to the vaccine CPT code.
- Attach the SL modifier to the vaccine/toxoid CPT code with a charge of \$0.00 to indicate that the vaccine/toxoid was state-supplied.

Code	Description
90649	Human papillomavirus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
90650	Human papillomavirus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for IM use
90651	Human papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use ■

### Reminder for skilled nursing facilities (SNF)

Understanding after hours, weekends and holidays are a challenging time for SNF facilities to obtain authorizations, we wanted to remind you that Fallon Health has a process for these admissions to occur.

When a Fallon member is appropriate for discharge to a skilled nursing facility after hours, on weekends or during holidays, and *meets Medicare guidelines*, the SNF can admit the member without an approved Fallon authorization.

The facility will need to:

- Contact Fallon Health discharge planning at 1-508-368-9911 with the member name, date of birth, date of admission and diagnosis.
- Fax the initial clinical and therapy evaluations to 1-508-373-7705.

Fallon will review the member's medical status on the next business day, enter an authorization for the previous days and notify the facility with the authorization number.

Continued stay approval will follow the routine process **with a concurrent review of the case.**

Fallon Health discharge planners can be reached via the Discharge Planning voicemail box at 1-508-368-9911, Monday through Friday, from 8:30 a.m. to 4:30 p.m. ■

### Pulse survey

Please check the [News & notifications](#) section of the provider website to participate in our newest Pulse Survey beginning July 3. ■

## Quality focus

### Fallon and Alzheimer's Association

NaviCare is teaming up with the Alzheimer's Association to help our members who have dementia, their families, and caregivers cope with the challenges of dementia. Beginning in May of this year, a memory specialist from the Alzheimer's Association will be part of the NaviCare team. The memory specialist will complete a care consultation on each referred NaviCare member who has dementia.

A care consultation is an in-depth personalized service for individuals and families who are facing many decisions and challenges associated with Alzheimer's disease and other dementias. The goals for each family are to:

- develop an understanding of a dementia diagnosis
- make a plan to best support the person with memory loss
- explore resources
- develop strategies for the best possible symptom management and communication

The assessment that takes place is multidimensional including medical, social, legal, financial, caregiving and future planning needs. The results of the care consultation will then be used by our NaviCare team to augment and inform the overall care planning process.

We are pleased to be partnering with the Alzheimer's Association to provide the best possible service to our members. ■

### Clinical Practice Guideline update

Our Clinical Practice Guidelines are available [here](#). 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 evidence-based Clinical Practice Guidelines:

- National Heart, Lung, and Blood Institute (NHLBI)
- National Asthma Education and Prevention Program Expert Panel Report (EPR-3): Guidelines for the Diagnosis and Management of Asthma - Summary Report ©2007 and Asthma Care Quick Reference ©2011 ■

### Quit to Win

Quit to Win continues to provide free individual telephonic coaching to all Fallon members who wish to quit smoking. Our Quit to Win text message support program (free to all Fallon members) is more popular than ever! Call us at 1-508-368-9540 or 1-888-807-2908, or email [quittowin@fallonhealth.org](mailto:quittowin@fallonhealth.org).

Did you know that NRT generic products are free under the Affordable Care Act?\* Your patients will need a prescription from their Primary Care Provider to receive NRT free at network pharmacies.

\* Medicare Advantage beneficiaries are excluded.

# Product spotlight

## **NaviCare Model of Care**

New members of NaviCare are matched with a team of experts, called a Care Team, which is dedicated to helping them meet their health goals. The Care Team works together to create a care plan based on the needs and health records of each member. The team reviews this plan together regularly, to make any adjustments based on how the member is responding to the treatment and services.

By having a shared record of the member's complete and up-to-date health information and by meeting and deciding treatment plans regularly, the Care Team is able to make the best decisions about continued and preventive care. NaviCare allows providers access to the shared record, called the Centralized Enrollee Record. Contact your Provider Relations Representative to obtain access.

Here is what the Care Team looks like:

### **Navigator**

- Organizes benefits and services
- Advocates for patients so they receive the care they need
- Helps patients make medical appointments and arranges transportation

### **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

### **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

### **Primary Care Provider**

- Contributes to and approves the individualized plan of care for the patient at time of program enrollment and ongoing
- 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

## 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

Visit [fallonhealth.org/navicare](http://fallonhealth.org/navicare) for more information. ■

## Coding corner

### Unlisted surgical CPT codes

Reminder: Unlisted surgical CPT codes require an authorization, and the following notes are required when billing an unlisted CPT code:

- Procedure notes
- Letter of explanation of why the unlisted CPT code is being billed
- What is your comparison code (work load based)
- How you determined the charge ■

### Coding updates

**Effective September 1, 2017**, Fallon Health *will require prior authorization* for the below code:

Code	Description
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen

**Effective May 1, 2017**, the following codes are set up as covered and *require plan prior authorization* for all lines of business.

Code	Description
0004U	Infectious disease (bacterial), DNA, 27 resistance genes, PCR amplification and probe hybridization in microarray format (molecular detection and identification of AmpC, carbapenemase and ESBL coding genes), bacterial culture colonies, report of genes detected or not detected, per isolate
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPD3, and SPDEF) urine, algorithm reported as rick score

Effective September 1, 2017, the following codes *will be changed* from a Category A (\$47.00) to a category 1 (\$377.00) on the FCHP SDS fee schedule:

Code	Description
62320	Injections, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic, without imaging guidance
62321	Injections, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic, with imaging guidance (i.e., fluoroscopy or CT)
62322	Injections, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
62323	Injections, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic, without imaging guidance.
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic, with imaging guidance (i.e., fluoroscopy or CT)
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT) ■

# Payment policy updates

## Revised policies – effective July 1, 2017:

- **Acute Inpatient Rehabilitation** – Updated the Reimbursement section.
- **Adult Day Health** – Updated NaviCare and Fallon Health Weinberg requirements.
- **Durable Medical Equipment and Medical Supplies** – Added medical supply language and updated title.
- **Home Health Care** – Clarified supplies included in home health care services and updated the authorization section.
- **Hospice** – Added guidelines for members enrolled through MassHealth.
- **Long-Term Acute Care** – Updated the Reimbursement section.
- **Non-Covered Services** – Updated the code report.
- **Radiology/Diagnostic Imaging** – Updated coverage of codes 77061 and 77062.
- **Sleep Management Services** – Updated the prior authorization section.
- **Team Conferences and Telephone Services** – Updated the Reimbursement section. ■

## Annual review

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

- **Infertility/ART**
- **Limited Services Clinics**
- **Maximum Units**
- **Medical Nutrition Therapy**
- **Member Liability**
- **Nurse Midwife** ■

## Retiring policy

- **Medical Supplies and Surgical Dressings** – relevant information from this policy has been incorporated into our DME payment policy. ■



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

**Send information to:**

Elizabeth Riley  
*Director, Provider Relations*  
Fallon Health  
10 Chestnut St.  
Worcester, MA 01608

**Email:** [elizabeth.riley@fallonhealth.org](mailto:elizabeth.riley@fallonhealth.org)

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Richard Burke  
*President and CEO*

Thomas Ebert, M.D.  
*Executive Vice President and  
Chief Medical Officer*

Eric Hall  
*Senior Vice President,  
Provider Management,  
Strategy and Engagement*

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

**Questions?**

**1-866-275-3247**

