

A NEWSLETTER FOR THE PHYSICIANS HEALTH PLAN NETWORK OF PROVIDERS

# PROVIDER UPDATE

SUMMER 2018



# Medical Record Request for the HHS Risk Adjustment Data Validation Program (HHS-RADV)

The Department of Health and Human Services (HHS) is required to annually validate the accuracy of risk adjustment data submitted by a health insurance company with risk adjustment covered plans in the individual or small group health insurance markets through the validation of medical records. This process is known as the HHS Risk Adjustment Data Validation (HHS-RADV) program.

For this audit, CMS will select a statistically valid sample of enrollees covered by Physicians Health Plan (PHP) during the benefit year 2017. This audit is to verify that diagnosis codes reports to CMS are accurate, properly documented, and coded with accurate levels of specificity.

The 2017 HHS-RADV medical record review process begins in early June 2018 and requires your immediate attention and compliance so that Physicians Health Plan is not penalized for failure to validate medical records pertaining to your patient(s). Compliance with this request is applicable to all providers, whether or not the provider has a contractual agreement with the health insurance company.

In the event your practice is selected for this RADV audit, PHP will request and collect the needed medical records and signature attestations. Please send all medical records requested directly to PHP using one of the following methods:

## EMAIL

[providerservices@phpni.com](mailto:providerservices@phpni.com)

## USPS

Physicians Health Plan  
ATTN: QUALITY DEPT  
8101 W. Jefferson Blvd.  
Fort Wayne, IN 46804

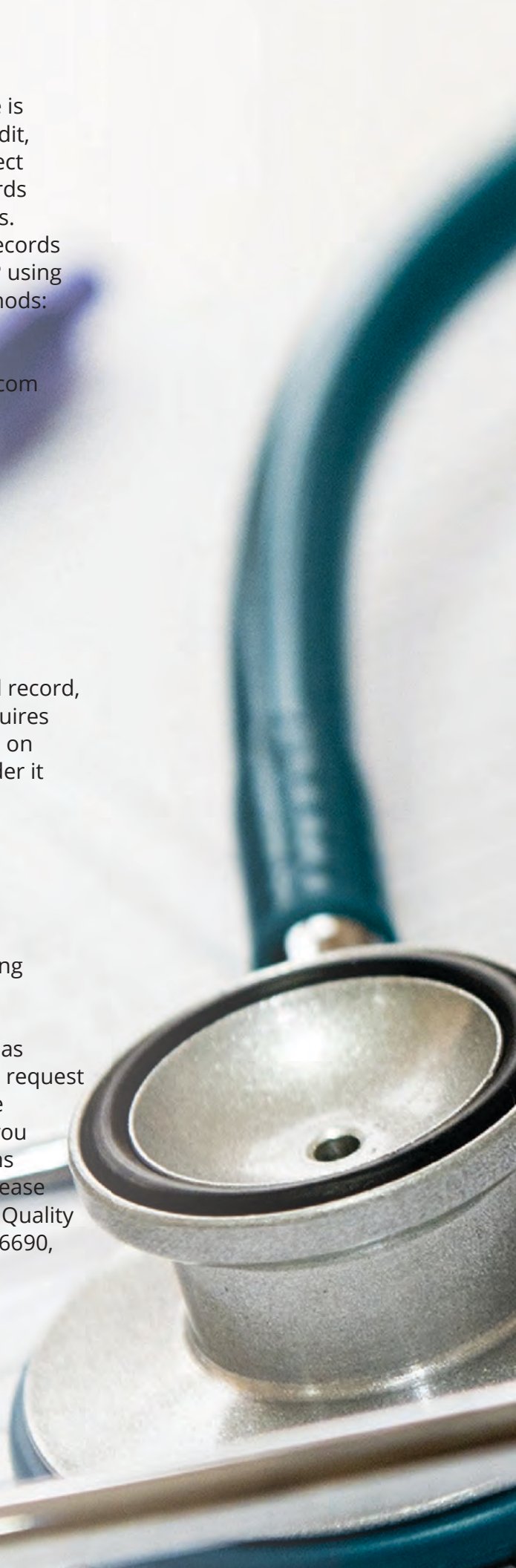
## FAX

(260) 969-2421

When submitting medical record, please note that CMS requires the following information on medical records to consider it valid:

- Last Name
- First Name
- Date of Birth
- Gender
- Signed by the attending practitioner

We ask that you respond as quickly as possible to this request and thank you in advance for your cooperation. If you should have any questions regarding this process, please feel free to contact PHP's Quality Department at (260) 432-6690, ext. 355 or 379.



# Provider CAHPS Results 2017

Annually PHP participates in the 5.0 Adult CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey to measure member satisfaction and access to care for members. The survey is carried out by SPH Analytics using both written and telephone contacts and aggregate results of member responses are given to PHP. The CAHPS survey aims to measure a member's experience and expectations within the last 12 months in 13 different categories. In this report, PHP rates for 2017 are compared to 2016 PHP rates, the Public Report (when available), as well as the SPH Analytics Commercial Book of Business benchmarks.

As a provider of services to PHP members, you play a vital role in the positive (or negative) experience our members report via this survey. PHP is committed to improving our members' experience and taking vital steps in order to accomplish this improvement, however PHP needs to lean on our partnership with our providers in order to affect all aspects of a members' experience with PHP.

## HOW WELL DOCTORS COMMUNICATE



## RAITING OF SPECIALIST



## SHARED DECISION MAKING



## GETTING CARE QUICKLY



## GETTING NEEDED CARE



## ADVISING SMOKERS & TOBACCO USERS TO QUIT



## DISCUSSING CESSATION MEDICATIONS



2017 PHP  
 2016 PHP  
 2017 SPH Analytics Book of Business  
 2016 Public Report

## QUESTIONS ASKED

### How Well Doctors Communicate

- Doctor explained things in an understandable way
- Doctor listened carefully to you
- Doctor showed respect for what you had to say
- Doctor spent enough time with you

### Shared Decision Making

- Doctor/health provider talked about reasons you might want to take a medicine
- Doctor/health provider talked about reasons you might not want to take a medicine
- Doctor/health provider asked you what you thought was best when starting or stopping a prescription medicine

### Getting Care Quickly

- Got care as soon as needed when care was needed right away
- Got check-up routine care appointment as soon as needed

### Getting Needed Care Questions Asked

- Got care as soon as needed when care was needed right away
- Got check-up routine care appointment as soon as needed

PHP encourages each provider to analyze and evaluate member responses where success is achieved as well as opportunities for improvement within their own practice. By addressing the successes as well as opportunities for improvement will help PHP members and your patients have a positive experiences that meet their medical needs and ensure their satisfaction with the quality of services you provide.



# DRUGS THAT REQUIRE PRIOR AUTHORIZATION

PHP reviews and updates this list annually. If you have questions, please contact PHP Customer Services at (260) 462-6690, ext. 11; 1-800-982-6257, ext 11; or by email at [custsvc@phpni.com](mailto:custsvc@phpni.com). Please refer to your **Summary of Benefits** for complete coverage and copay information. Please note, drugs listed below that have an asterisk (\*) are not considered speciality drugs.

Learn more at [phpni.com](http://phpni.com)  
List updated April 1, 2018.



| Specialty Brand Name | Generic Name Drug        | Therapy (sort)           | SA/OA | Auth    | Comments                                     |
|----------------------|--------------------------|--------------------------|-------|---------|--|
| ACTEMRA              | tocilizumab              | RA                       | OA    | MM      |  |
| ACTHAR HP GEL        | cordicotropin            | MS                       | SA/OA | RX/NA   | Avonex, Copaxone, Rebiff, Extavia first line |
| AMPYRA (oral)        | dalfampridine            | MS                       | SA    | RX      | Avonex, Copaxone, Rebiff, Extavia first line |
| ARANESP              | darbepoetin alfa         | Hematopoietics           | SA/OA | RX/NA   |  |
| ARIXTRA              | fondaparinux             | Hematopoietics           | SA/OA | RX/NA   |  |
| ARZERRA*             | ofatumumab               | CLL                      | OA    | MM      |  |
| AUBAGIO (oral)       | teriflunomide            | MS                       | SA    | RX      | Avonex, Copaxone, Rebiff, Extavia first line |
| AVONEX               | Interferon beta 1a       | MS                       | SA    | RX      |  |
| BENLYSTA (subQ)      | belimumab                | SLE, Lupus               | SA    | RX      |  |
| BETASERON            | Interferon beta 1b       | MS                       | SA    | RX      | Avonex, Copaxone, Rebiff, Extavia first line |
| BONIVA (INJ)*        | ibandronate              | Osteoporosis             | OA    | MM      | orals first line                             |
| BOTOX*               | onabotulinumtoxinA       | Migraine, Blepharospasm  | OA    | MM      |  |
| BRINEURA*            | cerliponase alfa         | Infantile lipofuscinosis | OA    | MM      |  |
| BUPHENYL (oral)      | sodium phenylbutyrate    | Urea Cycle Disorder      | SA    | RX      |  |
| CIMZIA               | certolizumab pegol       | RA, Crohn's              | SA/OA | RX/MM   | Enbrel, Humira first line                    |
| CINQAIR              | reslizumab               | Asthma                   | OA    | MM      |  |
| COPAXONE             | glatiramer acetate       | MS                       | SA    | RX      |  |
| COPEGUS (oral)       | ribavirin tablets        | Hepatitis C              | SA    | RX      |  |
| COSENTYX PEN         | secukinumab              | Psoriasis                | SA    | RX      |  |
| DAKLINZA (oral)      | daclatasvir              | Hepatitis C              | SA    | RX      | Genotype 3 with Sovaldi 12 weeks             |
| DUPIXENT             | dupilumab                | Atopic Dermatitis        | SA    | RX      | Protopic first                               |
| ENBREL               | etanercept               | RA, Psoriasis            | SA    | RX      |  |
| ENTYVIO              | vedolizumab              | Crohn's, Ulcerative Col  | OA    | MM      | Remicade first line                          |
| EPCLUSA (oral)       | sofosbuvir/velpatasvir   | Hepatitis C              | SA    | RX      | Genotypes 1-6, 12 weeks                      |
| EPOGEN               | epoetin alfa             | Hematopoietics           | SA/OA | RX/NA   | Procrit Preferred                            |
| ESBRIET (oral)       | pirfenidone              | Idiopath Pulm Fibrosis   | SA    | RX      |  |
| EXTAVIA              | Interferon beta 1beta    | MS                       | SA    | RX      |  |
| FABRAZYME*           | agalsidase beta          | Fabry dz                 | OA    | MM      |  |
| FASENRA              | benralizumab             | Asthma                   | SA    | RX      |  |
| FORTEO               | teriparatide             | Osteoporosis             | SA    | RX      |  |
| FRAGMIN              | dalteparin               | Hematopoietics           | SA/OA | RX/NA   |  |
| GATTEX               | teduglutide              | Short Bowel Syndrome     | SA    | RX      | Must be on TPN for one year                  |
| GENOTROPIN           | growth hormone           | GH deficiency            | SA    | Accredo |  |
| GEREF DIAGNOSTIC     | growth hormone           | GH deficiency            | SA    | Accredo |  |
| GILENYA              | fingolimod               | MS                       | SA    | RX      | Avonex, Copaxone, Rebiff, Extavia first line |
| GRANIX               | tbo-filgrastim           | Hematopoietics           | SA    | RX      | Similar to Neupogen                          |
| HARVONI (oral)       | sofosbuvir/ledipasvir    | Hepatitis C              | SA    | RX      | Co-preferred with Viekira Pak, Genotype 1&4  |
| HUMATROPE            | growth hormone           | GH deficiency            | SA    | Accredo |  |
| HUMIRA               | adalimumab               | RA, Crohn's              | SA    | RX      |  |
| INCIVEK (oral)       | telaprevir               | Hepatitis C              | SA    | RX      |  |
| INCRELEX             | growth factor            | GH deficiency            | SA    | Accredo |  |
| INFERGEN             | interferon alfacon-1     | Hepatitis C              | SA    | RX      |  |
| INFLECTRA            | infliximab-dyyb          | RA, Crohn's              | OA    | MM      | Remicade and Simponi Aria first line         |
| INTRON-A             | interferon alfa-2b       | Hepatitis C              | SA    | RX      |  |
| IPRIVASK             | desirudin                | Hematopoietics           | SA    | RX      |  |
| IVIG*                | IV Immunoglobulins (ALL) | Immunodeficiency         | OA    | MM      |  |
| JUXTAPID (oral)      | lomitapide               | Cholesterol              | SA    | RX      | ST, Oral Statins first line                  |
| KEVEYIS              | dichlorphenamide         | Periodic Paralysis       | SA    | RX      |  |
| KEVZARA              | sarilumab                | RA                       | SA    | RX      | Enbrel, Humira first line                    |
| KINERET              | anakinra                 | RA                       | SA    | RX      | Enbrel, Humira first line                    |
| KUVAN* (oral)        | sapropterin              | PKU                      | SA    | RX      |  |
| KYNAMRO (oral)       | mipomersen               | Cholesterol              | SA    | RX      | ST, Oral Statins first line                  |
| LEMTRADA             | alemtuzumab              | MS                       | OA    | MM      |  |
| LEUKINE              | sargramostim             | Hematopoietics           | SA/OA | RX/NA   |  |
| LOVENOX              | enoxaparin               | Hematopoietics           | SA/OA | RX/NA   |  |

**KEY:** SA=Self Administered; OA=Office Administered; RX=Pharmacy Dept. Auth.; MM=Med. Mgmt. Auth.

**Yellow Highlight = Accredo Exclusive Product**



| Specialty Brand Name Drug | Generic Name                        | Therapy (sort)              | SA/OA  | Auth    | Comments  |
|---------------------------|-------------------------------------|-----------------------------|--------|---------|---|
| MAVYRET (oral)            | glecaprevir/pibrentasvir            | Hepatitis C                 | SA     | RX      | All Genotypes, 8-12 weeks                             |
| MOZOBIL                   | plerixafor                          | Hematopoietics              | SA/OA  | RX/MM   | Autologous HSC transplants                            |
| NEULASTA                  | pegfilgrastim                       | Hematopoietics              | SA/OA  | RX/MM   |   |
| NEUPOGEN                  | filgrastim                          | Hematopoietics              | SA/OA  | RX/NA   |   |
| NORDITROPIN               | growth hormone                      | GH deficiency               | SA     | Accredo |   |
| NOVANTRONE                | mitoxantrone                        | MS                          | OA     | NA      | Avonex, Copaxone, Rebiff, Extavia first line          |
| NPLATE                    | romiplostim                         | Hematopoietics              | SA/OA  | RX/MM   |   |
| NUCALA                    | mepolizumab                         | Asthma                      | OA/RX  | MM/RX   |   |
| NUTROPIN, AQ              | growth hormone                      | GH deficiency               | SA     | Accredo |   |
| OCREVUS (IV)              | ocrelizumab                         | MS                          | OA     | MM      | Primary Progressive MS                                |
| OFEV (oral)               | nintedanib                          | Idiopath Pulm Fibrosis      | SA     | RX      |   |
| OLYSIO (oral)             | simeprevir                          | Hepatitis C                 | SA     | RX      | Genotype 1 ONLY                                       |
| OMNITROPE                 | growth hormone                      | GH deficiency               | SA     | Accredo |   |
| ORENCIA                   | abatacept                           | RA                          | OA     | MM      |   |
| OTEZLA (oral)             | apremilast                          | Psoriatic Arthritis         | SA     | RX      | methotrexate first line                               |
| PEGASYS                   | peginterferon alfa-2a               | Hepatitis C                 | SA     | RX      |   |
| PEG-INTRON                | peginterferon alfa-2b               | Hepatitis C                 | SA     | RX      |   |
| PLEGRIDY                  | peginterferon beta-1a               | MS                          | SA     | RX      | Avonex, Copaxone, Rebiff, Extavia first line          |
| PRALUENT                  | alirocumab                          | Cholesterol                 | SA     | RX      | ST, Oral Statins first line                           |
| PROCRIT                   | epoetin alfa                        | Hematopoietics              | SA/OA  | RX/NA   |   |
| PROLIA*                   | denosumab                           | Osteoporosis                | OA     | MM      | orals first line                                      |
| PROMACTA (oral)           | eltrombopag olamine                 | Hematopoietics              | SA     | RX      |   |
| PROTROPIN                 | growth hormone                      | GH deficiency               | SA     | Accredo |   |
| REBETOL (oral, generics)  | ribavirin tablets                   | Hepatitis C                 | SA     | RX      |   |
| REBIF                     | Interferon beta 1alpha              | MS                          | SA     | RX      |   |
| REMICADE                  | infliximab                          | RA, Crohn's                 | OA     | MM      |   |
| RENFLEXIS                 | infliximab-abda                     | Crohn's, Ulcerative Col     | OA     | MM      | Remicade and Simponi Aria first line                  |
| REPATHA                   | evolocumab                          | Cholesterol                 | SA     | RX      | ST, Oral Statins first line                           |
| RITUXAN                   | rituximab                           | RA                          | OA     | MM      |   |
| ROFERON-A                 | interferon alfa-2a                  | Hepatitis C                 | SA     | RX      |   |
| SAIZEN                    | growth hormone                      | GH deficiency               | SA     | Accredo |   |
| SANDOSTATIN               | octreotide                          | Acromegaly                  | SA/OA  | RX/MM   |   |
| SEROSTIM                  | growth hormone                      | GH deficiency/HIV           | SA     | Accredo |   |
| SIGNIFOR LAR              | pasireotide                         | Acromegaly                  | OA     | MM      |   |
| SILIQ                     | brodalumab                          | Psoriasis                   | SA     | RX      | Enbrel, Humira first line                             |
| SIMPONI, ARIA             | golimumab                           | RA                          | SA, OA | RX, MM  | Enbrel, Humira first line for sub Q                   |
| SOLIRIS VIALS             | eculizumab                          | PNH (hemoglobinuria)        | OA     | MM      | IM  |
| SOMATULINE                | lanreotide acetate                  | Acromegaly                  | OA     | NA      |   |
| SOVALDI (oral)            | sofosbuvir                          | Hepatitis C                 | SA     | RX      | All Genotypes   |
| SPINRAZA*                 | nusinersen                          | Spinal Muscular Atrophy     | OA     | MM      |   |
| STELARA                   | ustekinumab                         | Psoriasis                   | OA     | RX      | Cosentyx Failure                                      |
| SYNAGIS*                  | palivizumab                         | RSV                         | OA     | Accredo |   |
| TECFIDERA (oral)          | dimethyl fumerate                   | MS                          | SA     | RX      | Avonex, Copaxone, Rebiff, Extavia first line          |
| TECHNIVIE (oral)          | ombitasvir/paritaprevir/ritonavir   | Hepatitis C                 | SA     | RX      | Genotype 4 with Ribavirin for 12 weeks                |
| TEV-TROPIN                | growth hormone                      | GH deficiency               | SA     | Accredo |   |
| TREMFYA                   | guselkumab                          | Psoriasis                   | SA     | RX      | Cosentyx Failure                                      |
| TYMLOS                    | abaloparatide                       | Osteoporosis                | SA     | RX      |   |
| TYSABRI                   | natalizumab                         | MS                          | OA     | MM      | Avonex, Copaxone, Rebiff, Extavia first line          |
| VEMLIDY (oral)            | tenofovir alafenamide               | Hepatitis B                 | SA     | RX      |   |
| VICTRELIS (oral)          | boceprevir                          | Hepatitis C                 | SA     | RX      |   |
| VIEKIRA PAK (oral)        | ombitasvir/paritaprevir/ritonavir   | Hepatitis C                 | SA     | RX      | Co-preferred with Harvoni/Genotype 1Mavyret first lin |
| VOSEVI                    | sofosbuvir/velpatasvir/voxilaprevir | Hepatitis C                 | SA     | RX      |   |
| XELJANZ, XR (oral)        | tofacitinib                         | RA                          | SA     | RX      | Enbrel, Humira first line                             |
| XOLAIR                    | omalizumab                          | Asthma                      | OA     | Accredo |   |
| XGEVA*                    | denosumab                           | Bone Mets, Multiple Myeloma | OA     | MM      |   |
| XYREM (oral)              | sodium oxybate                      | Narcolepsy                  | SA     | RX      |   |
| YERVOY*                   | ipilimumab                          | Melanoma                    | OA     | MM      |   |
| ZARXIO                    | filgrastim                          | Hematopoietics              | SA/OA  | RX/NA   | Neupogen biosimilar                                   |
| ZORBTIVE                  | growth hormone                      | GH def/Short Bowel          | SA     | Accredo |   |

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## 3D Mammography

PHP will cover 3D mammogram for dates of service beginning June 1, 2018. This includes codes 77061-77063 and G0279. Provided to the right are a few coding tips on billing these services.

Should you have any questions, please contact PHP's Customer Service team at (260) 432-6690, ext. 11 or (800) 982-6257, ext. 11, or online at phpni.com

| CODE  | DESCRIPTION   | CODING TIP  |
|-------|---|---|
| 77061 | Digital breast tomosynthesis; unilateral  | Do not report 77061 in conjunction with 76376, 76377, or 77067  |
| 77062 | Digital breast tomosynthesis; bilateral   | Do not report 77062 in conjunction with 76376, 76377, or 77067  |
| 77063 | Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) | This is an add-on code. Use 77063 in conjunction with 77067. Do not report 77063 in conjunction with 76376, 76377, 77065 and 77066. |
| G0279 | Diagnostic digital breast tomosynthesis, unilateral or bilateral  | List separately in addition to 77065- 77067   |

## Modifiers for Rehabilitation and Habilitative Therapy

PHP identified that effective December 31, 2017, the modifier SZ – Habilitative Plan of Care was terminated and is no longer a valid modifier. Effective January 1, 2018, two new modifiers were added, 96 Habilitative Services and 97 Rehabilitative Services. In order to ensure proper claim payment PHP requires all outpatient therapy services to be billed the appropriate modifier. Below is a description of when such modifiers would be used. In addition to the 96 and 97, you will want to include any other appropriate therapy modifiers such as but not limited to GO, GN, GP.

### 96 – Habilitative Services

Habilitative services are those that help You keep, learn or

improve skills and functions of daily living. Examples would include therapy for children who are not walking or talking at the expected age. It would also include occupational, speech-language pathology and other services for people in a variety of inpatient and/or outpatient settings.

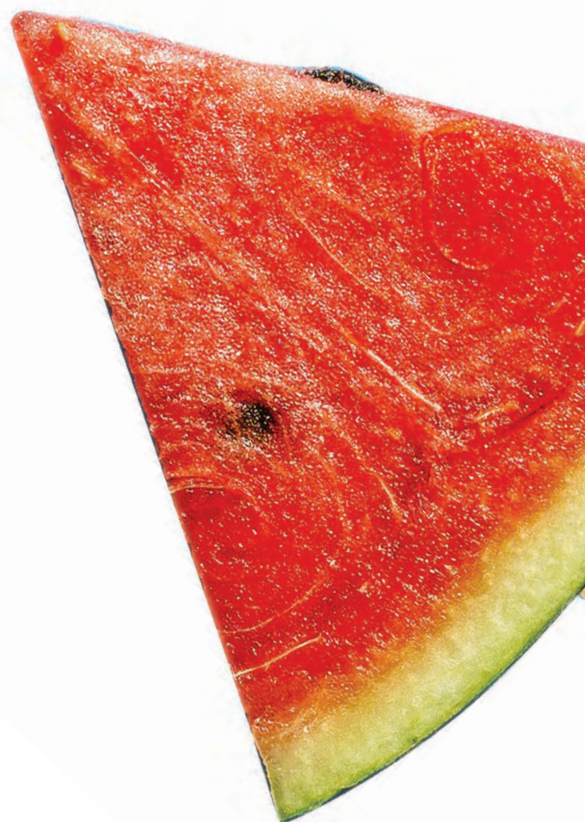
### 97 – Rehabilitative Services

Health care services that help You restore skills and functions for daily living that you once had, but lost because of illness or injury. An example would be physical, occupational therapy, speech-language pathology or other rehabilitation services in a variety of inpatient and/or outpatient settings.

Due to this late change PHP will not adjust/recall any claims previously processed and paid using the modifier SZ. Effective May 1, 2018, PHP will no longer accept claims billed with the modifier SZ.

Please be advised that claims received without the

appropriate modifier will be denied and corrected claim will need to be submitted for any services May 1, 2018 and after. If you should have questions regarding this change, please contact our Customer Service Department at (260) 432-6690, ext. 11 or (800) 982-6257, ext. 11.







## PHPNI Calendar

PHP will be closed on the following days. For your convenience, our Medical Management Department does have 24-hour voicemail that can be utilized for precert and admission information.

|                  |   |
|------------------|---|
| Independence Day | Wed. Jul. 4, 2018                           |
| Labor Day        | Mon. Sep. 3, 2018                           |
| Training Day     | Mon. Oct. 08, 2018                          |
| Tanksgiving      | Thur. Nov. 22, 2018<br>& Fri. Nov. 23, 2018 |
| Christmas        | Mon. Dec. 24, 2018<br>& Tue. Dec. 24, 2018  |

## Lab Tests and the QW Modifier

Laboratory testing to measure a patient's glucose can be performed in numerous ways – quantitative, qualitative, via an assay, a culture or even a test kits that changes color.

Tet that can be performed via test kit do not require a lab tech's clinical skill. These tests can be performed in the office and are on the CLIA waived listing. In these situations it would be appropriate to append the QW modifier to the CPT code. The QW modifier states that the test performed are simple laboratory examination and procedure that have an insignificant risk of erroneous results.



## We Love Hearing from You

PHP strives to keep providers up-to-date on industry changes and regulations. We'd also like to be a resource in addressing your medical practice business needs and concerns. Please send suggestions for potential future articles to: [providerservices@phpni.com](mailto:providerservices@phpni.com), or call (260) 432-6690, ext. 11.



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