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for physicians, practice managers and other providers.

PROVIDER UPDATE

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MPC's Drug Formulary is Online

MPC's prescription drug formulary is located on our Web site at www.MarylandPhysiciansCare.com/approveddrug.aspx.

The section includes a wealth of information for your convenience, including:

- ✦ Preferred Drug List (PDL)
- ✦ Over-the-Counter, Non-Prescription Medications Policy
- ✦ Generic Drug Policy
- ✦ Unapproved Use of Medications
- ✦ Prescriptions for Non-Formulary Medications
- ✦ Over-the-Counter, Non-Prescription Medications Policy
- ✦ Prior Authorization (PA)
- ✦ Quantity Limits (QL)
- ✦ Step Therapy (ST)
- ✦ CuraScript™

The PDL is a listing of medications marketed at the time of printing and intended for use by the health plan physicians and pharmacy providers. Unless exceptions are noted, all forms (tablet, capsule, liquid, topical) and strengths of a drug product are included in the PDL and are covered by Maryland Physicians Care. Please note that the PDL applies only to prescription medications dispensed to outpatients by participating pharmacies. The PDL does not apply to inpatient medications or to medications obtained from and/or administered by a physician.

Visit us on the Web at: www.MarylandPhysiciansCare.com

Provider Profiling Update

Maryland Physicians Care (MPC) continues to monitor physicians performance by reviewing ongoing physicians activities, which may include:

- ✦ Utilization of inpatient and emergency department, outpatient, and pharmacy services
- ✦ Health-care delivery and outcome costs
- ✦ HEDIS® performance
- ✦ Member health outcomes
- ✦ Other areas as identified

MPC's Drug Formulary

The drugs listed below were deleted from MPC's drug formulary this year.

Actonel and Sprycel were the only drugs removed this year.

In an effort to continually refine the pharmacy prior authorization process, MPC has implemented a new Pharmacy Prior Authorization Form, which is available on MPC's website: www.MarylandPhysiciansCare.com.

A Guide To Step Therapy

Medication	Criteria/ Step therapy requirements-
General	Clinical documentation in the form of progress notes, consult notes, and supporting laboratory data is required and must be submitted with each Prior Authorization request. A Prior Authorization form without supporting documentation does not have adequate information for review and will not be approved. Accompanying clinical notes should clearly demonstrate failure of or contraindication to a compliant trial of formulary agents. Maryland Physicians Care determines patient compliance by a review of pharmacy claims data over the last twelve months.
PPI	The use of proton pump inhibitors requires step therapy with H-2 antagonists. A member is required to complete a two month compliant regimen of a formulary H-2 blocker prior to requesting a proton pump inhibitor. If the member does not improve on an H-2 blocker, progress notes which document its failure should be submitted along with the Prior Authorization form. If there is a contraindication to the use of an H-2 blocker, clinical or consult notes which documents this should be submitted along with the prior authorization form. Prilosec OTC is the plan preferred PPI. Documentation of a two month compliant regimen of maximized doses of Prilosec OTC (maximum #120/ month) would be required prior to authorization of Protonix, the alternate plan preferred PPI.
Singulair	For use in asthma-- Access to Singulair is covered after the use and failure of an inhaled steroid for two consecutive months followed by a one month trial of an inhaled steroid with a long acting bronchodilator. The request for prior authorization of Singulair should be accompanied by clinical notes which document the response to the regimen noted above. If this regimen is felt to be contraindicated, medical notes which support this should accompany the prior authorization form. For use in allergic rhinitis-- Access to Singulair is allowed after the use and failure of formulary medication, which includes Fluticasone Nasal Spray, Loratidine OTC and Clemastine. Nasal steroids are more effective than non-sedating antihistamines and leukotriene inhibitors in the treatment of allergic rhinitis according to The Medical Letter. Please consider use of a nasal steroid with or without loratadine. Further consideration will be given upon receipt of additional documentation about the failure of or contraindication to a two month compliant regimen of formulary agents.
Mental Health	All mental health agents are carved out and are not covered by Maryland Physicians Care. They are covered by the state. All requests for mental health agents should be requested via ACS (800-932-3918), the Mental Health Vendor.
Oxycontin	Oxycontin is indicated for malignant pain and its use requires step therapy. The Maryland Physicians Care formulary includes several long acting narcotic analgesics. A request to use Oxycontin for non-malignant pain should be accompanied by clinical notes which document its necessity over formulary medications, which includes MS Contin, MSIR, Oxy IR, fentanyl patch, Tramadol and others. Please submit the following to support the request for Oxycontin: a recent history which should include a thorough pain assessment, a recent and thorough physical exam, and documentation of failure of or contraindication to formulary agents, non-pharmacological therapies and the response and short and long term treatment plan. This information will need to be updated with each renewal.
Topamax	Topamax is not FDA approved for mood disorder as an adjunctive treatment (no significant clinical difference with monotherapy & placebo), schizophrenia or Major Depression. Consideration for its use will be given upon receipt of clinical notes which demonstrate a compliant, two consecutive month trial regimen of monotherapeutic and/or combination medication(s). When considering alternatives, medications that are FDA listed for behavioral health indications should be processed through DHMH via ACS: 800-932-3918.
Rhinitis	The use of non-formulary medications for rhinitis requires documentation that the member has tried and failed a two month compliant regimen of Fluticasone Nasal Spray, Loratidine OTC and/or Clemastine. Nasal steroids are more effective than non-sedating antihistamines and leukotriene inhibitors in the treatment of allergic rhinitis according to The Medical Letter. Please consider use of a nasal steroid with or without loratadine prior to requesting prior authorization for non-formulary medications.
Medwatch	Maryland Physicians Care makes use of generic agents that are considered therapeutically equivalent by the FDA. For authorization of a brand name medication, please submit a copy of the FDA MedWatch form detailing the adverse side effect with the generic that was submitted to the FDA. The FDA MedWatch form is available at: http://www.fda.gov/medwatch/SAFETY/3500.pdf .
Hep C	Use of immune modulators for the treatment of Hepatitis C requires the following documentation: progress notes that document that therapy is being prescribed by, or in consultation with, an infectious disease physician, gastroenterologist, hepatologist or transplant physician; other causes of liver disease have been ruled-out, member has been abstinent of both alcohol and illicit drugs for at least 6 months, patient weight, and laboratory results including HCV genotype, recent (within 3 months) HCV-RNA quantitation, LFTs, CBC.
NSAID	Maryland Physicians Care does not consider Celebrex a first line NSAID. Celebrex demonstrates comparable efficacy to other NSAIDs (e.g., naproxen and diclofenac) in rheumatoid arthritis and osteoarthritis. Consideration will be given upon demonstrating failure of formulary NSAIDs, or receipt of clinical documentation supporting the requested medication. NSAIDs with some COX-2 selectivity that are available on the formulary are nabumetone, Mobic/meloxicam and etodolac. Other NSAIDs available for consideration include: diclofenac, ibuprofen, ketoprofen, naproxen and oxaprozin. Other analgesics include tramadol, diflunisal and salsalate.

Maryland Physicians Care - Prior Authorization ALERT

Maryland Physicians Care plan allows members in the Health Choice Program being discharged from the hospital to fill prescriptions for the types of non-formulary medications listed in the table below, with days supply limits as noted.

Medication	Days Supply
General Medications	Five (5) Days
Antibiotics	14 Days
Narcotics	Three (3) Days (maximum supply of Oxycontin = 3 days / 6 tablets)
Zofran	12 Tablets

- ✦ The member must present a prescription to the pharmacy within 72 hours of discharge from the hospital and have the discharge summary available for pharmacist review. Fills using this benefit are subject to pharmacist discretion.
- ✦ Pharmacists may call the Maryland Physicians Care pharmacy line at 800-953-8854 (Option 2) 24 hours a day for urgent-emergency override requests.

Maryland pharmacies received DHMH Pharmacy Transmittal No. 183 dated October 1, 2007, which stated: "...all Maryland Medical Assistance recipients are entitled to receive a 72-hour supply of medicine while awaiting prior authorization or approval to dispense a non-formulary or non-preferred medication."

Family Planning and Reproductive Health

MPC makes confidential family planning and reproductive health service available and accessible to all members of reproductive ages 12 through 55 through its outreach initiatives and the distribution of age-appropriate family planning and reproductive health service materials. MPC is responsible to educate its network practitioners of the family services available and to communicate its expectations for the delivery of these services to MPC members.

MPC members may self-refer for one comprehensive family planning visit each year along with unlimited follow-up visits specifically related to family planning services. MPC female members of reproductive age may self-refer for preventive women's reproductive services. Family planning is defined as the efforts to plan the number of children and their spacing in a family by the practice of contraception or other birth control methods.

Comprehensive family planning examination is defined as an evaluation of weight, blood pressure, extremities, breasts, abdomen, and pelvis. Appropriate related laboratory tests may include but are not limited to Papanicolaou smear and hematocrit, culture for N. gonorrhoea, culture for Chlamydia, serologic test for syphilis, pregnancy test, and rubella screen (or immunization), if indicated.



MPC wants to ensure that its practitioners and other family planning service providers realize the important components of a family planning examination listed below.

- ✦ Assessment of member's risk for unintended pregnancy, poor pregnancy outcome, or need for family support services
- ✦ Age-appropriateness of information provided to members and the need for confidentiality of information
- ✦ Pregnancy diagnosis and counseling, including:
 - Referral to a participating obstetrical practitioner for early entry into prenatal care for members diagnosed as pregnant who wish to continue the pregnancy
 - Information of all legal options available for members diagnosed with unintended pregnancies and if they desire, referral for appropriate obstetrical and gynecological service
 - Information about the availability of contraceptive methods for non-pregnant members

Early notification to the health plan of high-risk pregnancies education, including:

- ✦ Reasons why family planning is important to maintain individual and family health
- ✦ Basic information regarding reproductive anatomy
- ✦ Risk factors and complications of various contraceptive methods
- ✦ Information on the transmission, diagnosis and treatment of sexually transmitted diseases
- ✦ Education about acquired immunodeficiency syndromes (AIDS)/human immunodeficiency virus (HIV)
- ✦ Procedures of self-breast examination

MPC encourages practitioners to notify the health plan of any newly diagnosed pregnancies within seven days.

Billing & Reimbursement of Incident-To Services

According to CMS policy, Incident-To Services are services or supplies that are furnished as an integral, although incidental, part of the physician's personal professional services in the course of diagnosis or treatment of an illness or injury. Incident-To Services should only be reported in an office setting and are not appropriate when reported by a physician when the place of service is a facility. A physician may be reimbursed for "incident to" services performed by auxiliary personnel if an employer relationship exists between the physician and auxiliary staff.

Because the billing of incident to services affects reimbursement and introduces a potential for abuse, CMS has imposed several requirements for the appropriate documentation and reporting of these services.

- ✦ Supplies are of a type that a physician would be expected to have in his/her office (i.e. oxygen, bandages), and the services are considered medically appropriate to be provided in the office setting.
- ✦ There must be overhead cost associated with providing the service. For example, drug samples provided by a pharmaceutical company cannot be billed by a physician's office for reimbursement.
- ✦ Specific documentation must be included in the medical record, including a reference to the initial problem or service and an established plan of care, authorization by a physician or nurse practitioner provider (NPP), and indication and evidence of required supervisory personnel.
- ✦ When an incident to service is furnished by qualified auxiliary personnel, it must be provided under the direct supervision of a physician or NPP. Direct Supervision means the physician/NPP must be present in the office and immediately available. They must be available to provide assistance during the performance of the procedure should a problem arise. This requirement does not mean the physician/NPP must be in the same room as the employee who is performing the test.

If the above criteria are not met then the incident to services would be billed under the mid-level provider's NPI number and reimbursed at a slightly reduced rate.

Maryland Uniform Credentialing Form Effective January 1, 2008

Effective January 1, 2008, the Maryland Insurance Administration (MIA) revised the Maryland Uniform Credentialing Form (UCF 1.1.08). This form is now the sole application used to support provider credentialing and recredentialing. It replaces the Maryland Uniform Credentialing Form previously referenced in COMAR 31.10.26.03.

This new form is available through the MIA's Web site at www.mdinsurance.us.



Above Health

Above Health, MPC's HIPAA-compliant web portal, is a great way to save time. When you register for Above Health, you can accomplish all of the following online:

- ✦ Verify member eligibility
- ✦ Identify an MPC member's PCP
- ✦ Request up-to-date rosters
- ✦ Receive "HEDIS Interventions Required" notifications for members in the eligibility screens
- ✦ Request prior authorization
- ✦ Check the status of prior authorization requests
- ✦ Verify claims status
- ✦ Print remittance advice notifications
- ✦ Verify issued checks

Above Health is a free service for Maryland Physicians Care providers. Learn more at www.MarylandPhysiciansCare.com or call our Provider Relations Department at (800) 953-8854, option 2. Begin using Above Health today!

Eligibility Verification System (AEVS)

MPC's Automated Eligibility Verification System (AEVS) offers telephonic verification of member eligibility and confirmation of the assigned PCP if the contacting provider (caller) is the assigned PCP for the member in question. It is important to note that the AEVS does not identify the name of the PCP of record, but rather identifies if the tax identification number that is entered into the AEVS is attached to the PCP on the member's record. To access the AEVS, dial 1-800-953-8854, select option 1, then option 5 and follow the prompts to perform the necessary data entry using the keypad on your phone.



Maryland Physicians Care Web site

MPC program administration guidelines and documentation (i.e., provider manuals, directories, forms, drug formulary, etc.) are available on MPC's Web site at www.MarylandPhysiciansCare.com.

Do We Have Your Email Address?

Expedient communication with our network providers is a high priority for Maryland Physicians Care. We want to be able to get information about policy changes or updates into your hands as quickly as possible. If your practice has an email address, please send it to us at providers@MarylandPhysiciansCare.com. Please state in the email that you are establishing the point of contact for the provider or practice group. This will allow us to communicate quickly any policy changes or updates, and also will create an alternative means of communication in addition to phone and fax.

National Correct Coding Initiative (NCCI)

The Center for Medicare and Medicaid Services (CMS) developed the National Correct Coding Initiative (NCCI) to prevent inappropriate payment of services. In limited circumstances, services may be performed distinctly and independently of one another and may therefore be eligible for separate reimbursement. In general, these circumstances relate to separate patient encounters, separate anatomical sites or separate specimens.

The *AMA CPT Manual* and CMS have designated certain modifiers that may be used in these limited circumstances to indicate additional information about the services rendered. Modifiers may be appended to

HCPCS/CPT codes only if the clinical circumstances justify the use of the modifier. If two corresponding procedures are performed at the same patient encounter and in contiguous structures, NCCI-associated modifiers generally should not be utilized. A modifier should not be appended to a HCPCS/CPT code solely to bypass an NCCI edit if the clinical circumstances do not justify its use.

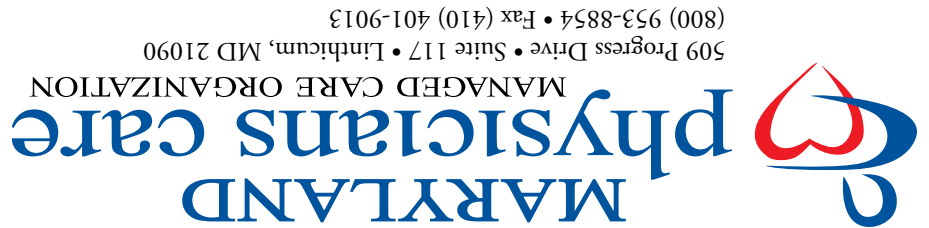
Each NCCI edit has an assigned modifier indicator. A modifier indicator of “0” indicates that NCCI-associated modifiers cannot be used to bypass the edit. A modifier indicator of “1” indicates that NCCI-associated modifiers may be used under appropriate circumstances.

Following is a summary of NCCI modifiers and examples of clinical circumstances under which they may be appropriate to be billed:

- ✦ Anatomic modifiers: E1-E4, FA, F1-F9, TA, T1-T9, LT, RT, LC, LD, RC
 - A 50-year-old patient presents to the physician’s office with bilateral osteoarthritis of the knee for follow up X-rays.
 - 73560-LT (X-ray, knee, 1-2 views)
 - 73564-RT (X-ray, knee, complete >4 views)
 - When performed on the same side, 73560 is not separately billable as it is a component of 73564. However, when performed on contralateral sides, it is appropriate to bill both using the LT and RT modifiers to indicate that the services were performed on different sides.
- ✦ Global surgery modifiers: -25, -58, -78, -79
 - A 79-year-old patient presented to the physician’s office for a neurobehavioral status exam. Following the exam, the provider performed a follow up Evaluation and Management service to address the patient’s benign hypertension and diabetes.
 - 99213-25 (E/M)
 - 96116 (Neurobehavioral status exam)
 - The use of modifier 25 is appropriate in this scenario as the E/M was unrelated to the neurobehavioral status exam.
- ✦ Other modifiers: -59, -91
 - A 15-year-old patient presents to the outpatient surgery center for a bone marrow biopsy of the left leg and a bone marrow aspiration of the left arm.
 - 38221 (Bone marrow biopsy)
 - 38220-59 (Bone marrow, aspiration)
 - The use of modifier 59 is appropriate in this situation as the services were rendered in two separate anatomic sites.

Maryland Physicians Care, like CMS, is focused on the appropriate usage of modifiers and has implemented a monitoring program to ensure appropriate usage.

Provider Update is published by Maryland Physicians Care for physicians and other providers. Please share with your practice manager, billing & referral specialist. If you have questions or comments about this newsletter, please call (410) 401-9504.



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How to Report Suspected Fraud and Abuse

If you become aware of a potential fraud or abuse situation, please report the instance to Maryland Physicians Care. Contact the MPC Compliance Line at (866) 781-6403. You are not required to leave your name, but please provide enough information for MPC to investigate. Providers reporting fraud and abuse will not be subject to retaliation by MPC. In fact, participating providers are required by contract and law to report any suspected fraud or abuse based on an act or omission. Failure to report may be grounds for termination and reporting to the state or other applicable law enforcement agencies.

