

# CONNECTION

Important information for Fallon Health physicians and providers

January 2015

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## Doing business with us

### Prescriber Part D enrollment will be required

Beginning June 1, 2015, Fallon Health will approve pharmacy claims for Part D drugs covered in our Medicare Advantage, PACE (Summit ElderCare) and One Care plans *only if the contracted prescribing physician or eligible professional is enrolled in Medicare with an approved status.*

We will deny all Part D claims prescribed by contracted physicians or eligible prescribing professionals who are not enrolled in Medicare.

The Centers for Medicare & Medicaid Services (CMS) noted that the central purpose of this requirement is to verify that prescribers are appropriately licensed and certified, are not excluded or debarred from Medicare, and are otherwise qualified under Medicare regulations to prescribe Part D drugs.

This requirement applies to all prescribing providers including physicians, dentists, nurse practitioners, behavioral health providers and other professionals who are permitted to write Part D prescriptions by applicable state law.

Information on the general provider enrollment process and the timeframes for processing applications can be found on the CMS website at [cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index](http://cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index). You also can find documentation on the CMS requirement on at 42 CFR §423.120(c)(6). ■



## Our tip sheet for prior authorization at Fallon Health

Fallon wishes to give both members and providers the best experience possible when it comes to seeking authorization for services.

To assist in determining whether a service requires prior authorization, please refer to the following information:

- **Admissions for acute inpatient and observation levels of care** require a notification upon admission.
- **Elective inpatient and hospice levels of care** require prior authorization before admission.
- **Certain outpatient services, supplies and procedures** require prior authorization before the date of service.
- **All genetic testing, infertility, unlisted and out-of-network services** require prior authorization before the date of service.

You may refer to our website for detailed information about which services allow self-referral, require a referral, or require a prior authorization. See [fallonhealth.org/providers/medical-management/preauthorization-referral](http://fallonhealth.org/providers/medical-management/preauthorization-referral). Fallon Total Care providers, see [fallontotalcare.com/providers/provider-manual/managing-patient-care](http://fallontotalcare.com/providers/provider-manual/managing-patient-care).

### How to submit a prior authorization

When submitting a request for prior authorization, please complete the *Standardized Prior Authorization Request Form* found at [fallonhealth.org/providers/medical-management/forms](http://fallonhealth.org/providers/medical-management/forms). Once completed, please submit the form with all relevant and supporting clinical documentation to one of the appropriate fax numbers below as soon as possible, preferably at least 14 days before the service date.

Request type	fax number
▶ <b>Notification of admission</b>	
Acute inpatient and observation levels of care 3	1-508-368-9175
▶ <b>Requests for prior authorization</b>	
Fallon Total Care	1-774-317-6232
NaviCare	1-508-368-9822
Pharmacy (physician administered)	1-508-791-5101
Standard line for services to be rendered beyond seven days	1-508-368-9700
Urgent line for services to be rendered within seven days	1-508-368-9133
▶ <b>Delegated vendors</b>	
American Health Holdings (Out-of-state PPO)	1-614-818-3236
Beacon Health Strategies	1-781-994-7633
CVS Caremark (commercial)	1-888-836-0730
CVS Caremark (MassHealth)	1-866-762-5204
CVS Caremark (Medicare Part D)	1-855-633-7673
CVS Caremark (self-administered specialty medications)	1-866-249-6155
MedSolutions (high-tech imaging)	1-888-693-3210
Sleep Management Solutions	1-866-536-3618

### What information we need

Our medical reviewers would like to remind you that for services requiring prior authorization, the following information is always required:

- Referring provider name and NPI
- Rendering provider name and NPI
- Member name, date of birth and ID number
- Dates of service (or notate it is not yet scheduled)
- Diagnosis description and code
- Service, procedure or item description and code
- Number of units/visits requested
- Referring provider's office contact name and number
- Medical records supporting the necessity of the requested service, procedure or item

**Commonly requested procedures:** Our medical reviewers have identified some of the more commonly requested procedures. When requesting these procedures, we must receive supporting information that is inclusive of, but not limited to, the following:

Procedure type	Information required
Breast reduction & panniculectomy	PCP notes over past 12 months related to <ul style="list-style-type: none"> <li>• Clear photos</li> <li>• Complaints (back/neck pain, rashes, etc.)</li> <li>• Prescribed treatments (PT/dates, creams, NSAIDS, etc.)</li> </ul>
Genetic testing	Treating physician’s note supporting requested testing describing how the testing will impact clinical management and clinical health outcomes.
Hysterectomies	<ul style="list-style-type: none"> <li>• Any documentation of hormone trials</li> <li>• Dates of diagnosis of abnormal bleeding or “DUB”</li> <li>• Pap report</li> <li>• Ultrasound report</li> </ul>
Joint replacement surgeries	If not clearly bone-on-bone per X-ray report or not a joint revision, then need documentation of at least two of the three: <ul style="list-style-type: none"> <li>• NSAID/prescription medication trials and dates</li> <li>• PT and dates</li> <li>• Steroid injections and dates</li> </ul>
Spinal surgeries	Documentation of at least two of the three: <ul style="list-style-type: none"> <li>• NSAID/prescription medication trials and dates</li> <li>• PT and dates</li> <li>• Steroid injections and dates</li> </ul>

### Fallon tools to guide you

To assist our provider community in completing the prior authorization forms, Fallon Health offers these tools for procedure code and contracted status verification.

**Procedure code:** To verify if a CPT/HCPCS code requires prior authorization:

- Visit: [fallonhealth.org/providertools/ProcedureCodeLookup](http://fallonhealth.org/providertools/ProcedureCodeLookup)
- Call: 1-866-275-3247

**Contracted status:** To verify if a provider is contracted for our member’s specific plan:

- Visit: [fallonhealth.org/providertools/lookup/index](http://fallonhealth.org/providertools/lookup/index)
- Call: 1-866-275-3247

Also, for questions regarding our medical and payment polices, visit:

- **Medical policies**  
[fallonhealth.org/providers/medical-management/medical-policies](http://fallonhealth.org/providers/medical-management/medical-policies)
- **Payment policies**  
[fallonhealth.org/providers/medical-management/payment-policies](http://fallonhealth.org/providers/medical-management/payment-policies) ■

## Let's connect

### A Connection interview with Dr. Phil Bolduc

Lisa Price-Stevens, M.D., Medical Director, Fallon Total Care<sup>SM</sup>, recently interviewed Philip Bolduc, M.D., a family medicine practitioner with expertise in chronic pain management and opioid treatment.



Dr. Bolduc talks about the nationally recognized chronic pain and opioid protocol he developed and how his practice safely approaches opioid treatment for pain management. This is an interview you'll want to read in view of the state-wide and national epidemic of prescription-opioid overdose deaths. It's all in *Connection* online. **i**

### CMO Sarika Aggarwal, M.D., named Outstanding Woman in Business

Sarika Aggarwal, M.D., Fallon Health's Senior Vice President and Chief Medical Officer, was honored in November as one of *Worcester Business*



Photo courtesy of *Worcester Business Journal*

*Journal's* Outstanding Women in Business for 2014. We're proud of Dr. Aggarwal and this accomplishment.

In addition to her role at Fallon, Dr. Aggarwal is an internist at Shrewsbury Primary Care, an assistant professor of medicine at UMass Memorial Medical School and a consultant to the Massachusetts Board of Registration in Medicine. Previously she was Medical Director in the Office of Clinical Integration at UMass Memorial Medical Care.

Throughout her career as a physician and businesswoman, Dr. Aggarwal has overcome stereotypes and broken down cultural barriers, inspiring women along the way.

"I have always looked at my life and career as a continuous phase of opportunities to be seized and embraced wholeheartedly," she explains. "Nothing is too big or too difficult to tackle. You just chip away at it ... one step at a time." **■**

### New medical director oversees Fallon's NaviCare plan

In October 2014, Fallon Health welcomed Gerald Gleich, M.D., as the new Medical Director for NaviCare, our Senior Care Options/Medicare Advantage Special Needs Plan.



Dr. Gleich brings extensive knowledge and experience to our NaviCare program. He is an Associate Professor of Family Medicine and Community Health at UMass Medical School. And, he continues his clinical practice at Hahnemann Family Health Center, where he has served since 1987 as a clinician-educator in family medicine and geriatrics.

Dr. Gleich has held a number of leadership roles over the years, serving as Residency Director for the UMass Family Medicine Residency Program, as Medical Director for Hahnemann Family Health Center, and as the Interim Clinical Chief for the Division of Geriatrics at UMass. He has also served for the past 18 years as the Medical Director for St. Mary Health Care Center, where he maintains a practice as a long-term care clinician and educator.

If you have comments or suggestions for Dr. Gleich, he encourages you to contact him at 1-508-368-9499 or via email at [Gerald.Gleich@fchp.org](mailto:Gerald.Gleich@fchp.org). **■**

### Have you checked for excluded entities and individuals recently?

The U.S. Health and Human Services Office of the Inspector General (HHS-OIG) excludes certain individuals and entities from participation in Medicare, Medicaid and the State Children's Health Insurance Program (SCHIP), and all federal health care programs.

All organizations, including physician offices, hospitals or ancillary providers, are instructed to check certain federally-maintained lists every month to ensure that they are not employing or contracting with an excluded entity. Your organization would be at risk of paying anywhere from \$10,000 to \$1 million in penalties if you were found to contract with an excluded entity that appeared on a list and you had failed to do the monthly check. For more information and links to the lists you should check, see *Connection* online. **i**

## Program offers extra protection for Summit ElderCare® participants

Fallon Health has expanded its partnership with Healthsense, a provider of senior care solutions, to offer the eNeighbor® monitoring system to our Summit ElderCare® participants at all of our PACE locations. We successfully piloted the program with targeted NaviCare members last year. Learn more in our *Connection* online article. **i**

## Testing Wisely – Noninvasive Prenatal Testing (NIPT)



An initiative of the ABIM Foundation

Continuing our “Testing Wisely” series, this month we are putting the spotlight on noninvasive prenatal testing (NIPT) recommendations from the Choosing Wisely® campaign.

Please go to *Connection* online to find out what the Society for Maternal Fetal Medicine suggests for NIPT and what we discovered in our utilization assessment of compliance with the recommendation. **i**

## Quality focus

### HEDIS highlight: ADHD and antidepressant medication guidelines

Fallon Health and our behavioral health partner, Beacon Health Strategies (Beacon), work collaboratively to ensure that our members receive optimal care. NCQA’s Healthcare Effectiveness Data and Information Set (HEDIS®) guides our efforts in measuring the quality and effectiveness of the care provided.

#### ► Follow-up care guidelines:

##### Children prescribed ADHD medication

According to NCQA’s “State of Health Care Quality 2013” report:

- Among children who have been prescribed medication for ADHD, approximately 2.5% are not taking their medications.
- Between 70% and 80% of children with ADHD respond to medications and exhibit an improved attention span, better performance on tasks and less impulsive behavior.

#### What are the best practices in line with this HEDIS measure?

- Upon prescribing a new ADHD medication, and before the patient leaves the office, be sure to schedule the 30-day follow-up visit to assess how the medication is working.
- Continue to monitor progress by scheduling two additional visits within nine months after the initiation phase.

#### ► Follow-up care guidelines:

##### Antidepressant medication management

According to NCQA’s “State of Health Care Quality 2013” report:

- Although there are known, effective treatments for depression, fewer than half of those affected receive treatment.
- Appropriate dosing and continuation of medication therapy through short-term and long-term treatment of depression decrease its recurrence.
- Clinical guidelines for depression emphasize the importance of effective clinical management in increasing medication compliance, monitoring treatment effectiveness and identifying and managing side effects.

#### What are the best practices in line with this HEDIS measure?

Recommendations for ensuring adherence include providing discussion and educational materials around the following:

- When will the medication start working and how will your patient know?
- What will it feel like to be on the medication?
- How long will he/she need to be on the medication?
- What are the possible side effects and what should the patient do if he/she experiences them?
- Stress importance of continuing medication, even if he/she is feeling better, and of attending follow-up visits.

#### Resources

For more information on assessment, medication management and other treatment issues:

- Visit the provider section of the Beacon Health Strategies website at [beaconhealthstrategies.com/providers](http://beaconhealthstrategies.com/providers).
- Contact Beacon at 1-781-994-7556 to discuss treatment options with our Physician Advisors. **■**

## Fallon Health to follow additional InterQual guideline

Beginning March 1, 2015, Fallon Health will use the InterQual guidelines when reviewing for medical necessity for the following procedure: **Orthognatic surgery.**

Fallon may require additional criteria to be met above and beyond InterQual clinical criteria. For additional criteria, please refer to the Medical Policy in our *Provider Manual* at [fallonhealth.org/providers/medical-management/medical-policies](http://fallonhealth.org/providers/medical-management/medical-policies).

Please make note of the transition for this procedure. ■

## Stay up to date with practice guidelines

Our Clinical Practice Guidelines are always available on [fallonhealth.org](http://fallonhealth.org) and [fallontotalcare.com](http://fallontotalcare.com).

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

- MHQP 2014 Perinatal Recommendations
- 2014 Global Initiative for Chronic Obstructive Lung Disease (GOLD)
- Safe Chronic Pain Management Toolkit
  - The Revised Screener and Opioid Assessment for Patients with Pain (SOAPP®-R) and the Current Opioid Misuse Measure (COMM®)
  - Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain

For a paper copy, please contact Robin Byrne at 1-508-368-9103. ■

## NaviCare clinical practice initiatives available online

Providers in our NaviCare network have the convenience of viewing clinical practice initiatives from the provider section of our website, and can easily print PDF versions of each topic.

On [fallonhealth.org/providers/medical-management/navicare-clinical-initiatives](http://fallonhealth.org/providers/medical-management/navicare-clinical-initiatives), you'll find the most current version of the following guidelines. (You also may request a paper copy by calling the number at the end of this article.)

- Abuse and neglect, identification of neglect
- Alcohol abuse prevention and treatment
- Care for older adults
- Chronic obstructive pulmonary disease
- Dementia

- Depression
- Diabetes
- Heart failure
- Medication management
- Osteoporosis management
- Preventive screening for adults

If you have any questions, please contact your Provider Relations Representative for assistance at 1-866- 275-3247. ■

## Reporting fraud, waste and abuse

Fallon Health is committed to detecting, investigating and resolving instances of error, fraud, waste and abuse, which is essential to maintaining strong and affordable health care. For more, see *Connection* online. **i**

## Product spotlight

### Health Connector Open Enrollment continues for subsidized plans

Go to *Connection* online to learn more about enrollment deadlines, and Fallon's new Community Care limited-network option for individuals needing affordable coverage. **i**

## MassHealth update

### MassHealth providers

#### Required disclosure requirements

To comply with federal requirements, Fallon Health must obtain certain business information, using the Federally Required Disclosure Form. For information about this requirement, please see *Connection* online. **i**

## Coding corner

### New 2015 CPT/HCPCS codes

All new codes will require prior authorization until a final review is performed by Fallon Health. Fallon will review and assign the appropriate coverage and determine prior authorization requirements for all new codes by January 1, 2015. Fallon will notify all contracted providers of this determination via the March issue of *Connection* and in the *Provider Manual* at [fallonhealth.org/providers/provider-manual](http://fallonhealth.org/providers/provider-manual). ■

## Code updates

**Effective March 1, 2015**, the following code will be considered *deny vendor liable* (excluding Medicare, FTC, Summit ElderCare [PACE], NaviCare) and *will require plan prior authorization*.

Code	Description
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies (Solesta)

**Effective October 1, 2014**, the following codes will require plan prior authorization.

Code	Description
C9023	Injection, testosterone undecanoate, 1 mg
C9025	Injection, ramucirumab, 5 mg
C9026	Injection, vedolizumab, 1 mg
C9741	Right heart catheterization with implantation of wireless pressure sensor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report, includes provision of patient home electronics unit ■

## Modifier -59 changes for 2015

**Modifier -59 distinct procedural service:** Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-Evaluation/Management (E/M) services performed on the same day. Modifier -59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances.

Physician documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual.

When another already established modifier is appropriate, it should be used rather than modifier -59. Only if a more descriptive modifier isn't available, and the use of modifier -59 best explains the circumstances, should modifier -59 be appended.

**Note:** *Modifier -59 should not be used to bypass an existing edit.* The proper criteria and documentation for use of the modifier must be met.

Effective January 1, 2015, the Centers for Medicare & Medicaid Services (CMS) has established four new HCPCS modifiers to define subsets of the -59 modifier:

1. **XE Separate Encounter**, a service that is distinct because it occurred during a separate encounter
2. **XS Separate Structure**, a service that is distinct because it was performed on a separate organ/structure
3. **XP Separate Practitioner**, a service that is distinct because it was performed by a different practitioner
4. **XU Unusual Non-Overlapping Service**, the use of a service that is distinct because it does not overlap usual components of the main service

The new modifiers are more selective versions of the -59 modifier so it would be incorrect to include both modifiers on a single claim line.

Fallon Health will accept these new modifiers effective January 1, 2015, and will begin to apply the CMS edits in the second quarter of 2015. We will also continue to accept modifier -59. ■

## Payment policy updates

### Payment policies this issue

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

#### Revised policies – effective March 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).

- **Autism services payment policy** – updated codes in the policy (Fallon Health only)
- **Clinical Trials** – Updated discussion on Category B IDE devices
- **Hearing Aid and Hearing Aid Exam Payment Policy** – Updated list of reimbursed codes (Fallon Health only)
- **Inpatient Medical and Payment** – Updated discussion about readmissions
- **Team Conferences and Telephone Services Payment Policy** – updated discussion about telemedicine
- **Vaccine Payment Policy** – Updated Addendum A ■

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 ● January 2015

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

- Payment policy updates and links
- A *Connection* interview with Dr. Philip Bolduc
- Have you checked for excluded entities and individuals recently?
- Program offers extra protection for Summit ElderCare® participants
- Testing Wisely – Noninvasive Prenatal Testing (NIPT)
- Reporting fraud, waste and abuse
- Health Connector open enrollment continues for subsidized plans
- MassHealth: Federally required disclosure requirements

*Connection* is a bimonthly publication for all Fallon Health ancillary and affiliated providers. The next copy deadline is **January 7** for our March 2015 issue.

Send information to

**Elizabeth Riley**

Director, Provider Relations, Fallon Health  
10 Chestnut St., Worcester, MA 01608  
Email: [elizabeth.riley@fchp.org](mailto:elizabeth.riley@fchp.org)

**W. Patrick Hughes**

President and CEO

**Sarika Aggarwal, M.D.**

Chief Medical Officer, Fallon Health

**Lisa Price-Stevens, M.D.**

Medical Director, Fallon Total Care

**Eric Hall**

Vice President, Network Development  
and Management

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

**Questions?**

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