WEA trust

Provider News
October 2019

Pharmacy

MedPrescription Insight

MedPrescription Insight is a product of our Pharmacy Benefit Manager (PBM), MedImpact, that optimizes prescribing workflow and member experience with real-time information. The following programs are available at point of care, depending on the Electronic Medical Record (EMR) switch, in the Active Guidelines (AGL) Activity through your EMR:

- MedPrescription (eRX) offers verification of WEA Trust Member Eligibility, Claim History and Formulary & Benefit Coverage.
- Real Time Benefit Check (RTBC) offers member specific cost and coverage details, including low-cost therapeutic alternative drugs and preferred alternative pharmacy network.
- ePrior Authorization (ePA) offers better access and automation in the preauthorization process.

These programs allow for shared decisions regarding safe, effective and affordable prescription medications. In addition, when selecting a drug therapy, if there are lower cost alternatives, these will appear in the EMR as well. These are not mandatory options, but options to choose from and discuss with your patient. We hope you find this to be a valuable resource in patient medication management. ■

Preauthorization Updates

Effective October 1, 2019, the following drugs will require preauthorization:

Drug	HCPCS
Synagis	90378
Somatuline (acromegaly only)	J1930
Supprelin LA	J9226
Signifor LAR	J2502
Fabrazyme	J0180
Paricalcitol	J2501
Kanuma	J2840
Aldurazyme	J1931
Elaprase	J1743
Vimizim	J1322
Naglazyme	J1458
Lumizyme	J0221
Brineura	J3490
Cerezyme	J1786
Elelyso	J3060
Vpriv	J3385
Adagen	J2504
Mepsevii	J3590
Revcovi	J3590
Flolan	J1325
Veletri	J1325
Remodulin	J3285
Eylea	J0178
Macugen	J2503
Lucentis	J2778
Sylvant	J3590
Parsabiv	J0606
Onpattro	J3490/J3590

Effective October 1, 2019, the injectable iron products: Venofer, Ferrlecit, and Infed will NOT require preauthorization. The products Injectafer and Feraheme will be moved to non-preferred status and will require preauthorization.

Venofer	J1756	Preferred; No PA
Ferrlecit	J2916	Preferred; No PA
Infed	J1750	Preferred; No PA
Injectafer	J1439	Non-preferred; PA
Feraheme	Q0138	Non-preferred; PA ■

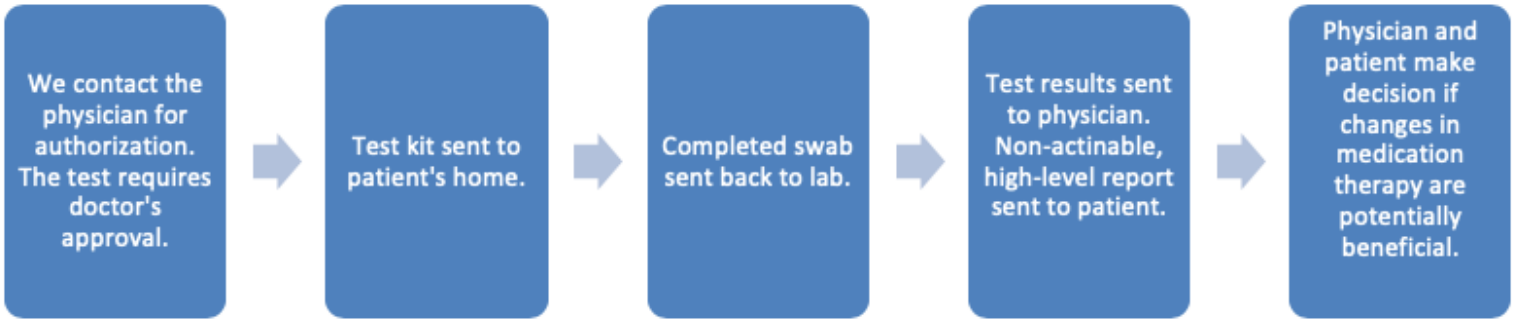
Dysport vs. Botox-Dysport – When to Use?

The WEA Trust preferred product for certain conditions is Dysport (abotulinumtoxinA). Dysport is FDA-approved for cervical dystonia and upper and lower limb spasticity and is a more cost-effective treatment. Approved requests for treatments of these conditions will likely result in recommendation and coverage of Dysport rather than Botox. Dysport does require preauthorization.

Botox will continue to require authorization for coverage. ■

Biosimilar Coverage

Effective January 1, 2020, biosimilar Kanjinti will replace Herceptin and Mvasi will replace Avaston as covered biosimilars. Herceptin and Avaston will be excluded. This applies to new starts in therapy ONLY. ■



Personalized Medicine – How does it work?

Welcome to Personalized Medicine

Approximately 32% of prescribed medications have potential lack of efficacy or documented adverse events, which may be due to individual genetic factors. On average, 29% of antidepressants and 15% of cardiovascular medications may be ineffective for your patients due to their genetic makeup. As a fully covered benefit, WEA Trust members have access to a unique approach to pharmacogenomics.

Through our partnership with our Pharmacy Benefit Manager (PBM), MedImpact, we identify patients who are most likely to benefit from genetic testing, using Clinical Pharmacogenetics Implementation Consortium (CPIC) guidelines and risk scores of those most likely impacted by specific genotypes. The testing screens for genetic interactions with more than 240 commonly prescribed medications. We notify every practitioner who has prescribed medications for the member within the previous year. Practitioners are provided a report about their patient's individual response to drugs and possible alternatives. In addition, since this phenotype is stored at the PBM, when pharmacy claims transmit to the PBM, pharmacists are notified when a member has a new medication with a potential genetic-drug interaction.

Our goal is to fill safer, more effective alternatives to achieve better patient outcomes, fewer adverse events, and higher overall satisfaction.

1. Dosing recommendations for pharmacogenetic interactions related to drug metabolism. Wolters Kluwer Health, Inc. Volume 26 No 7. P334, 2016
2. Concordance between actual and pharmacogenetic predicted desvenlafaxine dose needed to achieve remission in major depressive disorder: a 10-week open-label study Wolters Kluwer Health, Inc. Volume 27 No 17, 2017
3. Assessment of patient perceptions of genomic testing to inform pharmacogenomic implementation. 2017 Wolters Kluwer Health, Inc. Pharmacogenetics and Genomics, Vol 27 No 5
4. Cost-Effectiveness of a Pharmacogenetic Test to Guide Treatment for Major Depressive Disorder. Journal of Managed Care & Specialty Pharmacy, August 2018 Vol. 24, No. 8
5. On the Marketing and Use of Pharmacogenetic Tests for Psychiatric Treatment, Published online May 23, 2018, American Medical Association.
6. Patient perspective following pharmacogenomics results disclosure in an integrated health system. Future Science Group. P321-P331. November 15, 2017.
7. Use of combinatorial pharmacogenomic testing in two cases from community psychiatry. Pharmacogenomics and Personalized Medicine, P79-84, Dove Press Journal: August 16, 2016.
8. Pharmacogenetic polymorphism as an independent risk factor for frequent hospitalizations in older adults with polypharmacy: a pilot study. Pharmacogenomics and Personalized Medicine, P107-116, Dove Press Journal: October 14, 2016.
9. CYP2D6 phenotypes are associated with adverse outcomes related to opioid medications. Pharmacogenomics and Personalized Medicine, P217-227, Dove Press Journal: July 14, 2017.
10. Updating the landscape of direct-to-consumer pharmacogenomic testing. Pharmacogenomics and Personalized Medicine, P229-232, Dove Press Journal:August 22, 2017.
11. 2013 Overview of pharmacogenomic testing, Sonic Genetics, info@sonicgenetics.com.au

Pharmacist Medication Reviews

With the addition of our new clinical pharmacist, Amy Johnson, we are leveraging the full capacity of our pharmacists in an effort to empower our members, your patients, to achieve their desired health outcomes. Amy and our team will be reaching out to members identified as high-risk having either multimorbidity and/or polypharmacy. By speaking with the patient and reviewing claims history, we have the advantage of evaluating a member's profile encompassing their multiple prescribers and/or pharmacies to identify significant drug interactions, adherence concerns, gaps in care, or more cost-effective therapies.

The process will utilize a shared decision-making approach and it is hoped that this service will augment the current care you are providing. Our goal is to achieve improved adherence to medication therapy, achievement of lifestyle modifications, and improvement in clinical outcomes. Recommendations are based on current disease state guidelines and best available evidence. Please be on the lookout for faxes coming to your office with recommendations on how to achieve the best therapeutic outcomes possible for our mutual patients. An excerpt from a sample fax can be found below:

WEA trust

Date:
TEL: (608)-661-6760
FAX: (608)-276-9119 (Attn: Amy Johnson)

Dear Provider:

Your patient had their medication claims history reviewed by a pharmacist. It is hoped that this service will augment the current care you are providing and result in improved adherence to medication therapy, achievement of lifestyle modifications, and improvement in clinical outcomes. Recommendations are based on current disease state guidelines and best available evidence.

On review, your patient is currently taking warfarin, sertraline, and ibuprofen. Each of these agents possess the potential to cause bleeding. Their combined use can increase that potential making the patient susceptible to GI bleeding. It was noted that the patient is not currently taking a PPI for GI bleed prophylaxis.

Current Treatment	Modified Treatment
Warfarin 5 mg D	Addition of
Sertraline 50 mg D	Omeprazole 20 mg D
Ibuprofen 800 mg TID	

☐ Agree ☐ Disagree ☐ Agree w/ Modifications

Code Coverage

Therapy Modifier Requirements

WEA Trust requires a GP, GO, or GN modifier on Medicare "Always Therapy" & "Sometimes Therapy" codes when billed by any Supplier. Use of these modifiers designates the type of therapy (Physical, Occupational or Speech & Language) done for that service. Documentation of the service(s) should be detailed enough to support:

- Modality performed
- Body areas therapy was performed on
- The service is separate and distinct form other service(s) performed that day
- Time spent on each modality

In addition, these modifiers signify therapy services were done under a plan of care. Generally, the plan of care should be developed prior to initiation of treatment. A plan of care should include:

- Modalities to be performed
- Frequency & duration of services
- Treatment goals
- Objective & measurable criteria to assess treatment goals

Documentation should also support treatment plans are periodically evaluated to assess efficacy of treatment and list any adjustments to the plan.

For a 2019 list of Medicare "always therapy" and "sometimes therapy" see

https://www.cms.gov/Medicare/Billing/TherapyServices/AnnualTherapyUpdate.html

There may be more specific documentation requirements dependent on the therapy modality or duration of treatment. Please consult medical policies, prior authorization requirements, and other applicable coverage guidelines for additional documentation and billing requirements. ■

ICD-10 Diagnosis: Unspecified Laterality (UNSL) Denial

When submitting claims electronically remember to check the status of your inbound claim acknowledgement reports. For each claim file you should receive a 999-report telling you if the file was accepted or rejected. If the file passed and was accepted, you should then receive a 277CA report that will tell you if each claim in the batch was accepted or rejected. These reports are important because if anything rejected on either, it means it was not a clean claim and was not accepted by WEA Trust and Health Tradition under NeuGen. Rejections can include but are not limited to HIPPA compliance errors or member eligibility issues.

Beginning September 3, 2019, you will see claims rejected for claims submitted with unspecified laterality diagnosis codes in the 277CA report. The following rejection codes will be reported:

A7 - Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected

772 - The greatest level diagnosis code specificity is required.

In order for the claim to be accepted you will need to resubmit the claim with the appropriate specific laterality diagnosis code in the manner in which it was originally submitted. ■

Endoscopic Multiple Procedure Reduction

Many medical and surgical services include common pre-procedure, post-procedure work as well as services integral to that procedure. When multiple procedures are performed on the same day, patient encounter, and by the same provider a reduction in reimbursement is applied to secondary or subsequent procedures. Payment of these secondary or subsequent procedures in full would represent reimbursement for duplicative components reimbursed in the primary procedure. The Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) identifies professional services that are subject to multiple procedure reductions. WEA Trust aligns with CMS for determining which procedures are subject to multiple procedure reductions.

Endoscopic procedures are unique as they have a common root set of tasks required to perform for similar endoscopic procedures. Endoscopic procedures are grouped into categories of procedures based upon shared root tasks. In each category of endoscopic codes there is a base procedure that identifies these common root tasks needed to perform all procedures in that endoscopic category. This base procedure's work or Relative Value Units (RVUs) are included when calculating the work or RVUs of every other endoscopic procedure in that category. Due to this, endoscopic procedures do not follow typical multiple procedure reduction methodology.

To further align with CMS, WEA Trust will be applying CMS' special multiple endoscopic procedure reduction rules methodology to endoscopic procedures. The secondary or subsequent procedures will be reduced by 75% of the allowed amount.

Beginning January 1, 2020, those endoscopic procedures with a Multiple Procedure Indicator of "3" in the NPFS will have this pricing methodology applied to professional claims when multiple endoscopic procedures in the same category of codes are performed on the same day, patient encounter, and by the same provider. ■

Medical Management

Reminder: Preauthorization Requirements

When submitting preauthorization requests, all necessary information must be provided with the request or the authorization will be denied. Required information includes procedure and diagnosis codes, clinical documentation, and anticipated dates of service. Thank you for your understanding as we seek to improve member health outcomes by processing authorization requests in a timely and efficient manner. ■

Find a Doctor

Coming soon, our Find a Doc online provider directory will bring more features to your fingertips! Access to Find a Doc will remain the same yet showcase new search functionality. We hope you find this to be a more innovative resource for you. ■

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Provider Network Contacts

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Provider Services
800.279.4090

TO SIGN UP TO RECEIVE THIS VIA EMAIL

- Go to weatrust.com/providers

IMPORTANT UPDATES ENCLOSED

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