

PROVIDER BULLETIN

April 5, 2006

AUTHORIZATION PROCEDURE CHANGE FOR POSTPARTUM HOME HEALTH

The Alliance does not currently require that authorization be obtained for the first three home health visits to a mother and newborn during the postpartum period. In an effort to cover services that are medically indicated and that meet criteria for coverage, authorization for postpartum home health care services will be required effective April 1, 2006. The Alliance considers home health nursing care medically necessary when:

- The care is needed for the active treatment of a condition, illness, disease, or injury to avoid placing the member at risk for serious medical complications; *and*
- The member is homebound because of illness or injury (i.e., the member leaves home only with considerable and taxing effort and absences from home are infrequent, or of short duration, or to receive medical care).

Please submit requests for authorization by fax to the Utilization Management unit (UM) at 510-747-4507. Requests should include clinical information that will assist UM in determining if a member's medical condition meets the criteria for coverage.

The Alliance's Provider Manual has been updated to reflect this policy change for postpartum home health. Please refer to Section 6, "Obtaining Authorization for Services – Utilization Management." The Provider Manual is available for viewing online at www.alamedaalliance.org. UM is available to answer questions at 510-747-4540.

Patients who do not satisfy the authorization criteria above have another option available to them. We encourage providers and discharge planners to use the services offered by the Alameda County Public Health Nursing Program (PHN). PHN can be reached at 1-888-604-4636.

INTRODUCING OUR NEW UTILIZATION MANAGEMENT COMMITTEE

The Alliance believes that patient safety and quality, cost effective care are closely tied to utilization management. In recognizing our continuous need to improve, the Alliance has created a new Utilization Management Committee that will meet quarterly to improve our services as a health plan. The UM Committee is comprised of providers and staff to monitor and oversee the utilization management process and development. The committee's activities will include the following:

- Working to streamline UM processes and critically evaluate when utilization management is necessary and appropriate for both quality and efficiency.
- Looking into case management systems to track outcomes of certain medical interventions and facilitate optimal utilization at various decision points in clinical pathways.
- Developing new policies as needed to ensure that the right services are provided.
- Obtaining second opinions to ensure the most appropriate treatment is provided.

The Alliance will report on the Utilization Management Committee activities quarterly. We welcome your feedback and comments by calling Provider Services at 510-747-4510.

APRIL IS AUTISM AWARENESS MONTH

Submitted by Barbara L. Garcia, Alameda County Developmental Disabilities Coordinator - www.acphd.org

Autism Spectrum Disorder (ASD) is a complex developmental disability that typically appears during the first three years of life. Children and adults with autism typically have serious difficulties in verbal and non-verbal communication, social interactions, self-care, and leisure or play activities, and often require individualized and intensive support. Autism has become a worldwide public health epidemic. The Center for Disease Control reports that one out of every 166 births in the United States results in a child with autism.

The following information provides a state and local perspective: In 1993, there were 4,911 children and adults with ASD in our state; today there are 29,424 (cases between 0-2 years of age are not included). From 1994-2002, the number of persons with an ASD increased by 253%. In 2004, there were 1,722 students with ASD in Alameda and Contra Costa Counties combined, compared to 987 in 2001 (Department of Education). **There are nine new cases of autism reported every day, seven days a week, in the State of California.** (Department of Developmental Services).

An extensive study completed by the Department of Developmental Services for California in 2003 found that the increase in autism cannot be explained by a shift in interpretation of diagnostic criteria or by immigration into California (DDS Autistic Spectrum Disorders – Changes in the California Caseload Report 2003), and the overall health of California citizens. Eighty-four percent of people diagnosed with autism in California are under the age of 22 (DDS Autistic Spectrum Disorders – Client Characteristics December 2005). The specialized intensive services required to serve people with autism are much more costly than other developmental disabilities. The average cost to serve an adult with autism in the community is \$34,000 per year compared to \$17,000 for adults with other disabilities.

The good news is that research on autism continues to grow every year. The most important fact we have learned is that **early and appropriate intervention can be the key to greater independence, increased participation in the wider community, and ultimately, a more productive and fulfilling life for an autistic adult.** Without thorough screening and early identification, children may not receive the early and intensive interventions they need. Identification is essential for intervention. Furthermore, the cost of lifelong care can be reduced with early diagnosis and intervention. (London School of Economics – 2001). For more information on ASD, go to: <http://www.cdc.gov/ncbddd/autism/actearly/>.



FORMULARY UPDATES

Alameda Alliance for Health Pharmacy Services Unit: (510) 747-4541

Alameda Alliance for Health Pharmacy & Therapeutics Committee Decisions - March 14, 2006

The Alliance Pharmacy & Therapeutics Committee reviewed the efficacy, safety, cost, and utilization profiles of the following therapeutic categories at their March 14, 2006 meeting:

- Osteoporosis
- Parkinson's
- Alzheimer's
- Gastro-intestinal agents
- Women's Health



The Pharmacy & Therapeutics Committee has approved the following modifications:

Effective Dates	Generic Name	Brand Name †	Strength	Dosage Form	COMMITTEE ACTIONS	COMMENTS
04/01/06	Alendronate - Cholecalciferol	Fosamax+D	70-2800 mg- unit	Tablet	Formulary	Fosamax 70mg currently formulary & similar pricing
04/01/06	Ibandronate	Boniva	150 mg	Tablet	Formulary	Similar pricing with other current formulary bisphosphonates
04/01/06	Risedronate	Actonel + Ca	30 mg	Tablet	Formulary	Actonel currently formulary
04/01/06	Calcium & Phos w/Vit D	Dical-D and Calvite P&D	105 mg-81 mg-120 units	Tablet	Formulary	
04/01/06	Pramipexole	Mirapex	All	Tablet	Move from PA to Code-1 for Parkinson's	Pricing similar to Requip
04/01/06	Ropinirole	Requip	All	Tablet	Move from formulary to Code-1 for Parkinson's Place Qty.limit = #3/day Will Grandfather	New indication for RLS (Restless Leg Syndrome)
04/01/06	Bromocriptine	Parlodel	All	Tablet	Move from PA to Code-1 for Parkinson's Will Grandfather	Has multiple indications. Will revisit other Dx. next P&T meeting
04/01/06	Donepezil	Aricept	All	Tablet & ODT	Move from Code-1 to PA Will Grandfather	Promote MMSE score guideline compliance
04/01/06	Mentamine	Namenda	All	All	Move from Code-1 to PA Will Grandfather	Promote MMSE score guideline compliance
04/01/06	Olsalazine	Dipentum	250 mg	Capsule	Move from formulary to PA No Grandfathering	Sulfasalazine more cost effective than Olsalazine No Utilization for 6 months
04/01/06	Amylase- lipase-protease	Several (eg. Lipram, Pancrease)	All	Capsules	Move from formulary to PA No Grandfathering	Restrict usage to exocrine pancreatic enzyme deficiency
04/01/06	Camphorated opium tincture	Paregoric Tinc.	2 mg/ml	Solution	Move from formulary to PA	Low utilization. Several alternatives on formulary

04/01/06	Hydrocortisone	Anusol-HC suppository	25 mg	Rectal suppository	Move from PA to formulary Qty.limit = #24/30day	
04/01/06	Hydrocortisone	Anusol-HC cream 2.5%	2.5%	Rectal cream	Maintain formulary. Place Qty.limit = #1 tube/ Fill	
04/01/06	Hydrocortisone w/ pramoxine	Proctofoam Aer HC 1%	1%	Rectal foam	Move from formulary to PA	Alternative first-line agents available
04/01/06	Hydrocortisone w/ pramoxine	Analpram HC lipocream	2.5-1%	Rectal cream	Move from formulary to PA No Grandfathering	Alternative first-line agents available
04/01/06	All oral birth controls	Several	All	Oral	Add Qty.limit = 1 pack/ 28 day	
04/01/06	Norethindrone-ethinyl estradiol	Loestrin 21	1.5-30 mcg	Oral	Move from PA to formulary	Pricing similar with other agents
07/01/06	Norelgestromin-ethinyl estradiol	Ortho Evra Patch	150-20 mcg/ 24 hr.	Transdermal Patch	Move to PA No grandfathering Letters to Providers & Members	Incentive to screen for smokers and age>35 yrs in response to FDA warning
04/01/06	Norethindrone	Aygestin	5 mg	Tablet	Move from formulary to PA No grandfathering	Other preferred progestins available
04/01/06	Terconazole	Terazol-7 Cream	0.4%	Vaginal cream	Move from formulary to PA No grandfathering	Miconazole, clotrimazole and butoconazole formulary
04/01/06	Terconazole	Terazol-3 Cream	0.8%	Vaginal cream	Move from formulary to PA No grandfathering	Miconazole, clotrimazole and butoconazole formulary
04/01/06	Terconazole	Terazol-3 Suppository	80mg	Vaginal Suppository	Move from formulary to PA No grandfathering	Miconazole, clotrimazole and butoconazole formulary
04/01/06	Fluticasone-salmeterol	Advair Diskus	All	Oral Inhaler	Move from formulary to PA with step Tx for beta agonist and/or steroid inhaler Will grandfather	

MEDICARE RATE CHANGE AND CLAIMS REMEDIATION

On February 8, 2006, President George Bush signed the Deficit Reduction Act of 2005 (DRA) that rescinds the 4.4% decrease in the 2006 Medicare conversion factor. The Alliance has corrected the reimbursement rate and will automatically reprocess claims that were paid at the lower rate. We anticipate to have all claims reprocessed before July 2006.

For more information about Deficit Reduction Act of 2005, please go to:
<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1779>.

CLAIMS MODIFIERS

We are frequently asked when a modifier should be used in claims submissions. Modifiers indicate that a service or procedure that has been performed has been altered by some specific circumstance, but not changed in its code or definition. CPT codes use two-digit numeric modifiers and HCPCS use two alpha character modifiers.

The following modifiers are often inappropriately used and affect timely payment processing:

- **26 Professional Component** - Certain procedures are a combination of a technical and a physician or professional component. When a physician or professional component is to be reported separately, the service is identified by modifier "-26."
- **TC Technical Component** - Use of equipment and the operator who performs the test. If the physician owns the equipment and also reads the results, there is no need to modify the code.
- **50 Bilateral Procedure** - Bilateral surgeries are procedures on both sides of the body during the same operative session or on the same day. If a procedure is identified by the terminology as bilateral as in codes 27395 and 59290, physicians do not report the procedure with modifier "-50."
- **51 Multiple Procedures** - Multiple surgeries are separate procedures performed by a single physician or physicians in the same group. Multiple surgeries are distinguished from procedures that are components of or incidental to a primary procedure. These intra-operative services, incidental surgeries, or components of major surgeries are not separately billable.
 - Use "-51" when multiple procedures are performed on the same day or during the same session by the same physician.
 - Report the more major surgical procedure without the multiple procedures modifier "-51."
 - Report additional surgical procedures performed by the surgeon on the same day with modifier "-51."
 - Do not use this modifier with the following codes: E/M services, Add-on codes (+), and Codes exempt to modifier "-51."
- **80 Assistant Surgeon**
 - Surgical assistant services may be identified by adding modifier "-80" to the usual procedure number(s).
 - Not all surgical procedures require an Assistant Surgeon.

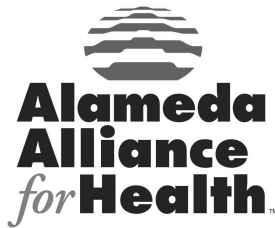
PEDIATRIC WEIGHT MANAGEMENT AT CHO GRAND ROUNDS

Dr. Scott Gee of Kaiser Permanente will discuss tools and techniques for medical providers to use with families of overweight children at Children's Hospital Grand Rounds on June 6, 2006, at 8:00 a.m. His presentation entitled "Effective Communications with Families: Techniques to Work with Families on Weight Issues," will cover important messages and effective communication methods.

Key learning objectives are to:

- ✓ Describe three key messages when working with families
- ✓ Demonstrate how to give brief, focused advice
- ✓ Discuss the steps of brief negotiation

☞ PHONE NUMBERS ☞



**1240 South Loop Road
Alameda, California 94502**

Email: providerservices@alamedaalliance.org

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AT
WWW.ALAMEDAALLIANCE.ORG

NOW PROVIDERS CAN:

- ▶ Verify member eligibility
- ▶ Check authorization status/claim status
- ▶ View an online provider manual

To use the online Provider Connection, first obtain a provider account.

Log on to www.alamedaalliance.org and click on "**Provider Connection.**"

Follow the online instructions on how to set up an account.

If you have problems accessing the web connection, call (510) 747-4510 or e-mail providerservices@alamedaalliance.org.

Eligibility (24-hour automated line)	(510) 747-4505
Authorizations (provider use only)	(510) 747-4540
	fax (510) 747-4507
Case Management Services:	(510) 747-4540
<i>Asthma and Diabetes</i>	
Claims	(510) 747-4530
	fax (510) 747-4506
Member Services (8 a.m. – 6 p.m., M-F)	(510) 747-4567
Provider Credentialing	(510) 747-4555
	Extension 4025
Provider Services General Information	(510) 747-4510
	fax (510) 747-4508
Provider Services Representatives:	
Toby Wilson	(510) 747-4555 Ext 4027
Brenda Castillo-Cowles	(510) 747-4555 Ext.4152
Special Services for Members:	
Interpreter Services	(510) 747-4554
 Alameda County Behavioral Health	 (800) 491-9099
Authorizations:	
Children First Medical Group	(510) 428-3489
Community Health Center Network	(510) 769-2220
National Medical Health Card Systems, Inc. (Formerly known as PCN)	(800) 777-0074
Delta Dental	(800) 338-4337
Denti-Cal	(800) 322-6384
Domestic Violence Hotline	(510) 536-7233
Healthy Families Program	(800) 880-5305
PacifiCare Behavioral Health	
Physician Consultation	(800) 292-2922
Member Referral	(888) 789-7110
Quest Diagnostic	(800) 288-8008
VSP (Vision Services Plan)	(800) 877-7195