

**HealthyU Hot Wire: Partner with your patients; be ready for their questions**

If you see UPMC *HealthyU* members in 2012, you may notice they want to be more involved in their health care. While we wish all members would take a strong interest in their health care, UPMC *HealthyU* members have an extra incentive to do so.

UPMC *HealthyU* members are more informed about their health care and may want to discuss their choices. We think that is a good thing. Open communication builds a trusting relationship and provides the best outcomes, both medically and financially. Your patients may ask a lot of questions. Your answers will depend on the situation, but below is some information that may help you guide your patients.

**Generic medication**

Pharmacy is the most common health care benefit that members use. And generic medications provide a great opportunity to save them money. You may already know that patents for numerous well-known brand-name drugs will expire in 2012. Be open about your patients' options. Switching medications can be difficult, but if it is appropriate, the patient will have the best outcome possible.

**Online health care decision tools**

UPMC Health Plan has partnered with WebMD® to offer a suite of industry-leading online health education, decision-making, and price and quality comparison tools to our members. These tools and resources will help them understand available choices as well as encourage them to talk to you about those choices. Contact your Physician Account Executive if you would like an introduction to these online member tools.

**Health screening**

UPMC *HealthyU* patients can complete a health screening to earn money for their Health Incentive Account. A health screening includes a lipid panel, glucose level, blood pressure, height, weight, and body mass index (BMI). The results can and should remain private between you and your patient. The member will earn full credit once the claim is processed.

**Coding and billing**

Coding and billing appropriately is important so *HealthyU* members earn their full rewards in a timely manner. Contact your Physician Account Executive if you would like a refresher on coding and billing procedures.

You may see *HealthyU* members as soon as January 2012. You can access resources about the UPMC *HealthyU* plan by logging in to Provider OnLine at [www.upmchealthplan.com/providers](http://www.upmchealthplan.com/providers), talking with your Physician Account Executive, or calling 1-866-918-1595.

**Refraction Clarification**

(Clarification of an article from the October 2011 issue.)

Refraction may be performed to determine if a patient's visual acuity is affected by an existing medical condition such as diabetes, glaucoma, or other systemic disease that affects the ocular system. In these instances, refraction performed as part of the monitoring and evaluation of the medical condition to determine the progression of the disease is a covered service.

However, if refraction is performed solely for the assessment of visual acuity as part of routine eye care and for the fitting of glasses, it is not a covered service.

**Provider Network Call Initiative**

The Department of Public Welfare (DPW) is continuing its Provider Network Call Initiative. This initiative was created to ensure that consumers are receiving the highest quality of care and that Managed Care Organizations (MCOs) are providing consumers with accurate information, which will enable consumers to make informed decisions regarding their health care benefits. The Physical Health (PH) MCO must ensure that its provider network is adequate and is able to provide its members in the respective HealthChoices (HC) zone with access to quality care through participating professionals, in a timely manner, and without the need to travel excessive distances.

More accurate MCO online provider directories will benefit consumers, providers, MCOs, and DPW. With this initiative DPW can make sure that the MCOs are compliant with the agreements and terms of their contract regarding provider networks and access to timely and quality care.

Each month, DPW randomly selects providers from all of the (HC) MCOs' online directories and calls their office to verify information such as practice name, address, telephone number, panel status, and appointment wait times. All provider office staff should be cooperative in giving the DPW caller the requested information. If office staff is not cooperative, the MCO will receive a report and will be responsible for gathering the information. The MCO will also be required to conduct a Technical Assistance Session for the provider's office.

Your cooperation in providing this information will allow DPW to make informed decisions regarding the MCOs' compliance with the access standards, as described above, and to ensure more accurate online directories.

We thank you in advance for helping with the DPW's initiative to ensure that consumers are receiving the most accurate information and highest level of care.

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**Provider Services:**  
**1-866-918-1595**  
[www.upmchealthplan.com/providers](http://www.upmchealthplan.com/providers)

**ROUTE TO:**

- Physicians
- Clinical Staff
- Office Manager
- Office Staff
- Billing Staff
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## QUALITY CORNER

### Addressing the Obesity Epidemic

Nicholas DeGregorio, MD, FACP, MMM

Obesity is an epidemic problem in the U.S. among all age groups. The National Health and Nutrition Examination Survey (NHANES) 2007-2008 data showed that 34.3% of U.S. adults and 16.9% of children are obese.<sup>1,2</sup> In addition, 33.6% of adults are overweight and 6% are extremely obese. Genetics is a factor in obesity; however, the trend of recent increasing obesity prevalence in each succeeding generation (Table I) suggests that environmental/behavioral factors play a major role. Most agree there are two key factors driving the increase in obesity:

1. Increased availability of food
2. Less physical activity

Table I – Trends in Prevalence of Obesity in the U.S.<sup>1,2</sup>

	Initial & Subsequent NHANES Survey Periods	
	1976–1980	2007–2008
<b>Children</b>		
Ages 2–5	5.0%	10.4%
Ages 6–11	6.5%	19.6%
Ages 12-19	5.0%	18.1%
<b>Adults</b>		
Ages 20-74	15.0%	34.3%

With the obesity epidemic there has been an increase in obesity-related conditions, including type 2 diabetes, hypertension, heart disease, general disability,<sup>3</sup> stroke, certain types of cancer, gallbladder disease, hyperlipidemia, osteoarthritis, gout, pulmonary diseases, and sleep apnea.<sup>4</sup> Obesity contributes to 100,000–400,000 deaths per year in the U.S.,<sup>5</sup> and it increases health care utilization and costs.<sup>6</sup> Adverse effects of overweight and obesity are typically delayed by 10 or more years.<sup>7</sup> Total direct and indirect costs related to obesity and associated conditions are estimated at \$117 billion annually.<sup>8</sup>

Management of obesity begins with screening and prevention. The Body Mass Index (BMI) is a vital sign that screens for overweight and obesity and should be routinely measured in both children and adults. The BMI [defined as the weight in Kg divided by the square of the height in meters – BMI = weight (kg)/height<sup>2</sup>(m<sup>2</sup>)] is used to define overweight and obesity as follows:

- BMI < 18.5: Underweight
- BMI 18.5-25: Normal
- BMI 25-29.9: Overweight
- BMI ≥ 30: Obese<sup>9</sup>
  - o BMI 30-34.9: Grade I Obesity
  - o BMI 35-39.9: Grade II Obesity
  - o BMI > 40: Grade III Morbid Obesity
  - o BMI > 50: Grade IV Super Obesity

Despite the significant health impact of obesity on morbidity, mortality, and cost, physicians often fail to screen (record BMIs), diagnose overweight/obesity, and counsel patients about diet, exercise, and weight loss strategies.<sup>10</sup> As a result, NCCA developed the following quality metric for Adult Body Mass Index screening:

“The percentage of members 18–74 years of age who had an outpatient office visit and had their BMI documented during the measurement year or in the year prior to the measurement year.”<sup>11</sup>

If it is not part of your current office routine, consider a process whereby your medical assistants routinely measure height and weight and calculate the BMI, and then record it along with the usual vital signs before you see the patient. This will prompt you to screen for overweight/obesity and counsel your patients accordingly.

References:

1. Ogden CL and MD Carroll. “Prevalence of Overweight, Obesity, and Extreme Obesity Among Adults: United States, Trends 1960-1962 Through 2007-2008.” Centers for Disease Control (CDC): National Center for Health statistics. June 2010: [http://www.cdc.gov/NCHS/data/hestat/obesity\\_adult\\_07\\_08/obesity\\_adult\\_07\\_08.pdf](http://www.cdc.gov/NCHS/data/hestat/obesity_adult_07_08/obesity_adult_07_08.pdf).
2. Ogden CL and MD Carroll. “Prevalence of Obesity Among Children and Adolescents: United States, Trends 1963-1965 Through 2007-2008.” Centers for Disease Control (CDC): National Center for Health statistics. June 2010: [http://www.cdc.gov/nchs/data/hestat/obesity\\_child\\_07\\_08/obesity\\_child\\_07\\_08.pdf](http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.pdf).
3. Andreyeva T et al. “Moderate and Severe Obesity Have Large Differences in Health Care Costs.” *Obesity Research*. 2004;12(12):1936-1943.
4. World Health Organization. “Obesity: Preventing and Managing the Global Epidemic. Report of a WHO Consultation. World Health Organization Technical Report Series. 2000;894:i-xii:1-253.
5. Blackburn GL and WA Walker. “Science-based Solutions to Obesity: What Are the Roles of Academia, Government, Industry, and Health Care?” *The American Journal of Clinical Nutrition* (American Society of Clinical Nutrition). July 1, 2005;82(1):207-210.
6. Sturm R. “The Effects of Obesity, Smoking, and Drinking on Medical Problems and Costs.” *Health Affairs*. 2002;21(2):245-253.
7. Lew EA. “Mortality and Weight: Insured Lives and the American Cancer Study.” *Annals of Internal Medicine*. 1985;103:1024-1029.
8. National Institutes of Health. “Statistics Related to Overweight and Obesity: Economic Costs Related to Overweight and Obesity.” *Weight Control Information Network*. 2006; <http://win.niddk.nih.gov/statistics>.
9. NIH (National Institutes of Health), Consensus Development Conference Statement, 1991; IFSO International Federation for the Surgery of Obesity, ASBS American Society for Bariatric Surgery. SAGES Society of American Gastrointestinal Endoscopic Surgeons; <http://www.melbourneobesitysurgery.com.au/obesity.html>.
10. Jackson JE et al. “Trends in Professional Advice to Lose Weight Among Obese Adults, 1994-2000.” *Journal of General Internal Medicine*. 2005;20:814-818.
11. National Committee for Quality Assurance. “The State of Health Care Quality: Adult Body Mass Index.” 2010; p32.



## New 1/1/2012 UPMC Health Plan Pharmacy Information

Effective January 1, 2012, UPMC Health Plan will initiate the following changes to medical coverage policies. Please see the chart below. If you have questions, call Provider Services at 1-866-918-1595.

Code	Description	Lines of Business	Benefit Change	Notes
<b>Medications Now Requiring Prior Authorization (PA) When Billed Through the Medical Benefit</b>				
Q2042	Makena (hydroxyprogesterone)	All	This code now requires a prior authorization before UPMC Health Plan will reimburse for this product.	A prior authorization will be required or the claim will be denied. Please 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">http://www.upmchealthplan.com/providers/pa_forms.html</a> .
C9286	Nuloxix (belatacept)			
Q2043	Provenge (sipuleucel-T)			
J0490	Benlysta (belimumab)			
J2507	Krystexxa (pegloticase)			
J2941	Genotropin (somatropin)			
J1562	Vivaglobin (immune globulin)	Medicare (prior authorization already effective for Commercial and Medicaid)		
J7693	Pulmozyme (dornase alfa)			
<b>Oral Oncology Medication Dispensed from Physician Offices</b>				
S0088	Gleevec (imantinib)	All	All Medical claims billed to UPMC Health Plan from physician offices for oral oncology products will be denied. This product must be dispensed from a participating pharmacy.	This code cannot be billed from Provider Offices (Place of Service 11). Please continue to obtain the drug from a UPMC Health Plan network pharmacy. Because some products may not be available at all pharmacies, UPMC Health Plan recommends use of a specialty pharmacy: CuraScript: 1-888-853-5525 Chartwell: 1-800-755-4704 Falk Pharmacy: 412-623-6222 A prior authorization will continue to be required before the specialty pharmacy can process the prescription. Please 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">http://www.upmchealthplan.com/providers/pa_forms.html</a> .
<b>Injectable Products Administered in Physician Offices</b>				
J1950	Lupron Depot 11.25mg, Lupron Depot 3.75mg, Lupron Depot-Ped 11.25mg (leuprolide acetate)	Medicare	These codes can be billed from physician offices.	These codes can be billed from Provider Offices (Place of Service 11). These products can also be obtained from a UPMC Health Plan network pharmacy. Because some products may not be available at all pharmacies, UPMC Health Plan recommends use of a specialty pharmacy: CuraScript: 1-888-853-5525 Chartwell: 1-800-755-4704 Falk Pharmacy: 412-623-6222 A prior authorization form will continue to be required when billed through either the pharmacy or medical benefit for all lines of business.
J9217	Lupron Depot 7.5mg, Lupron Depot 22.5mg, Lupron Depot 4 Month Kit, Lupron Depot-Ped 15mg, Lupron Depot-Ped 7.5mg, Eligard (leuprolide acetate)			
J9218	Leuprolide, Lupron injection (leuprolide acetate)			
J9155	Firmagon (degarelix)			
J3315	Trelstar (triptorelin)			
J9225	Vantas (histrelin acetate)			
J9202	Zoladex (goserelin acetate)			
J2941	Genotropin (somatropin)	All	All Medical claims billed to UPMC Health Plan from physician offices for this product will be denied. This product must be dispensed from a participating pharmacy.	This code cannot be billed from Provider Offices (Place of Service 11). Please continue to obtain the drug from a UPMC Health Plan network pharmacy. Because some products may not be available at all pharmacies, UPMC Health Plan recommends use of a specialty pharmacy: CuraScript: 1-888-853-5525 Chartwell: 1-800-755-4704 Falk Pharmacy: 412-623-6222 A prior authorization will continue to be required before the specialty pharmacy can process the prescription.

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## New 1/1/2012 UPMC Health Plan Pharmacy Information (Continued from page 3)

Effective January 1, 2012, UPMC Health Plan will initiate the following changes to medical coverage policies. Please see the chart below. If you have questions, call Provider Services at 1-866-918-1595.

Code	Description	Lines of Business	Benefit Change	Notes
<b>Hyaluronic Acid Derivative Viscosupplementation Formulary Change</b>				
J7323	Euflexxa (sodium hyaluronate)	Medicare (formulary change already effective for Commercial and Medicaid)	Euflexxa will now be covered.	These codes cannot be billed from Provider Offices (Place of Service 11). Please continue to obtain the drug from a UPMC Health Plan network pharmacy. Because some products may not be available at all pharmacies, UPMC Health Plan recommends use of a specialty pharmacy: CuraScript: 1-888-853-5525 Chartwell: 1-800-755-4704 Falk Pharmacy: 412-623-6222 A prior authorization will continue to be required before the specialty pharmacy can process the prescription. Please 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">http://www.upmchealthplan.com/providers/pa_forms.html</a> .
J7321	Supartz (sodium hyaluronate)		Supartz will no longer be covered. The formulary alternatives available are Synvisc and Euflexxa.	

## 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.

Subject	Reason for Review	UPMC Health Plan Summary
Surgical Management of Chronic Low Back Pain	New Policy Review	<ul style="list-style-type: none"> <li>Effective 1-1-12, this will require prior authorization for the Medicare, Commercial, and CHIP products.</li> </ul>
Surgical Management of Chronic Knee Pain and Chronic Hip Pain	New Policy Review	<ul style="list-style-type: none"> <li>Effective 1-1-12 for all products, policy indications must be met; these services will not require prior authorization.</li> </ul>
HPV Vaccine	Policy Update	<ul style="list-style-type: none"> <li>Quadrivalent vaccine is approved for males and females between ages 9 and 26 for protection against HPV types 11, 12, 16, and 18.</li> <li>Bivalent vaccine is approved for protection against HPV types 16 and 18 for girls between ages 9 and 26. Coverage will include only one type of vaccine and vaccine treatments should not be mixed.</li> </ul>