

Connection

Important information for Fallon Health physicians and providers

In the April issue:

Important updates

- [Expanded support for hospitals to meet the needs of behavioral health members](#)

What's new

- [Obesity drugs and 340B drug pricing program](#)
- [New Pharmacy Step Therapy exception request process](#)

Product spotlight

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

Compliance

- [Provider notification of DOI Bulletin 2024-02](#)

Important reminders

- [Medication prior authorization requests](#)
- [Save the date \(June 5-6\) – UMass Healthcare Culinary Conference](#)
- [Balance billing](#)
- [MassHealth payment and coverage guideline tools](#)

Doing business with us

- [Provider appeals and supporting documentation](#)
- [CAQH Directory Management reminder](#)

Quality focus

- [Clinical Practice Guideline update](#)

Coding corner

- [Hyaluronic Acid derivatives](#)
- [RSV vaccine reminder](#)
- [Coding updates](#)

Payment policies

- [Revised policies](#)

Medical policies

- [New and revised policies](#)

Important updates

Expanded support for hospitals to meet the needs of behavioral health members

Effective October 1, 2023, Fallon Health began reimbursing hospitals for behavioral health services provided to **Fallon Health-Atrius Health Care Collaborative, Berkshire Fallon Health Collaborative, Fallon 365 Care, and NaviCare®**—pursuant to Managed Care Entity Bulletin 107.

Fallon Health will reimburse the hospital consistent with MassHealth reimbursement.

Providers may bill HCPCS codes as described below:

Code	Description
S9485	(Crisis intervention mental health services, per diem)
G2213	(Initiation of medication for treatment of opioid use disorder in the Emergency Dept.)
H2015 HF	(Paraprofessional or peer specialist trained in the essentials of substance use disorder)



Billing Guidance:

BH Crisis Evaluations (S9485) Delivered in the Emergency Department

- Rendered in accordance with Standards for Behavioral Health Evaluations in RY24 Acute Hospital RFA (Appendix I).
- Claim submitted to Fallon Health.
- The hospital is the billing entity, not the individual provider.
- Claim must be billed on 837I (UB).
- No more than 1 unit per day, no more than once per acute hospital stay.

BH Crisis Evaluations (S9485) Delivered in the Medical/Surgical Setting

- Rendered in accordance with Standards for Behavioral Health Crisis Evaluations in RY24 Acute Hospital RFA (Appendix I).
- Claim submitted to Fallon Health.
- The hospital is the billing entity, not the individual provider.
- Claim must be billed on 837I (UB).
- No more than 1 unit per day, no more than once per acute hospital stay.

BH Crisis Management (S9485 with V1 or V2) Delivered in Emergency Department

- Rendered in accordance with Standards for Behavioral Health Crisis Management in RY24 Acute Hospital RFA (Appendix K).
- Claim submitted to Fallon Health.
- The hospital is the billing entity, not the individual provider.
- Claim must be billed on 837I (UB).
- No more than 1 unit per day.
- BH Crisis Management (S9485 with V1 or V2) cannot be billed on same day as BH Crisis Evaluation (S9485).
- S9485 with V1 cannot be billed on same day as S9485 with V2.

BH Crisis Management (S9485 with V1 or V2) Delivered in the Medical/Surgical Setting

- Rendered in accordance with Standards for Behavioral Health Crisis Management in RY24 Acute Hospital RFA (Appendix K).
- Claim submitted to Fallon Health.
- The hospital is the billing entity, not the individual provider.
- Claim must be billed on 837I (UB).
- No more than 1 unit per day.
- BH Crisis Management (S9485 with V1 or V2) cannot be billed on same day as BH Crisis Evaluation (S9485).
- S9485 with V2 cannot be billed on same day as S9485 with V1.

MOUD (G2213) Delivered in the Emergency Department

- Rendered in accordance with Standards for Initiation of Medication for the Treatment of Opioid Use Disorder in RY24 Acute Hospital RFA (Appendix M).
- Claim submitted to Fallon Health.
- The hospital is the billing entity, not the individual provider.
- Claim must be billed on 837I (UB).
- G2213 is an add-on code to be billed with evaluation and management visit codes used in the ED setting (99281-99285).
- MOUD (G2213) is not separately reimbursed when delivered in the Medical/Surgical Setting.

RSN (H2015-HF) Delivered in the Emergency Department

- Rendered in accordance with Standards for Recovery Support Navigators in RY24 Acute Hospital RFA (Appendix N).
- Claim submitted to Fallon Health.
- The hospital is the billing entity, not the individual provider.
- Claim must be billed on 837I (UB).
- RSN services must be billed with the procedure code and modifier.

RSN (H2015-HF) Delivered in the Medical/Surgical Setting

- Rendered in accordance with Standards for Recovery Support Navigators in RY24 Acute Hospital RFA (Appendix N).
- Claim submitted to Fallon Health.
- The hospital is the billing entity, not the individual provider.
- Claim must be billed on 837I (UB).
- RSN services must be billed with the procedure code and modifier.

If you have questions, please call your Fallon Health Provider Relations Representative. ■

What's new

Obesity drugs and 340B drug pricing program

Pursuant to Managed Care Entity Bulletin 109—Effective July 1, 2024—Fallon Health will only pay for the following drugs when providers use non-340B stock.

- Saxenda® (liraglutide)
- Victoza® (liraglutide)
- Ozempic® (semaglutide)
- Rybelsus® (semaglutide)
- Wegovy® (semaglutide)
- Mounjaro® (tirzepatide)*
- Zepbound® (tirzepatide)*

**Tirzepatide is a glucose-dependent insulintropic polypeptide (GIP) receptor and glucagon-like peptide-1 (GLP-1) receptor agonist.*

For NaviCare HMO SNP members

Fallon Health will only pay for non-part D weight loss drugs when providers use non-340B stock. The only exception to this is for NaviCare HMO SNP members who receive part D covered drugs—Victoza[®], Ozempic[®], Rybelsus[®], and Mounjaro[®]—in which case 340B stock can be used.

To determine if your patient is a NaviCare HMO SNP or NaviCare SCO member, please review the front of their member ID card.

This bulletin is available on the MassHealth [website](#).

For questions, reach out to your Contract Manager or email us at askfchp@fallonhealth.org. ■

New Pharmacy Step Therapy exception request process

The Massachusetts Division of Insurance recently issued Bulletin 2024-03 directing commercial plans—including Fallon Health's Community Care plan—to implement new processes for prescription drugs whose prior authorization requirements include step therapy. Similar processes have also been implemented for our MassHealth ACO plans (Berkshire Fallon Health Collaborative, Fallon 365 Care, and Fallon Health-Atrius Health Care Collaborative).

Under the new requirements, for medications that are restricted through the use of a step therapy protocol, a member and their prescribing health care provider may request an exception to the step therapy protocol. To qualify for an exception, one of the following conditions must be met:

- (i) the prescription drug required under the step therapy protocol is contraindicated or will likely cause an adverse reaction in, or physical or mental harm to, the member;
- (ii) the prescription drug required under the step therapy protocol is expected to be ineffective based on the known clinical characteristics of the member and the known characteristics of the prescription drug regimen;
- (iii) the member or prescribing health care provider: (A) has provided documentation to Fallon establishing that the member has previously tried the prescription drug required under the step therapy protocol, or another prescription drug in the same pharmacologic class or with the same mechanism of action, while covered by Fallon Health or by a previous health insurance carrier or a health benefit plan; and (B) such prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event;
- (iv) the member or prescribing health care provider has provided documentation to Fallon Health establishing that the member: (A) is stable on a prescription drug prescribed by the health care provider; and (B) switching drugs will likely cause an adverse reaction in, or physical or mental harm to, the member.

Step therapy exception requests must be reviewed, and granted or denied, within 3 business days of receiving all necessary information to establish the medical necessity of the prescribed treatment. If additional delay would result in significant risk to the member's health or well-being, a response must be made within 24 hours of receiving all necessary information.

Step therapy exception requests can be submitted to Fallon Health via the same phone/fax/address as other pharmacy prior authorization requests. Please refer to our [website](#) for more information. Updated prior authorization forms will be made available that include the step therapy exception request questions. Providers are urged to provide all necessary information based on plan criteria in order to prevent any delays in review.

If a step therapy request is denied, the denial can be appealed. Appeals of step therapy exception requests are subject to the same time frames as initial requests. Appeals must be reviewed, and granted or denied, within 3 business days of receiving all necessary information to establish the medical necessity of the prescribed treatment. If additional delay would result in significant risk to the member's health or well-being, a response must be made within 24 hours of receiving all necessary information.

Fallon Health also has a step therapy medication continuity of care (or transition) policy for new members. Fallon Health will allow a 30-day supply of step therapy medication for newly enrolled members within the first 30 days of their enrollment. This will ensure that the member does not experience any delay in accessing the drug prescribed by their health care provider, including a drug administered by infusion, while the exception request is being reviewed. After this transition period, if an exception is not granted, the appropriate step requirements will need to be met.

Additional details of the new requirements can be found [here](#). ■

Product spotlight

NaviCare® – Model of Care training

NaviCare utilizes both Medicare and Medicaid covered benefits and services to help our members function at the safest level in the most appropriate setting. Eligible members must be age 65 or older, have MassHealth Standard, and may or may not have Medicare. NaviCare is available in every county in Massachusetts, except for Nantucket and Dukes.

Every member has a customized member centric 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.

NaviCare benefits that all members receive include:

- Unlimited transportation to medical appointments. Up to 140 one-way trips per calendar year to places including grocery stores, gyms, and churches, within a 30-mile radius of the member's home. Transportation may be arranged 2 business days in advance by calling our transportation vendor, CTS, at 1-833-824-9440. The member/caregiver can arrange transportation. Fallon Health Navigators are also available to assist. Members/their caregivers can also qualify for mileage reimbursement for covered trips provided by friends and family.

- Up to \$400 per year in fitness reimbursements for new fitness trackers, like a Fitbit® or Apple Watch®, and/or a membership in a qualified health club or fitness facility. They also have a SilverSneakers® gym membership.
- Up to \$848 per year on the Save Now card, to purchase food, health, and personal care items. Purchases can be made over the phone, at stores like CVS Pharmacy, Family Dollar, and Walmart, or online with free home delivery.
- Outpatient behavioral health services (Covered through our contracted providers. No authorization required.)
- Covered prescription drugs and certain approved OTC drugs and items. Members may receive a 100-day supply of medications via mail order.
- Vision care and eyeglasses (\$570 annual eyewear allowance, up to 2 pairs of glasses per year)
- Hearing aids (and batteries)
- Dental care, including dentures. For comprehensive dental, including endodontics, extractions, oral surgery services in a provider's office (except for the removal or exposure of impacted teeth), periodontics, prosthodontics, restorative services, and other oral/maxillofacial surgery services to be covered, member's doctor or other plan provider must get prior authorization (approval in advance) from the plan. Members have access to the DentaQuest network of dental providers.
- Durable medical equipment (DME) such as wheelchairs, crutches and walkers, and related supplies. Members are allowed 1 seat lift chair per lifetime, up to \$900.*
- Diabetic services and supplies. In addition to Freestyle Libre monitors, additional glucometers may be covered. (Previously, only Freestyle Libre monitors were covered.) Also, Medtronic non-therapeutic or adjunctive continuous glucose monitors may be obtained at network DME providers.
- An entire 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 coordinated care plans 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 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 Services 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' behavioral 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 who 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 1-877-700-6996.

To refer a patient to NaviCare, or learn more about eligibility criteria, call 1-877-255-7108. ■

NaviCare Model of Care success

Fallon Health supports safe housing for elders. Earlier this year, the NaviCare team received an urgent request from MassHealth to assist 10 residents residing in an assisted living facility (ALF) in the Berkshires. This ALF was deemed uninhabitable, and the residents were at risk. Upon receiving this request, a Care Team was quickly assembled to urgently onboard each member. Within days of being notified of the situation, the Care Team met at the ALF and enrolled each resident onto NaviCare SCO plan.

Over 2 days, NaviCare Nurse Case Managers completed health risk assessments and developed individualized care plans for all 10 residents. Navigators reviewed benefits and assisted with coordination of transportation to upcoming appointments.

The NaviCare team ensured these members had their basic needs met and safety concerns managed by partnering with local agencies such as Elder Services of Berkshire County. The team contracted visiting nursing associations and group adult foster care agencies that could help members with vital activities of daily living such as housekeeping, meal preparation, medication administration, and personal care.

When the time came for these members to be placed in alternative housing, the NaviCare team toured facilities to ensure the housing would be appropriate. The care team provided emotional support to all the members who had built a sense of community at the ALF and were concerned about moving. With continued teamwork, all members were placed in a safe place within 2 months. Some members were able to remain together at a local ALF, but some needed more support and were transitioned to a local skilled nursing facility. All members received safe housing in the least restrictive setting, which is the goal for all NaviCare members. ■

Compliance

Provider notification of DOI Bulletin 2024-02 regarding coverage for Community Care members' annual mental health wellness exam

The Massachusetts Division of Insurance recently issued Bulletin 2024-02 directing commercial plans—including Fallon Health's Community Care plan—to implement coverage for a new annual Behavioral Health Wellness Examination. Plans must have implemented the new benefit by March 31, 2024.

Under the new benefit, Community Care members are covered for 1 Behavioral Health Wellness Examination per calendar year. The exam must be performed by either a licensed mental health professional or by a primary care provider. The exam will be covered with no cost-sharing for all Community Care plans except for the Connector Low Silver HSA plan, which is a qualified high deductible (QHD) plan. Because federal rules mandate that QHDs apply most services towards the deductible, the Behavioral Health Wellness Examination will be subject to the deductible for Low Silver HSA members who have not yet met their deductible, then will be covered in full after the deductible has been met.

The Behavioral Health Wellness Examination is separate and distinct from a member's annual preventive visit and as such must be charged separately. The Behavioral Health Wellness Examination is defined as:

1. Observation, a behavioral health screening, education, consultation on healthy lifestyle changes, referral to ongoing treatment, mental health services, other necessary supports, and discussion of potential options for medication;
2. Age-appropriate screenings or observations to understand a covered person's mental health history, personal history, mental or cognitive state and, when appropriate, relevant adult input through screenings, interviews, and questions

Fallon Health claims systems have been updated to process the exam using the following codes:

1. Procedure Code: 90791 (an integrated biopsychosocial assessment, including history, mental status, and recommendations)
2. Diagnosis Code: Z13.30 (encounter for screening examination for mental health and behavioral disorders, unspecified)
3. Modifier: 33 (to make clear that the exam is for preventive purposes and not an initial evaluation due to presenting issue/illness)

Additional details, including component parts of the exam can be found [here](#). ■

Important reminders

Medication prior authorization requests

It is important to send medication prior authorizations (PA) requests to the correct unit to prevent delays in review and member care. Prior authorization requests for medications are sent to either MagellanRx or OptumRx. Medication requests should not be sent to the Fallon Health Clinical UM department.

- **Patient-administered drugs (pharmacy benefit) – all plans**

PA requests for these medications must be sent to OptumRx for review. Please see the chart on our [website](#) for contact information.

Please refer to our online [formularies](#) to determine which patient-administered drugs require a PA.

- **Physician-administered drugs (medical benefit) – all plans**

PA requests for these medications must be sent to MagellanRx for review. Please see the contact information on our [website](#).

Please refer to the [Procedure code look-up](#) to determine which physician-administered drugs require a PA. You may also refer to our online [medical benefit formulary](#).

- **Medicare glucose monitors and related testing supplies (including test strips) – Fallon Medicare Plus, NaviCare, and Summit ElderCare plans**

- **For Medicare members only**, Fallon Health reviews Medicare glucose monitor and related testing supply (including test strips) requests. Please fax requests to 1-508-791-5101 or call 1-508-368-9825, option 5, option 2.

Reference Chart:

Type	Vendor/Unit	Phone	Fax
Medical Benefit PA Drug	Magellan Rx _{SM}	1-800-424-1740	1-888-656-6671
Pharmacy Benefit PA Drug – Fallon Medicare Plus™, NaviCare®, Summit ElderCare®	Optum Rx®	1-844-657-0494	1-844-403-1028
Pharmacy Benefit PA Drug – Fallon 365 Care Berkshire Fallon Health Collaborative Fallon Health-Atrius Health Care Collaborative	OptumRx	1-844-720-0033	1-844-403-1029
Pharmacy Benefit PA Drug - Community Care	OptumRx	1-844-720-0035	1-844-403-1029
Medicare glucose monitors and related testing supplies (including test strips) – Fallon Medicare Plus, NaviCare, and Summit ElderCare (For Medicaid ACO and Community Care, see Pharmacy Benefit PA above)	Fallon Health Pharmacy Services	1-508-368-9825, option 5, option 2	1-508-791-5101

Save the date – June 5-6

You're invited to the inaugural UMass Healthcare Culinary Conference—Bridging Healthcare, Food, and Community.

This 2-day event will be held at UMass Amherst, and will focus on the following:

- Developing culinary skills that support dietary guidelines, reflect cultural preferences, and meet economic constraints.
- Understanding the social determinants of health and the impact of food insecurity on individual health.
- Valuing and appreciating the significance of food in preserving cultural identity.
- Identifying the importance of collaboration between healthcare systems and community food systems to address nutrition-related health disparities.

Includes lectures by Michel Nischan and renowned scientists, panel discussions, networking, and more. Join esteemed chefs Ana Jaramillo, Breana Killeen, and Michel Nischan in the kitchen. Visit a local farm to learn more about sustainable farming and local food systems.

Tickets are \$500 for health care providers; \$250 for students and community health workers. Event details and registration available [here](#). Sponsored in part by Fallon Health. ■

Balance billing

Balance billing Fallon Health members (other than deductibles, copayments, or coinsurance) is not allowed for covered services. Fallon MassHealth ACO and NaviCare members do not have cost share and should never be billed for covered services. ■

MassHealth Payment and Coverage Guideline Tool

When billing for items that have a quantity restriction for MassHealth ACO members, it is important to be mindful of any limits under the MassHealth Payment and Coverage Guideline Tool as well as CMS Medically Unlikely Edits (MUEs). If the medically necessary quantity has been authorized but exceeds either of these limits, it may be necessary to bill and ship the items on more than one day. ■

Doing business with us

Provider appeals supporting documentation

It is essential to include all supporting documentation with any provider appeal. For example, if there was a compelling reason that a provider did not obtain prior authorization for a service for which it was required, the appeal should include the description of the circumstances and the documentation which would be reviewed, if an exception was granted.

Fallon Health has one level of provider appeal and we strongly recommend you submit all pertinent information to allow for a complete review. ■

CAQH Directory Management Solution and provider data updates

Fallon Health partners with the Council for Affordable Quality Healthcare® (CAQH) and the CAQH Directory Management Solution (formerly DirectAssure) for validation of provider directory information. The directory review and attestation in the CAQH Directory Management Solution system must be updated regularly to ensure that your information is correct—every 90 days.

Important reminders:

- When attesting to your information, you should indicate Fallon Health is a plan you accept, otherwise you will receive an educational call from your provider relations representative.
- If you are delegated for credentialing, this does not preclude you from attesting for directory purposes—credentialing and directory attestations are separate and distinct.
- Demographic updates can be made through CAQH including practice address, phone number, fax number and panel status.
- “Pay-to” updates cannot be made via CAQH and require a W-9.
- New providers cannot be added through the CAQH Directory Management Solution, they require an HCAS form with appropriate supporting documentation which can be sent to providerdataupdates@fallonhealth.org.

For more information about the CAQH Directory Management Solutions, please visit:

caqh.org/solutions/provider-data/directory-management.

If you have any questions, please contact your Provider Relations Representative. ■

Quality focus

Clinical Practice Guideline update

Fallon's Clinical Quality Improvement Committee endorsed and approved the following evidence-based Clinical Practice Guidelines:

- 2020 Asthma Management Guidelines At-A-Glance
- 2020 Asthma Management Guidelines
- 2022 ACC/AHA/HFSA Guideline for the Management of Heart Failure
- 2023 Gold Initiative for Chronic Obstructive Lung Disease-Gold Pocket Guide
- Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain-United States, 2022
- 2024 Standards of Care in Diabetes
- 2024 Child and Adolescent Immunization Schedule by Age-Recommendations for 18 Years or Younger
- 2024 Adult Immunization Schedule by Age-Recommendations for Ages 19 Years or Older

Fallon Health's Clinical Practice Guidelines are available [here](#).

For a paper copy, please contact Robin Byrne at 1-508-368-9103. ■

Coding Corner

Hyaluronic acid (HA) derivatives: Euflexxa, Synvisc/Synvisc-One preferred

This is a notification of changes to Hyaluronic Acid (HA) Derivatives for the treatment of pain associated with osteoarthritis (OA) of the knee. Hyaluronic acid drugs are injected into the knee joint by orthopedic specialists to act as a local "lubricant" and decrease pain associated with OA. Use of HA agents is limited to the knee(s) in patients with documented OA and allowed once every 6 months. Use of HA is indicated in members that have tried/failed or have contraindication(s) to standard conservative treatments and/or corticosteroid injections.

Fallon Health has historically established Euflexxa as the preferred HA agent. In addition, we are adding Synvisc/Synvisc-One (J7325) to Euflexxa (J7323) as co-preferred HA agents. These preferred HA agents will be available with "no prior authorization (PA) required" but subject to post-service claims editing (PSCE). Bills for the preferred agents must be submitted with a covered diagnosis, not exceed the max allowed dosage, and should not be administered more frequently than every 6 months. (See PSCE payment policy for additional information and coding requirements.)

All other HA drugs will require prior authorization, must meet all PA criteria, and include documentation as to why the "preferred" HA derivative can't be used. ■

Respiratory Syncytial Virus (RSV) vaccine reminder

Fallon Health covers the vaccine for CPT code 90678 (Respiratory Syncytial Virus vaccine, preF, subunit, bivalent, for intramuscular use, brand name: Abrysvo) which has been approved for administration under the following indications:

- the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV) in people 60 years of age and older
- pregnant individuals at 32 through 36 weeks gestational age for the prevention of LRTD and severe LRTD caused by RSV in infants from birth through 6 months of age

Pregnant members who are less than 32 weeks gestation should not be vaccinated, as the vaccine is not approved because of a potential risk of preterm birth.

If this vaccine is administered to an expectant individual, providers must include the appropriate diagnosis code detailing the gestational age on the claim to ensure payment. ■

Coding updates

Effective July 1, 2024, the following code will *require plan prior authorization* for all lines of business: :

Code	Description
A9596	Gallium ga-68 gozetotide, diagnostic, (illuccix), 1 millicurie

Effective June 1, 2024, the following code *will be payable with plan prior authorization* for NaviCare and Summit Eldercare PACE:

Code	Description
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis

Effective June 1, 2024, the following codes *will require plan prior authorization* for all lines of business:

Code	Description
J9334	Inj efgart-alfa 2mg hya-qvfc
J9321	Inj epcoritamab-bysp 0.16 mg
J0217	Inj velmanase alfa-tycv 1 mg
J2508	Pegunigalsidase alfa-iwxj
J9046	Inj, bortezomib, dr. reddy's
J9048	Inj, bortezomib freseniuskab
J9049	Inj, bortezomib, hospira
J9051	Inj, bortezomib (maia)
J9286	Inj glofitamab gxbm, 2.5 mg

Code	Description
J9294	Inj pemetrexed, hospira 10mg
J9296	Inj pemetrexed (accord) 10mg
J9297	Inj pemetrexed (sandoz) 10mg
J9314	Inj pemetrexed (teva) 10mg
J9333	Inj ronzanolixizum-noli 1 mg
Q5130	Inj, fylnetra, 0.5 mg
J0177	Inj, aflibercept hd, 1 mg
J1203	Inj, cipaglucoasidase alfa-atga, 5 mg
J1323	Inj, elranatamab-bcmm, 1 mg
J2782	Inj, avacincaptad pegol, 0.1 mg
J3055	Inj, talquetamab-tgvs, 0.25 mg
J9376	Inj, pozelimab-bbfg, 1 mg
Q5133	Inj, toclizumab-bavi (tofidence), biosimilar, 1 mg
Q5134	Inj, natalizumab-sztn (tyruko), biosimilar, 1 mg

Effective June 1, 2024, the following codes will be payable with plan prior authorization for MassHealth ACO:

Code	Description
64590	INSERTION OR REPLACEMENT OF PERIPHERAL, SACRAL, OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, REQUIRING POCKET CREATION AND CONNECTION BETWEEN ELECTRODE ARRAY AND PULSE GENERATOR OR RECEIVER
64595	REVISION OR REMOVAL OF PERIPHERAL, SACRAL, OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, WITH DETACHABLE CONNECTION TO ELECTRODE ARRAY

Effective April 1, 2024, the following codes will be deny vendor liable (due to CMS indicator M = Measurements only) for Medicare HMO, Medicare provider-specific plan (PSP), and NaviCare only:

Code	Description
M1350	Pt w/ suic saf pln init rev
M1351	Pt cmplt suicd saf pln 120dy
M1352	Suicd c-ssrs assessment, equ
M1353	Pts no cmplt suicd saf pln
M1354	Pt no suicd saf pln 120dy
M1355	Suicd based cln eval
M1356	Pt died dur meas pd
M1357	Pt w/red suic idea 120 days
M1358	Pts no suicd idea 120 dys
M1359	Indx suicd idea, no 0 scr

Effective April 1, 2024, the following codes will be deny vendor liable for MassHealth ACO:

Code	Description
M0075	CELLULAR THERAPY
M0076	PROLOTHERAPY
M0100	INTRAGASTR HYPOTHM USE GASTR FREEZ
M0300	IV CHELATION THERAPY
M0301	FABRIC WRAPPING ABDOMINAL ANEURYSM
M1350	Pt w/ suic saf pln init rev
M1351	Pt cmplt suicd saf pln 120dy
M1352	Suicd c-ssrs assessment, equ
M1353	Pts no cmplt suicd saf pln
M1354	Pt no suicd saf pln 120dy
M1355	Suicd based cln eval
M1356	Pt died dur meas pd
M1357	Pt w/red suic idea 120 days
M1358	Pts no suicd idea 120 dys
M1359	Indx suicd idea, no 0 scr

Effective April 1, 2024, the following codes will be set to not covered for Medicare HMO, Medicare provider-specific plan (PSP) and NaviCare only:

Code	Description
0248U	ONC BRN SPHRD CLL 12 RX PNL
0249U	ONC BRST ALYS 32 PHSPTN ALG
0250U	ONC SLD ORG NEO DNA 505 GENE
0251U	HEPCIDIN-25 ELISA SERUM/PLSM
0252U	FTL ANEUPLOIDY STR ALYS DNA
0253U	RPRDTVE MED RNA GEN PRFL 238
0254U	REPRDTVE MED ALYS 24 CHRMSM
0355U	APOL1 RISK VARIANTS
0358U	NEURO ALYS Î²-AMYL 1-42&1-40
0359U	ONC PRST8 CA ALYS ALL PSA
0360U	ONC LUNG ELISA 7 AUTOANT ALG
0362U	ONC PAP THYR CA RNA 82&10
0363U	ONC URTHL MRNA 5 GEN ALG
0664T	DON HYSTERECTOMY OPEN CDVR
0665T	DON HYSTERECTOMY OPEN LIV
0666T	DON HYSTERECTOMY LAPS LIV
0667T	DON HYSTERECTOMY RCP UTER

Code	Description
0749T	B1 STR&FX RSK ASSMT DXR-BMD
0750T	B1 STR&FX RSK ASMT DXRBMD1VW
0792T	APPL SLVR DIAMN FLUORIDE 38%
22526	IDET, SINGLE LEVEL
22527	IDET, 1 OR MORE LEVELS
37216	TRANSCATH STENT, CCA W/O EPS
74263	CT COLONOGRAPHY, WITH DYE
90589	CHIKUNGUNYA VACCINE LIVE IM
90623	MENACWY-TT MENB-FHBP VACC IM
90683	RSV VACC MRNA LIPID NANO IM
99026	IN-HOSPITAL ON CALL SERVICE
99027	OUT-OF-HOSP ON CALL SERVICE
99429	UNLISTED PREVENTIVE SERVICE
A4467	BELT STRAP SLEEV GRMNT COVER
A9273	HOT COLD H2OBOT CAP COL WRAP
A9286	ANY HYGIENIC ITEM, DEVICE
G9147	OUTPT INTRAVENOUS INSULIN TREATMENT (OIVIT)
V2525	CI, hydrophilic, dual focus
V5008	HEARING SCREENING
V5014	REPAIR/MODIFICATION OF HEARING AID
V5090	DISPENSING FEE UNSPEC HEARING AID
V5110	DISPENSING FEE BILATERAL
V5160	DISPENSING FEE BINAURAL
V5240	DISP FEE CONTRALATERAL BINAU
V5241	DISPNS FEE MONAURL HEARING AID TYPE
V5281	ALD FM/DM SYSTEM, MONAURAL
V5282	ALD FM/DM SYSTEM BINAURAL
V5283	ALD NECK, LOOP IND RECEIVER
V5284	ALD FM/DM EAR LEVEL RECEIVER
v5285	ASSISTIVE LISTENING DEVICE
V5286	ALD FM/DM AUD INPUT RECEIVER
V5287	ALD FM/DM RECEIVER, NOS
V5288	ALD FM/DM TRANSMITTER ALD
V5289	ALD FM/DM ADAPT/BOOT COUPLIN
V5290	ALD TRANSMITTER MICROPHONE
V5362	SPEECH SCREENING
V5363	LANGUAGE SCREENING

Code	Description
V5364	DYSPHAGIA SCREENING

Effective April 1, 2024, the following codes *will be deny vendor liable* for MassHealth ACO only:

Code	Description
Q0035	CARDIOKYMOMOGRAPHY
Q0085	CHEMO ADMIN INFUS&OTH TECH VISIT
Q0091	SCR PAP SMER; OBTAIN PREP&CONVY-LAB
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT
Q0111	WET MOUNTS W/PREP VAG CERV/SKN SPEC
Q0112	ALL POTASSIUM HYDROXIDE PREPARATNS
Q0113	PINWORM EXAMINATION
Q0114	FERN TEST
Q0115	POST-COITAL DIRECT QUALATATIVE EX
Q0477	Pwr module pt cable lvad rpl
Q0478	POWER ADAPTER, COMBO VAD
Q0479	POWER MODULE COMBO VAD, REP
Q0480	DRIVER FOR PNEUMATIC VAD REPL ONLY
Q0481	MICRPROCSS CU FOR ELEC VAD REPL
Q0482	MICRPROCSS CU ELEC/PNEUMAT VAD REPL
Q0483	MON/DISPLAY MODULE W/ELEC VAD REPL
Q0484	MON ELEC OR ELEC/PNEUMAT VAD REPL
Q0485	MON CNTRL CABLE FOR ELEC VAD REPL
Q0486	MON CABLE FOR ELEC/PNEUMAT VAD RE
Q0487	LEADS FOR ANY ELEC/PNEUMAT VAD REPL
Q0488	POWER PACK BASE FOR ELEC VAD REPL
Q0489	PWR PACK BASE ELEC/PNEUMAT VAD RE
Q0490	EMERGENCY PWR SRC FOR ELEC VAD RE
Q0491	EMERG PWR SRC ELEC/PNEUMAT VAD RE
Q0492	EMERG PWR CABLE FOR ELEC VAD REPL
Q0493	EMRG PWR CABL ELEC/PNEUMAT VAD REPL
Q0494	EMERGENCY HAND PUMP REPLACEMNT ONL
Q0495	BATT CHRG ELEC/ELEC-PNEUMAT VAD RPL
Q0496	BATT ELEC OR ELEC/PNEUMAT VAD REPL
Q0497	BATT CLPS ELEC/ELEC-PNEUMAT VAD RPL
Q0498	HOLSTR ELEC/ELEC-PNEUMAT VAD REPL
Q0499	BELT/VEST/BAG CARRY ANY TYPE VAD REPLACE ONLY
Q0500	FLTRS ELEC OR ELEC/PNEUMAT VAD REPL

Code	Description
Q0501	SHOWR COVR ELEC/ELEC-PNEUMT VAD RPL
Q0502	MOBILITY CART FOR PNEUMAT VAD REPL
Q0503	BATT FOR PNEUMAT VAD REPL ONLY EA
Q0504	PWR ADPTR PNEUMAT VAD REPL VEH TYPE
Q0506	BATT LITHIUM-ION ELEC VAD REPL
Q0507	MISC SUPPLY ACCESSORY USE W EXT VAD
Q0508	MISC SUPL/ACCSSRY USE W/IMPLANT VAD
Q0509	MISC SPL IMPL VAD NO PAY MCR PRT A
Q1005	NEW TECH IO LENS CATGY 5 FED REG
Q1004	NEW TECH IO LENS CATGY 4 FED REG
Q1005	NEW TECH IO LENS CATGY 5 FED REG
Q3031	COLLAGEN SKIN TEST
Q2039	INFLUENZA VIRUS VACCINE, NOS
Q2052	SERVICE SUPP HOME MEDICARE IVIG DEM
Q3001	ADJUNCTIVE PROCEDURE
Q3031	COLLAGEN SKIN TEST
Q4001	CAST BDY CAST ADLT W/WO HEAD PLAST
Q4002	CAST BDY CAST ADLT W/WO HEAD F-GLSS
Q4003	CAST SPL SHLDR CAST ADULT PLASTR
Q4004	CAST SPL SHLDR CAST ADULT FIBRGLS
Q4005	CAST SPL LONG ARM CAST ADULT PLASTR
Q4006	CAST SPL LONG ARM CAST ADLT FIBRGLS
Q4007	CAST SPL LNG ARM CAST PED PLASTR
Q4008	CAST SPL LNG ARM CAST PED FIBRGLS
Q4009	CAST SPL SHORT ARM CAST ADLT PLASTR
Q4010	CAST SPL SHRT ARM CAST ADLT FIBRGLS
Q4011	CAST SPL SHORT ARM CAST PED PLASTR
Q4012	CAST SPL SHORT ARM CAST PED FIBRGLS
Q4013	CAST SPL GAUNTLT CAST ADULT PLASTR
Q4014	CAST SPL GAUNTLET CAST ADLT F-GLASS
Q4015	CAST SPL GAUNTLT CAST PED PLASTR
Q4016	CAST SPL GAUNTLET CAST PED F-GLASS
Q4017	CAST SPL LNG ARM SPLINT ADLT PLASTR
Q4018	CAST SPL LNG ARM SPLINT ADLT FIBRGLS
Q4019	CAST SPL LNG ARM SPLINT PED PLASTR
Q4020	CAST SPL LNG ARM SPLINT PED FIBRGLS
Q4021	CAST SPL SHRT ARM SPLINT ADLT PLAST

Code	Description
Q4022	CAST SPL SHRT ARM SPLNT ADLT F-GLSS
Q4023	CAST SPL SHORT ARM SPLINT PED PLAST
Q4024	CAST SPL SHRT ARM SPLNT PED FIBRGLS
Q4025	CAST SPL HIP SPICA ADULT PLASTR
Q4026	CAST SPL HIP SPICA ADULT FIBRGLS
Q4027	CAST SPL HIP SPICA PEDIATRIC PLASTR
Q4028	CAST SPL HIP SPICA PED FIBRGLS
Q4029	CAST SPL LONG LEG CAST ADULT PLASTR
Q4030	CAST SPL LONG LEG CAST ADLT FIBRGLS
Q4031	CAST SPL LNG LEG CAST PED PLASTR
Q4032	CAST SPL LNG LEG CAST PED FIBRGLS
Q4033	CAST LNG LEG CYCLE CAST ADLT PLAST
Q4034	CAST LNG LEG CYCLE CAST ADLT F-GLSS
Q4035	CAST LNG LEG CYCLE CAST PED PLAST
Q4036	CAST LNG LEG CYCLE CAST PED F-GLSS
Q4037	CAST SPL SHORT LEG CAST ADLT PLASTR
Q4038	CAST SPL SHRT LEG CAST ADLT FIBRGLS
Q4039	CAST SPL SHORT LEG CAST PED PLASTR
Q4040	CAST SPL SHORT LEG CAST PED FIBRGLS
Q4041	CAST SPL LNG LEG SPLINT ADLT PLASTR
Q4042	CAST SPL LNG LEG SPLNT ADLT FIBRGLS
Q4043	CAST SPL LNG LEG SPLINT PED PLASTR
Q4044	CAST SPL LNG LEG SPLINT PED FIBRGLS
Q4045	CAST SPL SHRT LEG SPLINT ADLT PLAST
Q4046	CAST SPL SHRT LEG SPLNT ADLT F-GLSS
Q4047	CAST SPL SHORT LEG SPLINT PED PLAST
Q4048	CAST SPL SHRT LEG SPLNT PED FIBRGLS
Q4049	FINGER SPLINT STATIC
Q4050	CAST SPL UNLIST TYPES&MATL CASTS
Q4051	SPLINT SUPPLIES MISCELLANEOUS-UNLISTED
Q4116	ALLODERM PER SQ CM
Q4117	HYALOMATRIX
Q4118	MATRISTEM MICROMATRIX
Q4122	DERMACELL DERMACELL AWM/POROUS P SC
Q4123	ALLOSKIN RT PER SQ CM
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQ CM
Q4125	ARTHROFLEX PER SQ CM

Code	Description
Q4126	MEMODERM TRANZGRAFT/INTEGUPLY SQ CM
Q4127	TALYMED PER SQ CM
Q4128	FLEX HD OR ALLOPATCH HD PER SQ CM
Q4130	STRATTICE PER SQ CM
Q4134	HMATRIX
Q4135	MEDISKIN
Q4136	EZDERM
Q4137	AMNIOEXL AMNIOEL PLUS/BIODEXL P SC
Q4138	BIODFENCE DRYFLEX PER SQ CM
Q4139	AMNIOMATRIX OR BIODMATRIX INJ 1 CC
Q4140	BIODFENCE PER SQ CM
Q4141	ALLOSKIN AC PER SQ CM
Q4142	XCM BIOLOGIC TISSUE MATRIX PER SQ C
Q4143	REPRIZA PER SQ CM
Q4145	EPIFIX INJECTABLE 1 MG
Q4146	TENSIX PER SQ CM
Q4147	ARCHITECT EXTRACELLULAR MATRIX PER
Q4148	NEOX NEOX RT OR CLARIX CORD
Q4149	EXCELLAGEN 0.1 CC
Q4150	ALLOWRAP DS OR DRY 1 SQ CM
Q4152	DERMAPURE 1 SQUARE CM
Q4153	DERMAVEST AND PLURIVEST PER SQ CM
Q4154	BIOVANCE 1 SQUARE CM
Q4155	NEOXFLO OR CLARIXFLO 1 MG
Q4156	NEOX 100 OR CLARIX 100
Q4157	REVITALON 1 SQUARE CM
Q4158	KERECIS OMEGA3,PER SQ CM
Q4160	NUSHIELD 1 SQUARE CM
Q4166	CYTAL, PER SQUARE CENTIMETER
Q4167	TRUSKIN, PER SQ CENTIMETER
Q4168	AMNIOBAND, 1 MG
Q4169	ARTACENT WOUND, PER SQ CM
Q4170	CYGNUS, PER SQ CM
Q4171	INTERFYL, 1 MG
Q4173	PALINGEN OR PALINGEN XPLUS
Q4174	PALINGEN OR PROMATRX
Q4175	MIRODERM

Code	Description
Q4176	Neopatch, per sq centimeter
Q4177	Floweramnioflo, 0.1 cc
Q4178	Floweramniopatch, per sq cm
Q4179	Flowerderm, per sq cm
Q4180	Revita, per sq cm
Q4181	Amnio wound, per square cm
Q4182	Transcyte, per sq centimeter
Q4183	SURGIGRAFT PER SQ CM
Q4184	CELLESTA OR CELLESTA DUO PER SQ CM
Q4185	CELLESTA FLOWABLE AMNION;PER 0.5 CC
Q4188	AMNIOARMOR PER SQ CM
Q4189	ARTACENT AC 1 MG
Q4190	ARTACENT AC PER SQ CM
Q4191	RESTORIGIN PER SQ CM
Q4192	Restorigin, 1 cc
Q4193	COLL-E-DERM PER SQ CM
Q4194	NOVACHOR PER SQ CM
Q4195	PURAPLY PER SQ CM
Q4197	PURAPLY XT PER SQ CM
Q4198	GENESIS AMNIOTIC MEMBRANE PER SQ CM
Q4200	SKINTE PER SQ CM
Q4201	MATRION PER SQ CM
Q4202	Kerxxx (2.5g/cc), 1cc
Q4203	DERMA-GIDE PER SQ CM
Q4204	XWRAP PER SQ CM
Q4205	MEMBRANE GRAFT OR WRAP SQ CM
Q4206	FLUID FLOW OR FLUID GF 1 CC
Q4208	NOVAFIX PER SQ CM
Q4209	SURGRAFT PER SQ CM
Q4210	AXOLOTL GRAF DUALGRAF SQ CM
Q4211	AMNION BIO OR AXOBIO SQ CM
Q4212	ALLOGEN, PER CC
Q4213	ASCENT, 0.5 MG
Q4214	Cellesta cord, per square centimeter
Q4215	AXOLOTL AMBIENT, CRYO 0.1 MG
Q4216	ARTACENT CORD PER SQ CM
Q4217	WOUNDFIX BIOWOUND PLUS XPLUS

Code	Description
Q4218	SURGICORD PER SQ CM
Q4219	SURGIGRAFT DUAL PER SQ CM
Q4220	BELLACELL HD, SUREDERM SQ CM
Q4221	AMNIOWRAP2 PER SQ CM
Q4222	PROGENAMATRIX, PER SQ CM
Q4224	Hhf10-p per sq cm
Q4225	Amniobind, per sq cm
Q4226	MYOWN HARV PREP PROC SQ CM
Q4227	Amniocore per sq cm
Q4229	Cogenex amnio memb per sq cm
Q4230	Cogenex flow amnion 0.5 cc
Q4231	Corplex p, per cc
Q4232	Corplex, per sq cm
Q4233	Surfactor /nudyn per 0.5 cc
Q4234	Xcellerate, per sq cm
Q4235	Amniorepair or altiply sq cm
Q4237	Cryo-cord, per sq cm
Q4238	Derm-maxx, per sq cm
Q4239	Amnio-maxx or lite per sq cm
Q4240	Corecyte topical only 0.5 cc
Q4241	Polycyte, topical only 0.5cc
Q4242	Amniocyte plus, per 0.5 cc
Q4244	Procenta, per 200 mg
Q4246	Coretext or protext, per cc
Q4247	Amniotext patch, per sq cm
Q4248	Dermacyte amn mem allo sq cm
Q4249	Amniply, per sq cm
Q4250	Amnioamp-mp per sq cm
Q4254	Novafix dl per sq cm
Q4255	Reguard, topical use per sq
Q0247	SOTROVIMAB
Q4265	Neostim tl per sq cm
Q4266	Neostim per sq cm
Q4267	Neostim dl per sq cm
Q4268	Surgraft ft per sq cm
Q4269	Surgraft xt per sq cm
Q4270	Complete sl per sq cm

Code	Description
Q4271	Complete ft per sq cm
Q4272	Esano a, per sq cm
Q4273	Esano aaa, per sq cm
Q4274	Esano ac, per sq cm
Q4275	Esano aca, per sq cm
Q4276	Orion, per sq cm
Q4277	Woundplus e-grat, per sq cm
Q4278	Epieffect, per sq cm
Q4280	Xcell amnio matrix per sq cm
Q4281	Barrera slor dl per sq cm
Q4282	Cygnus dual per sq cm
Q4283	Biovance tri or 3l, sq cm
Q4284	Dermabind sl, per sq cm
Q9958	HO CM UP TO 149 MG/ML IODINE CONC ML
Q9959	HO CM 150-199 MG/ML IODINE CONC ML
Q9960	HO CM 200-249 MG/ML IODINE CONC ML
Q9961	HO CM 250-299 MG/ML IODINE CONC ML
Q9962	HO CM 300-349 MG/ML IODINE CONC ML
Q9963	HO CM 350-399 MG/ML IODINE CONC ML
Q9964	HO CM 400 OR GTR MG/ML IODINE CONC ML
Q9965	LO CM 100G - 199 MG/ML I CONC PER ML
Q9966	LO CM 200G - 299 MG/ML I CONC PER ML
Q9967	LO CM 300G - 399 MG/ML I CONC PER ML
Q9968	INJ NONRA NONCNTRST VIZ ADJNCT 1 MG
Q9969	NON-HEU TC-99M ADD-ON/DOSE
Q9982	FLUTEMETAML F18 DX STDY DO TO 5 MCI
Q9983	FLORBETABEN F18 DX P DO TO 8.1 MCI

Effective April 1, 2024, the following codes *will be deny vendor liable* for all lines of business:

Code	Description
Q0510	PHRM SPL FEE IMS 1ST MO FLW TPLNT
Q0512	PHRM FEE O ANTI-CA EMET/IS RX; SBSQT
Q0511	PHRM FEE O ANTI-CA-EMET/IS RX; 30-DA
Q0513	PHRM DISPNS FEE INHAL RX; -30 DAYS
Q0514	PHRM DISPNS FEE INHAL RX; -90 DAYS

Effective April 1, 2024, the following codes will be deny vendor liable (due to indicator I = Invalid Codes per CMS) for Medicare HMO, Medicare provider-specific plan (PSP) and NaviCare only:

Code	Description
1127F	New episode for condition
1128F	Subs episode for condition
4301F	Pt not rcvng warf thxpy
4320F	Pt talk psychsoc&rx oh dpnd

Effective April 1, 2024, the following code will be deny vendor liable (due to indicator M = Measurement only per CMS) for Medicare HMO, Medicare provider-specific plan (PSP) and NaviCare only:

Code	Description
G8511	Scr dep pos, no plan doc rng

Effective April 1, 2024, the following codes will be deny vendor liable for Medicare HMO, Medicare provider-specific plan (PSP), and NaviCare only:

Code	Description
A0021	Ambulance service, outside state per mile, transport (medicaid only)
A0080	Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest
A0140	Non-emergency transportation and air travel (private or commercial) intra or inter state
A0160	Non-emergency transportation: per mile - case worker or social worker
A0180	Non-emergency transportation: ancillary: lodging - recipient
A0190	Non-emergency transportation: ancillary: meals - recipient
A0200	Non-emergency transportation: ancillary: lodging escort
A0210	Non-emergency transportation: ancillary: meals - escort
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way
A0380	Bls mileage (per mile)

Effective April 1, 2024, the following codes will be deny vendor liable (due to indicator I = Invalid Codes per CMS) for NaviCare and Fallon Medicare Plus:

Code	Description
H0001	Alcohol and/or drug assess
H0002	Alcohol and/or drug screenin
H0003	Alcohol and/or drug screenin
H0004	Alcohol and/or drug services
H0005	Alcohol and/or drug services

Code	Description
H0006	Alcohol and/or drug services
H0007	Alcohol and/or drug services
H0008	Alcohol and/or drug services
H0009	Alcohol and/or drug services
H0010	Alcohol and/or drug services
H0011	Alcohol and/or drug services
H0012	Alcohol and/or drug services
H0013	Alcohol and/or drug services
H0014	Alcohol and/or drug services
H0015	Alcohol and/or drug services
H0016	Alcohol and/or drug services
H0017	Alcohol and/or drug services
H0018	Alcohol and/or drug services
H0019	Alcohol and/or drug services
H0020	Alcohol and/or drug services
H0021	Alcohol and/or drug training
H0022	Alcohol and/or drug interven
H0023	Alcohol and/or drug outreach
H0024	Alcohol and/or drug preventi
H0025	Alcohol and/or drug preventi
H0026	Alcohol and/or drug preventi
H0027	Alcohol and/or drug preventi
H0028	Alcohol and/or drug preventi
H0029	Alcohol and/or drug preventi
H0030	Alcohol and/or drug hotline
H0031	Mh health assess by non-md
H0032	Mh svc plan dev by non-md
H0033	Oral med adm direct observe
H0034	Med trng & support per 15min
H0035	Mh partial hosp tx under 24h
H0036	Comm psy face-face per 15min
H0037	Comm psy sup tx pgm per diem
H0038	Self-help/peer svc per 15min
H0039	Asser com tx face-face/15min
H0040	Assert comm tx pgm per diem
H0041	Fos c chld non-ther per diem
H0042	Fos c chld non-ther per mon

Code	Description
H0043	Supported housing, per diem
H0044	Supported housing, per month
H0045	Respite not-in-home per diem
H0046	Mental health service, nos
H0047	Alcohol/drug abuse svc nos
H0048	Spec coll non-blood:a/d test
H0049	Alcohol/drug screening
H0050	Alcohol/drug service 15 min
H1000	Prenatal care atrisk assessm
H1001	Antepartum management
H1002	Carecoordination prenatal
H1003	Prenatal at risk education
H1004	Follow up home visit/prenatal
H1005	Prenatalcare enhanced srv pk
H1010	Nonmed family planning ed
H1011	Family assessment
H2000	Comp multidisipln evaluation
H2001	Rehabilitation program 1/2 d
H2010	Comprehensive med svc 15 min
H2011	Crisis interven svc, 15 min
H2012	Behav hlth day treat, per hr
H2013	Psych hlth fac svc, per diem
H2014	Skills train and dev, 15 min
H2015	Comp comm supp svc, 15 min
H2016	Comp comm supp svc, per diem
H2017	Psysoc rehab svc, per 15 min
H2018	Psysoc rehab svc, per diem
H2019	Ther behav svc, per 15 min
H2020	Ther behav svc, per diem
H2021	Com wrap-around sv, 15 min
H2022	Com wrap-around sv, per diem
H2023	Supported employ, per 15 min
H2024	Supported employ, per diem
H2025	Supp maint employ, 15 min
H2026	Supp maint employ, per diem
H2027	Psychoed svc, per 15 min
H2028	Sex offend tx svc, 15 min

Code	Description
H2029	Sex offend tx svc, per diem
H2030	Mh clubhouse svc, per 15 min
H2031	Mh clubhouse svc, per diem
H2032	Activity therapy, per 15 min
H2033	Multisys ther/juvenile 15min
H2034	A/d halfway house, per diem
H2035	A/d tx program, per hour
H2036	A/d tx program, per diem
H2037	Dev delay prev dp ch, 15 min
H2038	Skill train and dev/diem
H2040	Coord specialty care, month
H2041	Coord special care encounter

Effective January 1, 2024, the following codes are *payable without prior authorization* for MassHealth ACO only:

Code	Description
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection

Effective January 1, 2024, the following codes are *deny vendor liable* for MassHealth ACO only:

Code	Description
87154	Culture, typing; identification of blood pathogen and resistance typing, when performed, by nucleic acid (DNA or RNA) probe, multiplexed amplified probe technique including multiplex reverse transcription, when performed, per culture or isolate, 6 or more targets
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes
97551	CAREGIVER TRAINING STRATEGIES&TQ EA ADDL 15 MIN
97552	GROUP CAREGIVER TRAINING STRATEGIES & TECHNIQUE ■

Payment policies

Revised policies – Effective June 1, 2024

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

- **Non-Covered Services** – Updated code report (generated 04/02/2024).
- **Durable Medical Equipment** – Under Reimbursement, added new paragraph—Guidance About Quantity Limits When Billing for MassHealth ACO Members.
- **Dermatology** – Under Billing/coding guidelines, added diagnosis code Z41.1 for encounters for cosmetic surgery; clarified that the decision to perform a minor surgical procedure is included in the payment for the procedure; a significant and separately identifiable evaluation and management service unrelated to the minor surgical procedure is separately reportable with modifier 25.
- **Preventive Services** – Under Billing/coding guidelines, Unhealthy Alcohol Use in Adults: Screening and Behavioral Counseling Interventions, added: Effective July 1, 2023, CPT codes 99408 and 99408 are covered for MassHealth ACO, NaviCare and Summit ElderCare PACE plan members in accordance with MassHealth program regulations (MassHealth Transmittal Letter PHY-168 September 2023), under Depression Screening, clarified that G0444 is not covered for MassHealth ACO members. ■

Medical policies

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

Revised policies – Effective April 1, 2024

(no changes to coverage criteria)

- **Luxturna (voretigene neparvovec-rzyl)**
- **Sacroiliac Joint Fusion**
- **Fecal Microbiota Transplantation**
- **Balloon Sinus Ostial Dilation** (formerly Balloon Sinuplasty for Treatment of Chronic Sinusitis)
- **Bronchial Thermoplasty**
- **Fecal Calprotectin Testing**

Revised policies – Effective June 1, 2024

- **Lung Transplantation**
- **Bone-Anchored Hearing Aids**

New policies – Effective June 1, 2024

- **Peripheral Nerve Blocks**

Retiring policies – Effective June 1, 2024

- **Experimental and Investigational** ■

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

Todd Bailey
*Interim CEO and Chief Financial
Officer*

Lora Council, M.D., MPH, MHCMI
Interim Chief Medical Officer

Susan Keser
*Vice President, Network Development
and Management*

Kathy Bien
Director, Provider Relations

fallonhealth.org/providers

Questions?

1-866-275-3247

