

Connection



Important information for Fallon Community Health Plan physicians and providers

Supplement:

Important coverage and procedural changes for 2010

- FCHP launches full UM program for radiology
- FCHP partners with Sleep Management Solutions for sleep diagnostic and therapy management services
- New PPI coverage changes mean savings for patients

FCHP launches full UM program for radiology



Beginning January 1, 2010, eviCore healthcare will modify its existing notification consult program to instead administer a true utilization management program for all outpatient MRI/MRA, CT/CTA, PET and nuclear cardiology imaging studies affecting most FCHP members (excluding Fallon Preferred Care, Fallon Senior Plan Preferred, FCHP MassHealth and Summit ElderCare® products).

You will need to obtain prior authorization for most advanced outpatient radiology imaging services. Requests for these services will be reviewed against a nationally accepted set of radiology criteria. **Service denials will be issued if the requested service does not meet medical criteria.**

Note: Imaging procedures performed during an inpatient admission or emergency room visit are not included in this program.

Applicable FCHP products

Products included in the eviCore healthcare Prior Authorization Utilization Management Program are:

Commercial:

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Major Medical

Senior Plan

- Fallon Senior Plan™

Products not included in this program are Fallon Preferred Care, Fallon Senior Plan Preferred, Companion Care, FCHP MassHealth, NaviCare™ HMO and Summit ElderCare®.



How the program works: Prior authorization required

Effective for dates of service **beginning January 1, 2010**, FCHP will require you to request authorization from eviCore healthcare prior to an FCHP member receiving advanced radiology imaging services. Failure to notify eviCore healthcare in advance of delivering advanced radiology services will result in administrative service and claims payment denials. (See our Quick Reference Guide in this supplement for more details.)

Services that do require prior authorization	Services that do not require prior authorization
<ul style="list-style-type: none">• All outpatient, diagnostic, non-emergency MR, CT, nuclear cardiology and PET radiology health care services	<ul style="list-style-type: none">• Inpatient radiology• Emergency room radiology• Outpatient radiology services other than those indicated

Obtaining authorization from eviCore healthcare

As the referring physician, you are responsible for obtaining the required authorization number prior to performance of requested imaging studies. Upon review of the request, eviCore healthcare will forward either an authorization or denial by fax to you and the associated imaging facility. Approvals will contain a eviCore healthcare authorization number and a CPT code specific to the requested procedure.

eviCore healthcare recommends that rendering facilities obtain the authorization number from the referring physician at the time the procedure is scheduled. If you do not have an authorization number, please call eviCore healthcare Monday through Friday, 8 a.m. to 9 p.m. Eastern time, at 1-888-693-3211, or visit the eviCore healthcare secure Internet portal at <https://myportal.medsolutions.com/>.

Please note that authorization numbers will be required for specific CPT codes for a CT or MRI:

- with IV contrast
- without IV contrast
- with and without IV contrast

Note: Accurate claims payment requires matching of the billed CPT codes to the authorized CPT codes. If, at the time of the imaging study, the radiologist (following review of the images) believes that additional imaging is warranted, documentation of the medical necessity (in the form of the radiology report) will need to be submitted to eviCore healthcare for review. This process is necessary in order to assure reimbursement for the additional images obtained. We eviCore healthcare you contact eviCore healthcare to gain approval of additional imaging prior to claims submission to facilitate claims payment.

Prior authorization is not necessary for diagnostic imaging performed in conjunction with the evaluation of medical emergencies. This does not mean that the patient needs to be referred from an emergency room. However, for “outpatient emergent advanced imaging,” there must be a clear indication for that imaging on the basis that there is an immediate threat to the patient’s “life or limb.”

Our aim is to make the new prior authorization program as easy as possible. **We offer three methods to obtain prior authorization from eviCore healthcare: by internet, phone and fax.** We have included a reference guide that provides useful information to assist you with the prior authorization process. Please note that the authorization number must be submitted with the claim in order to be paid. **Claims for services that require prior authorization and are lacking an authorization number will be denied, effective January 1, 2010.**

For more information

We look forward to working with our providers to continue giving our members high-quality, cost-effective care. If you have any questions regarding this new program or about eviCore healthcare, please contact the FCHP Provider Relations Department Monday through Friday, 8:30 a.m. to 5:00 p.m., at 1-866-ASK-FCHP, press 4, or the eviCore healthcare Customer Service Department at 1-888-693-3211, option 3.

Radiology Prior Authorization UM Program

FCHP's Quick Reference Guide

Effective January 1, 2010, eviCore healthcare will administer Fallon Community Health Plan's Prior Authorization Utilization Management Program for all outpatient MR, CT, nuclear cardiac and PET imaging studies for most FCHP members.

Note: Imaging procedures performed during an inpatient admission or emergency room visit are not included in this program.

All outpatient MR, CT and PET imaging services will be evaluated based on the applicable terms of the health benefit plan (including, but not limited to, medical necessity) and require a prior authorization number by eviCore healthcare. Covered imaging studies must be performed at a facility within the FCHP participating provider network based on the member's benefit plan.

eviCore healthcare will process and respond to requests for an authorization number within two business days once the required information is received.

Prior authorization process

There are three ways physicians can request an authorization number for an imaging procedure from eviCore healthcare:

1. **Internet Web portal:** <https://myportal.medsolutions.com/>. First-time users must create an account. Click the "First Time User Help" link for details.
2. **Call: 1-888-693-3211** Contact eviCore healthcare toll-free, from 8:00 a.m. to 9:00 p.m. Eastern time, and give all pertinent clinical information over the telephone. Outside of normal business hours, you may call eviCore healthcare and leave a voice mail for a return call the next business day. When calling eviCore healthcare with a request for an authorization number, please have the following information available:
 - Patient demographic information, including health plan member ID and date of birth.
 - Current diagnosis and clinical information, including treatment history, treatment plan and medications.
 - Patient's chart and previous imaging study results.
3. **Fax: 1-888-693-3210** Complete a request form (universal or body-part specific), **including the office notes and previous imaging reports** for the patient, and fax your request to eviCore healthcare. Fax forms are available at <https://myportal.medsolutions.com/> or by calling the eviCore healthcare Customer Service Department toll-free at 1-888-693-3211.

Authorization numbers

Your request for an authorization will be processed within two business days after the receipt of all necessary information. Upon review, a letter containing either a denial or an approval with authorization number will be faxed to the ordering physician and requested facility. Please note: eviCore healthcare will approve the facility performing the imaging study and the CPT code or codes for the diagnostic imaging.

It is the responsibility of the rendering/performing provider to confirm that the requesting/referring provider completed the prior authorization process for these imaging procedures. Verification of a valid authorization is available via eviCore healthcare's Web site at <https://myportal.medsolutions.com/>.

Claims submitted for procedures without prior authorization will be rejected and the member must be held harmless. Imaging procedures rendered as part of hospital emergency room, observation stay, surgical care or inpatient services are not subject to the new authorization requirements.

Consultation process

When a request does not meet eviCore healthcare's medical necessity guidelines, an eviCore healthcare representative will call the ordering physician's office to give him/her an opportunity to complete the consultation process. This may be completed by either faxing relevant additional information to meet medical necessity or discussing the case with the eviCore healthcare physician reviewer. Written notification of the final determination will be faxed to the requesting and rendering providers.

Expedited requests

For those situations where advanced imaging is required in less than two business days due to a **medically urgent condition**, call **eviCore healthcare at 1-888-693-3211** for prior authorization. Please have the pertinent clinical office notes, the patient's chart and previous imaging study results available for reference during the call. eviCore healthcare will respond within four hours of receipt of all necessary information. Please clearly indicate that the prior authorization request is for "medically urgent care."

Emergent imaging For those situations in which advanced outpatient imaging was required immediately due to a **medically emergent condition**, call **eviCore healthcare at 1-888-693-3211 within two business days** to obtain a determination. Please have the pertinent clinical office notes, the patient's chart and previous imaging study results available for reference during the call. eviCore healthcare's physician reviewers will retrospectively review the request and the clinical documentation supporting the nature of the medical emergency.

Decision-support services

As an added service, referring physicians and radiologists are welcome to request a clinical discussion with one of eviCore healthcare's physicians on any case to assist in considering imaging study options. To request a clinical discussion, call eviCore healthcare at 1-888-693-3211 during normal business hours, 8:00 a.m. to 9:00 p.m. Eastern time, Monday through Friday.

eviCore healthcare Web-based services

To sign up for eviCore healthcare's online services, go to <https://myportal.medsolutions.com/>.

FCHP partners with Sleep Management Solutions for sleep diagnostic and therapy management services



Effective January 1, 2010, Fallon Community Health Plan has partnered with Sleep Management Solutions (SMS) to provide sleep diagnostic and therapy management services for selected FCHP product lines, as listed below.

This partnership with SMS is designed to improve the overall quality of sleep services and ensure appropriate use of such services. This program will provide home sleep testing for appropriate patients as identified by the new sleep criteria. Using American Academy of Sleep Medicine and CMS guidelines, SMS will review your request for a sleep study and make recommendations for those studies that can be performed in a patient's home.

If the patient is not appropriate for a home sleep study, the patient will be directed to an FCHP-contracted sleep facility. SMS uses evidence-based criteria to ensure that all requests meet quality standards. You can review SMS's medical-necessity criteria at sleepmanagementsolutions.com.

Applicable FCHP products

Products included in the SMS Prior Authorization Utilization Management Program for Sleep Studies and Therapy are:

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Fallon Senior Plan™
- Major Medical

Products not included in this program are Fallon Preferred Care, Fallon Senior Plan Preferred, Companion Care, FCHP MassHealth, NaviCareSM HMO and Summit ElderCare®.

Prior authorization required

Effective for **dates of service beginning January 1, 2010**, FCHP will require you to request authorization from SMS prior to an FCHP member receiving a sleep study (polysomnography) and/or sleep therapy (CPAP, Bi-level, Bi-level ST and all PAP supplies) services. Failure to notify SMS in advance of delivering a sleep study will result in administrative service and claims payment denials.

Services that DO require prior authorization

Sleep diagnostics

(94799, 95805, 95806, 95808, 95810, 95811
G0398, G0399)

Note: Effective 1/1/2010, FCHP will no longer separately reimburse CPT 94660.

Therapy

(E0470, E0471, E0561, E0562, E0601)

Supplies

(A4604, A7027, A7028, A7029, A7030, A7031,
A7032, A7033, A7034, A7035, A7036, A7037,
A7038, A7039, A7044, A7045, A7046)

As the referring clinician, you are responsible for obtaining the required authorization number prior to performance of requested sleep studies. Upon review of the request, SMS will make medical-necessity and site-of-service determinations within two business days after submission of all requested clinical documentation for standard requests (three hours for urgent requests). You will receive the authorization or denial by fax. Approvals will contain an SMS authorization number and a CPT code specific to the requested procedure.

Home vs. lab sleep study


If the requested sleep study can be performed in the FCHP member's home, SMS will provide the HST distribution and patient education. SMS will either arrange for the study interpretation by an FCHP-network sleep specialist or will provide an interpretation by its own sleep medicine physicians with recommendation to the clinician who ordered the test, and also will arrange for the initiation of APAP therapy when appropriate. All patients receiving PAP therapy will be enrolled in the SMS **iComply** compliance program.

If the sleep study is to be performed at a sleep lab, SMS recommends that sleep lab facilities obtain the authorization number from the referring physician at the time the procedure is scheduled. If you do not have an authorization number, please call SMS Monday through Friday, 8:00 a.m. to 5:30 p.m. Eastern time, at 1-888-49-SLEEP (75337).

Note: Accurate claims payment requires matching of the billed CPT codes to the authorized CPT codes.

Our aim is to make the new prior authorization program as easy as possible. **We offer three methods to obtain prior authorization from SMS: online at sleepmanagementsolutions.com, by phone and by fax.** Please note that the authorization number must be submitted with the claim in order to be paid. **Claims for services that require prior authorization but are submitted lacking an authorization number will be denied, effective January 1, 2010.**

For more information

If you have any questions regarding either this new program or Sleep Management Solutions, please contact FCHP Provider Relations Department, Monday through Friday, 8:30 a.m. to 5:00 p.m. at 1-866-ASK-FCHP, press 4, or SMS at 1-888-49-SLEEP (75337). 

New PPI coverage changes mean savings for patients

Fallon Community Health Plan is making a benefit change that will give you new options in treating your FCHP commercial-member patients and potentially save them a lot of money.

Members may pay less for the same acid relief

Effective January 1, 2010, **FCHP will begin covering prescriptions for over-the-counter proton pump inhibitors, specifically Prilosec OTC, Prevacid 24HR and generic omeprazole OTC, for just a \$5 copayment for 42 tablets**—no matter what commercial plan or copayment level a member currently has. State employees with the Group Insurance Commission will have a \$10 copayment.

Studies and medical experts* agree that people get just as much relief from an over-the-counter PPI as they do with a prescription PPI medication such as Aciphex®, Nexium®, Prevacid®, Prilosec® and others. Patients also are finding OTCs to be a favorable alternative. For example, a Nielsen study sponsored by Consumer

Healthcare Products Association in 2008 concluded that “consumers are highly satisfied with their OTC therapy treatment, and there is direct cost savings for the health care system and consumers.”** As you may know, prescribed PPIs are typically considered Tier 3 drugs. A patient may pay \$45 a month, or \$540 a year, for a prescription PPI on our formulary. If you instead prescribe an OTC version, which is equally safe and effective, your patient will pay only \$5 a month, or \$60 a year—a savings of \$480 a year!

You may consider whether your FCHP-member patients who take PPIs might benefit from taking an OTC PPI. We are notifying members about this benefit change and the potential cost savings, and hope that they will be able to take advantage of it. If so, simply write a new prescription for an OTC PPI for members to fill at their local pharmacy for \$5.

As we make this cost-effective change, FCHP is removing some proton pump inhibitors from the FCHP commercial formulary and adding a new one, effective January 1, 2010.

PPI medications available to FCHP members:

- **Kapindex™**: Kapindex has been added to the FCHP formulary as a Tier 3 medication.
- **Prilosec OTC®** and **generic omeprazole over the counter**: Prilosec OTC comes in the same 20 mg dose as the prescription medication.
- **Prevacid 24HR over the counter**: Prevacid® 15 mg will be available as an over-the-counter item in November 2009.
- **Aciphex®** and **Nexium®** will remain on the FCHP formulary; however, these medications will still require a prior authorization from FCHP. Patients must have tried and failed all FCHP alternative medications prior to getting one of these products.

FCHP’s quick reference guide for PPI medications commercial plan	
Non-covered PPIs	Covered alternative medications
lansoprazole (generic Prevacid—available 11/09) omeprazole (generic Prilosec) pantoprazole (generic Protonix) Prevacid Prilosec Protonix® Zegerid®	Prilosec OTC —42 tablets for a \$5 copay (over-the-counter product) Prevacid 24 HR —42 tablets for a \$5 copay (over-the-counter product) omeprazole OTC generic —42 tablets for a \$5 copay (over-the-counter product) Kapindex —Tier 3, quantity limit of 30/month

Important note concerning Fallon Senior Plan™ members: The only changes FCHP is making for its Fallon Senior Plan members, effective January 1, 2010, is that we are adding Kapindex as a Tier 2 medication on our Part D formulary and are removing Protonix/pantoprazole from the formulary.

For more information

If you have any questions about OTC PPIs, Kapindex or these changes in our formulary, please call our Provider Relations Department at 1-866-ASK-FCHP, prompt 5.

References

* “All PPIs equivalent for treatment of GERD,” InfoPOEMs for Gastroenterologists: Evidence-Based Reviews from the American Journal of Gastroenterology, page 6, June 2008.

“Drugs to Treat Heartburn and Stomach Acid Reflux: The Proton Pump Inhibitors—Comparing Effectiveness, Safety and Price,” Consumer Reports Best Buy Drugs, updated October 2009.

** “Benefits of over-the-counter heartburn medication to consumers and the healthcare system,” James E. Mansfield, Jr. B.S., M.B.A., and Dennis Callahan, B.S., M.B.A, NielsenHealth, The Nielsen Company, sponsored by Consumer Healthcare Products Association, December 07, 2008. Available at chpa-info.org/media/resources/r_5333.pdf. 