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Provider Directory

You can search the current MVP Provider Network at www.mvphealthcare.com. Select *Find a Doctor* to search for current primary care professionals and specialists online.

Contacting MVP Professional Relations

MVP Corporate Headquarters	1-888-363-9485
Buffalo and Rochester	1-800-999-3920

Denise V. Gonick
President & CEO

We welcome your comments.

Healthy Practices
MVP Health Care, Inc.
Professional Relations Dept.
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PROFESSIONAL RELATIONS UPDATES

MVP Health Care-Hudson Health Plan Integration

Effective January 1, 2016 the MVP-Hudson Health Plan integration will be complete and all Hudson Health Plan Medicaid and Child Health Plus members will become members of MVP Health Plan. In addition, and as a part of the integration, Hudson providers were mailed an Amendment in April 2015 adding MVP products to their Hudson Health Plan Contract, effective January 1, 2016.

Reminder! ICD-10 is Here!

ICD-10 is in full swing now and we would like to remind you that for all your ICD-10 coding questions please use our new email address, CodingICD10@mvphealthcare.com. You can also directly contact one of our trainers.

- For the East and Vermont region, please contact Shannon Chase at **518-386-7502** or schase@mvphealthcare.com.
- For the West and Central New York region, please contact Mary Ellen Reardon at **585-279-8583** or mreardon@mvphealthcare.com.



Submitting Current MVP Forms

When submitting forms to MVP, please download the most current version available at www.mvphealthcare.com/provider. MVP is in the process of returning all inquiries if old forms are used.

Provider Satisfaction Survey

MVP mailed the Provider Office Satisfaction Survey at the end of September. MVP values our physicians feedback and uses this information to improve on the service we provide to our physicians. We ask that the practice take a few minutes to complete this survey and send it back to MVP. Anyone who sends the survey back should complete the Gift Card Entry Form and return it with the survey. The office will be entered into a drawing to win one of four \$50 VISA gift cards.



Delegated Benefit Administration Partners

Effective January 1, 2016, the following vendor partners will provide delegated benefit administration services for MVP members:

- **Beacon Health Options** will administer behavioral health and substance use disorder treatment services for MVP New York members. (See the *ValueOptions® and Beacon Health Strategies merger article on page 3*).

- **PrimariLink** will administer behavioral health and substance use disorder treatment services for MVP Vermont members.
- **CVS/caremark** will administer Pharmacy Benefit Manager services for all MVP members.
- **eviCore** will administer high tech radiology and radiation therapy services for all MVP members.
- **Healthplex** will administer dental benefit services for MVP Medicaid, MVP Child Health Plus, MVP Essential Plan, MVP Family Dental, and MVP Pediatric Dental plan members.
- **Superior Vision** will administer routine eye care services for MVP Medicaid, MVP Child Health Plus, and MVP Essential Plan members.

Prior Authorization Changes

Effective January 1, 2016, as part of the final integration of medical management for MVP and Hudson Health Plan, we are making prior authorization request processing easier for your office. With the exception of a few additional authorization requirements for Medicaid, the authorization requirements will be consistent across all MVP lines of business. The *UM Policy Guide* has been updated and may be viewed by logging in or registering for an online account at www.mvphealthcare.com/provider and selecting *Reference*. MVP also encourages your office to look at all of the revisions and updates on a regular basis in the *Benefit Interpretation Manual (BIM)* located under the same *Reference* area at www.mvphealthcare.com/provider. The *Current Updates* page of the BIM lists all medical policy updates. If you have questions regarding the medical policies, or wish to obtain a paper copy of a policy, contact your MVP Professional Relations representative.

Provider Demographic Changes

MVP makes every effort to ensure a provider's demographic information is accurate in our systems. If you or your practice have changes in demographic and/or participation status, it is important to promptly notify MVP.

Examples of status changes are:

- No longer accepting patients
- Address, telephone number, or tax ID number changes

To report demographic changes to MVP, please complete a Provider Demographic Change form. The forms can be downloaded by visiting www.mvphealthcare.com and selecting *Providers*, then *Forms*, and then the appropriate form under

Provider Demographic Change Forms. Please fax the completed demographic change form on letterhead to **585-327-5747**, or email your demographic changes to RocProviderChanges@mvphealthcare.com.

For more information, see section 4 of the *Provider Resource Manual*.

MEDICAL POLICY UPDATES

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the September and October meetings. Some of the medical policies may reflect new technology while others clarify existing benefits. *Healthy Practices* and/or *FastFax* will continue to inform your office about new and updated medical policies. MVP encourages your office to look at all of the revisions and updates on a regular basis in the *Benefit Interpretation Manual (BIM)* located on www.mvphealthcare.com. To access the BIM, log in to your account, visit *Online Resources* and select *BIM* under *Policies*. The *Current Updates* page of the *BIM* lists all medical policy updates. If you have questions regarding the medical policies, or wish to obtain a paper copy of a policy, contact your Professional Relations representative.

Medical Policy Updates Effective December 1, 2015

Air Medical Transport: There are no changes to the medical policy criteria.

Artificial Invertebral Discs-Cervical and Lumbar: There are no changes to the medical policy criteria.

Autism Spectrum Disorders New Hampshire: There are no changes to the medical policy criteria.

Bariatric Surgery: There are no changes to the medical policy criteria. Language was expanded to clarify the purpose of medical weight loss programs and pre-surgical multidisciplinary preparatory programs.

Breast Reduction Surgery (Reduction Mastectomy): There are no changes to the medical policy criteria.

Cell-Free Fetal DNA Testing: There are no changes to the medical policy criteria.

Continuous Glucose Monitors: There are no changes to the medical policy criteria.

Endoscopy: There are no changes to the medical policy criteria.

Endovascular Repair of Aortic Aneurysm: There are no changes to the medical policy criteria.

Endovenous Ablation of Varicose Veins: Under the Indications/Criteria section “endovenous radiofrequency ablation and procedure to be performed in one visit for both legs,” “avoid alcohol and high sodium foods,” and “take several short breaks daily to elevate legs above the level of the heart” have been removed.

Imaging Procedures: The medical policy was updated with the following:

- The statement “Coronary artery calcium scoring is considered investigational as part of a cardiac risk assessment in asymptomatic patients” has been removed from the medical policy.
- DaTSCAN (Ioflupanel-23 injection) for diagnosing Parkinson’s Disease, differentiating Parkinson’s Disease from other Parkinsonian syndromes, or differentiating Parkinson’s Disease from essential tremor is considered investigational.
- A Medicare Variation has been added to the medical policy for digital tomosynthesis as follows: Screening digital breast tomosynthesis, bilateral (77063), must be billed in conjunction with G0202. Diagnostic digital breast tomosynthesis, unilateral or bilateral (G0279), list separately in addition to G0204 or G0206.

Laser Treatment of Port Wine Stains: There are no changes to the medical policy criteria.

Low Vision Aids: There are no changes to the medical policy criteria.

Negative Pressure Wound Therapy Pumps: There are no changes to the medical policy criteria.

Personal Care & Consumer Directed Therapies: There are no changes to the medical policy criteria. Additional language was added to each of the indications for clarification. No reimbursement will be given for care provided by a spouse, child, or child in law, but other relatives are permissible. Authorization of personal care services exceeding six months at a time are subject to reauthorization.

Photodynamic Therapy for Malignant and Non-Malignant Indications: **ARCHIVED**
Photodynamic Therapy for Malignant and Non-Malignant Indications medical policy is archived.

Private Duty Nursing: There are no changes to the medical policy criteria.

Prosthetic Devices (Eye and Facial): There are no changes to the medical policy criteria.

Oxygen Therapy for Treatment of Cluster Headaches: There are no changes to the medical policy criteria.

Umbilical Cord Blood Banking: There are no changes to the medical policy criteria.

Policies Reviewed and Approved in 2014, and Recommended for Approval Without Changes in December 2015

- Amniotic Membrane Transplant
- Breast Surgery for Gynecomastia
- Burn Garments & Lymphedema Sleeves
- Bronchial Thermoplasty
- Cosmetic and Reconstructive Surgery
- Dental Care Services Accidental Injury
- Dental Care Services Facility Services
- Durable Medical Equipment
- Early Childhood Disorders VT
- Dental Care Surgery Prophylactic Dental Extractions
- Gene Expression Classifier (Afirma)
- External Breast Prosthesis
- Heart Transplant Rejection Testing
- Home Prothrombin Time Monitoring
- Hospice Care
- Hyaluronic Acid Derivatives
- Hyperbaric Oxygen Therapy (HBO)
- Immunizations/Childhood/Adolescent/Adult
- InterQual Criteria
- Knee Arthroscopy
- Opioid Substitution Therapy
- Oxygen & Oxygen Equipment
- Panniculectomy/Abdominoplasty
- Prophylactic Mastectomy/Oophorectomy
- Repetitive Transcranial Magnetic Stimulation (rTMS)
- Robotic & Computer Assisted Surgery
- Scoliosis Bracing
- Ventricular Reduction Surgery

Billing for Flu and Pneumococcal Vaccines

Currently, MVP identifies a member’s benefit for the Flu and Pneumococcal Vaccine by the provider billing the administration code series along with the ICD-9 diagnosis codes on a claim:

- 90460-90461, 90471-90474, G0008, or G0009
- Influenza-V04.81
- Streptococcus pneumonia-V03.82 or V06.6.

Effective October 1-December 31, 2015, all providers should continue billing the administration codes they are currently using along with the ICD-10 Diagnosis Code:

- 90460-90461, 90471-90474, G0008, or G0009
- Vaccine Administration ICD-10 Code-Z23

Effective January 1, 2016, MVP will require providers to use the G0008 and G0009 when billing for the administration of the Flu and Pneumococcal Vaccine to provide the adequate information needed to process claims properly.

BEHAVIORAL HEALTH UPDATE

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There are several updates that MVP would like to make you aware of with respect to behavioral health benefit administration in 2016.

As you may know, **ValueOptions, Inc.** merged with **Beacon Health Strategies, LLC** at the end of 2014. However ValueOptions, Inc. and Beacon Health Strategies, LLC still exist as two distinct corporate subsidiaries under common corporate ownership.

ValueOptions, Inc., our partner that administers mental health and substance use disorder benefits, is changing its name to **Beacon Health Options, Inc.** at the end of 2015. Beacon Health Options, Inc. will be the same company as ValueOptions, Inc. You may begin to see us referencing the Beacon name and logo in some of our reference documents, and we want to assure you that other than the name change, nothing else will be changing for our Commercial and Medicare members in 2016.



Beacon Health Strategies, LLC, which will also be doing business as Beacon Health Options in 2016, will be our partner that administers behavioral health benefits for our MVP Medicaid, MVP Child Health Plus, and Essential Plan members in 2016.

PHARMACY UPDATES

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Compounds

Effective January 1, 2016, all compounds that contain a bulk powder drug will require prior authorization as bulk powders are not FDA approved drugs. Compounds containing bulk powders will be reviewed to determine if there is medical literature to support the use of the drug in the compounded formulation. The prior authorization for compounds over \$100 will still apply.

TransactRx

Providers can bill Medicare Part D vaccine claims electronically using TransactRx. This service is available at no cost and will provide real time claim processing for in-office administered vaccines. TransactRx will give you the ability to verify the member's eligibility and benefits, provide the member's out-of-pocket expense, and receive reimbursement information in real-time. Reimbursement will be according to the MVP Health Care reimbursement schedule. Part B covered vaccines (e.g. influenza, pneumococcal) cannot be billed through TransactRx. For additional information, please contact TransactRx at **1-800-971-3890** or **www.TransactRx.com**.

Pharmacy Updates Effective October 1, 2015

Arthritis, Inflammatory Biologic Drug Therapy

- Stelara prefilled syringes and Otezla added Enteral Therapy New York
- Glytactin added to list of drugs not requiring prior authorization

Enteral Therapy New Hampshire

- Glytactin added to list of drugs not requiring prior authorization

Enteral Therapy Vermont

- Glytactin added to list of drugs not requiring prior authorization

Gout Treatments

- Generic colchicine added with quantity limit of 60 tablets/capsules per 30 days

Methotrexate Autoinjector

- Rasuvo added and will require prior authorization

Orphan Drug(s) and Biologics

- Sylvant, Vimizim, and Myalpet added, and will require prior authorization

Pain Medications

- Xartemis XR added and will step requirement and quantity limit of 120 tablets per 30 days
- Quantity limit of 60 capsules per 30 days added to Embeda

Transgender

- New policy for Medicaid members using hormonal therapy

Pharmacy Policy Updates Effective November 1, 2015

Antipsychotics (select): Policy archived.

Crohn's Disease & Ulcerative Colitis, Select Agents: Pediatric indication for Crohn's added for Humira.

Idiopathic Pulmonary Fibrosis: NEW Esbriet and Ofev will require prior authorization.

Pradaxa: Creatinine clearance levels based on indication added.

Preventative Services—Medications: Aspirin will be covered for age 12 and older for women at high risk of preeclampsia. Age for fluoride coverage changes to less than six.

Proton Pump Inhibitors: Esomeprazole added to policy.

Quantity Limits for Prescription Drugs:

- Akynzeo added with a quantity limit of two tablets per 30 days.
- Stendra added with a quantity limit of four tablets per 30 days.
- Tamiflu quantity limit updated to 21 capsules per 180 days.
- Auvi-Q added with added with a quantity limit of two pens per 30 days.
- Evzio added with a quantity limit of four injections per 180 days.
- Samsca added with a quantity limit of 60 tablets every 180 days.

Formulary Updates for Commercial, Medicaid, and Marketplace Formularies

New Drugs (recently FDA approved, prior authorization required, Tier 3, non-formulary for MVP Medicaid)

Drug Name	Indication
Tivorbex	Mild to moderate pain
Aptensio XR	ADHD
Stiolto Respimat	COPD
Irenka	MDD, GAD, chronic musculoskeletal pain
Corlanor	CHF
Tuzistra XR	Cough and respiratory allergies
Invega Trinz	Schizophrenia
Rexulti	Schizophrenia/MDD
Orkambi	Cystic Fibrosis
Entresto	CHF
Praluent	Hypercholesterolemia
Natpara	Hypocalcemia
Prestalia	Hypertension

Drugs Added to Formulary (Tier 1 for Commercial/Medicaid and Tier 2 for Marketplace)

- alosetron
- Aspirin-dipyridamole ER
- bexarotene
- Glatopa 20mg
- lamivudine 10 MG/ML
- lidocaine/tetracaine cream
- Linezolid-QL of 56 tablets per 180 days
- Megestrol suspension ES
- Memantine
- naftifine cream 1%
- risedronate 35mg
- Tetrabenazine
- tolcapone

Drugs Removed from Prior Authorization

- | | |
|-----------|----------|
| Keytruda | Orbactiv |
| Rapivab | Reyataz |
| Trulicity | Vitekta |
| Xigduo | Zerbaza |



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