

Provider UPDATE



FALL ■ 2007

NEWS FOR THE NETWORK

ADMINISTRATIVE UPDATES

Self-Service Tools Available for Eligibility Inquiries

Eligibility information about our members is readily available by using our self-service tools.

Effective October 1, 2007, providers and their staff will be required to use self-service channels to verify member effective dates and copayment amounts.

Calls from offices that elect not to use a self-service tool for basic eligibility inquiries will be transferred to our integrated voice recognition (IVR) system to complete the eligibility verification. The IVR system can be accessed directly by calling 1-888-884-2404.

Need help getting set up?

To become a registered user of our Web site, go to www.tuftshealthplan.com/providers and follow the instructions on the Provider Login page.

If you need help accessing self-service tools, call the Provider Services Department and select option 1, or e-mail us at network_tech@tufts-health.com.

For additional information about our self-service tools, please review the Electronic Services page on our Web site.

Physician, Outpatient Hospital Fee Schedules to be Updated Oct. 1

We review our commercial physician and outpatient hospital fee schedules quarterly to help ensure they are current, comprehensive, and consistent with industry standards to the extent supported by our systems. The next update will occur on **October 1, 2007**, and changes may involve both new and existing CPT and HCPCS codes.

Detailed information about changes to existing fee schedules and non-reimbursable logic is distributed to your IPA and hospital leaders in advance of effective dates.

Independent physicians who have questions about fee schedule changes should contact Tufts Health Plan's Network Contracting Department at 1-888-880-8699, extension 2169.

Correct Coding Reminder

Tufts Health Plan would like to remind you that, as is normal business practice, claims are subject to payment edits that are updated at regular intervals and generally based on Centers for Medicare & Medicaid Services (CMS), specialty society guidelines, and the National Correct Coding Initiative (CCI).

Procedure and diagnosis codes undergo annual and quarterly revision by CMS, the American Medical Association, and CCI.

As these revisions are made public, Tufts Health Plan will update its system to reflect these changes during the fourth calendar quarter of 2007.

Payment policies will be updated to reflect the addition and replacement of procedure codes, where applicable.

Commercial Provider Manual Updated

Tufts Health Plan reviews and revises its Provider Manual at regular intervals throughout the year.

The most recent revisions to the commercial Provider Manual include:

- **CareLinkSM chapter:** Added CareLink–Shared Administration information
- **Claim Requirements chapter:** Added instructions on completing the revised CMS-1500 and UB-04 claim forms and added additional information on workers' compensation claims
- **Quality Administrative Guidelines chapter:** Clarified medical record review information

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Commercial Provider Manual Updated (Continued from page 1)

Please be sure you are familiar with information in the manual, including the following:

- A description of Tufts Health Plan's utilization management (UM) program
- How to obtain Tufts Health Plan's Medical Necessity Guidelines (UM criteria)
- How to discuss UM decisions with reviewers
- Tufts Health Plan's criteria for medical record-keeping documentation
- Plan members' rights and responsibilities
- A link to the recently reapproved Clinical Practice Guideline for treating members for substance abuse
- Tufts Health Plan's policy on financial incentives for UM decision-makers

Visit our Web site for additional information and online access to the commercial Provider Manual.

If you do not have Internet access, please call the Provider Services Department.

Quality Improvement Work Plan Supports Patient Care

Tufts Health Plan appreciates the quality care network physicians provide our members.

To support the quality care you provide, each year we develop a set of priority quality initiatives which we believe will have the greatest impact on the health and well-being of the most members. We call this our Quality Improvement Work Plan.

In designing our work plan, we review members' concerns, physician and member feedback, medical and claims data, and other information about our members' health. This helps us understand what we're doing well, what we need to improve, and most important, what our members need.

Some of the initiatives in the 2007 Quality Improvement Work Plan focus on:

- Working with diabetic members to help them get the tests they need to stay healthy
- Improving member satisfaction with Member Services Department interactions
- Better educating physicians about depression screening tools and enhancing members' education about depression
- Advocating for safety in patient care
- Increasing physician adoption and use of electronic prescribing to improve patient safety

If you would like more information or an update on our progress in meeting our quality improvement goals, please call a provider services specialist.

CLINICAL UPDATES

Coverage Change for Antihyperlipidemic Drugs

Effective October 1, 2007, Tufts Health Plan will implement a step therapy program for lipid-lowering medications.

Coverage for antihyperlipidemic drugs will involve three steps:

- **Step 1:** Generic HMG-CoA reductase inhibitors or statins (lovastatin, pravastatin, or simvastatin) will be covered without prior authorization.
- **Step 2—Prior Authorization Required:** Crestor and Vytorin will require at least a 30-day trial of a step 1 medication within the previous 180 days for coverage.

- **Step 3—Prior Authorization Required:** Lescol, Lescol XL, Lipitor, and Zetia will require at least a 30-day trial of a generic statin and at least a 30-day trial of a step 2 medication (Crestor or Vytorin) within the previous 180 days for coverage.

Please note: Only new prescriptions will be subject to this change. Members who are presently taking a particular statin will not be required to undergo a trial of an agent on a previous step.

The step approach to coverage requires that one or more covered, therapeutically appropriate and cost-effective alternatives are tried

before Tufts Health Plan will authorize coverage of certain medications.

Find current pharmacy information on the Web

For the most current information regarding the Tufts Health Plan pharmacy benefit—including tier changes, the online formulary, and descriptions of pharmacy management programs—go to the Pharmacy section of the Tufts Health Plan Web site, www.tuftshealthplan.com/providers.

The Web site is a useful resource in your work with your Tufts Health Plan patients.

Tufts Health Plan Medicare Preferred Coverage Updates

Tufts Health Plan Medicare Preferred covers the following services and items according to Medicare guidelines available at the Centers for Medicare & Medicaid Services (CMS) Web site, www.cms.hhs.gov:

■ **NCD 110.4 Extracorporeal**

Photopheresis: Effective December 19, 2006, Medicare has **expanded coverage** for extracorporeal photopheresis for patients with acute cardiac allograft rejection whose disease is refractory to standard immunosuppressive drug treatment, and patients with chronic graft versus host disease whose disease is refractory to standard immunosuppressive drug treatment.

Formerly, Medicare only covered extracorporeal photopheresis when used in the palliative treatment of the skin manifestations of cutaneous T-cell lymphoma that has not responded to other therapy.

■ **NCD 110.20 Osmotic Blood Brain**

Barrier: Effective March 20, 2007, CMS has determined that the use of osmotic blood brain barrier disruption is not reasonable and necessary and therefore is **not covered** when used as part of a treatment regimen for brain tumors. This NCD does not alter in any manner the coverage of anti-cancer chemotherapy.

■ **NCD 20.9 Ventricular Assist Devices (VADs):** Effective March 27, 2007, **new facility criteria** were established and hospitals must now receive certification from the Joint Commission on Accreditation of Healthcare Organizations under their Disease Specific Certification Program for VADs used as destination therapy. **Currently approved hospitals will have until March 27, 2009, to become certified by the joint commission** or they will be removed from the approved list.

Medical Necessity Guidelines for Coverage Updates for Commercial Products

Tufts Health Plan implements changes to medical necessity guidelines for coverage for commercial products throughout the year.

The following outlines updates and changes to the guidelines for commercial products, which will be effective on or after October 1, 2007:

- The following procedures are **covered** for commercial products, effective October 1, 2007:
 - Endovascular Repair of the Descending Thoracic Aorta (33880, 33881, 33883, 33884, 33889, 75956, 75957)
 - Alcohol Septal Ablation for Hypertrophic Obstructive Cardiomyopathy (0024T)
- The following procedure will **require prior authorization** for commercial products as of October 1, 2007:
 - Pancreatic Islet Cell Transplantation (0141T – 0143T)*
- Tufts Health Plan **will not cover** the following procedures for commercial products, effective October 1, 2007, because they are considered experimental/investigational:
 - Vertebral Axial Decompression (S9090)*
 - Nitric Oxide Expired Gas Determination (95012)*
 - Whole Body Integumentary Photography (96904)*
 - Genetic Testing for Amyotrophic Lateral Sclerosis (S3800)*
 - Vizilite® Oral Screening System (no specific HCPCS or CPT code available)*
- The following drug has been moved to our list of non-covered drugs and will **no longer be covered** for commercial products, effective October 1, 2007:
 - Fortamet®

■ **Correction:** The following procedure will **require prior authorization** for commercial products as of **July 1, 2007:**

- Endovenous Laser Therapy for Varicose Veins (36478, 36479)*

The Summer 2007 Provider Update reported that this procedure would not be covered as of July 1, 2007.

- The following drug has been removed from the list of drugs requiring prior authorization and moved to the list of non-covered drugs. It will **no longer be covered**, effective October 1, 2007. This change applies to commercial and Tufts Health Plan Medicare Preferred products.
 - Vivitrol (injection, naltrexone, depot form, 1 mg) (J2315)*

For additional information

Tufts Health Plan's commercial Medical Necessity Guidelines include services that require prior authorization and those that are not covered.

Guidelines for procedures, services, devices, and equipment can be found on the Clinical Resources page of www.tuftshealthplan.com/providers. Medical Necessity Guidelines for drugs can be found on the Pharmacy page.

If your office is not Web-enabled, contact the Provider Services Department.

*Denotes a new medical necessity guideline

PLANS/PRODUCTS/BENEFITS

New Select Network Plans Effective July 1

As part of the Massachusetts health care reform initiative, Tufts Health Plan now offers five HMO plans for individuals and small employers. The plans have an effective date of July 1, 2007, or later.

The new plans require members to receive covered services from providers who are contracted specifically for the plans and participate in Tufts Health Plan's Select Network.

To determine which providers participate in the Select Network, consult the provider search functionality on our Web site.

A new generic-focused formulary applies for most Select Network plans, and most maintenance medications must be obtained through the Caremark mail-order pharmacy service. For more information, visit our Web site.

NEWS

NEHENNet Delivers Electronic Transactions to Many Payers via One Web Site

New England Healthcare EDI Network (NEHEN) will soon provide access to essential transactions through a single Web site.

For a fixed monthly fee, NEHENNet will provide small offices the benefits of NEHEN and enable you to:

- Check eligibility
- Submit referrals
- Submit claims and check claim status
- View remittances with multiple payers

There will be no transaction fees or hidden costs with NEHENNet, and no software to maintain.

Interested? Call NEHENNet at 1-781-290-1290.

New England Healthcare EDI Network (NEHEN) is a collaboration of Tufts Health Plan, Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, BMC Health Net Plan, and Neighborhood Health Plan.

TUFTS Health Plan

705 Mount Auburn Street
Watertown, MA 02472
www.tuftshealthplan.com/providers

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For More Information

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www.tuftshealthplan.com/providers.
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at 1-888-884-2404.