

# UPMC HEALTH PLAN PHYSICIAN PARTNER

*Update*

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## Health Outcomes Survey

CMS (Centers for Medicare & Medicaid Services) sends an important survey to our UPMC *for Life* and UPMC *for Life Specialty Plan* members annually. This survey selects a sample of our members (your patients), whose names are not disclosed to us.

The survey, called a Health Outcomes Survey (HOS), is currently in process for 2010. The goal is to gather reliable health status data for improving the quality of care to Health Plan members. The HOS, which will be conducted over the next several months, asks individual members if physicians have discussed or treated selected issues/conditions.

If our members have an appointment with you in the next 3 to 4 months, please discuss the following issues with them:

- Physical Activity: Advise patients to start, increase, or maintain their level of exercise or physical activity.
- Falls Prevention: Ask if the patient has had a fall, and, if so, provide a fall risk intervention.
- Osteoporosis Management: Test for osteoporosis (DEXA or other).
- Urinary Incontinence: Ask about bladder control and provide advice or intervention for incontinence.

Studies show that when doctors discuss these clinical issues with patients, patients are more likely to comply with recommendations and make positive changes.

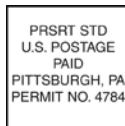
Thank you for your ongoing commitment to quality of care.

## New Medical Necessity Certificate Available

Effective June 1, 2010, a new Certificate of Medical Necessity for out-of-network provider requests will be available online. The referring network physician must complete, sign, and fax the form to the Health Plan Clinical Operations Department at 412-454-2057. All out-of-network requests — including inpatient procedures, office visits, and specialist consultations — must be reviewed and approved by the Health Plan prior to the member's obtaining services from a non-network provider.

## UPMC HEALTH PLAN

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IN THIS UPDATE	ROUTE TO:
Referral of UPMC <i>for Kids</i> (CHIP) Members to Medical Assistance...2	<input type="checkbox"/> Physicians
Chlamydia: Opportunities to stop a silent infection! .....2	<input type="checkbox"/> Clinical Staff
New Pharmacy Information .....3	<input type="checkbox"/> Office Manager
Technology Assessment Committee .....4	<input type="checkbox"/> Office Staff
	<input type="checkbox"/> Billing Staff
	<input type="checkbox"/> _____
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**Provider Services:  
1-866-918-1595**



## Referral of UPMC for Kids (CHIP) Members to Medical Assistance

The Commonwealth of Pennsylvania states that if a child is eligible for the Medical Assistance (Medicaid) special health care needs program, he or she cannot stay enrolled in the Children's Health Insurance Program (CHIP). The Pennsylvania Insurance Department is requiring all health plans that offer CHIP to identify current CHIP members with "serious health conditions" who may qualify for the Medical Assistance special health care needs program. This plan covers more medical and mental health services than CHIP.

There is no definitive list of "serious health conditions" available that would automatically qualify a CHIP member for Medical Assistance. As such, UPMC Health Plan is regularly reviewing claims and clinical information to identify UPMC for Kids (CHIP) members with "serious health conditions," such as autism spectrum disorder, cerebral palsy, Down's syndrome, hearing loss, etc. UPMC Health Plan must refer members with such conditions to the Department of Public Welfare, which will review them for the Medical Assistance special health care needs program.

To comply with this requirement, UPMC Health Plan is asking you to help us help UPMC for Kids (CHIP) members get appropriate uninterrupted health insurance coverage. If you are identified as the physician treating a UPMC for Kids (CHIP) member who appears to qualify for Medical Assistance, our Medical Management Department will contact you by phone and will fax a clinical summary, as well as the "Physician Certification Form for Child with Special Needs," to your office for you to complete and fax back to us.

We are asking you to provide your medical opinion regarding the member's "serious health condition" to determine if the condition should be considered a permanent disability, a temporary disability, or no disability. Only members that you identify as disabled for at least 12 months will be referred to the Medical Assistance special health care needs program. All other children will remain enrolled in CHIP.

If you have any questions, call Provider Services at 1-800-650-8762. Thank you for your help in making sure that our UPMC for Kids members get access to the most appropriate care and coverage available.

## Chlamydia: Opportunities to stop a silent infection!

Chlamydia is the most common sexually transmitted disease (STD) caused by the bacterium, *Chlamydia trachomatis*. Chlamydia is the most frequently reported bacterial STD in the United States, according to the Centers for Disease Control and Prevention (CDC), and it is also one of the most silent, with three-quarters of infected women and about half of infected men showing no symptoms. Approximately three million cases are reported annually in adolescents and young adults.

Women infected with chlamydia are at increased risk of pelvic inflammatory disease (PID), which can lead to infertility. If you are treating a young woman who is sexually active and who is under 25 years old, she is in the most at risk-group and should be screened for chlamydia.

A prime opportunity to order a chlamydia screening is in combination with a urinalysis or urine pregnancy test. A chlamydia screening can also be ordered on urine, cervical, and genital swabs, as well as in combination with Pap smears. The following chlamydia screenings, which can be ordered in combination with other tests, are covered through UPMC Health Plan:

CPT Code	Specimen	Name
87491	Urine	Chlamydia trachomatis DNA, SDA
	Urine	Chlamydia trachomatis/Neisseria gonorrhoeae RNA, TMA
	Urine/swab combo kit	Chlamydia trachomatis RNA, TMA
	Urine or swab	Chlamydia trachomatis TMA
	Urine or cervix swab	Chlamydia trachomatis/Neisseria gonorrhoeae DNA, SDA
	Pap vial	Chlamydia trachomatis DNA/SDA
	Pap vial	Chlamydia trachomatis/Neisseria gonorrhoeae RNA, SDA
87270	Genital swab	Chlamydia trachomatis Ag, DFA

The CDC recommends an annual chlamydia screening for all women who may be at risk, including sexually active women who:

- Are under 25 years old
- Are pregnant
- Don't consistently use barrier contraceptives
- Have signs of a possible cervical infection
- Have previously had an STD
- Are older women who have a new sexual partner or multiple partners

**Please encourage women to have this important screening.**

## New Pharmacy Information

Effective July 1, 2010, UPMC Health Plan will initiate medical coverage policies for select pharmaceutical agents. Please see the chart below. Questions can be directed to Provider Services at 1-866-918-1595.

Injectable Products Administered in Physician Offices					
Code	Description	Lines of Business	Impact	Benefit Change	Notes
J0718	Cimzia (certolizumab pegol)	All	All Medical claims billed to UPMC Health Plan from physician offices for these products will be denied. These products must be obtained from a participating pharmacy. (Charges related to the administration of these products to a patient can continue to be billed to the Health Plan).	Patients can obtain these drugs (via prescription) through a UPMC Health Plan network pharmacy. Because some products may not be available at all pharmacies, UPMC Health Plan recommends the use of a specialty pharmacy: <b>Falk Pharmacy:</b> 412-473-7427; <b>Chartwell:</b> 1-800-755-4704; or <b>CuraScript Pharmacy:</b> 1-888-773-7376	A prior authorization will be required for these products before the specialty pharmacy processes the prescription. Call 1-800-979-UPMC for questions on the prior authorization process. All prior authorization forms are available on our website at <a href="http://www.upmchealthplan.com/providers/pa_forms.html">www.upmchealthplan.com/providers/pa_forms.html</a> .
J0586	Dysport (abobotulinumtoxinA)				
Medications Now Requiring Prior Authorization (PA) When Billed Through the Medical Benefit					
Code	Description	Lines of Business	Impact	Benefit Change	Notes
J2504	Adagen (pegademase bovine)	Medicaid	A prior authorization will be required for these drugs.	These codes now require prior authorization before the Health Plan will reimburse for medical claims for these products. *Codes marked with an asterisk have a new or existing restriction in place requiring physician offices to use a participating pharmacy for these products.	A prior authorization will be required or the claim will be denied. Call 1-800-979-UPMC for questions on the prior authorization process. All prior authorization forms are available on our website at <a href="http://www.upmchealthplan.com/providers/pa_forms.html">www.upmchealthplan.com/providers/pa_forms.html</a> . Please note that the PA requirement has been in effect since 1/1/10 for all other lines of business for the following agents: Adagen, aldurazyme, elapraxe, fabrazyme, and naglazyme.
J1931	Aldurazyme (laronidase)	Medicaid			
J1743	Elapraxe (idursulfase)	Medicaid			
J0180	Fabrazyme (agalsidase beta)	Medicaid			
J1458	Naglazyme (galsulfase)	Medicaid			
J2793	Arcalyst (rilonacept)	All (Except Medicaid)			
J0718	Cimzia (certolizumab pegol)*	All			
J1438	Enbrel (etanercept)*	All			
J0135	Humira (adalimumab)*	All			
J0586	Dysport (abobotulinumtoxinA)*	All			
C9261	Stelara (ustekinumab)	All			

# Technology Assessment Committee

The Technology Assessment Committee meets regularly to review medical technology. The following chart details recent committee decisions. Please refer to the designated policy for complete indications and limitations.

<b>Subject</b>	<b>Reason for Review</b>	<b>UPMC Health Plan Summary</b>
Cryoablation of Fibroadenomas of the Breast	Clinical Review	Considered experimental and investigational for all products.
SLIT – Sublingual Antigens for Allergy Therapy	Clinical Review	Considered experimental and investigational for all products.
Cytotoxic Food Testing (also called food sensitivity testing)	Clinical Review	Considered experimental and investigational for all products.
Outpatient Intravenous Insulin Treatment (OIVIT)	Clinical Review	Considered experimental and investigational for all products.
SBIRT (Screening, Brief Intervention, and Referral to Treatment) – for substance abuse disorders	Policy Review	Effective 6-1-10: Covered for Commercial products.
Prevnar 13	Clinical Review	Prevnar 13 replaces Prevnar 7 and is covered for Commercial, CHIP, and Medical Assistance products.
Pediatric Biofeedback Treatments	Policy Review	Effective 7-1-10: The EMG biofeedback device denies as a non-covered benefit for Commercial and CHIP products.