

Connection



Important information for Fallon Health physicians and providers

July 2021

Important update

MassHealth Provider Enrollment

Federal regulations set forth at 42 CFR § 438.602 require that all Managed Care Entity (MCE) network providers enter into a MassHealth provider contract. MassHealth has developed a specific provider contract for this purpose, called the [MassHealth Nonbilling Managed Care Entity \(MCE\) Network-only Provider Contract](#). This specific provider contract does not require Fallon Health network provider to render services to MassHealth fee-for-service members.

If you hear from us over the next few months asking that you complete this process, please go to mass.gov/forms/mce-nonbilling-network-only-contract within 30 days of receiving the notice. If you do not enter into a MassHealth provider contract, Fallon Health may be required to terminate our network provider contract with you.

If you have questions, please reach out to your Provider Relations Representative. ■



In the July 2021 issue:

Important update

- [MassHealth provider enrollment](#)

COVID-19 updates

- [Massachusetts COVID-19 vaccine program update](#)
- [COVID-19 vaccine ordering update](#)

What's new

- [CareConnect—nurse triage enhancements to help members get connected to their PCP](#)
- [Botox billing update](#)
- [MassHealth ACO unified formulary updates](#)
- [Gene therapy drug authorization management change](#)

Product spotlight

- [NaviCare® Model of Care training](#)

Doing business with us

- [Prior authorization process enhancement \(ProAuth tool\)](#)

Important reminders

- [More details about Fallon's predominant focus on offering government-sponsored health insurance programs such as Medicare and Medicaid](#)
- [Care coordination improvement strategies](#)
- [Remember to attest to your information in CAQH](#)
- [Cultural competency training](#)

Coding corner

- [ICD-10-CM and ICD-10-PCS annual code update](#)
- [Medicare MS-DRG annual update](#)

Payment policies

- [Medicaid ACOs, NaviCare and Summit ElderCare: NDC and HCPSS match requirement for physician-administered drugs](#)
- [Revised policies](#)
- [Change in preferred peg-filgrastim products](#)

Covid-19 updates

Massachusetts COVID-19 vaccine program update

Please reach out to unvaccinated patients and make a strong recommendation for COVID-19 vaccination

Whether you discuss the COVID-19 vaccine with your patients during an in-person office visit, through your patient portal, or at a telemedicine appointment, the education and recommendation you make increases the likelihood that your patient will obtain the vaccine. Key messaging includes helping your patients understand that all three COVID-19 vaccines are safe and effective, they all prevent severe illness, hospitalization and death, and that the vaccine is free for everyone and no ID is needed.

- Download CDC's [sample letter to patients to encourage COVID-19 vaccination](#) to use to communicate with your unvaccinated patients.
- Strongly recommend COVID-19 vaccine at every patient visit.
- Listen to your patients' questions. CDC's [How to talk to your patients about COVID-19 vaccination](#) and [Answering Patients' Questions](#) have tips for talking to your patients about COVID-19 vaccines.
- If COVID-19 vaccines are not available at your office, offer to help them make an appointment. Use [VaxFinder.mass.gov](#) to search for appointments at mass vaccination sites, pharmacies, health care providers, and other community locations.

Patient Education Resources about COVID-19 Vaccination

The Commonwealth of Massachusetts has fact sheets, animated videos, and other materials in multiple languages to support COVID-19 vaccination education. Feel free to use these on your website, on social media, in your waiting rooms, and other ways that you communicate with patients.

- [Trust the Facts, Get the Vax campaign materials](#): TV ads, animated videos and other materials for the Commonwealth's multilingual public awareness campaign to promote the safety and efficacy of the COVID-19 vaccine.
- [Vaccine education and outreach materials](#): Graphics, fliers, and posters on topics such as: how to get a COVID-19 vaccine, preparing for your COVID-19 vaccination appointment, what to expect after vaccination, and what teens and young adults should know about the vaccine.
- [COVID-19 Vaccine Frequently Asked Questions](#): Common questions about the COVID-19 vaccine, getting vaccinated, vaccine safety, and more.

Start with Your Healthcare Team

Ensure that your whole team, from the front desk to phlebotomy, has the information they need to address their own questions and concerns about COVID-19 vaccine so that they can be advocates for COVID-19 vaccination. The CDC COVID-19 Vaccination Communication Toolkit for Medical Centers, Pharmacies, and Clinicians has resources to inform your healthcare teams and other staff about COVID-19 vaccines. You can use or adapt these materials to build confidence about COVID-19 vaccination among your healthcare team and other staff.

Administer the COVID-19 Vaccine at your Practice

If you would like to administer COVID-19 vaccine at your practice, please follow the steps below to become a COVID-19 Vaccine Provider in Massachusetts.

- Register with the Massachusetts Immunization Information System (MIIS) to submit immunization administration data.
 - Contact the MIIS Unit for more information: miishelpdesk@mass.gov.
- Complete the Massachusetts COVID-19 Vaccine Provider (MCVP) Agreement to receive vaccine. New sites that register with the MIIS will receive the MCVP Agreement automatically.
 - Contact the DPH Vaccine Unit for more information: DPH-Vaccine-Management@massmail.state.ma.us. ■

COVID-19 vaccine ordering update

As vaccine supply increases, MDPH is opening COVID-19 vaccine ordering through the MIIS to health care providers that meet specific requirements and issuing new inventory requirements for primary care providers and community health centers (CHCs). This letter also shares important changes to Pfizer vaccine storage and announces 450 dose packaging, guidance for viewing patient vaccination records reported to the MIIS, and other useful MIIS reports to identify patient immunization status.

Updated Inventory Requirements for Primary Care Providers and Community Health Centers

Primary Care Providers (internal medicine, family practice, pediatric, and multi-specialty) and community health centers must use COVID-19 vaccines within **4 weeks** of receipt and must deplete existing inventory before an additional order is approved. Previously, all vaccine needed to be administered within 10 days of receipt. This requirement has been updated in response to an increased understanding of primary care providers' logistical issues as well as increased vaccine availability. All providers ordering, storing, and administering COVID-19 vaccine must have a completed MCVP agreement. Providers must also honor all requirements of the MCVP provider agreement, including reporting doses administered to the MIIS within 24 hours of administration.

Changes to Pfizer COVID-19 Vaccine Storage & Packaging

The [FDA has authorized](#) longer time for refrigerator storage of thawed Pfizer-BioNTech COVID-19 vaccine prior to dilution. Pfizer COVID-19 vaccine can now be stored in refrigerated temperatures (2°C to 8°C) for 30 days.

Pfizer COVID-19 vaccine will also be available in smaller packaging options (450 doses) next week. As of May 28, 2021, providers will be able to order Pfizer COVID-19 vaccine in 450 dose increments. Ancillary kits to support this dose amount will also be shipped out. Pfizer COVID-19 vaccine ordered in 450 increments will not receive the supplemental dry ice shipment like the larger packaging of 1170 doses. The following Pfizer COVID-19 vaccine NDCs will be available for ordering:

- NDC: 59267-1000-02 – 450 doses
- NDC: 59267-1000-02 – 1170 doses

Viewing Patient Vaccination Records Reported to the MIIS

Health care providers are encouraged to view patient vaccinations reported to the MIIS by logging into the MIIS user interface or via bidirectional data connection between the MIIS and their EHR system. This gives providers insight into vaccinations that have been administered by other health care providers in the state.

If your site has a bidirectional data connection with the MIIS, immunizations from the MIIS will flow into your EHR. Please contact your EHR if assistance is needed viewing the immunization records. If your site does not have a bidirectional data connection with the MIIS, please review the MIIS Training Materials in the resource section below that provides step-by-step instructions for accessing patient records directly in the MIIS application, including through bulk queries.

Useful MIIS Reports to Identify Patient Immunization Status

Providers are encouraged to utilize the following MIIS reports to identify patient immunization status in the MIIS in bulk.

- The **MIIS Coverage Reports** allows each provider site to evaluate the immunization coverage for its practice. Please ensure to check the “Include patient listing tables” box to ensure the output includes patient information. We recommend using the Custom Coverage report to research COVID-19 coverage rates. The **MIIS Reminder/Recall Reports** provides a list of patients that are due or overdue for a recommended vaccine, based on criteria specified by the user. Reminders are created for patients that will soon be due for a particular immunization and Recalls are created for patients that are currently overdue for a particular immunization

Resources

[COVID-19 Vaccine Ordering Guidance for Providers](#)

[CDC Covid-19 Vaccine Quick Reference Guide for Healthcare Professionals](#)

[Navigating the MIIS Training Video \(<2 minutes\)](#)

[MIIS Login and Navigation Mini Guide](#)

[MIIS Look Up A Patient Training Video \(<5 minutes\)](#)

[Search and Create Immunization Records](#)

[Coverage Reports Mini Guide](#)

[Reminder/Recall Mini Guide](#) ■

What's new

CareConnect – nurse triage enhancements to help members get connected to their PCP

Fallon Health is focused on connecting members with their PCPs for both in-person and virtual visits when members might otherwise seek care in the ED or Urgent Care for ambulatory sensitive conditions. Our 24-hour Nurse Call Line is available to our members 7 days a week, 365 days a year and is now conducting warm transfers to PCP offices for members who might benefit from consultation or a visit with their PCP in 72 hours or less.

The Nurse Call Line triages members along a hierarchy of interventions, including, but not limited to, the following:

- Patient education for healthy decisions and/or self-management
- Referral to PCP or other treating clinician’s office for non-urgent care
- Assistance with PCP office visit and virtual visit scheduling
- After hours paging of member’s PCP for urgent needs
- Assistance with Urgent Care appointments
- Referral to the ER for emergent conditions

Members can call the Nurse Triage Line any time. Industry-standard guidelines are used by the nurse to assess the member’s condition and to determine and facilitate the best care solutions. ■

Botox billing update

As of April 1, 2021, CVSHealth no longer has access to Botox (onabotulinumtoxinA). Providers will be required to “buy and bill” Botox (onabotulinumtoxinA) directly by purchasing the drug from the distributor, stocking it in their clinic or office, and then billing Fallon Health for the cost of the drug and the administration costs after administering it to their patient. ■

MassHealth ACO unified formulary updates – effective July 1, 2021

MassHealth will be making some additions to the ACO Unified Formulary with an effective date of 7/1/2021. The following drugs will be added:

Therapeutic category	Drug(s)
Amyloidosis Therapies	Onpattro
Anticonvulsants	Sabril
Antiretrovirals	Cabenuva, Rukobia
CFTR Modulators	Kalydeco, Orkambi, Symdeko, Trikafta
Continuous Glucose Monitoring Products (CGM)	Dexcom G6, Freestyle Libre 14 day, Freestyle Libre 2
Continuous Subcutaneous Insulin Infusion	Omnipod, Omnipod Dash, V-Go
Diabetic Testing Supplies	Freestyle Neo
Givlaari	Givlaari
Granulocyte-Stimulating Factors	Nyvepria
Multiple Sclerosis Agents	Bafiertam, Vumerity
Long-acting Medication-Assisted Treatment Agents	Sublocade

Please go to fchp.org/providers/announcements under Pharmacy Updates for the latest UPPL table. ■

Gene therapy drug authorization management change

For dates of service beginning September 1, 2021, gene therapy drug prior authorization requests will be managed by Fallon’s Utilization Management team and reviewed by a Fallon Medical Director. **These requests will no longer be managed by Magellan Rx Management. The gene therapy policy will be managed by Fallon’s Technology Assessment Committee (TAC).**

Registered users of our online portal may submit requests for gene therapy drug prior authorization review via [ProAuth](#). Alternatively, requests may be submitted using the [Standardized Prior Authorization Request Form](#) for non-pharmacy PAs by [fax](#), [email](#), or [mail](#). ■

Product spotlight

NaviCare® – Model of Care training

The main philosophy behind our NaviCare product is to assist our members in functioning at the safest level in the most appropriate setting, utilizing both Medicare and Medicaid covered benefits and services. Eligible members must be age 65 or older, have MassHealth Standard, and may or may not have Medicare. NaviCare services every county in Massachusetts, except Nantucket and Dukes.

Every NaviCare member has a customized plan of care developed by their Care Team. The care plan contains details about the member's goals and the benefits that are part of their care plan. Benefits may include, but are not limited to, in-home supportive services such as homemakers, the Personal Care Attendant (PCA) Program, Adult Day Health Care, Group Adult and Adult Foster Care. Each member's care plan is unique to meet their needs.

Additional NaviCare benefits that are available to all members include:

- Unlimited transportation to medical appointments
- 140 one-way trips per calendar year to places like the grocery store, gym, and to attend religious services within a 30-mile radius of the member's home. Transportation may be arranged 4 days in advance by calling our Transportation Vendor CTS at 1-833-824-9440. The member/caregiver can arrange transportation and Fallon's Navigators are also available to assist. **New in 2021:** Members' caregivers can qualify for mileage reimbursement for covered trips.
- Up to \$400 per year in fitness reimbursements to a qualified fitness facility and/or health tracker and a free SilverSneakers™ gym membership.
- \$480 per year on the Save Now card, to purchase certain health-related items like fish oil, contact lens solution, cold/allergy medications, probiotics, incontinence products and more.
- The ability to earn up to \$100 annually with the Fallon Healthy Food program for completing healthy activities such as:
 - Welcome to Medicare/Annual physical or qualified wellness visits
 - Preventive vaccines such as annual flu vaccine, Tdap, pneumococcal vaccine and the Shingles vaccine

The Healthy Food Card can be used by members to purchase healthy food items at participating retailers, including: canned vegetables, beans, rice and pastas, fresh vegetables and fruits, frozen and fresh meat, fish and poultry.

NaviCare members have their own Care Team to help them reach their personal health goals. This allows each Care Team member to focus on what they do best. It also gives providers additional resources, such as a coordinated care plan to reference and other Care Team members to communicate with to have the best information possible for each NaviCare patient.

Care Team members and their roles include:

Navigator

- Educates patients about benefits and services
- Educates patients about—and obtains their approval for—their care plan
- Assists in developing patient's care plan
- Helps patients make medical appointments and access services
- Informs Care Team when patient has a care transition

Nurse Case Manager or Advanced Practitioner

- Assesses clinical and daily needs
- Teaches patients about conditions and medications
- Helps patients get the care they need after they're discharged from a medical facility

Primary Care Provider (PCP)

- Provides overall clinical direction
- Provides primary medical services including acute and preventive care
- Orders prescriptions, supplies, equipment and home services
- Documents and complies with advance directives about the patient's wishes for future treatment and health care decisions
- Receives patient's care plan and provides input when needed

Geriatric Support Service Coordinator employed by local Aging Service Access Points (ASAPs)

(if patient is living in own home)

- Evaluates need for services to help patients remain at home and coordinates those services
- Helps patients with MassHealth paperwork
- Connects patients with helpful resources

Behavioral Health Case Manager *(as needed)*

- Identifies and coordinates services to support patients' emotional health and well-being
- Supports your patients through transition to older adulthood
- Helps connect patients with their Care Team and patients' mental health providers and substance-use counselors, if present

Clinical pharmacist *(as needed)*

- Visits patients after care transition to perform a medication reconciliation and teaches them proper medication use

PCPs are welcome to provide input to their patient's care plan at any time by contacting the NaviCare Enrollee Service Line at 1-877-700-6996 or by speaking directly with the NaviCare Navigators and/or Nurse Case Managers that may be embedded in your practices. If you are interested in having a Navigator and/or Nurse Case Manager embedded in your practice, please contact us at the above phone number.

To refer a patient to NaviCare or learn more about eligibility criteria, contact us at the NaviCare Marketing Line at 1-877-255-7108. ■

Doing business with us

Prior authorization process enhancement (ProAuth tool)

Effective September 1, 2021, Fallon is implementing wide scale use of the ProAuth tool for submission of authorization requests and submission of relevant clinical information.

Providers should use ProAuth for submission of any service that requires prior authorization. ProAuth can be used for both standard and expedited requests.

ProAuth is an effective and efficient tool for submitting authorization requests. Some of the benefits are:

- Review turnaround time is faster than faxed requests
- Statuses are updated in real time – as soon as a decision is made
- Providers have 24/7 access

If you are not currently set up with ProAuth, we encourage you to do so by:

- Filling out the online registration form at fchp.org/providertools/ProAuthRegistration
- Or by filling out a paper application <http://www.fchp.org/~media/Files/ProviderPDFs/Forms/ProAuthForm.ashx?la=en> and sending it to askfchp@fallonhealth.org.

Fallon Health is providing education and training via online webinars. Please see our website for available dates and times fchp.org/providers/announcements.aspx

ProAuth should not be used for post-acute requests, such as Skilled Nursing Facility, Acute Rehabilitation Hospital and Long Term Acute Care Hospital Requests. Those requests need to be submitted by using the [Skilled Nursing Facility Admission Review Request](https://fchp.org/en/providers/forms.aspx) form found at fchp.org/en/providers/forms.aspx and faxing supporting clinical documentation to the Utilization Management department at 508-368-9014.

If you have any issues or concerns, please contact your Provider Relations Representative directly for assistance.

Need help? See our [ProAuth FAQs webpage](#) for answers to common questions. ■

Important reminders

More details about Fallon's predominant focus on offering government-sponsored health insurance programs such as Medicare and Medicaid.

In order to focus on programs that serve older adults and lower-income individuals, Fallon will slowly transition membership off of our commercial plans starting in July and will continue this transition through the fall of 2022. This focus will leverage our expertise and experience to provide integrated and coordinated care, coverage and services to high-needs individuals.

Products Fallon will focus on include:

- Medicare Advantage
- Senior Care Options (SCO) Program
- MassHealth Accountable Care Organization (ACO) Partnership Plans
- Program of All-Inclusive Care for the Elderly (PACE)
- Community Care

For more information about why Fallon is focusing on Medicaid and Medicare, please check out the op-ed piece by Fallon Health President and CEO, Richard Burke, in [Commonwealth magazine](#).

What this means for our providers—business as usual.

- Commercial lines of business will be in effect through September 2022; membership in Direct Care, Select Care, Steward Community Care and Fallon Preferred Care will be reduced as employer groups and members on individual plans reach their anniversary dates.
- There will be a standard run-out period for your business needs—claims corrections, appeals, etc.
- Contract renewals are being managed to address the timeline mentioned above.
- Contact your Provider Relations Representative or Contract Manager with questions. ■

Care coordination improvement strategies

Recent performance on three specific questions under the Care Coordination MCAHPS measure shows opportunity for improvement with Fallon’s Medicare and NaviCare members:

1. Personal doctor’s office followed up with the patient to give them test results
2. Personal doctor talked about patient’s prescription medicines they’re taking
3. Personal doctor was informed about patient’s specialty care

To improve coordination of care in the areas mentioned above Fallon recommends these strategies:

- Getting patients signed up for the provider group’s patient portals—walking them through the process if necessary—and letting them know that lab results are available to them as soon as they are ready. It would also be helpful to let the patient know that all relevant information regarding their medical record and visit history are available to them.
- Providers should take the time during visits to review prescription medicines their patients are taking. In communications to our members, Fallon encourages them to bring a list of their medications (or the pill bottles) so their providers can review with them.
- Providers should ask their patients about other providers/specialists they are seeing. Ask them if they need assistance in setting up appointments, etc. ■

Remember to attest to your information in CAQH

Fallon Health is committed to ensuring we have the most accurate information in our provider directories by continuing to work with HealthCare Administrative Solutions, Inc. (HCAS) to add more Fallon network providers to DirectAssure® by CAQH.

During this process, CAQH is engaging providers to review and maintain up-to-date provider directory information via email. Your prompt attention to these emails, reviewing your information and attesting to the data, is of the utmost importance to ensure that your patients have access to accurate provider demographic information when care is needed.

For more information about DirectAssure, please visit hcasma.org.

For questions specific to Fallon’s implementation, please contact your Provider Relations Representative or email askfchp@fallonhealth.org. ■

Cultural competency training

Medicaid Managed Care plans are required to indicate in their provider directories whether each provider has completed cultural competency training. Fallon strongly encourages you to complete this training, update your [practice information](#) and fill out the section called “Update Information Form”. Here you will be asked if you have completed cultural competency training. When you have finished, please hit the submit button at the bottom of the screen. Visit our [Cultural competency page](#) for suggested courses and resources. ■

Coding corner

ICD-10-CM and ICD-10-PCS annual code update

The annual update of the ICD-10-CM diagnosis and ICD-10-PCS procedure codes is effective October 1, 2021. An ICD-10-CM diagnosis code is required on all paper and electronic claims billed to Fallon Health.

Please see the October *Connection* (when it’s available on October 1, 2021) for a list of new and invalid ICD-10-CM and ICD-10-PCS codes—effective for dates of service on or after October 1, 2021. ■

Medicare MS-DRG annual update

Medicare MS-DRG V34 fee schedule of weights is effective October 1, 2021.

Please see the October *Connection* (when it’s available on October 1, 2021) for a list of new and invalid MS-DRG codes—effective for dates of service on or after October 1, 2021.

Effective January 1, 2021, the following codes are *deny vendor liable*, excluding PACE, NaviCare and Medicaid:

Code	Description
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose
D1703	Moderna Covid-19 vaccine administration – first dose
D1704	Moderna Covid-19 vaccine administration – second dose
D1707	Janssen Covid-19 vaccine administration

Effective June 15, 2021, the following medical benefit drugs *were added to the formulary and require prior authorization*. Correct unspecified HCPCS codes and NDCs must be submitted for billing and authorization. When a specified HCPCS code is available for the drug, it should be submitted with NDC instead for billing and authorization.

Unspecified HCPCS code(s)	NDC(s)	Brand Name
J3590	61755-013-01; 61755-010-01	Evkeeza
J3490	73462-101-01	Cosela
J3490	73129-001-01	Nulibry
J9999	73657-020-01	Pepaxto
J3490	60923-227-02	Amondys 45

Effective July 1, 2021, the following codes *will require plan prior authorization*:

Code	Description
J0224	Injection, lumasiran, 0.5 mg
J9348	Injection, naxitamab-gqgk, 1 mg
J9353	Injection, margetuximab-cmkb, 5 mg
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg

Effective July 1, 2021, the following codes *will require plan prior authorization*:

Code	Description
C9778	Colpopexy, vaginal; minimally invasive extra-peritoneal approach (sacrospinous)

Effective July 1, 2021, the following codes will be *deny vendor liable for all lines of business*:

Code	Description	
G0327	Colorectal cancer screening; blood-based biomarker	
0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	DVL all lob
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	DVL all lob
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	DVL all lob
0251U	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma	DVL all lob

Code	Description	
0252U	Fetal aneuploidy short (tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy)	DVL all lob
0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)	DVL all lob
0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy, per embryo tested	DVL all lob
0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO ₂]); image acquisition, interpretation and report, each flap or wound	DVL all lob
0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO ₂]); image acquisition only, each flap or wound	DVL all lob
0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO ₂]); interpretation and report only, each flap or wound	DVL all lob
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	DVL all lob
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	DVL all lob
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	DVL all lob
0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	DVL all lob
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	DVL all lob
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	DVL all lob

Code	Description	
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	DVL all lob
0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	DVL all lob
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	DVL all lob
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	DVL all lob
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	DVL all lob
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	DVL all lob
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	DVL all lob
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	DVL all lob
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	DVL all lob
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	DVL all lob
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	DVL all lob
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	DVL all lob
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	DVL all lob
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	DVL all lob
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	DVL all lob
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	DVL all lob
0665T	Donor hysterectomy (including cold preservation); open, from living donor	DVL all lob
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	DVL all lob
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	DVL all lob

Code	Description	
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	DVL all lob
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	DVL all lob
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each ■	DVL all lob

Effective June 3, 2021, the following code will be *deny vendor liable for all lines of business*:

Code	Description
Q0244	Injection, casirivimab and imdevimab, 1200 mg

Payment policies

Medicaid ACOs, NaviCare and Summit ElderCare: NDC and HCPCS match requirement for physician-administered drugs

Beginning July 1, 2021, all National Drug Codes (NDCs) submitted on physician-administered drugs must match the Healthcare Common Procedure System (HCPCS) being billed for and include accurate NDC information (unit of measure and quantity). This requirement applies to all provider claims paid for individual drugs that can be identified using Level II HCPCS with dates of service on or after 07/01/2021.

As of July 1, 2021, applicable claims will be denied if submitted without a valid NDC and if the NDC does not match the HCPCS code. The following scenarios are excluded from this requirement:

- Inpatient claims
- Any claims with dates of service prior to July 1, 2020
- BEACON (Behavioral Health Claims)
- ASHN – Chiropractic Services
- EyeMed ASO routine eye exam claims
- Radiopharmaceuticals
- Contrast media
- Vaccines/immunizations
- Devices
- Summit ElderCare and Fallon Health Weinberg PACE claims

In addition:

- For MassHealth ACO, NaviCare SCO and PACE Medicaid-only and Private Pay plan members, outpatient hospitals billing for physician-administered drugs are required to report modifier UD on the same claim line as the drug HCPCS code to identify a 340B-acquired drug.
- For NaviCare HMO SNP and PACE Dual and Medicare-only plan members, outpatient hospitals billing for physician-administered drugs are required to report modifier JG or TB, as appropriate, on the same claim line as the drug HCPCS code to identify a 340B-acquired drug. ■

Revised policies – Effective September 1, 2021:

The following policies have been updated; details about the changes are indicated on the policies.

- **Preventive Services** – Updated coverage, billing and coding for lung cancer screening, Hepatitis C virus screening, hearing screening for children and colorectal cancer screening.
- **Obstetrics and Gynecology** – Added information about NDC requirements for IUDs and contraceptive implants for MassHealth ACO and NaviCare plan members.
- **Noncovered Services Payment Policy** – Updated Code Report (eff 06-02-2021).
- **Modifier Payment Policy** – Removed references to Provider Manual throughout; under Reimbursement, added Therapy Assistant Modifiers, deleted Therapy Function Modifiers subsection; added clarification under Modifier 59 and subsets in the billing/coding guidelines section.
- **Physical and Occupational Therapy** – Clarified billing/coding guidelines
- **Speech Therapy** – Clarified billing/coding guidelines
- **Home Health Agency** – Updated policy section to include information on outpatient therapy services provided to Medicare plan members. ■

Change in preferred peg-filgrastim products

Effective September 1, 2021, for Commercial and MA Health Connector plans, Fulphila will become a preferred peg-filgrastim product, and Udenyca will become a non-preferred peg-filgrastim product. For new prescription starts only, members will be required to use our preferred products (Fulphilia and Neulasta) prior to receiving approval for a non-preferred product (Udenyca, Ziextenzo, Nyvepria). All peg-filgrastim products will continue to require prior authorization.

Commercial/MA Health Connector plans	Current policy	New policy effective 9/1/21
Preferred	Neulasta, Udenyca	Neulasta, Fulphila
Non-preferred	Fulphila , Ziextenzo, Nyvepria	Udenyca , Ziextenzo, Nyvepria ■

Connection is an online quarterly publication for all Fallon Health ancillary and affiliated providers.

Send information to:

Provider Relations
Fallon Health
10 Chestnut St.
Worcester, MA 01608

or

Email your Provider Relations representative

Richard Burke
President and CEO

Dr. Carolyn Langer
*Senior Vice President and
Chief Medical Officer*

Susan Keser
*Vice President, Network Development
and Management*

Kathy Bien
Director, Provider Relations

fallonhealth.org/providers

Questions?

1-866-275-3247

