

CONNECTION

Important information for Fallon Health physicians and providers

July 2016

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● What's new

McKesson Genetic Diagnostics Exchange

Effective June 1, 2016, Fallon Health has partnered with McKesson to utilize the McKesson Diagnostics Exchange™ to register genetic and molecular diagnostics tests. Each test will be assigned a unique Z-Code™ Identifier by the Diagnostics Exchange. This system will help Fallon better identify and evaluate tests for appropriate coverage and payment, and will help providers to know up front exactly what tests are covered under each Fallon product line. We are working with all of our servicing laboratories to register with the Diagnostics Exchange by August 1. If you have any questions, please contact Christine Canton in Provider Relations at Christine.Canton@fallonhealth.org or 1-866-275-3247, Option 4.

Formulary update

Effective July 1, 2016, we are making changes to the preferred generic tier (Tier 1) of the Commercial 4 Tier Formulary and the Commercial Hybrid 4 Tier Formulary. Some products are being moved from Tier 1 to Tier 2 and others from Tier 2 to Tier 1. Members who are currently on a Tier 1 product that is moving to Tier 2 will receive a letter explaining the change.

Drug name	Old tier	New tier
Doxycycline Hyclate cap 50 mg	1	2
Doxycycline Hyclate cap 100 mg	1	2
Doxycycline Hyclate tab 100 mg	1	2
Tetracycline cap 250 mg	1	2
Tetracycline cap 500 mg	1	2
Captopril tab 12.5 mg	1	2
Captopril tab 25 mg	1	2
Captopril tab 50 mg	1	2
Captopril tab 100 mg	1	2
Captopril hctz tab 25-15 mg	1	2
Captopril hctz tab 25-25 mg	1	2
Captopril hctz tab 50-15 mg	1	2
Captopril hctz tab 50-25 mg	1	2
Nitrofurantoin Macro cap 25 mg	1	2
Carbamazepine tab 200 mg	1	2
Pyridostigmine tab 180 mg ER	1	2
Proctozone cream HC 2.5%	1	2
Amoxicillin tab 500 mg	2	1
Amoxicillin tab 875 mg	2	1
Azithromycin tab 500 mg	2	1
Levofloxacin tab 250 mg	2	1
Levofloxacin tab 500 mg	2	1
Levofloxacin tab 750 mg	2	1

Drug name	Old tier	New tier
Carvedilol tab 3.125 mg	2	1
Carvedilol tab 6.25 mg	2	1
Carvedilol tab 12.5 mg	2	1
Carvedilol tab 25 mg	2	1
Benazepril tab 10 mg	2	1
Benazepril tab 20 mg	2	1
Benazepril tab 40 mg	2	1
Furosemide tab 80 mg	2	1
Lorazepam tab 2 mg	2	1
Paroxetine tab 10 mg HCL	2	1
Paroxetine tab 20 mg HCL	2	1
Paroxetine tab 30 mg HCL	2	1
Paroxetine tab 40 mg HCL	2	1
Zolpidem tab 5 mg	2	1
Zolpidem tab 10 mg	2	1 ■

Knees, hips and hysterectomies

Effective May 1, 2016, knee, hip and hysterectomy* surgeries, regardless if they are planned inpatient, do not need prior authorization. We only need a notification from the hospital when the member becomes an inpatient. Fallon has made this change because we approve all surgeries of these types, so there is no reason for providers to go through the prior authorization process.

**Laparoscopic hysterectomies, whether abdominal or vaginal, are considered SDS. ■*

Fallon Health professional fee schedule

As part of our yearly fee schedule review, the Fallon Health professional fee schedule has been updated. The changes are effective July 1, 2016.

If you have any questions, please call your Fallon Contract Manager at 1-866-275-3247, option 4. We are open Monday through Friday from 8:30 a.m. to 5:00 p.m. ■

● Let's connect

Are you making changes?

Are you moving? Changing your name, billing company or email address? Closing or opening your panel?

Please help us make sure that your patients have the most current information about your practice. By using the [Standardized Provider Information Change Form](#) you can share this information with all health plans with which you do business.

Please note: This form is not to be used for credentialing or contractual changes. We may need to follow up with providers for additional information. ■

Supporting healthier lives in 2016

Fallon Information Center

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, MA is offering a variety of educational workshops to help people get and stay healthy in 2016. These classes and workshops are free and open to the community.

Please share our calendar of events, found on fallonhealth.org, or encourage patients to call 1-866-209-5073, 8:30 a.m.–5:00 p.m., for more information.

Here are some of the [programs](#) available:

- **Healthy Lunches for Adults**
Learn how to turn your mid-day meal into a healthy, satisfying and nutritious lunch.
- **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.

Quit to Win

In addition to our eight-week program, Quit to Win (QTW), provides free individual telephonic coaching to all Fallon plan members. And the QTW text message support program, free to all Fallon members, is more popular than ever. Please let us know how QTW can enhance your provider experience to better serve our members in your care.

Call us at 1-508-368-9540 or 1-888-807-2908, or e-mail us at QuitToWin@fallonhealth.org. ■

MassHealth update

Pediatric Behavioral Health Medication Initiative

The MassHealth Pharmacy Program, in collaboration with the Department of Children and Families (DCF) and the Department of Mental Health (DMH), have developed a Pediatric Behavioral Health Medication Initiative that requires prior authorization to ensure the highest quality and safest care to pediatric members under age 18 who are prescribed behavioral health medications.

Fallon Health has adopted MassHealth's initiative, effective March 22, 2016. In addition to individual drug PA criteria where applicable, some behavioral health medications are subject to additional polypharmacy and age limit restrictions. The following situations require a prior authorization:

1. **Behavioral health medication polypharmacy:** pharmacy claims for any combination of four or more behavioral health medications (i.e., alpha2 agonists, antidepressants, antipsychotics, atomoxetine, benzodiazepines, buspirone, cerebral stimulants, hypnotic agents, and mood stabilizers) within a 60-day period for members under age 18;
2. **Antipsychotic polypharmacy:** overlapping pharmacy claims for two or more antipsychotics for at least 60 days within a 90-day period for members under age 18;
3. **Antidepressant polypharmacy:** overlapping pharmacy claims for two or more antidepressants for at least 60 days within a 90-day period for members under age 18;
4. **Cerebral stimulant polypharmacy:** overlapping pharmacy claims for two or more cerebral stimulants (immediate-release and extended-release formulations of the same chemical entity are counted as one) for at least 60 days within a 90-day period for members under age 18;
5. **Benzodiazepine polypharmacy:** overlapping pharmacy claims for two or more benzodiazepines for at least 60 days within a 90-day period for members under age 18;
6. **Mood stabilizer polypharmacy:** overlapping pharmacy claims for three or more mood stabilizers for at least 60 days within a 90-day period for members under age 18;
7. Any pharmacy claim for an antidepressant, antipsychotic, atomoxetine, benzodiazepine, buspirone, hypnotic or hypnotic benzodiazepine, or mood stabilizer for members **under age six;**
8. Any pharmacy claim for an **alpha2 agonist** or **cerebral stimulant** for members **under age three.**

Criteria and PA forms may be found on our website at: fallonhealth.org/providers/pharmacy/pharmacy-prior-authorization.aspx ■

Product spotlight

NaviCare Satisfaction Survey results

The 2015 Annual Satisfaction Survey results for NaviCare are in.* The ratings from enrollees and caregivers are excellent! **The overall satisfaction rate among enrollees is 97.3%, and among caregivers, it's 98.2%.** The table below shows ratings for additional categories:

Category	Enrollees	Caregivers
Would recommend to family and friends	98.5%	100%
Care Team	98.9	98.2
Navigator understands specific needs	99.6	96.4
Able to see needed doctors	99.6	98.2
NaviCare team helpful if changed doctor	97.3	92.9

For more information about NaviCare, visit navicare.org.

**We surveyed 261 members and 57 caregivers. Percentages represent those who responded, "Strongly Agree," "Agree," "Good," "Very Good" or "Excellent." ■*

NaviCare Model of Care

When a person enrolls in [NaviCare](http://navicare.org), they 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 preventative care. On the following page is what the Care Team looks like.

Visit navicare.org for more information. ■

How we care for you

When you're a member of NaviCare® SCO or NaviCare® HMO SNP, you have a team of experts who are dedicated to helping you meet your health goals.

Navigator

- Organizes your benefits and services
- Advocates for you to receive the care you need
- Helps you make medical appointments and arranges rides
 - Visits you at home

Primary care provider

- Directs your care and provides routine medical services
- Refers you to specialists
- Orders prescriptions, supplies, equipment and home services

Behavioral health case manager

(as needed)

- Assesses your emotional and psychological needs
- Facilitates short-term counseling
- Works with your behavioral health provider to coordinate services



Nurse case manager or advanced practitioner

- Assesses your clinical needs
- Teaches you about your conditions and medications
- Helps ensure you get the care you need if you're in a hospital or facility—and when you go home, too

Facility liaison

(if you live in an assisted-living, long-term-care or rest-home setting)

- Connects your NaviCare Care Team with the care team at your facility

Geriatric support service coordinator

(if you live in your own home)

- Evaluates your need for services to help you remain in your home
- Coordinates those services for you
- Helps you with necessary paperwork
- Connects you with resources for elders

NaviCare Announces 2015/2016 Influenza Vaccine Results

For the second year in a row, Fallon's team of Navigators and Nurse Case Managers (NCM) from NaviCare were able to significantly improve the influenza vaccination rate for our NaviCare members during the 2015/2016 influenza vaccination period. The rate jumped to more than 78.4%* of members vaccinated!

The Navigators and NCMs began educating members early about the importance of the influenza vaccination. They set a goal of 100% outreach to active NaviCare members—a goal they achieved. They sent reminders, provided additional education, and assistance with transportation to vaccination sites.

The team received weekly reports and progress updates. Getting regular feedback was a motivator, and the team exceeded the membership vaccination target goal.

This is a powerful example of the NaviCare Model of Care at work. A focused effort using a team approach achieves great results.

To learn more about NaviCare, visit navicare.org.

**NaviCare's member vaccination rate in 2014/2015 was 74.3%. ■*

NaviCare Dementia Care Initiative

- An estimated 5.4 million Americans have Alzheimer's dementia, which is responsible for 60-80% of all dementias.
- The other major types of dementia include vascular dementia, dementia with Lewy bodies, frontotemporal dementia and mixed dementia.
- Only about a half of those with dementia have had a diagnosis.
- Only about a half who have been diagnosed have had a discussion with their physician or medical care team, or have had their physician or medical care team talk to their caregivers or family members about the diagnosis.

At NaviCare, we are working to recognize dementia in our members, and then taking steps to educate them and their families or caregivers about it. In the process, we hope to help prevent many of the pitfalls and problems that people with dementia, their families and caregivers face.

In the course of this project, we have developed a dementia assessment checklist to recognize members who may have undiagnosed dementia, and a dementia intervention checklist so we can provide the right guidance, care and education for members who have already been diagnosed.

The dementia assessment checklist includes links to formal, validated and cognitive assessment exams. Our nurses screen members who have functional deficits. When they get positive screens, they communicate with primary care providers to facilitate medical evaluations. These evaluations may lead to a formal diagnosis, treatment, and activation of the dementia intervention checklist.

Our dementia intervention checklist contains a complete range of functional, behavioral, social and educational interventions to help us support our members and their families. ■

Coding corner

ICD-10-CM coding for hypertension

Coding for hypertension, hypertensive heart disease and hypertensive kidney disease has not changed much from ICD-9-CM, but the selection of more specific risk-adjusted codes are sometimes overlooked. The change to ICD-10-CM provides the opportunity to more accurately report these conditions, and to communicate the severity of a patient's illness.

Essential hypertension has one code, I10, which replaces 401.1 (benign hypertension) and 401.9 (hypertension, not otherwise specified).

There are specific codes to describe hypertensive heart disease, hypertensive chronic kidney disease and hypertensive heart with chronic kidney disease. Keep in mind a coder can assume a causal relationship between hypertension and chronic kidney disease but cannot assume a causal relationship between hypertension and hypertensive heart disease. Clearly state the condition being monitored, evaluated or treated, and follow these coding steps to ensure that the correct condition is billed:

- If a patient has hypertension and heart disease caused by hypertension, list first the combination code for hypertensive heart disease, either with or without heart failure. If the patient has heart failure, there is a notation to use an additional code from the I50 category to identify the type of heart failure.
- If a patient has hypertension and chronic kidney disease, it is coded from the I12 category, hypertensive chronic kidney disease. The I2.0 is for hypertensive kidney disease in a patient with stage four or end-stage kidney disease. The I12.9 code is for a patient with stage one through stage four kidney disease. A code for the stage of kidney disease is also needed.
- If a patient has both hypertensive heart disease and chronic kidney disease, the coding comes from the I13 category. The code indicates whether the patient has heart failure or not, and the stage of the chronic kidney disease. Please also list a code for the type of heart failure and the stage of the kidney disease. ■

Modifier use

When billing Fallon Health for injectable drug codes, the use of modifiers RT, LT and 50 is incorrect and will most likely result in unnecessary payment delays or claims denials. The applicable CPT/HCPCS procedure code and ICD-10 codes can indicate laterality. If there is no laterality, apply the modifier to your procedure code.

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

New covered codes

Effective September 1, 2016, the following codes will be covered with plan prior authorization. The codes will also be considered experimental/investigational.

Code	Description
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
P9020	Platelet rich plasma, each unit
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy ■

Payment policy updates

Revised policies – effective September 1, 2016:

The following policies have been updated; details about the changes are indicated in the policies.

- **Gastroenterology Services** – Added codes to the billing/coding section.
- **Infertility/ART** – Removed/deleted molecular diagnostic codes.
- **Inpatient Medical Review and Payment** – Updated the policy and reimbursement sections.
- **Laboratory and Pathology** – Added codes to the billing/coding section.
- **Medical Supplies and Surgical Dressings** – Multiple updates to codes in Appendix A.
- **Newborn Services** – Updated the billing/coding guidelines section.

- **Observation Status** – Added POS 19; added requirement that physician orders clearly identify patient status.
- **Radiology/Diagnostic Imaging Procedures** – Updated instructions for billing for low-dose CT and added NaviCare to high-tech radiology prior authorization program.
- **Transportation Services** – Updated the reimbursement and prior authorization requirements sections. ■

Annual review

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

- **Limited Service Clinics**
- **Maximum Units**
- **Medical Nutrition Therapy**
- **Member Liability**
- **Nurse Midwife** ■

Connection is an online bimonthly publication for all Fallon Health ancillary and affiliated providers. The next copy deadline is **July 5** for our **September 2016** issue.

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