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Important updates

Podimetrics termination notification - update

Fallon Health is considering terminating the partnership with Podimetrics as of July 1, 2025. This program began in October 2023 and was implemented to help reduce foot complications—addressing the problem of preventable diabetic amputations and associated complications via a remote monitoring solution and care support program.

Fallon Health is reviewing the clinical benefits and member health outcomes data associated with reducing diabetic foot ulcer prevention and complications associated with these episodes. Fallon Health is committed to allocating resources to care management programs that will focus on improving our members' overall health. Eligibility has been determined based on the following criteria:

- Fallon Health-selected eligible population of high-risk diabetic members with history of DFU in the past 24 months
- Limited to Fallon Medicare Plus™, and NaviCare members
- Potential prescribing physicians: podiatrist, PCP, endocrinologists

If no clinical benefits are evident through participation in the Podimetrics program, we will notify enrolled Fallon Medicare Plus and NaviCare members of program termination prior to the end date. Notification outreach calls will be done by Fallon Health's Clinical Care Management staff and will include assisting members with transitioning out of the program, as well as offering options for disease management assistance. ■



MassHealth APAD\APEC carve-out drugs update

In accordance with MassHealth *Managed Care Entity Bulletin 125*, and consistent with the policies outlined in *MassHealth All Provider Bulletin 366* and *All Provider Bulletin 390*—effective April 1, 2025—providers are to submit prior authorization requests for APAD (Adjudicated Payment Amount Per Discharge) and APEC (Adjudicated Payment Per Episode of Care) carve-out drugs (including one-time infused cell and gene therapy) to the MassHealth Drug Utilization Review (DUR) program.

For more information on APAD and APEC, please refer to MassHealth’s *Acute Inpatient Hospital Bulletin 201* and *Acute Hospital Outpatient Bulletin 41*, which outlines MassHealth’s guidance on review, management and provider claim reimbursement which go into effect on April 1, 2025.

Any prior authorization requests submitted to the plan before April 1, 2025—for drugs scheduled to be infused on or after April 1, 2025—providers must submit the requests to MassHealth’s DUR Program for review and approval before administration. Providers should also refer to the [MassHealth Acute Hospital Carve-Out Drugs List](#) to review the list of APAD and APEC carve-out drugs subject to this transition, as well as for details regarding the MassHealth DUR Program prior authorization review process, and applicable PA forms.

Fallon Health will continue to review, and process claims for all other related hospital and professional services, including required pre-admission screening requests from hospitals. Please note that this requirement applies only to Fallon Health’s Medicaid ACO products—Berkshire Fallon Health Collaborative, Fallon 365 Care, and Fallon Health-Atrius Health Care Collaborative. Fallon Health’s Community Care, Medicare Advantage programs, and Summit ElderCare\PACE are excluded.

For any questions, the MassHealth DUR Program Call Center is available toll free at 1-800-745-7318, Monday through Friday: 7:30 a.m.–6:00 p.m. and Saturday: 8:00 a.m.–12:00 p.m. (excluding New Year’s Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day). Their fax number is 1-877-208-7428. ■

2024 ACO claims submissions

Each year Fallon Health is required to submit encounter data to the State of Massachusetts for all ACO members. The information submitted includes final encounter data from claims with service dates for the previous year.

To meet this requirement, **Fallon Health is requiring all claims for dates of service (DOS) in 2024 be submitted by July 4, 2025.**

Submission of claims by this deadline will ensure that the information will be provided to the State within the required timeframe. *Please note that timely filing limits do apply.*

Information about submitting first-time claims and claim corrections:

- First-time claims must be submitted within 120 days of the DOS, unless your contract states differently.
- Claim corrections must be submitted within 120 days from the most recent Remittance Advise Summary (RAS).
 - All paper claim corrections must be submitted with a [request for claim review form](#) filled out.
 - All electronic corrections must be submitted with a frequency code 7 or bill type 7.
 - Corrected claims must include all services/lines on the claim, not just the corrected line.

Please reach out with questions. ■

Provider notification: New Home Health Care and DME prior authorization/utilization management process

Fallon Health continues to examine processes to ensure consistency and efficiency for our provider partners. Effective on or after July 1, 2025, Fallon Health will implement certain changes to the prior authorization process for Home Health Care and Durable Medical Equipment (DME) services.

Fallon Health is engaging a new, delegated vendor partner to perform utilization management functions for these service categories. As a component of this change, the list of DME services subject to prior authorization will be expanded. In addition, all home health services will require prior authorization. Home Health providers will likely experience more frequent reviews of the need for ongoing services. Fallon Health will provide additional details on the implementation of this change when available. ■

Fallon Health ACO pharmacy updates for April 1, 2025

Title	Description
Inflammatory Bowel Disorder Agents	<ul style="list-style-type: none">• Lialda CU updated from no PA required to PA required• Delzicol CU to reflect member of age 5 years and older, and trial with a mesalamine oral product that is available without PA• Accept stability as rationale to bypass approval criteria for all agents in this guideline
Hereditary Angioedema Agents	<ul style="list-style-type: none">• Takhzyro CU for recertification criteria, switching attack-free members from every two weeks to every four weeks dosing
Opioids and Analgesics	<ul style="list-style-type: none">• Nucynta and Nucynta ER updated from PA > 300 mg/day to PA required for drug (including dosing limit) due to non-rebate• Xtampza updated from PA > 72/day and PA > 2 units/day to PA required for drug (including dosing and quantity limits) due to non-rebate

Title	Description
Antipsychotics and Miscellaneous Mental Health Therapies	<ul style="list-style-type: none"> • Add Erzofri (paliperidone extended-release 1-month injection) requiring PA • Add Opipza (aripiprazole film) requiring PA • Add stability criteria into polypharmacy approval criteria • Clarify when it would be appropriate to consider a lower dose of Caplyta • Decrease the age allowance for aripiprazole solution from 18 to 13; decrease the QL for aripiprazole solution to 10 mL/day. Add step through aripiprazole ODT for aripiprazole solution.
Osteoporosis Agents and Miscellaneous Calcium Regulators	<ul style="list-style-type: none"> • Add Yorvipath requiring PA • Add off-label criteria for use of teriparatide for treatment of hypoparathyroidism
Opioids and Analgesics	<ul style="list-style-type: none"> • CU for Belbuca to allow microdose of buprenorphine with the intent to taper off full agonist opioid therapy over 2-week time period
Anti-Obesity Agents	<ul style="list-style-type: none"> • Add polypharmacy criteria and paid claim lookback (30 days) for all GLP-1 agonist agents
Antidiabetics Agents – Non-Insulin and Combination products	<ul style="list-style-type: none"> • Add polypharmacy criteria and paid claim lookback (30 days) for all GLP-1 agonist agents
Insulin Products	<ul style="list-style-type: none"> • Insulin as part updated from no PA required to PA required • Remove age restriction criteria from Fiasp and Lyumjev
Enzyme and Metabolic Disorder Therapies	<ul style="list-style-type: none"> • Myplyffa added, PA required • Aqneursa added, PA required • Zavesca - added off-label use for treatment of NPC
Gastrointestinal Agents – H2 antagonists, PPIs and Misc. Agents	<ul style="list-style-type: none"> • Nexium 2.5 mg, 5 mg, 10 mg suspension changed from PA to PA ≥ 2 years and PA > 1 unit/day • Nexium 10mg suspension updated to reflect PA ≥ 2 years and PA > 1 unit/day
Breast Cancer Therapies	<ul style="list-style-type: none"> • Kisqali expanded indication for HR-positive, HER2-negative stage 2 or 3 early breast cancer: added to guideline with same criteria as Versenio • Add Itovebi requiring PA • CU for Truqap for diagnosis of HR-positive, HER2-negative, locally advanced or metastatic breast cancer with one or more PIK3CA/AKT1/PTEN-mutations: remove the step through Piqray and update notes to include exemestane as an accepted trial of endocrine therapy

Title	Description
Influenza Treatment and Prophylaxis Agents	<ul style="list-style-type: none"> • Xofluza updated for expanded indication for use in members ≥ 5 years of age for influenza treatment and prophylaxis (previously approved for members ≥ 12 years of age)
Antidiabetics Agents – Non-Insulin and Combination products	<ul style="list-style-type: none"> • Add Zituvamet to MHDL as covered • Add Zituvamet XR requiring PA • CPAS change: add glimepiride 3 mg tablets to PA • CU update for Zituvio to manage similar to other non-preferred DPP-4 inhibitors and add Zituvio to BOGL
Antifungals – Topical	<ul style="list-style-type: none"> • Ertaczo updated from no PA to PA required • Terbinafine 1% cream added to OTC list as no PA required • Ciclopirox gel CU for DX of seborrheic dermatitis of scalp updated to trials with ciclopirox shampoo and ketoconazole shampoo; DX of tinea corporis/pedis updated to trials with ciclopirox cream and clarify specific trials available without PA • Ciclopirox 1% shampoo CU updated from two antifungal trials without PA to ketoconazole shampoo 8. Extina CU for DX of seborrheic dermatitis of scalp to include member age, trial from two antifungals without PA to trial with ketoconazole shampoo and ciclopirox gel or shampoo; DX of non-scalp seborrheic dermatitis updated from two antifungal trials without PA to ciclopirox cream and one topical azole antifungal without PA • Luzu, Naftin, Oxistat cream and lotion, Naftin, tolnaftate and liquid CU to clarify trials available without PA
Targeted Immunomodulators	<ul style="list-style-type: none"> • Adbry added as a preferred drug • Ebglyss added, PA required and preferred drug • Adbry recertification update for AD to clarify dosing of every 4 weeks and every 2 weeks
Cystic Fibrosis Transmembrane Conductance Regulator Modulators	<ul style="list-style-type: none"> • Alyftrek added, PA required and preferred drug
Asthma and Allergy Monoclonal Antibodies	<ul style="list-style-type: none"> • Criteria update for Dupixent for diagnosis of moderate - severe atopic dermatitis in line with updates for Adbry and Ebglyss (TIMS guideline) for same diagnosis

CU = criteria update
DX = diagnosis
NDR = new drug review
PA = prior authorization
LCA = lower cost alternative ■

QA = quality analysis
BOGL = brand over generic list
MB = medical benefit
QL = quantity limit

Neuropsychological testing process changes

Effective June 1, 2025, all claims for psychological and neuropsychological testing—including both medical and behavioral health primary diagnoses—should be submitted to Carelon Behavioral Health, Inc., Fallon Health’s behavioral health vendor, for processing.

Carelon has contracted with Availity Essentials (“Availity”) as their primary clearinghouse. For more information regarding Availity, please visit [Availity Essentials|Carelon Behavioral Health](#). When using the services of a clearinghouse, providers must reference Carelon’s Payer ID, BHOVO, to ensure Carelon receives those claims.

Providers are strongly recommended to electronically submit all claims. However, If you are unable to submit your claims electronically, you may submit paper claims to:

Carelon Behavioral Health
PO Box 1866
Hicksville, NY 11802-1866 ■

Notification of Livongo Diabetes Management Program termination effective April 30, 2025

The Fallon Health Livongo Diabetes Management Program will be terminated as of April 30, 2025.

The Livongo program was launched in April 2023, and made available to select members of our Fallon Medicare Plus™ and NaviCare® plans, related to diabetes management. Fallon Health is committed to allocating resources to care management programs that will focus on improved member health outcomes.

Fallon Health is implementing a detailed transition plan, including:

- Program termination notification outreach calls to enrolled members. There are currently an estimated 150 members enrolled in the program. Members will also be notified by Livongo via email on the last day of service—April 30, 2025.
- Offering members referral into the internal Diabetes Management program
 - This includes education collateral and online resources for support.
- Assistance in obtaining diabetes glucose monitors and supplies if needed.
- The monitoring service will be disabled upon termination of the program. Members will have the opportunity to order test strips one last time, if needed.

Members can call Fallon Health Customer Service at 1-800-868-5200 with questions. ■

What’s new

Creating a responsive practice for individuals with disabilities

The Massachusetts Health and Disability Program of the Department of Public Health is pleased to offer health care providers training on making your practice accessible. As part of a CDC-sponsored initiative, you may be eligible to receive CMEs/CEs for completing these trainings.

You will learn to:

Recognize health inequity and that people with disabilities may experience health disparities, such as:

- More likely to smoke, lack of exercise, and developing secondary chronic conditions
- More likely to delay needed medical care due to cost
- More likely to self-report their health status as “fair” or “poor”

Reduce barriers faced by people with disabilities and improve access to health care and preventive services:

- Offer accommodating appointment times
- Assess and improve interior and exterior physical accessibility of the office environment
- Utilize ADA-compliant signs and an intuitive building layout
- Make information and forms available in alternative formats
- Avoid making assumptions and show respect for the person

Two trainings have been created by the New Hampshire Health and Disability Program as part of a 10-state initiative:

1. [*Responsive Practice: Providing Health Care and Screening to Individuals with Disabilities*](#)

You'll learn to:

- Describe disparities in health experienced by people with disabilities
- Recognize barriers people with disabilities face when accessing health care and preventive services
- Acquire strategies and approaches to provide disability-competent, responsive care

2. [*Responsive Practice: Accessible and Adaptive Communication*](#)

You'll learn to:

- Presume that patients with disabilities are competent to understand, communicate, and participate in their own care
- Identify and use alternative methods of communication
- Set clear and reasonable expectations for future communications to be successful

After completing the training, you will be invited to attend technical assistance sessions with the Massachusetts Health and Disability Program and self-advocates with disabilities. You'll be able to get answers to more of your questions on how to make your practice accessible.

Continuing Education information

1. *Responsive Practice: Providing Health Care and Screening to Individuals with Disabilities*

Nursing:

- North Country Health Consortium/NNH AHEC is approved as a provider of nursing continuing professional development by the Northeast Multistate Division Education Unit, an accredited Approver by the American Nurses Center's Commission on Accreditation.
- This activity was approved for 1.0 Nursing Contact Hour. Activity # 521.

Physician:

- This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of North Country Health Consortium/NNH AHEC and the NH Disability and Health Program Institute on Disability/ UCED, University of New Hampshire.
- The North Country Health Consortium/NNH AHEC is accredited by the NH Medical Society to provide continuing medical education for physicians.
- The North Country Health Consortium/NNH AHEC designates this live activity for a maximum of 1.0 AMA PRA Category 1.0 Credits™.
- Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Pharmacist:

- Pharmacist may use physician credits for CEU in Massachusetts.

Dentist, Dental Hygienist, Dental Assistant:

- This module is approved by the Massachusetts Department of Public Health for 1.0 dental contact hours.

2. Responsive Practice: Accessible and Adaptive Communication**Nursing:**

- North Country Health Consortium/NNH AHEC is approved as a provider of nursing continuing professional development by the Northeast Multistate Division Education Unit, an accredited Approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This activity was approved for .5 Nursing Contact Hour. Activity # 522.

Physician:

- This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of North Country Health Consortium/NNH AHEC and the NH Disability and Health Program Institute on Disability/ UCED, University of New Hampshire.
- The North Country Health Consortium/NNH AHEC is accredited by the NH Medical Society to provide continuing medical education for physicians.
- The North Country Health Consortium/NNH AHEC designates this live activity for a maximum of .5 AMA PRA Category 1.0 Credits™.
- Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Pharmacist:

- Pharmacist may use physician credits for CEU in Massachusetts.

The Massachusetts Health and Disability Program and all its materials are funded by a cooperative agreement from the Centers for Disease Control and Prevention (Grant Number: NU27DD000030; CDC-RFADD21-2103). ■

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 Nantucket and Dukes, and there are no costs to the member for covered benefits.

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 care, and adult foster care. Each member's care plan is unique to meet their needs.

Benefits that all NaviCare members receive include:

- 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 member. Care Team members visit and assess members in their homes with the member's consent, and work closely with community providers and resources providing value to both our members and providers.
- Unlimited transportation to medical appointments. Members also get 130 one-way trips per calendar year to additional places including grocery stores, gyms, and churches, within a 30-mile radius of the member's home. Transportation must be arranged 2 business days in advance by calling our transportation vendor, Coordinated Transportation Solutions (CTS), at 1-833-824-9440. Transportation can be arranged by the member or caregiver. Fallon Health Navigators are also available to assist. Members' friends and family are eligible to receive reimbursement for mileage of pre-approved rides.
- Up to \$400 per year in fitness reimbursements for new fitness trackers, like a Fitbit or Apple Watch, new cardiovascular home fitness equipment, and/or a membership in a qualified health club or fitness facility.
- Up to \$1,100 per year on the Save Now card (\$275 every quarter), to purchase items—like cold/allergy medicine, pain relievers, probiotics and more—to keep our members healthy. Purchases can be made over the phone, at stores like CVS Pharmacy, Dollar General, and Walmart, or online with free home delivery.
 - Members with chronic condition(s) that meet certain criteria may be eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI). Qualifying members will have access to \$100 of the OTC funds per calendar quarter through their Save Now card for healthy food and produce items at network retailers. Our Care Team staff may work with PCPs to determine eligibility for this benefit*.

** To qualify for the Special Supplemental Benefits for the Chronically Ill (SSBCI) grocery benefit, members must be enrolled in NaviCare and have a documented qualifying chronic condition. To determine if members have a qualifying chronic condition, a member of the Care Team may send a Provider Attestation form to the Primary Care Provider or specialist overseeing the member's care for completion and return to the plan.*

- Outpatient behavioral health services (Covered through our contracted providers. No authorization required.)
- Covered prescription drugs and certain approved over-the-counter (OTC) drugs and items. Members may receive a 100-day supply of medications via mail order.
- Vision care and eyeglasses (\$403 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, the dental provider must get prior authorization from DentaQuest. Members have access to the DentaQuest network of dental providers.
- Durable medical equipment (DME), such as wheelchairs, crutches, walkers, and related supplies. Members are allowed one Seat Lift chair per lifetime after prior authorization, 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.

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 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 patients through transition to older adulthood
- Helps connect patients with their Care Team and patients' mental health providers and substance-use disorder 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 NaviCare Enrollee Service 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 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

Listening to the member's voice

In 2024, Fallon Health held the SCO Advisory meeting in person at Viet Care Adult Day Health in Worcester. Due to these meetings being held virtually in the past and challenges associated with translation in virtual settings, members of this population historically have declined to participate in these sessions. Holding the event in person at a convenient location and having translation services provided by Care Team members, we had a robust and candid dialogue.

In addition to the participation of the site's NaviCare members, also present were 3 Navigators, one Nurse Case Manager and an Account Executive who visit the site at least monthly—and who speak Vietnamese—to assist with member engagement and translation. Also in attendance were staff members from the Adult Day Health Center, NaviCare's Executive Director, and other members of the NaviCare Leadership Team.

Successes and positive outcomes from this session include:

- Members seeing an increased in-person presence by the Navigators and Nurse Case Manager (from monthly to bimonthly, per member request).

- Members reported during this session that they keep Care Team members' business cards on their refrigerators to reference when needed. As such, when the conversation arose internally whether this practice should continue, we were able to share this feedback and successfully advocate for the continuation of sending them with member mailings.
- Members' expressed preferences were taken into consideration for future benefits and programs. For instance, during this session, members expressed that the amounts offered as a benefit on the Over the Counter (Save Now) card were not sufficient to keep pace with inflation (prices for most goods are expensive and rising). The Save Now benefit amount was increased from \$212 quarterly to \$275 quarterly in 2025 to address this feedback.

We plan to build on the success of this session by holding additional events in at least 3 other areas across the state in 2025. ■

Important reminders

Clinical Laboratory Improvement Amendments (CLIA) regulations

The Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations require a facility to be appropriately certified for each test performed. To ensure that Fallon Health's Medicare Advantage and Medicaid ACO programs only pay for laboratory tests categorized as "waived complexity" under CLIA in facilities with a CLIA certificate of waiver, providers are reminded to include their CLIA certificate waivers in their enrollment documents when submitting to Fallon Health.

For providers already enrolled with Fallon Health, CLIA certificate waivers can be emailed to Fallon's Provider Data Services department at providerdataupdates@fallonhealth.org.

The FDA has approved 1 new waived test under CLIA:

- Effective January 1, 2025, HCPCS code 81515 must have the QW modifier for Fallon Health to recognize it as a waived test.

HCPC 81515 – Cepheid GeneXpert Xpress ■

Inpatient level of care review

Fallon Health reviews inpatient stays post-payment for level of care assignment using Optum. You may receive a notice from Optum informing you of a case review and any findings. The review includes all relevant claim codes and may include a request to the provider for additional documentation. The results of the review can include a change to DRG severity, change to a different DRG or denial of DRG level of care. Providers have the right to appeal findings of the review and submit additional documentation to support their appeal. ■

Billing of Transcutaneous Electrical Nerve Stimulation (TENS) coverage

This is a reminder that Fallon Health will not reimburse HCPCS code A4556 (electrodes, [e.g., apnea monitor], per pair), as this is not payable by CMS or MassHealth for TENS supplies.

The correct code to bill for TENS supplies is A4595, which is an all-inclusive code and includes items such as electrodes (any type), conductive paste or gel (if needed, depending on the type of electrode), tape or other adhesive (if needed, depending on the type of electrode), adhesive remover, skin preparation materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if rechargeable batteries are used).

There should be no billing and there will be no separate reimbursement for replacement electrodes (A4556), conductive paste or gel (A4558), replacement batteries (A4630), or a battery charger used with a TENS unit.

For additional information, please refer to the [Transcutaneous Electrical Nerve Stimulation Clinical Coverage Criteria](#) document. ■

Doing business with us

CAQH Directory Management reminder

Fallon Health partners with the Council for Affordable Quality Healthcare (CAQH) for validation of provider directory information.

Please see below for specific tasks you must complete:

- If you don't complete the attestation of the provider information, share this information with those who do.
- Continue to share the Connection newsletter with the staff who updates CAQH, as this is where Fallon Health shares important updates.
- Indicate and accept that Fallon Health is an insurer you do business with, as this will allow Fallon Health to access the provider and accept information, and update through this process.

Once you are enrolled in the CAQH process:

- Review and attest to the provider information in the CAQH Provider Directory Management Solution every 90 days to keep information current.
- If you do not attest, you will be considered a non-responder—this will prompt outreach to your office.
- If you make an update in CAQH, you must attest—again—for the information to be shared with the health plans.
- If you do not indicate Fallon Health as a health plan that you participate with, this will prompt outreach calls to your office.

If you have any questions about this process, reach out to your Provider Relations representative.

For more information about the CAQH Directory Management process, visit [HCAS](#). ■

Quality focus

Important updates on CMS Part D pharmacy quality measures

This pharmacy update includes information on new CMS Part D pharmacy quality improvements, guidance on how prescribers may encounter inquiries from pharmacies, and recommended steps for resolution.

Polypharmacy

Polypharmacy is a significant concern in older adults due to the increased risk of adverse drug events, cognitive decline, and falls. To address these risks and improve patient safety, the Centers for Medicare & Medicaid Services (CMS) has implemented specific polypharmacy measures within the Medicare Part D Star Ratings. These measures aim to monitor and reduce the use of high-risk medications among older adults, ensuring better health outcomes and enhancing the quality of care. These measures include Use of Multiple Anticholinergic Medications (Poly-ACH), Concurrent use of Opioids and Benzodiazepines (COB) and use of Multiple Central Nervous System Active Medications (Poly-CNS).

- **Poly-Anticholinergic Medications (Poly-ACH)**

The Poly-ACH measure specifically targets the percentage of patients aged 65 and older who are concurrently prescribed 2 or more unique anticholinergic medications for 30 or more cumulative days. Anticholinergic medications, while effective for various conditions, when used in combination, are associated with significant risks in older adults, including cognitive decline, increased fall risk, and other adverse effects. Anticholinergic therapeutic categories include antiparkinsonian agents, skeletal muscle relaxants, some antidepressants, antipsychotics, antimuscarinics for urinary incontinence, antispasmodics and antiemetics. Some examples of frequently prescribed medications include cyclobenzaprine, meclizine, oxybutynin, amitriptyline, hydroxyzine and dicyclomine. It's crucial for healthcare providers to monitor and manage these medications to enhance patient safety and improve health outcomes.

- **Concurrent use of Opioids and Benzodiazepines (COB)**

The COB measure evaluates the percentage of individuals with Medicare Part D (aged 18 and above) who are concurrently using prescription opioids and benzodiazepines. This combination poses a high risk of serious health issues, including respiratory depression, cognitive decline, and even death. Addressing this high-risk combination through careful monitoring and deprescribing can prevent these adverse outcomes and promote safer medication practices.

- **Multiple Central Nervous System Medications (Poly-CNS)**

The Poly-CNS measure assesses the percentage of older adults (aged 65 and above) who are concurrently using 3 or more unique central nervous system (CNS) active medications. While CNS medications can be essential for managing various conditions, their concurrent use can lead to adverse effects such as cognitive impairment, falls, and increased risk of hospitalization. By closely monitoring and reducing the use of multiple CNS medications, we can significantly improve medication safety and enhance the quality of life for our older patients.

Frequently asked questions

What does this mean for the prescriber?

Pharmacists are alerted when combinations of these drugs are prescribed. The pharmacist may contact prescribers to discuss polypharmacy concerns.

Are there any prior authorization requirements?

Most dispensing alerts can be resolved after the pharmacist consults with the prescriber. However, Fallon Health has implemented a prior authorization requirement for the widely prescribed and highly anticholinergic muscle relaxant, cyclobenzaprine, when prescribed for more than 21 days.

Are there any exclusions?

Patients enrolled in hospice are excluded for all 3 measures. In addition, for the Poly-CNS measure, patients with a diagnosis of seizure disorder are excluded. For COB, patients with sickle cell disease, a cancer diagnosis and those enrolled in palliative care are excluded from COB measure.

Is there a list of targeted drugs available for review?

See the charts at the end of this article for a list of medications included within these measures.

What actions can prescribers take to mitigate the risks associated with these medication combinations?

As healthcare providers, your primary goal is to ensure the safety and well-being of your patients. Review current anticholinergic, benzodiazepines, and opioid medications for indication, tolerability, and efficacy. If clinically appropriate, consider prescribing alternative therapies or deprescribing by tapering down when needed. If deprescribing is not clinically appropriate, consider prescribing a lower dose for the shortest amount of time. In certain circumstances non-pharmacological therapies may be an option.

Discussion about polypharmacy is a key component of patient safety. Patients are more likely to accept deprescribing when the following are conducted:

- Presenting medication review and deprescribing as a normal and acceptable part of high-quality care
- Discussing risk vs. benefit of therapies
- Reviewing safer pharmacological and/or non-pharmacological alternatives

General guide for deprescribing

- 1. Review medication lists regularly:** Conduct regular medication reviews to identify patients who may be at risk due to polypharmacy or high-risk medication combinations.
- 2. Engage in shared decision-making:** Involve patients and their caregivers in discussions about the risks and benefits of their medications. Educate them about the potential harms of polypharmacy and high-risk combinations.
- 3. Implement gradual tapering:** When discontinuing medications, use a gradual tapering approach to minimize withdrawal symptoms and ensure patient safety.

- 4. Collaborate with a multidisciplinary team:** Work closely with pharmacists, nurses, and other healthcare professionals to develop and implement deprescribing plans.
- 5. Monitor and follow-up** for any changes in condition and adjust their medication regimen as needed.

By prioritizing deprescribing and adhering to the Poly-ACH, Poly-CNS, and COB measures, we can enhance patient safety, reduce the risk of adverse effects, and improve overall health outcomes.

Where can additional information be obtained?

Below is a list of resource and references with descriptions to assist with deprescribing and to provide information on CMS Stars measures.

1. [Pharmacy Quality Alliance, PQA](#)
2. [2023 Patient Safety Memo](#)
3. [2023 American Geriatrics Society Beers Criteria® for potentially inappropriate medication use in older adults.](#)
4. **Anticholinergic burden calculator:** Using the [ACB Calculator](#), medications can be entered into the calculator for ACB Score. Cumulative score of 3 or above is considered high-risk for confusion, dizziness, cognitive impairment, and falls. Drugs not found on the calculator have zero score.
5. [Medstopper.com](#) can be utilized to prioritize deprescribing by entering patient's list of medications with their indications. It also provides suggestions for tapering and what symptoms to expect when stopping or tapering.
6. [Deprescribingnetwork.ca](#) is a comprehensive resource for patients and prescribers. This Canadian based website includes deprescribing algorithms, guidelines for deprescribing, and a short video for how to use the deprescribing algorithm. In addition, it includes a patient empowerment handout to ease the conversation with patients about deprescribing. Prescribing information includes benzodiazepines and antipsychotics.
7. [Deprescribing algorithm for benzodiazepines](#)

POLY-ACH-A: Anticholinergic medications ^{a,b}		
Antihistamine medications		
brompheniramine	dimenhydrinate ^c	hydroxyzine
chlorpheniramine	diphenhydramine (oral)	meclizine
cyproheptadine	doxylamine	triprolidine
Antiparkinsonian agent medications		
benztropine	trihexyphenidyl	
Skeletal muscle relaxant medications		
cyclobenzaprine	orphenadrine	
Antidepressant medications		
amitriptyline	desipramine	nortriptyline
amoxapine	doxepin (>6 mg/day) ^d	paroxetine
clomipramine	imipramine	
Antipsychotic medications		
chlorpromazine	olanzapine	
clozapine	perphenazine	
Antimuscarinics (urinary incontinence) medications		
darifenacin	oxybutynin	trospium
fesoterodine	solifenacin	
flavoxate	tolterodine	
Antispasmodic medications		
atropine (excludes ophthalmic)	homatropine (excludes ophthalmic)	
clidinium-chlordiazepoxide ^e	hyoscyamine	
dicyclomine	scopolamine (excludes ophthalmic)	
Antiemetic medications		
prochlorperazine	promethazine	

a Includes combination products that contain a target medication listed and the following routes of administration: buccal, nasal, oral, transdermal, rectal, and sublingual. Injectable and inhalation routes of administration are not included (not able to accurately estimate days' supply needed for measure logic). For combination products that contain more than one target medication, each target medication (active ingredient) should be considered independently.

b Source: Medications in this table are from Table 7 of the American Geriatric Society 2019 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults.

c There are no active NDCs for dimenhydrinate.

d During the individual's measurement year, calculate a daily dose for each fill of doxepin with the following formula: (quantity dispensed x dose)/days' supply; for both denominator and numerator calculation, only include prescription claims for doxepin where the daily dose is >6 mg/day.

e Chlordiazepoxide is not a target medication as a single drug.

COB-A: Opioids ^{a,b}		
Opioid medications		
benzhydrocodone	hydrocodone	opium
buprenorphine	hydromorphone	oxycodone
butorphanol	levorphanol	oxymorphone
codeine	meperidine	pentazocine
dihydrocodeine	methadone	tapentadol
fentanyl	morphine	tramadol

a Includes combination products and prescription opioid cough medications.

b Excludes the following: injectable formulations; sublingual sufentanil (used in a supervised setting); and single-agent and combination buprenorphine products used to treat opioid use disorder (i.e., buprenorphine sublingual tablets, Probuphine® Implant kit subcutaneous implant, and all buprenorphine/naloxone combination products).

COB-B: Benzodiazepines ^{a,b}		
Benzodiazepine medications		
alprazolam	diazepam	oxazepam
chlordiazepoxide	estazolam	quazepam
clobazam	flurazepam	temazepam
clonazepam	lorazepam	triazolam
clorazepate	midazolam	

a Includes combination products.

b Excludes injectable formulations.

POLY-CNS-A: CNS-Active Medications^a

Antiepileptic medications

brivaracetam	gabapentin	pregabalin
cannabidiol	lacosamide	primidone
carbamazepine	lamotrigine	rufinamide
divalproex sodium	levetiracetam	stiripentol
eslicarbazepine	methsuximide	tiagabine
ethosuximide	oxcarbazepine	topiramate
ethotoin ^b	perampanel	valproic acid ^b
felbamate	phenobarbital	vigabatrin
fenfluramine	phenytoin	zonisamide

Antipsychotic medications

aripiprazole	iloperidone	pimavanserin
asenapine	loxapine	pimozide
brexpiprazole	lumateperone	quetiapine
cariprazine	lurasidone	risperidone
chlorpromazine	molindone	thioridazine
clozapine	olanzapine	thiothixine
fluphenazine	paliperidone	trifluoperazine
haloperidol	perphenazine	ziparaside

Benzodiazepines and nonbenzodiazepine sedative/hypnotic medications

alprazolam	estazolam	quazepam
chlordiazepoxide	eszopiclone	temazepam
clobazam	flurazepam	triazolam
clonazepam	lorazepam	zaleplon
clorazepate	midazolam	zolpidem
diazepam	oxazepam	

Opioid Medications^c

benzhydrocodone	hydrocodone	opium
buprenorphine ^d	hydromorphone	oxycodone
butorphanol	levorphanol	oxymorphone
codeine	meperidine	tapentadol
dihydrocodeine	methadone	tramadol
fentanyl	morphine	

Antidepressant medications: SNRIs, SSRIs, & TCAs

amitriptyline	duloxetine	nortriptyline
amoxapine	escitalopram	paroxetine
citalopram	fluoxetine	protriptyline
clomipramine	fluvoxamine	sertraline
desipramine	imipramine	trimipramine
desvenlafaxine	levomilnacipram	venlafaxine
doxepin	milnacipram	

SNRI = serotonin-norepinephrine reuptake inhibitors;

SSRI = selective serotonin reuptake inhibitors;

TCA = tricyclic antidepressants

a Includes combination products that contain a target medication listed and the following routes of administration: buccal, nasal, oral, transdermal, rectal, and sublingual. Injectable and inhalation routes of administration are not included (not able to accurately estimate days' supply needed for measure logic). For combination products that contain more than one target medication, each target medication (active ingredient) should be considered independently.

b There are no active NDCs for ethotoin or valproic acid.

c Includes prescription opioid cough medications.

d Excludes single-agent and combination buprenorphine products used to treat opioid use disorder (i.e., buprenorphine sublingual tablets, Probuphine® Implant kit subcutaneous implant, and all buprenorphine/naloxone combination products).

Clinical Practice Guidelines update

Fallon Health's Clinical Practice Guidelines are available [here](#). For a paper copy, please contact Robin Byrne at 1-508-368-9103.

Fallon Health'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
- 2024 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
- 2025 Standards of Care in Diabetes
- 2025 Child and Adolescent Immunization Schedule by Age-Recommendations for 18 Years or Younger, CDC
- 2025 Adult Immunization Schedule by Age-Recommendations for Ages 19 Years or Older, CDC

Coding Corner

Coding updates

Effective January 1, 2025, the following code was *deemed payable with prior authorization* for MassHealth ACO:

Code	Description
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score

Effective April 1, 2025, the following code will be configured as *not covered for all lines of business*, except for MassHealth ACO, which will be *deny vendor liable*:

Code	Description
A9154	Artificial saliva, 1 ml

Effective April 1, 2025, the following code will be configured as *covered without prior authorization* for all lines of business, except for MassHealth ACO, which will be *deny vendor liable*:

Code	Description
G0567	Infectious agent detection by nucleic acid (dna or rna); hepatitis c, screening, amplified probe technique

Effective April 1, 2025, the following codes will be configured as *covered with prior authorization* for all lines of business, except for MassHealth ACO, which will be *deny vendor liable*:

Code	Description
0531U	Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), next-generation sequencing, plasma
0532U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative
0533U	Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLCO1B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function
0534U	Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk score
0535U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative
0536U	Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation known to be RhD negative, reported as fetal RhD status

Code	Description
0537U	Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next-generation sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative
0538U	Oncology (solid tumor), next-generation targeted sequencing analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant
0539U	Oncology (solid tumor), cell-free circulating tumor DNA (ctDNA), 152 genes, next-generation sequencing, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant
0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor-derived cell-free DNA to determine probability of rejection
0541U	Cardiovascular disease (HDL reverse cholesterol transport), cholesterol efflux capacity, LC-MS/MS, quantitative measurement of 5 distinct HDL-bound apolipoproteins (apolipoproteins A1, C1, C2, C3, and C4), serum, algorithm reported as prediction of coronary artery disease (pCAD) score
0542U	Nephrology (renal transplant), urine, nuclear magnetic resonance (NMR) spectroscopy measurement of 84 urinary metabolites, combined with patient data, quantification of BK virus (human polyomavirus 1) using real-time PCR and serum creatinine, algorithm reported as a probability score for allograft injury status
0543U	Oncology (solid tumor), next-generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single- nucleotide variants, multi-nucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden
0544U	Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA from plasma, donor-derived cell-free DNA, percentage reported as risk for rejection
0545U	Acetylcholine receptor (AChR), antibody identification by immunofluorescence, using live cells, reported as positive or negative
0546U	Low-density lipoprotein receptor-related protein 4 (LRP4), antibody identification by immunofluorescence, using live cells, reported as positive or negative
0547U	Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative
0548U	Glial fibrillary acidic protein (GFAP), chemiluminescent enzyme immunoassay, using plasma
0549U	Oncology (urothelial), DNA, quantitative methylated real-time PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)
0550U	Oncology (prostate), enzyme-linked immunosorbent assays (ELISA) for total prostate-specific antigen (PSA) and free PSA, serum, combined with age, previous negative prostate biopsy status, digital rectal examination findings, prostate volume, and image and data reporting of the prostate, algorithm reported as a risk score for the presence of high-grade prostate cancer
0551U	Tau, phosphorylated, pTau217, by single-molecule array (ultrasensitive digital protein detection), using plasma
A2030	Miro3d fibers, per milligram
A2031	Mirodry wound matrix, per square centimeter

Code	Description
A2032	Myriad matrix, per square centimeter
A2033	Myriad morcells, 4 milligrams
A2034	Foundation drs solo, per square centimeter
A2035	Corplex p or theracor p or allacor p, per milligram
A6515	Gradient compression wrap with adjustable straps, full leg, each, custom
A6516	Gradient compression wrap with adjustable straps, foot, each, custom
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom
A6518	Gradient compression wrap with adjustable straps, arm, each, custom
A6519	Gradient compression garment, not otherwise specified, for nighttime use, each
A6611	Gradient compression wrap with adjustable straps, above knee, each, custom
A9611	Flurpiridaz f 18, diagnostic, 1 millicurie
C8004	Simulation angiogram with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the angiogram, for subsequent therapeutic radioembolization of tumors
C8005	Bronchoscopy, rigid or flexible, non-thermal transbronchial ablation of lesion(s) by pulsed electric field (pef) energy, including fluoroscopic and/or ultrasound guidance, when performed, with computed tomography acquisition(s) and 3d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) of all mediastinal and/or hilar lymph node stations or structures, and therapeutic intervention(s)
C9301	Obecabtagene autoleucel, up to 410 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
E0201	Penile contracture device, manual, greater than 3 lbs traction force
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
G0566	3d radiodensity-value bone imaging, algorithm derived, from previous magnetic resonance examination of the same anatomy
L0720	Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf

Code	Description
L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by I6692
L6029	Upper extremity addition, test socket/interface, partial hand including fingers
L6030	Upper extremity addition, external frame, partial hand including fingers
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material
L6037	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose
Q4354	Palingen dual-layer membrane, per square centimeter
Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter
Q4357	Xwrap plus, per square centimeter
Q4358	Xwrap dual, per square centimeter
Q4359	Choriplay, per square centimeter
Q4360	Amchoplast fd, per square centimeter
Q4361	Epixpress, per square centimeter
Q4362	Cygnus disk, per square centimeter
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter
Q4365	Amnio burgeon dual-layer membrane, per square centimeter
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter
Q4367	Amniocore sl, per square centimeter

Effective April 1, 2025, the following codes will be configured as *deny vendor liable* for all lines of business:

Code	Description
C9300	Injection, indigotindisulfonate sodium, 1 mg
E1022	Wheelchair transportation securement system, any type includes all components and accessories
E1023	Wheelchair transit securement system, includes all components and accessories
G0183	Quantitative software measurements of cardiac volume, cardiac chambers volumes and left ventricular wall mass derived from ct scan(s) data of the chest/heart (with or without contrast)
S4024	Air polymer-type a intrauterine foam, per study dose

Effective June 1, 2025, the following code will be *payable with prior authorization* for Fallon Medicare Plus and NaviCare:

Code	Description
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each

Effective June 1, 2025, the following codes will *require prior authorization* for all lines of business:

Code	Description
J1412	Injection, valoctocogene roxaparvovec-rvox, per mL, containing nominal 2×10^{13} vector genomes
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose

Effective June 1, 2025, the following code will be *not covered* for Community Care, and *deny vendor liable* due to CMS indicator "I" for Fallon Medicare Plus:

Code	Description
T2023	Targeted Case Management; per month

Effective June 1, 2025, the following code will *require prior authorization* for all lines of business:

Code	Description
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose

Effective June 1, 2025, the following code will be *payable with prior authorization* for all lines of business:

Code	Description
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)

Effective June 1, 2025, the following codes will *require prior authorization* for all lines of business:

Code	Description
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric device component only
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy

Effective June 1, 2025, the following codes will be *not covered* for Fallon Medicare Plus and Community Care:

Code	Description
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score

Payment policies

Revised policies – Effective June 1, 2025

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

- **Non-Covered Services** – Updated code report (generated 04/02/2025).
- **Preventive Services** – Under Billing/coding guidelines, added new section for Pre-Exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) Prevention for Medicare members; renamed MassHealth Developmental and Behavioral Health Screening in Pediatric Primary Care section, MassHealth Parent and Caregiver Depression, Developmental, or Autism Spectrum Disorder Screening, and updated coverage to indicate that parent and caregiver postpartum depression screening should occur at every preventive pediatric visit from the one-month visit to the twelve-month visit, consistent with Chapter 186 of the Acts of 2024; added new section for Screenings for Postpartum Depression and Major Depressive Disorder for Community Care Members; updated Annual Depression Screening for Medicare Members to indicate that annual depression screening may be delivered via telehealth.

- **Aging Services Access Point (ASAP)** – Added T1023 to table in Coding/billing guidelines section (code unintentionally omitted).
- **Telehealth Services, Community Care** – Under Billing/coding guidelines, deleted Telephone Services section (CPT codes 99441, 99442, 99443 have been deleted), added a new section for Telemedicine Codes, added new section for Brief Communication Technology-Based Service; under Policy, Eligible Providers, updated to indicate that physical therapists, occupational therapists, speech-language pathologists, and audiologists may furnish telehealth services through September 30, 2025.
- **Drugs and Biologicals** – Under Billing/coding guidelines, removed section Drugs Designated from 340B Coverage for MassHealth ACO members (no longer applicable), updated MassHealth Acute Hospital Carve-Out Drugs section, by deleting all previous content and replacing it with new guidance from MassHealth effective April 1, 2025. ■

New policy – Effective July 1, 2025

- **Dental Services** ■

Medical policies

Revised policies – Effective March 1, 2025

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

- **Bariatric Surgery**
- **Skysona (elivadogene autotemcel)**
- **Medical Technology Assessment**
- **Neuropsychological Testing for Non-Behavioral Health Diagnoses**
- **Transplants, Solid Organ**
- **Prenatal Screening** ■

Revised policies – Effective April 1, 2025

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

- **Bronchial Thermoplasty**
- **Gender-Affirming Surgery**
- **Genetic Testing** ■

New policies – Effective June 1, 2025

- **Hospital Beds with Added Safety Enclosure** ■

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

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