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Important information for Fallon Health Weinberg physicians and providers

November 2017

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Dear Fallon Health Weinberg-HMO SNP providers,

I want to thank you for being part of our network of providers. After very careful consideration and a thoughtful, comprehensive assessment of our experience, we have decided to no longer offer Fallon Health Weinberg-HMO-SNP as of January 1. The last day of coverage for D-SNP members will be Dec. 31. We determined that the product was not economically sustainable in the long term.



Members were recently notified by mail. At that time, they were given options for other Medicare health plans available to them. They can either join another Medicare health plan or change to Original Medicare. They will need to enroll in one of these other options in order to have Medicare health care coverage starting January 1.

You can also direct them to contact the following resources for help understanding their health care options:

- **New York State Medicaid Helpline:** 1-800-541-2831
- **New York SHIP website:** www.aging.ny.gov/HealthBenefits/Index.cfm
- **Medicare:** 1-800-Medicare (1-800-633-4227) TTY: 1-877-486-2048

We regret any difficulty this decision creates for you.

This decision has no impact on any other products or programs that we offer through Fallon Health Weinberg. We plan to grow while continuing to improve the performance of our Program of All-inclusive Care for the Elderly (PACE) and Managed Long Term Care (MLTC) plans, and remain fully committed to our mission and to the communities we serve.

Fallon Health Weinberg-MLTC members who also have Fallon Health Weinberg-HMO SNP will continue to receive their MLTC benefits through Fallon Health Weinberg. They do not need to choose a new MLTC plan.

If you have any questions, please call us at 1-855-827-2003 (TTY 711).

Sincerely,

Courtney Fasolino
Executive Director, Fallon Health Weinberg ■

Product spotlight

Fallon Health Weinberg-PACE

Fallon Health Weinberg-PACE is a Program of All-Inclusive Care for the Elderly (PACE) that provides medical care, insurance and social support for people who:

- Are age 55 and older
- Live in Erie County
- Require Fallon Health Weinberg-PACE long-term care services for more than 120 days
- Are certified as needing the nursing facility level of care as determined by the NYS scoring tool
- Are able to live safely in the community, as defined by the New York State Health and Safety Criteria

The program allows participants to stay in their homes and have social ties to their communities while providing them with the coordinated medical attention that they need.

At Fallon, we believe in teamwork. Our interdisciplinary team works together to create a plan that outlines care specific to each participant's needs, and that supports our caregivers. Our Model of Care includes medical care, in-home services, social support, health insurance and transportation. Our in-home services include medication management, personal care, nursing visits and even light housekeeping.

Our staff lead activities that are tailored to meet the individual needs of participants. Specialized care and dedicated activity areas for participants with Alzheimer's disease, dementia and other cognitive impairments are also available.

Some important things to note about Fallon Health Weinberg-PACE:

- All care must be from providers who have a contract with Fallon Health Weinberg-PACE—except emergency care.
- Participants receive most medical care and services at the Fallon Health Weinberg-PACE Center, where medical, nursing, rehabilitation and personal care needs are coordinated.
- Out-of-network care requires prior authorization.
- Participants receive 100% coverage for hospitalization and all medically necessary prescription drugs, as authorized by the interdisciplinary team.

Fallon Health Weinberg-PACE participants also receive 24-hour telephone access to a member of their geriatric care team; in-home assistance with personal care needs, such as bathing and dressing; transportation, if needed, to and from medical appointments; and physical, occupational, recreational and other therapies.

To learn more about Fallon Health Weinberg-PACE, call 1-855-827-2003 (TTY 711), Monday–Friday, 8 a.m. to 5 p.m. ■

Doing business with us

Please keep your practice information current

Changes happen in your practice, and we want your patients to have access to the most current information in the Provider Directory hard copy and on our website's electronic provider directory via the "[Find a doctor](#)" tool.

Please use the tool on our website to update your practice information. It's quick and easy. Just go to the "[Update your practice information](#)" page. Please be sure to hit the submit button at the bottom. Updates will be made within 30 days if there are no questions in the information you have provided.

Examples of changes that can be made include:

- Your ability to accept new patients
- Street address
- Phone number
- Specialty
- Hospital affiliations
- Languages spoken by you or your staff
- Any other change that impacts your availability to patients ■

New-to-market medications added to formulary

The following medications *will be added* to the Medicaid formularies **effective November 1, 2017**:

Medication	Pharmacy or medical benefit	Formulary restrictions
Bavencio® (avelumab)	Medical	PA required
Imfinzi™ (durvalumab)	Medical	PA required
Alunbrig™ (brigatinib)	Pharmacy	PA required
Zejula™ (niraparib)	Pharmacy	PA required
Rydapt® (midostaurin)	Pharmacy	PA required
Ocrevus™ (Ocrelizumab)	Medical	PA required
Kevzara® (sarilumab)	Pharmacy	PA required
Dupixent® (dupilumab)	Pharmacy	PA required
Ingrezza™ (valbenazine)	Pharmacy	PA required
Austedo™ (deutetrabenazine)	Pharmacy	PA required
Xadago® (safinamide)	Pharmacy	PA required
Radicava™ (edaravone)	Medical	PA required
Tymlos™ (teriparatide)	Pharmacy	PA required
Intrarosa™ (prasterone)	Pharmacy	Step Therapy
Synjardy XR® (empagliflozin/ metformin extended release)	Pharmacy	PA required ■

Prior authorization forms

Please visit our Provider [website](#) for the latest criteria and prior authorization forms.

Reminders when ordering laboratory services:

1. Verify contracted laboratories

Fallon will only reimburse medically necessary laboratory and pathology services provided at contracted facilities. The use of non-contracted labs may have the unintended consequence of subjecting our members to unreasonable financial exposure or unnecessary services that you did not order. Fallon may hold you responsible for services referred to and provided by non-contracted labs.

Please confirm that a laboratory is contracted with Fallon prior to making a referral. A list of contracted labs can be found [here](#). Follow the steps below:

- Select “I’m a Fallon Health Weinberg contracted provider”.
- Select “Ancillary provider”.
- Select the service type.

2. Functional health/Alternative medicine

Laboratory services related to or associated with alternative, holistic, naturopathic or functional health medicine are not covered benefits and will be denied.

For more information, see the [Laboratory and Pathology Payment Policy](#). ■

Fraud, waste and abuse

Faxed prescription requests

You may have received faxes from out-of-state pharmacies requesting that you sign off on prescriptions for compounded products or diabetic supplies for your patients. The faxes usually have numerous different prescription orders that can be checked off. There may even be a statement on the form that authorizes the pharmacy to change the order based on the patient’s insurance status.

While some of these pharmacies may be acting in the best interest of the patient, others may not. Often, multiple medications, which are only approved as oral therapies, are being compounded into a single topical product. These compound products may have no guidance to support their use and may have questionable efficacy and safety.

A common request is for large quantities of lidocaine ointment or other topical products. Typical quantities are ten 30-gram tubes per month, which costs about \$1,700.

We wanted to alert you to this practice. We ask that you confer with your patient before signing such forms. Please determine whether the patient truly requires the medication and consider using the patient's usual local pharmacy whenever possible. ■

Compliance

Provider enrollment requirement

On November 15, 2016, the Centers for Medicare and Medicaid Services finalized the 2017 *Physician Final Rule*. The regulation outlined a new provision requiring all providers or suppliers contracted with Medicare Advantage (MA), Medicare Advantage and Prescription Drug, (MAPD), Program of All-inclusive Care for the Elderly (PACE), and demonstration plans to be enrolled in original Medicare in an approved status for an effective date of January 1, 2019.

The rule applies to the following providers or suppliers:

- MA network providers and suppliers
- First tier, downstream, and related entities (FDR)
- Health care providers and suppliers in PACE plans
- Suppliers in Cost Health Maintenance Organizations (Cost HMOs) or competitive medical plans (CMPs)
- Health care providers and suppliers participating in demonstration and pilot programs
- Vendors who provide physician staffing services for hospitals, outpatient medical centers, government and military facilities, group practices, community health centers and correctional facilities
- Incident to suppliers that furnish integral, but incidental, professional services in the course of diagnosis or treatment of an injury or illness.

The provider or suppliers must be enrolled in Medicare in an approved status. This means that they must meet all of the requirements for enrollment into the Medicare program. There are no exceptions. Starting on January 1, 2019, MA, MAPD, PACE and demonstration plans will be prohibited from paying providers or suppliers who are not enrolled in an approved status with the Medicare program. The payment prohibition will continue its effect on providers that are excluded, revoked or opted-out of Medicare.

This new mandate expands the requirement to enroll in Medicare from Part D prescribers to all providers or suppliers contracted with MA, MAPD, PACE and demonstration plans. The Part D Prescriber enrollment requirement, which was issued on May 23, 2014 in the *2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs* (Final Rule), and amended on May 6, 2015 in interim final rule with comment (IFC) *Changes to the Requirements for Part D Prescribers*, 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.

CMS is expected to release additional guidance regarding the Medicare enrollment requirement in the future. The guidance will include information on how plans may check a provider or supplier's Medicare status against the data in the Provider Enrollment, Chain and Ownership System (PECOS). Providers or suppliers should check their statuses regularly to ensure their enrollment is active and up-to-date.

We will continue to share updates as we receive them from CMS. Providers or suppliers may also monitor the [Medicare Provider-Supplier Enrollment](#) webpage maintained by CMS. The site can be accessed by logging onto [cms.gov](https://www.cms.gov) and searching for "Medicare Provider-Supplier Enrollment." ■

Jimmo v. Sebelius and the rejection of the "Improvement Standard"

In an August 7, 2017 HPMS memo, CMS reminded the Medicare community of the *Jimmo v. Sebelius* Settlement Agreement (January 2014). This settlement clarified that the Medicare program covers skilled nursing care and skilled therapy services under Medicare's skilled nursing facility, home health, and outpatient therapy benefits when a beneficiary needs skilled care in order to maintain function or to prevent or slow decline or deterioration (provided all other coverage criteria are met). Specifically, the *Jimmo* Settlement Agreement required manual revisions to restate a "maintenance coverage standard" for both skilled nursing and therapy services under these benefits:

- Skilled nursing services would be covered where such skilled nursing services are necessary to maintain the patient's current condition or prevent or slow further deterioration so long as the beneficiary requires skilled care for the services to be safely and effectively provided.
- Skilled therapy services are covered when an individualized assessment of the patient's clinical condition demonstrates that the specialized judgment, knowledge and skills of a qualified therapist ("skilled care") are necessary for the performance of a safe and effective maintenance program. Such a maintenance program to maintain the patient's current condition or to prevent or slow further deterioration is covered so long as the beneficiary requires skilled care for the safe and effective performance of the program.

The settlement may reflect a change in practice for those providers, adjudicators and contractors who may have erroneously believed that the Medicare program covers nursing and therapy services under these benefits only when a beneficiary is expected to improve—the so-called “Improvement Standard.” The settlement is consistent with the Medicare program’s regulations governing:

- Maintenance nursing and therapy in skilled nursing facilities
- Home health services
- Outpatient therapy (physical, occupational, and speech)
- Nursing and therapy in inpatient rehabilitation hospitals for beneficiaries who need the level of care that such hospitals provide

For more information, visit the [webpage](#) developed by CMS. ■

Coding corner

Coding updates

Effective August 1, 2017, the following codes are covered and will require plan authorization for all lines of business, except for Fallon Health Weinberg MLTC, where it will be set up as not a covered benefit.

Code	Description
0006U	Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service
0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin embedded or fresh tissue, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline and rifabutin
0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non amplified
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate

Code	Description
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)
0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)
0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)
0015U	Drug metabolism (adverse drug reactions), DNA, 22 drug metabolism and transporter genes, real-time PCR, blood or buccal swab, genotype and metabolizer status for therapeutic decision support
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected

Effective January 1, 2018, the following code *will be moving from deny vendor liable* for all lines of business to *not a covered benefit*. Per CMS, this code has a status indicator of "N" which is non-covered services.

Code	Description
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral

Effective July 1, 2017, the following codes will be set up as *deny vendor liable* for all lines of business.

Code	Description
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral
0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion
0471T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation and report; each additional lesion (List separately in addition to code for primary procedure.)
0472T	Device evaluation, interrogation, and initial programming of intra-ocular retinal electrode array (e.g., retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional
0473T	Device evaluation and interrogation of intra-ocular retinal electrode array (e.g., retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space
0475T	Recording of fetal magnetic cardiac signal using at least three channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional
0476T	Recording of fetal magnetic cardiac signal using at least three channels; patient recording, data scanning, with raw electronic signal transfer of data and storage
0477T	Recording of fetal magnetic cardiac signal using at least three channels; signal extraction, technical analysis and result
0478T	Recording of fetal magnetic cardiac signal using at least three channels; review, interpretation, report by physician or other qualified health care professional

Effective July 1, 2017, the following codes *will be covered and will require plan prior authorization*:

Code	Description
C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube
C9746	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed
C9747	Ablation of prostate, transrectal, high intensity focused ultrasound (HIFU), including imaging guidance
K0553	Elevating footrests, articulating (telescoping), each
K0554	Oral cushion for combination oral/nasal mask, replacement only, each

Effective July 1, 2017, the following codes *will be covered and will require plan prior authorization*:

Code	Description
C9489	injection, nusinersen, 0.1mg
C9490	injection, bezlotoxumab, 10mg
Q9984	levonorgestrel-releasing intrauterine contraceptive system (kyleena) 19.5mg
Q9985	injection, hydroxyprogesterone caproate, nos
Q9986	injection, hydrosyprogesterone caproate (makena), 10mg
Q9989	ustekinumab, for intravenous injection, 1mg

Effective January 1, 2018, the following CPT codes *will require prior authorization*:

Code	Description
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure.)

Effective January 1, 2018, the below code *will require prior authorization*:

Code	Description
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed

Effective January 1, 2018, the following code *will require plan authorization*:

Code	Description
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score

Effective November 1, 2017, we are *removing the prior authorization* from J0641 - Injection, levoleucovorin calcium, 0.5 mg.

Effective October 1, 2017, the following codes *will be covered and will require plan prior authorization with the exception of Fallon Health Weinberg MLTC where these codes will be considered not a covered benefit*.

Code	Description
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents
0020U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, with specimen verification including DNA authentication in comparison to buccal DNA, per date of service
0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin ■

Payment policies

Revised policies – effective January 1, 2018:

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

- **Ambulatory Surgery – Facility** – Added implantable definition
- **Durable Medical Equipment and Medical Supplies** – Updated the reimbursement section
- **Evaluation and Management** – Updated the billing/coding guidelines section
- **Group Adult Foster Care** – Added leave of absence coverage language
- **Laboratory and Pathology** – Updated to state that functional medicine services are not a covered benefit
- **Non-Covered Services** – Updated codes
- **Sleep Management Services** – Clarified language regarding authorization and reimbursement for sleep supplies
- **Vaccine** – Clarified part B vs part D billing guidelines for Hepatitis B vaccine ■

Annual review

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

- **Observation Status**
- **Nurse Practitioner / Advanced Practice Registered Nurse**
- **Palliative Care Consultation**
- **Physician Assistant** ■

Connection is an online publication
for all Fallon Health Weinberg
ancillary and affiliated providers.

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Questions?

1-855-827-2003

