

Provider UPDATE



SUMMER ■ 2007

NEWS FOR THE NETWORK

ADMINISTRATIVE UPDATES

National Provider Identifier Implemented

Beginning May 23, 2007, Tufts Health Plan will require national provider identifiers (NPIs) on all paper submissions and electronic transactions.

Key billing information

Tufts Health Plan will reject any submissions and transactions that are sent without an NPI or are sent with an NPI and another number, such as a legacy ID or proprietary identifier, on or after May 23.

Changes have been made to commercial and Tufts Health Plan Medicare Preferred statements of account (SOAs) that your office will now begin to receive:

- **For commercial plans:** The NPI of the payee has been added to the SOA recipient information in the upper right-hand corner of the SOA. The NPI of the provider of service has replaced the current Tufts Health Plan ID that appears in the body of the SOA.
- **For Tufts Health Plan Medicare Preferred:** The NPI of the provider of service has been added to the body of the SOA.

Important reminders to prevent disruptions

Providers should continue to use the six-digit Tufts Health Plan proprietary ID number on all electronic transactions and paper submissions until May 23, 2007.

To help ensure that you do not experience any submission or payment disruptions associated with the implementation of NPI, your NPI(s) must be on file with Tufts Health Plan before the implementation date of May 23, 2007.

More about submitting your NPI

Visit our Web site, www.tuftshealthplan.com, to learn more about submitting your NPI(s) to Tufts Health Plan.

Tufts Health Plan Medicare Preferred HMO Online Referral Submissions, Inquiry Now Available

Providers and staff can now submit referrals and perform referral inquiry for patients who are members of Tufts Health Plan Medicare Preferred HMO using all self-service channels. The channels include:

- Tufts Health Plan Web site, www.tuftshealthplan.com
- New England Healthcare EDI Network (NEHEN)
- Emdeon™

Admissions review available, too

Providers receive an immediate admission response—preregistration number—when the Tufts Health Plan Web site or NEHEN are used.

Physician, Outpatient Hospital Fee Schedules Updated Quarterly

We review our commercial physician and outpatient hospital fee schedules on a quarterly basis to keep them current, comprehensive, and consistent with industry standards to the extent supported by our systems.

Updates are made January 1, April 1, July 1, and October 1. Changes can involve new and existing CPT and HCPCS codes.

More information about changes to existing fee schedules and non-reimbursable logic is distributed to your IPA and hospital leadership before effective dates.

Use online functionality for efficiency

We encourage you to use our Web site or NEHEN as the most efficient channels for referral submissions and inquiries.

Need training?

Do you have staff who are unfamiliar with how to use the Tufts Health Plan Web site, NEHEN, or Emdeon? Call us and we can assist you either over the phone or in person, so that you'll get the most from the e-channels offered by Tufts Health Plan.

Contact Tufts Health Plan Provider Education at 1-888-306-6307, option 7.

Tufts Health Plan Medicare Preferred Medical Policy Update

Tufts Health Plan Medicare Preferred covers the following services and items according to Medicare guidelines available at www.cms.hhs.gov:

- **NCD 280.15 INDEPENDENCE iBOT 4000 Mobility System:** The **standard function** of this system (HCPCS K0861) **is covered** according to the CMS guidelines in NCD Manual, Section 280.3. The manufacturer is non-contracted. **Prior authorization is required for HMO members and is encouraged for PPO members.** The 4-wheel, balance, stair and remote functionalities are **not covered**.
- **NCD 20.7 PTA with Stenting** of intracranial arteries **is covered** for treatment of cerebral artery stenosis $\geq 50\%$ for members with intracranial atherosclerotic disease when furnished in accordance with FDA-approved protocols governing category B IDE clinical trials.
- **LCD L19860 Stretta Procedure** (CPT 43257) **is not covered**.
- **LCD L23475 Balloon Sinuplasty** (HCPCS S2344) as a stand-alone procedure **is not covered**. When used as an

adjunct in FESS procedures, the use of the sinus balloon catheter is considered included in the allowance for the FESS procedure itself.

- **LCD L22531 Wireless Capsule Endoscopy (WCE):** WCE of the **esophagus** (CPT 91111) **is not covered**. WCE of the **small intestine** (CPT 91110) **is covered** according to the guidelines in this LCD. Tufts Health Plan Medicare Preferred will continue to monitor utilization of this procedure to determine whether prior authorization is appropriate in the future.

Coverage clarification regarding private-duty nursing and nutrition counseling in the home

- **Home Care Coverage:** Medicare does not reimburse for private duty nursing or nutrition counseling in the home, and Tufts Health Plan Medicare Preferred does **not cover** them as supplemental benefits. These services are non-reimbursable except as part of an authorized transition plan for members who previously received such coverage from Tufts Health Plan Medicare Preferred.

Coverage Updates for Commercial Products—Effective July 1, 2007

As you may know, Tufts Health Plan implements changes to its commercial coverage status throughout the year.

- The following items have been **removed from the Statements of Non-Coverage list**, effective July 1, 2007:
 - Avastin (bevacizumab) Therapy for Age-Related Neovascular Macular Degeneration (J9035 with ICD-9 362.5 – 362.53)
 - Retisert™ (fluocinolone acetonide intravitreal implant) (J7311) (Added to Prior Authorization list)
 - Kyphoplasty (22523, 22524, 22525) (Added to Prior Authorization list)
- The following is **covered with an age restriction**, effective July 1, 2007:
 - Gardasil® (Quadrivalent Human Papillomavirus (Types 6, 11, 16, 18) Recombinant Vaccine) (90649) – Only covered for females ages 9 to 26 years
- The following commercial procedures, services, items, and drugs **require prior authorization (PA)** as of July 1, 2007:

- Osteogenesis Distraction (20690, 20692, 20693, 20694)
 - Gamma Knife/Cyberknife/LINAC (61793, 61795)
 - Retisert™ (fluocinolone acetonide intravitreal implant) (J7311)
 - Kyphoplasty (22523, 22524, 22525)
 - Varicose Veins (36470, 36471, 36475, 36476, 37700, 37718, 37722, 37735, 37765, 37766, 37780, 37785, S2202)
 - Sleep Studies (95805, 95806, 95807, 95808, 95810, 95811)
 - CPAP/BiPAP (E0470, E0471, E0472, E0601)
- Tufts Health Plan **will not cover** the following commercial procedures, services, items, and drugs, effective July 1, 2007:
 - Artificial Heart* (0051T, 0052T, 0053T)
 - Artelon* (L8658)
 - Macular Translocation Surgery* (No specific CPT code available)
 - NC-stat System®* (95900, 95903, 95904)
 - Osteochondrial Transplant of the Ankle* (27702)
 - Robotic Surgical System* (S2900)

- X-Stop* (0171T, 0172T, C1821)
- Nerve Release Procedure for Diabetic Neuropathy (28035, 64704, 64708, 64712, 64722 with ICD-9 250.60 – 250.63)
- Presenilin-I Genetic Testing (S3855)
- Continuous Glucose Monitoring Systems (i.e., MiniMed Paradigm® REAL-Time System and Guardian® RT)* (No specific HCPCS code available)
- Balloon Sinuplasty* (S2344)
- Computerized Gait Analysis* (96000, 96001, 96002, 96003, 96004)
- Surface Electromyography for Lower Back Pain* (S3900)
- Thermal Capsulorrhaphy for Shoulder Instability* (S2300)
- Endovenous Laser Therapy for Varicose Veins* (36478, 36479)

For additional information

Criteria can be found on the Clinical Resources page of www.tuftshealthplan.com/providers. If your office is not Web-enabled, contact Provider Services at 1-888-884-2404.

*Denotes a new Statement of Non-Coverage

2006 Medical Record Review Audit Results

As part of our continuing commitment to clinical quality measurement and improvement, we examine the documentation practices of primary care physicians (PCPs) in our network by reviewing a sample of medical records each year.

During 2006, we reviewed medical records of 201 network PCPs with panels of 50 or more Tufts Health Plan members. We have reported our findings to participating practitioners. Additional information is available at the Tufts Health Plan Web site, www.tuftshealthplan.com/providers.

Policies and procedures for medical record review documentation—which include confidentiality, organizational availability, and performance goals—are available in the Provider Manual, which can also be found at www.tuftshealthplan.com/providers.

Plan Flu Vaccine Purchases Now

Now is the time to make arrangements to purchase the flu vaccine for the 2007-08 flu season. It's not too early to get your orders in.

Visit our Web site, www.tuftshealthplan.com/providers, to:

- Obtain a list of flu vaccine manufacturers. The vaccine may also be ordered through pharmaceutical distributors.
- Review the Massachusetts Department of Public Health's recommendations for private practitioners.
- Review Tufts Health Plan's immunization payment policy.

For information about the state's immunization program, contact the Massachusetts Vaccine Management Unit at 1-617-983-6828.

CODING UPDATES

Correct Coding Reminder

Tufts Health Plan would like to remind you, as is normal business practice, that 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 during the third calendar quarter of 2007, Tufts Health Plan will update its system to reflect these changes.

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

PLANS/PRODUCTS/BENEFITS

Effective July 1, 2007 GIC Navigator Specialist Office Visit Copayment Levels Implemented

Effective July 1, 2007, Tufts Health Plan will change the physician office visit copayment design for Commonwealth of Massachusetts/Group Insurance Commission (GIC) members.

This change will provide individual physicians in certain specialties an opportunity to be in a lower copayment level as determined by ratings based on established resource utilization and quality measures.

The Navigator™ by Tufts Health Plan benefit design focuses on value. Final copayment level placements were the result of a nearly yearlong comprehensive effort by Tufts Health Plan, which included physician input on the selection of quality measures and data validation.

- **Eligible physicians in selected specialties** with a best quality-cost score are placed in Copayment Level 1 (\$15 office visit copayment).
- **All other specialists** will remain in the standard copayment level (\$25 copayment per office visit).

Tufts Health Plan notified IPA leaders and individual specialist providers of their results in early April 2007.

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Tufts Health Plan Offers Health Care Coverage Through Connector

The Commonwealth Connector has given Tufts Health Plan approval to offer health care coverage through the Commonwealth Choice program.

Plan offerings

Tufts Health Plan's products include a select provider network and a plan specifically for young adults between the ages of 19 and 26.

Similar to Tufts Health Plan's commercial products, these options have a wide range of office visit copayments, medical deductibles, and pharmacy deductibles. None requires members to pay coinsurance.

The plans also include pharmacy coverage, which may include a generic-focused formulary and mandatory mail order for maintenance drugs.

Members of plans with the select network will be required to choose a participating select network PCP.

Claims information

Claims for services received from providers who do not participate in the select network—with the exception of

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GIC Navigator Specialist Office Visit Copayment Levels *(Continued from page 3)*

Providers will be able to determine their copayment level for GIC Navigator members by using the eligibility functionality on the Tufts Health Plan Web site.

More detailed information about the methodology used and final provider reports is available on the Tufts Health Plan Web site, www.tuftshealthplan.com/providers. (See article “Navigator Specialty Data Report Information.”)

Please note: The GIC Navigator plan’s 2006 surgical specialty copayment program based on primary hospital affiliation will be discontinued, effective June 30, 2007.

Health Care Coverage Offered Through Connector *(Continued from page 3)*

claims for emergency services—will be denied.

To determine which providers participate in the select network, consult the Provider Search functionality at www.tuftshealthplan.com.

For more information

For more information about these plans, visit www.tuftshealthplan.com/providers.

NEWS

Clinical Coverage Criteria Renamed

Effective May 25, 2007, Tufts Health Plan’s Clinical Coverage Criteria will be renamed Medical Necessity Guidelines.

More robust information

The Medical Necessity Guidelines will contain more robust information about the coverage status of a procedure, service, or device.

They will indicate what type of authorization is required to obtain

coverage, if applicable, and may also include specific procedure codes.

Web enhancements, too

The Tufts Health Plan Provider Web site—www.tuftshealthplan.com/providers—will also undergo changes. Here is what to expect:

■ *New Medical Necessity Guidelines*

page: A complete list of all clinical coverage criteria, noncovered

technologies, and prior authorization requirements have been combined into one list, sorted alphabetically. Each item in the list will link to the relevant Medical Necessity Guideline. To view our guidelines, visit www.tuftshealthplan.com/providers.

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For More Information

Always go to

www.tuftshealthplan.com/providers.

Or call Tufts Health Plan’s

Provider Services Department

at 1-888-884-2404.