

# CONNECTION

Important information for Fallon Health physicians and providers

September 2015

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## The *Connection* is going paperless!

We're very excited to announce that we're switching delivery of the *Connection* from paper to electronic!



You'll still receive the same bimonthly, substantive news you always have—it'll just be on our website at the familiar [fallonhealth.org/providers/connection-newsletter](http://fallonhealth.org/providers/connection-newsletter). The transition to electronic will take place with the January 2016 issue.



Please note: When the issues are posted on our website, we will send you a written Table of Contents through the U. S. Postal Service. This document will be your notification of important changes to look for in the online edition.

Please contact your Provider Relations Representative if you have any questions. ■



## Let's connect

### Managing depression in the primary care setting

Primary care providers are increasingly the first line of identification for behavioral health issues, especially for depression.

Contemporary literature (over the past 10 years) reveals that approximately half of psychiatric patients and half of primary care patients prematurely discontinue antidepressant therapy, and are thus found to be nonadherent when assessed six months after the initiation of treatment (Sansone & Sansone, 2012).

The high rate of antidepressant nonadherence underscores how important it is for providers to carefully explore patient concerns about these medications and to follow up closely while they are on treatment.

Seeing the patient briefly after two weeks to check on side effects or other difficulties is an opportunity for troubleshooting and encouragement. When the first follow-up is further out, some patients may simply stop the medicine and then wait for the appointment to discuss side effects ([beaconhs.com/pcp\\_toolkit/pcp\\_toolkit](http://beaconhs.com/pcp_toolkit/pcp_toolkit)). The consequences of untreated or inadequately treated depression are significant; therefore, adherence to medication is very important to quality care.

### Beacon offers support and consultation

Beacon Health Options (formerly Beacon Health Strategies) has a PCP Behavioral Health Consultation Service available to all Fallon Health contracted primary care providers—including pediatricians, family practitioners and nurse practitioners caring for Fallon members.

The consultation service gives Fallon-affiliated PCPs access to one of Beacon's board-certified psychiatrists for routine requests during business hours. This is not an urgent service. If a psychiatrist is not readily available to take the call, then the call will be returned within two business days.

If you are prescribing psychiatric medications to a Fallon member and have questions about available medications and dosing, or are considering a medication change, you can call Beacon directly at 1-877-249-6659.

You may also use this service to have a collaborative diagnostic discussion about managing a patient's behavioral health issues. Physicians who have used the service report finding it very helpful in clarifying diagnostic, treatment and medication questions about treatment of routine behavioral health conditions in primary care. The service is available Monday through Thursday from 8:30 a.m.-6:00 p.m., and on Friday from 8:30 a.m.-5:00 p.m.

If any of your patients express interest in psychotherapy in addition to medication, they may call Beacon at 1-888-421-8861 to ask for names of in-network providers. They can also go to [beaconhs.com](http://beaconhs.com) to search for a provider. ■

### Fallon SmartShopper shows members cost-effective health care options

Last fall, Fallon Health introduced a cost transparency and incentive rewards program called SmartShopper. The program was in response to the state and federal mandates for real time cost transparency information for our commercial plan members.

We worked with Vitals, formerly Compass Healthcare Advisers, to develop the online tool that members now can use to help determine the cost of certain procedures. This is a voluntary program for members, and has been helpful for participants to plan ahead for medical expenses.

SmartShopper also offers incentive rewards to eligible members who use the tool and choose at least 24 hours in advance to have their health care procedures/services at cost-effective facilities. In all, 62 procedures are available, based on high volume utilization, including certain outpatient and inpatient medical procedures and diagnostic tests. The amount of the incentive is based on the type of service received.

Fallon SmartShopper determines cost-effectiveness of health care options based on where the member lives, and the analysis is done on a service-by-service basis. For example, the same facility that is cost effective for an MRI might not be as cost effective for a CT scan. A facility could also be cost effective within one specified geography, but not in another.

This online tool uses Fallon's contracted rates, and provides members with current Fallon pricing ranges to show cost. We do not share actual pricing as it may vary based on the specific procedure code used in the billing process.

If you have any questions about Fallon SmartShopper, please call the Provider Relations department at 1-866-275-3247, prompt 4. ■

## Fallon takes top prize for excellence in operations

For our success in implementing and using QNXT™, Fallon was recently awarded a national health care excellence award among other health plans at TriZetto's annual payer conference.

TriZetto is our health care IT partner that offers QNTX, our core administration system, which we continue to leverage to support our business functions and drive efficiency.

Fallon took top prize in the category of "Excellence in Operations," for the comprehensive approach we've taken with configuring QNXT to support our diverse product portfolio and, in particular, our success with responding to the demands of health care reform.

We're now preparing to upgrade to QNXT's next version, which offers enhancements in claim processing and customer service in addition to integration opportunities with other systems. ■

## Doing business with us

### MedSolutions rebrands to eviCore healthcare



MedSolutions has rebranded. Going forward, MedSolutions will be known as eviCore healthcare. The

prefix "evi" stands for evidence-based medicine, while the word "Core" shows that this evidence-based medicine is at the core of everything they do.

eviCore provides Medical Benefits Management (MBM) services to Fallon Health and other organizations. Some of these services include screening requests

for high-tech radiology services (MRIs, CT Scans, PET, etc.) and managing our "SmartChoice" program, which helps members choose the most affordable places to get high-tech radiology services.

There should be no changes in our work relationship. You will begin to see changes, however, in logos that appear on their website, provider portal and letters over the next few months.

### Helpful information

- If you currently use the [medsolutionsonline.com](http://medsolutionsonline.com) site to initiate prior authorizations, please continue using that site.
- If you currently use the [carecorenational.com](http://carecorenational.com) site, please continuing doing so.
- If you use the new URL, [evicore.com](http://evicore.com), you will access a page from which you will have the option of navigating to either site.

If you have questions or concerns, the eviCore provider relations team can be reached at [providerengagement@medsolutions.com](mailto:providerengagement@medsolutions.com). ■

### Beacon Health Strategies merges to form new company



Beacon Health Strategies, Fallon's behavioral health partner, and ValueOptions®, a similar

Virginia-based company, have completed a merger to form one company called Beacon Health Options. The company will be based in Boston, with offices located in Norfolk and Chesapeake in Virginia.

The day-to-day operations for providers, clients and members remain unchanged for now. Please continue to work with Beacon as appropriate to address any questions and issues.

The merger brought together two unmatched leaders in the behavioral health services sector, and now Beacon Health Options delivers best-in-class care to 45 million individuals across all 50 states and the United Kingdom.

A national leader in the fields of mental and emotional well-being, addiction, recovery and resilience, employee assistance, and wellness, Beacon Health Options helps people make the difficult life changes needed to be healthier and more productive. ■

## Product spotlight

### Fallon Total Care ending on September 30

After careful consideration and a thoughtful, comprehensive assessment of our experience, Fallon Health has decided reluctantly to end our participation in the Commonwealth's One Care demonstration program, effective September 30, 2015. This decision only affects Fallon Total Care and has no impact on any other products or programs that Fallon Health offers.

Providers who currently see patients with Fallon Total Care insurance coverage should be aware that all Fallon Total Care members have been notified by mail that their coverage will end on September 30. This letter also includes their options for coverage after September 30. To view the member notification, please visit [fallontotalcare.com/providers](http://fallontotalcare.com/providers).

Your contract with Fallon Total Care will remain in effect and Fallon Health's Contract Managers will work with you as contracts are eventually non-renewed. Please note that standard claim processing rules will continue to apply, with claims being accepted up to 120 days after date of service for eligible members. Continuity of Care also applies for your patients who may meet the medical requirements.

We appreciate your participation in the Fallon Total Care network and your partnership in caring for our members. If you have any questions or concerns, please call the Provider Service Line at 1-855-508-4715, or you can email us at [askftc@fallontotalcare.com](mailto:askftc@fallontotalcare.com). ■

## Quality focus

### Patients may ask questions about BP monitoring

Help Fallon Health to help your patients. Despite public education campaigns and evidence-based clinical practice guidelines, hypertension is still a top health concern. We'd like you to know that we are reaching out to our members to encourage them to ask about, and to track, their blood pressure numbers.

With all the expectations in health care, sometimes it is the simple things that get lost—such as repeating, reviewing and documenting all blood pressure readings.

Here are some simple reminders for measuring blood pressure and assessing elevated results:

- The cuff bladder should be centered over the brachial artery. The cuff should fit appropriately, as cuffs that are either too loose or too tight will affect blood pressure readings.
- Check to see if the patient had waited quietly for about five minutes before the first reading. If not, have the patient do so before repeating the screening. If yes, then a one- to two-minute rest between readings is sufficient.
- Record all readings and note which arm was used.

**Source:** Massachusetts Department of Public Health, A Clinician's Guide to Improving the Accuracy of Blood Pressure Measurement in Community and Worksite Settings ■

## Compliance

### Not Otherwise Specified and Not Elsewhere Classified codes - ICD-10

In June of 2015, CMS released the following document: <http://www.cms.gov/Medicare/Coding/ICD10/downloads/ICD-10Overview.pdf>. On pages 2-3 of this document, CMS addresses a number of topics specific to ICD-10, including the use of unspecified codes in ICD-10-CM. The following guidance from CMS was supplied:

"In both ICD-9-CM and ICD-10-CM, sign/symptom and unspecified codes have acceptable, even necessary, uses. While you should report specific diagnosis codes when they are supported by the available medical record documentation and clinical knowledge of the patient's health condition, in some instances signs/symptoms or unspecified codes are the best choice to accurately reflect the health care encounter. **You should code each health care encounter to the level of certainty known for that encounter.**

If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis. When sufficient clinical information is not known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate unspecified code (for example, a diagnosis of pneumonia has been determined but the specific type has not been determined). In fact, you should report unspecified codes when such codes most accurately reflect what is known about the patient's condition at the time of that particular encounter. It is inappropriate to select a specific code that is not supported by the medical record documentation or to conduct medically unnecessary diagnostic testing to determine a more specific code."

There is a risk under ICD-9-CM and ICD-10-CM both for over and under coding medical conditions. **Overuse of specified codes** not supported by the medical record documentation can result in regulatory audits with financial penalties. **Overuse of unspecified codes**, not supported by the medical record documentation can result in understated claims payments, and diminished capitation amounts and understated risk adjusted payments. Within existing risk adjustment payment models, **less than 1% of all unspecified codes** are weighted in the calculation of member-level risk scores.

Fallon Health is not supportive of the unspecified diagnostic codes being utilized in lieu of valid diagnostic information. We encourage providers to abide by the CMS guidance, and to document both the medical record and encounter in a manner that represents an accurate reflection of patient conditions as well as the procedures, goods or services required to improve or maintain those conditions. ■

### ICD-10 is almost here!

The October 1 deadline for ICD-10 implementation is quickly approaching, and Fallon Health is ready. Here are some important reminders:

#### Claims submissions:

Consistent with the Centers for Medicaid and Medicare Services (CMS), Fallon Health will not accept claims submissions with ICD-9 coding for dates of service after September 30.

Date of service	Code set
<b>Before 10/01/2015</b>	Claims with dates of service before October 1 must be coded in ICD-9.
<b>On or after 10/01/2015</b>	Claims with dates of service on or after October 1 must be coded in ICD-10.
<b>Concurrent dates of service</b>	Claims with dates of service prior to October 1 that end on or after October 1 must be split into two separate claims and coded accordingly.

### Payment and Medical Policies

Fallon Health has revised applicable payment and medical policies to reflect ICD-10 coding modifications. Any additional revisions or modifications related to ICD-10 will be updated and available here: [fallonhealth.org/providers/medical-management](http://fallonhealth.org/providers/medical-management).

### Unspecified ICD-10 Coding

In accordance with CMS, Fallon Health advises providers to code each rendered health care service according to the known condition of the member, and ensure the code is also supported clinically by the medical record documentation. If a rendering provider receives invalid, missing or illegible diagnostic codes for tests from ordering physicians, we respectfully request that the servicing provider consult with the respective physicians for accurate coding. We also encourage providers to become familiar with the new changes in clinical documentation and ensure Coding and Billing staff have been certified with ICD-10 coding training.

We are committed to working with our providers to ensure robust transactional testing has been completed and passed, prior to the go-live date, so that the transition is seamless and there are no operational issues. If any problems arise during the implementation process, we may extend claims filing limits or provider appeal timelines to assist the provider, if necessary. Fallon Health will continue to closely monitor claims processing and work with providers on any post-implementation concerns.

For the most up-to-date ICD-10 information, please continue to reference our website at [fallonhealth.org/icd10](http://fallonhealth.org/icd10) which includes coding resources, billing guidelines and Frequently Asked Questions (FAQs). If you have specific questions, please contact the Fallon Health Provider Services line at 1-866-275-3247, option 4. ■

## Massachusetts commercial regulations and issuances for providers

The Commonwealth of Massachusetts requires that specific contract language, terms and conditions be incorporated into commercial agreements between managed care organizations and providers. Thus, Fallon Health has added a new section to the Provider Manual to conform and comply with such regulations or issuances promulgated by agencies such as the Division of Insurance (DOI) or other regulatory entities of the Commonwealth.

These new regulations and issuances can be found in the “Key compliance and regulatory requirements for providers section” of the *Provider Manual* at [fallonhealth.org/providers/provider-manual.aspx](http://fallonhealth.org/providers/provider-manual.aspx) ■

## Coding corner

### Reminder when submitting unlisted CPT/HCPCS codes

When submitting a request for plan prior authorization for an unlisted CPT/HCPCS code(s), you must also submit adequate documentation to support the request and charges you anticipate billing, to have a fair comparison of the unlisted service and billed charges. (i.e., what code the service is similar to and what those code(s) charges would be.) ■

### Newly added CPT and HCPCS codes

Effective July 1, 2015, the following codes are covered and require plan prior authorization.

Code	Description
0009M	Fetal aneuploidy (trisomy 21 and 18) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy
C2613	Lung biopsy plug with delivery system ■

### New pharmacy codes

Effective July 1, 2015, the following pharmacy codes are covered and require plan prior authorization.

Code	Description
C9453	Injection, nivolumab, 1 mg
C9454	Injection, pasireotide long acting, 1 mg
C9455	Injection, siltuximab, 10 mg
Q9977	Compound drug, not otherwise classified
Q9978	Netupitant 300 mg and Palonosetron 0.5 mg, oral ■

### Coverage change

Effective October 1, 2015, the following code will be set up as deny vendor liable for all plans/programs.

Code	Description
96127	Brief emotional/behavioral assessment ■

### Newly added PA codes

Effective November 1, 2015, the following codes will require plan prior authorization:

Code	Description
L7900	Male vacuum erection system
L7902	Tension ring, for vacuum erection device, any type, replacement only, each ■

## Correction

In our July issue of *Connection*, we printed a **coding error** under the 3-D mammogram clarification section. Under Diagnostic, the code for Diagnostic digital breast tomosynthesis, unilateral or bilateral **should have been G0279**. We apologize for any inconvenience this may cause. ■

# Payment policy updates

## Payment policies this issue

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

### New policy – effective November 1, 2015:

- *Fraud, Waste, and Abuse*

### Revised policies – effective November 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)

- **Adult Foster Care** – Updated reimbursement section to align with new MassHealth regulations regarding alternative placement days.
- **Aging Service Access Points (ASAP)** – Updated Appendix A.
- **Assistant Surgeon** – Updated billing/coding section.
- **Limited Service Clinics** – Moved to new plan template and updated billing/coding guidelines section.
- **Outpatient Drugs** – Moved to new plan template and updated Exhibit A.
- **Post-operative Nasal Debridement** – Moved to new plan template and updated the billing/coding guidelines section.
- **Radiology/Diagnostic Imaging** – Moved to new plan template and updated the reimbursement, prior authorization, and billing/coding guidelines sections.
- **Sleep Management Services** – Moved to new plan template and updated reimbursement section.
- **Vaccine** – Updated Addendum A and Addendum D.
- **Vision Services** – Moved to new plan template and updated reimbursement and billing/coding sections.
- **Well-Baby/Well-Child Care Visits** – Moved to new plan template and updated reimbursement section.

### Policies - Annual review (12 policies)

We have completed an annual review of the following policies and have reformatted them in our new plan template without any content changes.

- *Clinical Trials*
- *Maximum Units*
- *Member Liability*
- *Neonatal Intensive Care Services*
- *Newborn Services*
- *Obstetrics/Gynecology*
- *Observation Status*
- *Palliative Care Consultation*
- *Physician Standby Services*
- *Preoperative Autologous Blood Donation*
- *Preventive Services*
- *Provider Audit 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 2015

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

- Payment policy updates and links

*Connection* is a bimonthly publication for all Fallon Health ancillary and affiliated providers. The next copy deadline is **September 9** for our November 2015 issue.

Send information to

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[fallonhealth.org/providers](http://fallonhealth.org/providers)  
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**Questions?**

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