PATIENT CONCERNS ABOUT HEALTH PLAN COVERAGE & REIMBURSEMENT OF FOOD ALLERGY-RELATED SERVICES

Presentation to the Committee on Food Allergies: Global Burden, Causes, Treatment, Prevention, and Public Policy

Public Workshop,
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Amplify Public Affairs
Statement of the Problem:
Reimbursement Was A Barrier to OFC Access

- Reimbursement depends on three distinct policies.

  1. **Coverage** policies state whether a payer has determined that a particular healthcare service is “reasonable and necessary” to prevent, diagnose, or treat a disease or illness. They are based on a review of the scientific, medical and clinical evidence and are published in the medical or clinical policies of a health plan or payer.

  2. **Coding** policies guide the nomenclature or classification decisions by which a diagnosis or procedure can be identified by a numeric code. Coding is sometimes referred to as the “language” healthcare claims processing. For physician services, accurate CPT codes are the means by which a physician service, such as an OFC, are reported on a healthcare claim.

  3. **Payment** policies reflect a particular methodology that a health plan or payer uses to determine the amount that a provider receives from the payer and/or the patient. For physician services, payment rates or fee schedule amounts are set at the level of a CPT code.

- For OFCs, the two “root causes” of inadequate reimbursement were associated with coding and payment policies.

  - The **CPT code** did not account for the time required to administer an OFC, which could vary widely depending on a variety of patient specific factors.

  - The **relative value units (RVUs)** in the Medicare Physician Fee Schedule (PFS) for the single CPT code – 95075 were based on a clinical vignette where the “typical” patient had nasal congestion related to wheat ingestion and was evaluated by an otolaryngologist based on practice standards in effect in 1995.

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1. American Academy of Allergy, Asthma & Immunology (AAAAI), Oral Food Challenge Practice Survey Results, December, 2009
Solution:

New CPT Codes and RVUs Were Created in 2012

- In 2011 and throughout 2012, FARE supported efforts of the allergy/immunology organizations to obtain new CPT codes and RVUs for OFCs.
  - A “two-code” solution, was developed and a coding change request was submitted to the American Medical Association (AMA) by the Joint Council of Allergy, Asthma and Immunology (JCAAI).
- The AMA’s CPT Editorial Panel approved two new codes for OFC and scheduled CPT 95075 for retirement.
  - **Base code, 95076, is used to report the first 2 hours of OFC testing.**
  - **Add-on code, 95079, is used to report each additional hour of OFC testing.**
- The AMA/Specialty Society RVS Update Committee (RUC) developed RVUs for the new codes.
Payer Implementation:
*New CPT Codes and RVUs Were Effective at Start of CY 2013* ²

- The new CPT codes and RVUs for an OFC were effective at the start of 2013.
  - An RVU of 3.42 was assigned to the new OFC base code.
  - An RVU of 2.41 was assigned for each unit of the new OFC add-on code.
- The new RVUs are based, in part, on a physician survey of the work effort associated with an OFC as described in the new clinical vignette.
- The new RVUs reflect a substantial increase over the 1.83 RVUs which had been assigned to CPT 95075 before it was retired.

2: Federal Register / Vol. 77, No. 222 / Friday, November 16, 2012 / Rules and Regulations, Addendum B - Relative Value Units And Related Information Used In Determining Medicare Payments For CY 2013, Non-Facility Providers
Payer Implementation:

Payers Created New Claims Edits for OFC Codes

- The new CPT codes have also been incorporated into claims edits, including specific CPT code combinations and medically unlikely edits (MUEs). Each MUE is based on the maximum unit of service (UOS) that would be reported for a HCPCS/CPT code on the vast majority of appropriately reported claims.

<table>
<thead>
<tr>
<th>CPT Code Combination Edits</th>
<th>MUEs Based on Maximum UOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each of the two ingestion challenge CPT codes has 122 CPT codes which are allowed to appear in combination.</td>
<td>CPT 95076 has a UOS value of 1</td>
</tr>
<tr>
<td>The two codes, 95076 and 95079 are not specifically excluded from any other CPT code.</td>
<td>CPT 95079 has a UOS value of 2</td>
</tr>
</tbody>
</table>

- The MUE Edits appear to be consistent with clinical practice.

3. [Practitioner Services MUE Table](#), CMS Website
Payer Implementation:

Claims Edits for OFC Codes Reflect Clinical Practice

- **OFCs lasting 2 hours or less** may be reported with CPT 95076.
  - i.e. 41% of OFCs for an average patient require 2 hours or less.
- **OFCs lasting more than 2 hours** may be reported with CPT 95076 and 95079.
  - i.e. 59% of OFCs for an average patient require 3 hours or more.

**OFC Test Time for Average Patient**

- The MUE edit for CPT 95079 is limited to 2 units of service, or two hours.
- As a result, the MUE edit will limit payment for the 2% of OFCs which take more than 4 hours.
  - The limit can be appealed by providing medical necessity documentation to the health plan.

<table>
<thead>
<tr>
<th># of Billed Units</th>
<th>MUE Edit &lt; # Billed Units?</th>
<th># of Billed Units</th>
<th>MUE Edit &gt; # Billed Units?</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 2 hours*</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>2 hours</td>
<td>1</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>3 hours</td>
<td>1</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>4 hours</td>
<td>1</td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>&gt; 4 hours</td>
<td>1</td>
<td>No</td>
<td>&gt; 2</td>
</tr>
</tbody>
</table>

*If the OFC testing time is less than 61 minutes, the service is reported using an Evaluation & Management (E&M) code.*

4. The Joint Council of Allergy, Asthma and Immunology (JCAAI) and FARE, Survey of Allergy/Immunology physicians regarding the new CPT codes for OFCs, June 2013
“REIMBURSEMENT” – Cited as one of the top 3 barriers to OFC Access in a JCAAI Survey of Allergy & Immunology

5. American Academy of Allergy, Asthma & Immunology (AAAAI), Oral Food Challenge Practice Survey Results, December, 2009
Three Levels of Health Plan Recognition for Medical Homes

1. **PCMH receives Recognition Seal in Plan Directory**
2. **PCMH receives Per Capita Management Fee**
3. **PCMH receives higher FFS Payment Rate**

Health Plan requires the Medical Home & Specialty Practice to engage in meaningful, patient-centered and integrative processes designed to improve quality.

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6. Amplify Public Affairs, Analysis of Health Plan Recognition for Medical Homes, January 2014
Health Plan Recognition of Medical Homes: Opportunities By Level of Recognition

- **Recognition Generates Separate Payment and Non-Financial Incentives**
  - 36 Plans in 27 states, including:
    - Blue Cross and Blue Shield Association member plans
    - Kaiser Health Plans in Northern and Southern California, Colorado and the Mid-Atlantic Area
    - National plans including CIGNA, Humana, Horizon and UnitedHealthcare

- **Recognition Seals in the Provider Directory Identify Top Physicians**
  - Aetna
  - Blue Cross Blue Shield Association
  - BlueCross BlueShield of Western New York
  - BlueShield of Northeastern New York
  - CIGNA
  - CDPHP
  - Highmark Blue Cross Blue Shield
  - Humana

- **Recognition is Requirement for Entry to High Performance Network**
  - Aetna
  - CIGNA

Physicians who meet the specialty requirements of the medical home model are eligible for higher reimbursement rates

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7. Amplify Public Affairs, Analysis of Health Plan Recognition for Medical Homes, January 2014
Allergy/Immunology’s Role as a Recognized Specialty Practice

• Role in Patient-Centered Care

- Help a PCMH meet several of the “must pass” elements required for NCQA recognition
- Identifying Important Diagnoses and Conditions within a Practice
- Adoption and implementation of evidence-based guidelines
- Active support of patient self-management

• Relationship to Medical Neighbor Concept

- An allergy/immunology specialty practice can provide valuable support to primary care physicians with an inadequate knowledge about food allergies

8. Rachel A. Burton, Kelly J. Devers, Robert A. Berenson, Patient-Centered Medical Home Recognition Tools: A Comparison of Ten Surveys’ Content and Operational Details, The Urban Institute, May 2011
Benefit Design:
Separate Rx Deductible and Cost-Sharing Tiers May Create Barriers to Rx

% of Plans with Separate Deductible for Rx Benefit \(^9,10\)

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>% of Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exchange (Silver)</td>
<td>45%</td>
</tr>
<tr>
<td>ESI</td>
<td>13%</td>
</tr>
</tbody>
</table>

% of Plans by Number of Cost-Sharing Tiers for Rx Benefit \(^9,10\)

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>% of Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exchange</td>
<td>9% (Four or More Tiers: 91%)</td>
</tr>
<tr>
<td>ESI</td>
<td>10% (Three Tiers: 60%)</td>
</tr>
<tr>
<td>Other (Two Tiers)</td>
<td>10%</td>
</tr>
<tr>
<td>Other (Three Tiers)</td>
<td>20%</td>
</tr>
</tbody>
</table>

Benefit Management Strategies: Used More Frequently with Rx Benefit

- Formulary restrictions are reported to be a major frustration for parents of children with food allergy, particularly for epinephrine for emergency use.

<table>
<thead>
<tr>
<th>Benefit Strategy</th>
<th>Medical Benefit</th>
<th>Pharmacy Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limit specialty products to 30-day supply</td>
<td>41%</td>
<td>65%</td>
</tr>
<tr>
<td>Step therapy</td>
<td>43%</td>
<td>74%</td>
</tr>
<tr>
<td>Clinical care management programs</td>
<td>55%</td>
<td>82%</td>
</tr>
<tr>
<td>Preferred products/formulary</td>
<td>44%</td>
<td>85%</td>
</tr>
<tr>
<td>Prior authorization</td>
<td>68%</td>
<td>90%</td>
</tr>
</tbody>
</table>

10. [2014 Specialty Drug Benefit Report](#), PBMI
Allergy Immunology Specialty

**Opportunities to Improve Knowledge of Food Allergy Among PCPs**

- Research suggests that diagnosis of food allergy results in:
  1. Better patient and family engagement
  2. Potential reduction in ER admissions
  3. Better outcomes

All 3 outcomes are critical requirements of medical homes, ACOs and value-based payment, more broadly.