Connection

Important information for Fallon Community Health Plan physicians and providers

Every day affairs

FCHP support for high-risk pregnancies

Fallon Community Health Plan offers a focused obstetrical program, called Special Deliveries, that supports pregnant women at risk for complications so they can have the healthiest pregnancy possible and deliver closer to full term. We encourage our providers to refer appropriate FCHP members to the program. Please call one of our nurses at 1-508-368-9379 or 1-508-368-9355 or use the Outpatient Care Services Referral Form at fchp.org/Providers/Forms.htm. For more details, please see *Connection* online.

For our MassHealth providers

Correction of fluoride varnish application effective immediately

It is important to note that preauthorization is not required for providers to apply fluoride varnish to eligible FCHP MassHealth members under age 21. A preauthorization requirement was incorrectly attached to the fluoride varnish application, D1206, and has now been removed. The provider's specific reimbursement is listed in his or her contractual arrangement with FCHP. For any questions about reimbursement, please call the Provider Relations Department at 1-866-ASK-FCHP, prompt 4.

For our Commonwealth Care and MassHealth providers

MMIS information transition

MassHealth introduced the new MassHealth Medicaid Management Information System (NewMMIS) in May 2009. NewMMIS provides MassHealth with increased flexibility to establish and manage effective benefit-plan structures, implement new payment methodologies and support the timely delivery of services to MassHealth members. Real-time claims processing and online services will reduce administrative burdens on the provider community.

The former Recipient Eligibility Verification System (REVS) has been replaced by the NewMMIS Eligibility Verification System (EVS), now available through the Web-based Provider Online Service Center. To take full advantage of the benefits of this Service Center, including the ability to verify member eligibility, MassHealth recommends that providers arrange Internet access for all appropriate staff.

If you haven't yet prepared for the transition, MassHealth and Commonwealth Care providers should review All Provider Bulletin 184 on the topic. It's available on the mass.gov Web site under the Executive Office of Health and Human Services.

For questions and clarifications on NewMMIS and provider online services, MassHealth and Commonwealth Care providers should go to MassHealth's NewMMIS Web site, mass.gov/masshealth/newmmis. (For Commonwealth Care information, please refer to The Connector staff.) You also can contact MassHealth Customer Service at providersupport@mahealth.net, call 1-800-841-2900 or fax your inquiry to 1-617-988-8974.

Present-on-admission (POA) indicators required

FCHP will require hospitals to report present-on-admission (POA) information for both primary and secondary diagnoses when submitting claims for discharges on or after November 1, 2009.

- POA indicator reporting is mandatory for all claims involving inpatient admissions to general acute care hospitals or other facilities.
- POA is defined as present at the time the order for inpatient admission occurs. Conditions that develop during an outpatient encounter, including emergency department, observation or outpatient surgery, are considered POA.

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- A POA indicator must be assigned to principal and secondary diagnoses (as defined in Section II of the Official Guidelines for Coding and Reporting) and the external cause of injury codes.
- Issues related to inconsistent, missing, conflicting or unclear documentation must be resolved by the provider.
- If a condition would not be coded and reported based on Uniform Hospital Discharge Data Set definitions and current official coding guidelines, then the POA indicator would not be reported.

Paper claims
On the UB-04, the POA indicator is the eighth digit of Field Locator (FL) 67, Principal Diagnosis, and the eighth digit of each of the Secondary Diagnosis fields, FL 67 A-Q. In other words, report the applicable POA indicator (Y, N, U or W) for the principal and any secondary diagnoses and include this as the eighth digit; leave this field blank if the diagnosis is exempt from POA reporting.

Electronic claims
Using the 837I, submit the POA indicator in segment K3 in the 2300 loop, data element K301.

CMS POA indicator options and definitions

Code	Reason for code
Y	Diagnosis was present at time of inpatient admission. FCHP will pay the CC/MCC DRG for those selected HACs that are coded as "Y" for the POA Indicator.
N	Diagnosis was not present at time of inpatient admission. FCHP will not pay the CC/MCC DRG for those selected HACs that are coded as "N" for the POA Indicator.
U	Documentation insufficient to determine if the condition was present at the time of inpatient admission. FCHP will not pay the CC/MCC DRG for those selected HACs that are coded as "U" for the POA Indicator.
W	Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. FCHP will pay the CC/MCC DRG for those selected HACs that are coded as "W" for the POA indicator.
1	Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank on the UB-04; however, it was determined that blanks are undesirable when submitting this data via the 4010A. FCHP will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA indicator. The "1" POA indicator should not be applied to any codes on the HAC list.

For discharges occurring on or after November 1, 2009, hospitals will not receive additional payment for cases in which one of the selected conditions was not present on admission. That is, the case would be paid as though the secondary diagnosis were not present.

For additional information see the Hospital Acquired Conditions Payment Policy at fchp.org/Providers/Payment_policies.htm.

FCHP program continues to help smokers quit

Every patient who sees a Fallon Clinic provider is eligible to participate in FCHP's highly successful **Quit to Win** tobacco cessation program, *regardless of insurance affiliation*. The free weekly groups are offered in Worcester, Spencer, Auburn and Leominster. To refer patients, e-mail QuitToWin@fchp.org or call 1-888-807-2908. For more information about the program and how to get free posters or flyers, please see *Connection* online.

Let's connect

Medicare Advantage-Prescription Drug fraud, waste and abuse training

The Centers for Medicaid and Medicare Services (CMS) requires all Medicare Advantage-Prescription Drug health plans to ensure that their participating providers complete FWA training no later than December 31, 2009, and annually thereafter. To assist us in complying with this requirement, HCAS member health plans have created an online training program that is available on Healthcare Administrative Solutions, Inc.'s Web site.

Who must take the training? All providers and employees who work with, or contract with, a Part C Medicare Advantage and/or a Part D Medicare Prescription Drug health plan need to take the training, as required by CMS.

By when? Training must be completed by December 31, 2009.

Cost? There is no cost for the training provided through HCAS.

Is there a test? No. Instead, you must attest that you have completed the training.

How do I take the training? HCAS member health plans have developed one training presentation, which is posted on the HCAS Web site.

- Go to hcasma.org.
- Select the "Medicare Training" option on the toolbar at the top of the home page.
- When you complete the training, click on the link that states "ATTESTATION-Attest that you have completed the training".

Assistance? Contact FCHP's Provider Service Line at 1-866-275-3247, prompt 4, or askfchp@fchp.org. ■

Use of correct Pharmacy Prior Authorization Form requested

Fallon Community Health Plan introduced a new Pharmacy Prior Authorization (PA) form last fall. Please use this form and discard any older versions of the form you might have so that we can process your PA requests without delay. The current form (revised in June, 2008) requires an ICD-9 code (and description) and J-Code (if it's a medical benefit). The correct PA form is available at fchp.org, in the forms section of the *Provider Manual* under the "Physicians and providers" section.

If you have any questions about the Pharmacy Prior Authorization Form, please contact the Provider Services Line at 1-866-ASK-FCHP, and select prompt 5 for Pharmacy Services. ■

Changes to capitation payment reports start in November

There will be changes in the capitation reports that support your capitation payments, effective with your November 2009 payment.

Furthermore, FCHP will begin processing capitation using the following assumptions.

- Capitation will be based on *daily* proration of members to ensure that groups are paid for the actual number of days members spend in their group each month. Currently, FCHP uses the "snapshot" approach to count members once per month. You either receive a monthly payment or you receive nothing for those members based on when the member moved relative to when "snapshot" occurred. Our analysis shows very small positive or negative changes in the total monthly amounts paid using this more accurate counting method.
- Monthly payments will include a 90-day look-back for enrollment changes.
- FCHP providers can expect to receive their payment by the 15th of the month.

If you have any questions, please call the contract manager responsible for your relationship with FCHP. ■

For our Commonwealth Care and MassHealth providers

Notification of Birth form changes

We'd like to remind you that there is a new Notification of Birth (NOB-1) form that hospitals and other providers must use to facilitate eligibility determinations and health-plan enrollment for newborns of MassHealth and Commonwealth Care-eligible women.

The form has been revised to support changes as a result of the implementation of NewMMIS. A few changes have been made to the form, most noticeably a **change in the timeline for submission from 60 days to 30 days from the newborn's date of birth.** Hospitals are being asked to fill in missing information on the old forms. Thus, it is strongly advised that hospitals begin using the new forms as soon as possible. For more details and a sample of the form, see All Provider Bulletin 136. You may also contact MassHealth Customer Service at 1-800-841-2900 or e-mail your inquiry to providersupport@mahealth.net.

The NOB-1 form is a two-part carbonless form and is not available electronically. Requests for supplies of this form must be submitted in writing, and can be mailed or faxed to: MassHealth, ATTN: Forms Distribution, P.O. Box 9118, Hingham, MA 02043; fax, 1-617-988-8973. ■

Coding corner

Code updates

Effective immediately, the following code(s) *no longer requires plan preauthorization*.

D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients.

Effective November 1, 2009, FCHP considers wireless capsule endoscopy of the esophagus (e.g., PillCam™ ESO) experimental/investigational. Claims for wireless capsule endoscopy of the esophagus (CPT code 91111) *will not be reimbursed and will be denied vendor liable*.

91111	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy); esophagus with physician interpretation and report

***Reminder**: CPT code 91110 (Gastrointestinal tract imaging, intraluminal, e.g., capsule endoscopy; esophagus through ileum, with physician interpretation and report) must be ordered by a gastroenterologist or surgeon and requires preauthorization by an FCHP Medical Director.*

Effective November 1, 2009, the following codes *will no longer be separately reimbursed* for all plan types.

37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37760	Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open
92992	Canalith repositioning procedure(s) (e.g., Epley maneuver, Semont maneuver), per day
C1821	Interspinous process distraction device (implantable)
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest
S2202	Echosclerotherapy

Effective November 1, 2009, the following codes *will require plan preauthorization.*

27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27447	Arthroplasty, knee, condyle and plateau; medial and lateral components with or without patella resurfacing (total knee arthroplasty)
92620	Evaluation of central auditory function, with report; initial 60 minutes
92621	Evaluation of central auditory function, with report; each additional 15 minutes

Effective November 1, 2009, the following codes *will be covered for Fallon Senior Plan™ members only.*

95012	Nitric oxide expired gas determination
E0617	External defibrillator with integrated electrocardiogram analysis

Effective immediately, the following codes *no longer require preauthorization.*

E0165	Commode chair, stationary, with detachable arms
E0271	Mattress, inner spring
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven

Effective November 1, 2009, the following codes *are covered for MassHealth members only*. Claims for commercial and Fallon Senior Plan™ members will be denied as not separately reimbursed because oximeters are monitoring devices that provide information to physicians to assist in managing the patient's treatment.

E0445	Oximeter device for measuring blood oxygen levels non-invasively
A4606	Oxygen probe for use with oximeter device, replacement, Qty 1 per 12 M

Continued, p. 5

Effective November 1, 2009, HCPCS codes P9020 and S9055 *are not reimbursed and, if billed, will be denied provider liable.*

P9020	Platelet-rich plasma, each unit
S9055	Procuren® or other growth factor preparation to promote wound healing (Procuren® is no longer available.)

***Reminder**: FCHP considers autologous platelet derived products, including autologous platelet derived growth factor, experimental/investigational for any indication. There is no specific CPT or HCPCS code for autologous platelet-derived products (also known as platelet-rich plasma). CPT code 20926 (tissue grafts, other) should not be used to bill for autologous platelet-derived products.*

Effective November 1, 2009, the following codes *will require plan preauthorization.*

58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554	Hysterectomy, laparoscopic supracervical (LSH), +/- BSO
58550, 58553	Hysterectomy, laparoscopically assisted vaginal (LAVH), +/- BSO
58150, 58180, 58200	Hysterectomy, abdominal, +/- BSO
58260, 58262, 58263, 58270, 58290, 58291, 58294	Hysterectomy, vaginal, +/- BSO

Script alert

Formulary updates

Fallon Community Health Plan often makes changes to its formularies, including changing prior authorization requirements and adding new medications. For the latest changes to our commercial plan formularies, please see *Connection* online.

Payment policy updates

Payment policies this issue

New policies – effective November 1, 2009

- Outpatient Drugs Payment Policy

Revised policies – effective November 1, 2009

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

- ***Ambulance and Transportation Service Payment Policy:*** Moved to new template and clarified language throughout the policy.
- ***Anesthesia Payment Policy:*** Corrected codes listed for physician standby.
- ***Assistant Surgeon Payment Policy:*** Updated language regarding reimbursement for multiple procedures performed by assistants at surgery.
- ***Gastroenterology Payment Policy:*** Added statement that FCHP will not reimburse for code 91111 - gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy); esophagus with physician interpretation and report.
- ***Global Obstetrical Services Payment Policy:*** Added statement that services included in the global will not be reimbursed when the diagnosis is pregnancy-related.
- ***Hospice Payment Policy:*** Clarified language about the process for reporting to, and getting authorization from, FCHP.
- ***Medical Supplies and Surgical Dressings Payment Policy:*** Changed the policy's table of codes to indicate that oxygen probes for use with oximeter devices (A4606) are reimbursed only for MassHealth members.
- **Radiology Payment Policy:** Renamed as *Radiology/Diagnostic Imaging Procedures Payment Policy* and added language explaining reduced reimbursement technical component of multiple radiology/diagnostic imaging procedures when performed on contiguous areas of the body.

The following policy has been retired:

- *Physician Owned Diagnostic Imaging Center Payment Policy*

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 ■ September 2009

Your online supplement to *Connection* at **fchp.org/Providers/Connection.htm contains:**

- FCHP support for high-risk pregnancies
- FCHP program continues to help smokers quit
- Formulary updates – commercial

Connection is a bimonthly publication for all FCHP ancillary and affiliated providers. The next copy deadline is **September 9, 2009**.

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