

# Connection

Important information for Fallon Health physicians and providers

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## Important updates

### Return to referral requirements

With the Public Health Emergency coming to an end, we are returning to PCP referral requirements for specialty care.

**For Fallon Medicare Plus™, Fallon Medicare Plus™ Central, and NaviCare® this is effective July 1, 2023.**

**For our MassHealth ACO plans—Berkshire Fallon Health Collaborative, Fallon 365 Care, and Fallon Health-Atrius Health Care Collaborative—our intention is to resume the PCP referral requirements for specialty care claims effective September 1, 2023.**

These PCP referrals need to be submitted into our ProAuth referral and authorization system.

Please ensure your access to ProAuth is still active. If you need to sign up, please visit [fchp.org/Providertools/ProAuthRegistration/ProAuthRegContacts/Create](https://fchp.org/Providertools/ProAuthRegistration/ProAuthRegContacts/Create)

If you wish to attend a ProAuth training session, please visit [fallonhealth.org/providers/announcements](https://fallonhealth.org/providers/announcements) for a list of available dates and times.

PCP referrals for specialty care for Community Care continue to be required using the NPI number of the PCP.

Out-of-network care continues to require a plan prior authorization request submitted in ProAuth for all lines of business. ■

## MassHealth ACO reimbursement

Fallon Health follows MassHealth coding and payment guidelines as listed in the respective “*MassHealth Provider Manual*”. Retroactive adjustments (payments or retractions) may be required to adhere to the dates of implementation required by MassHealth. ■

## MassHealth ACO prior authorization requirements for formula

*MassHealth All Provider Bulletin 343* relaxed authorization requirements for formula in response to supply chain issues. *All Provider Bulletin 358* extended the flexibility through June 30, 2023. With the expiration of these flexibilities, Fallon Health will resume our standard prior authorization process for enteral nutrition, parenteral nutrition, low protein food products, and special medical formulas. Requests for prior authorization must be accompanied by clinical documentation that supports appropriate medical use of the product. Documentation from the most recent medical evaluation must include the following:

1. The primary diagnosis name and code specific to the nutritional disorder for which enteral nutrition products are requested
2. The secondary diagnosis name and code specific to the co-morbid condition, if any
3. Clinical signs and symptoms, including anthropometric measures
4. Comprehensive medical history and physical exam
5. Testing results sufficient to establish the diagnosis of the covered condition
6. Route of enteral nutrition
7. Documentation of past and current treatment regimens
8. Type and estimated duration of the need for enteral nutrition

Authorization requests submitted by providers not contracted for the member’s plan may be redirected to a contracted provider if one is available. Providers may refer to our enteral nutrition, parenteral nutrition, low protein food products, and special medical formulas clinical coverage criteria for additional details. ■

## What’s new

### E-consults: Supporting PCPs and expanding access

The availability of behavioral health care services in primary care is essential to identifying emerging risks and improving overall outcomes. The National Alliance on Mental Illness (NAMI) reports one in five adults has a behavioral health condition. NAMI also notes that the co-occurrence of at least one physical health illness is quite common. To support the move toward fully integrated care, MassHealth recently added coverage for e-consults—effective April 1, 2023. This makes the use of e-consults available across all Fallon Health products:

- Fallon Medicare Plus Central HMO
- Fallon Medicare Plus HMO
- Fallon Medicare Plus Central Premier HMO

- Fallon Medicare Plus Premier HMO
- Fallon Medicare Plus Supplement
- Community Care
- Berkshire Fallon Health Collaborative
- Fallon 365 Care
- Fallon Health-Atrius Health Care Collaborative
- NaviCare HMO SNP
- NaviCare SCO
- Summit ElderCare

### How are e-consults helpful in managing behavioral health?

E-consults facilitate and enhance communication between specialist and primary care providers (PCPs). Benefits also include access to expert guidance (including medication recommendations), better care coordination, and fewer appointments for patients. Updates to the Fallon Health Provider Manual are forthcoming.

### References:

- Physical & Mental Health Integration | NAMI: National Alliance on Mental Illness
- APB Bulletin 364 on Mass.gov
- MCE bulletin pending ■

### Update on specialty drug access

**Effective July 1, 2023**, providers will no longer be able to obtain physician administered specialty drugs from CVS Specialty through the member's medical drug benefit. Euflexxa can continue to be obtained from CVS Specialty through the member's medical drug benefit until August 31.

Instead, physician administered specialty drugs can be obtained through the following methods:

1. **Buy and Bill:** Physician-administered specialty drugs can be procured directly by the provider and billed through the **member's medical drug benefit** when the drug is administered. Please check the member's medical benefit formulary for individual coverage requirements.
2. **Specialty Pharmacy:** Physician administered specialty drugs can also be obtained from a preferred specialty pharmacy such as OptumRx Specialty Pharmacy through the **member's pharmacy drug benefit** only to be delivered to your office for administration. Please check the member's pharmacy benefit formulary for individual coverage requirements. To register with OptumRx Specialty Pharmacy, you can visit [specialty.optumrx.com](https://specialty.optumrx.com) or call 1-855-427-4682. ■

## Preferred product changes under the medical benefit

**For MassHealth ACO members** (*Berkshire Fallon Health Collaborative, Fallon 365 Care, Fallon Health-Atrius Health Care Collaborative*)—effective August 1, 2023—Avsola, Inflectra, Remicade, and unbranded infliximab will be the preferred infliximab products under the medical benefit.

**For MassHealth ACO members and individuals who get their health insurance through the Massachusetts Health Connector** (*Community Care*)—effective September 1, 2023—Ogivri will no longer be a preferred trastuzumab product. Trazimera and Kanjinti will continue to be preferred trastuzumab products. ■

## MassHealth ACO Unified Formulary Opioid and Pain Initiative

Please see [MassHealth Drug List - Health and Human Services](#) for details.

*Any member who has not previously been prescribed opioids will require a prior authorization for the first fill of an opioid over 7-day supply.*

### A. Opioid analgesics that require Prior Authorization (PA) for all dosage forms and strengths (See section B below for information regarding agents with additional restrictions such as age, dose, monotherapy, and/or quantity limits)

Benzhydrocodone/acetaminophen – PA	Nucynta (tapentadol immediate-release) – PA
Dihydrocodeine/acetaminophen/caffeine – PA	Nucynta ER (tapentadol extended-release) - PA
Fentanyl buccal tablet – PA	Seglentis (celecoxib/tramadol) - PA
Fentanyl transmucosal system – PA	Tramadol 100mg - PA
Meperidine – PA	Tramadol solution - PA
Olinvyk (oliceridine) – PA medical benefit only	Tramadol/acetaminophen – PA
Opioid powders – PA	Tramadol extended-release capsule and tablet - PA

### B. Opioid analgesics with age, high dose, high dose short-acting monotherapy, and/or quantity limit restrictions that require PA

**Note:** Some medications in the below table (\*) require PA for all dosage forms and strengths. Additional information is required for opioid requests that exceed age, dose, or quantity limits, or for use of a high dose short-acting opioid as monotherapy. The accumulated high dose threshold is 120mg of morphine or morphine equivalent (MME) per day for an individual agent, and 180 MME per day for the entire regimen. All buprenorphine formulations are excluded from the opioid accumulator.

Long-acting		
Drug name	Age/Dose Limit	Quantity Limit
Belbuca (buprenorphine buccal film)	>1,800 mcg/day	>2 films/day
Bultrans (buprenorphine transdermal system)	>20 mcg/hr (i.e, one 20 mcg/hr patch every 7 days)	>4 patches/ 28 days
Conzip (tramadol extended-release capsule)*‡	<12 years >300 mg/day	>1 capsule/day
Dolophine, Methadose (methadone) *†‡	>25 mg/day	N/A
fentanyl transdermal system# <sup>2</sup>	>50 mcg/hr (i.e., one 50 mcg/hr patch every 72 hours)	>10 patches/ 30 days
hydromorphone extended-release*‡	>24 mg/day	>1 tablet/day
Hysingla ER (hydrocodone extended-release)* ‡	>80 mg/day	>1 tablet/day
levorphanol*‡	>4 mg/day	>2 tablets/day
morphine extended-release capsule*‡	>120 mg/day	>1 capsule/day
MS Contin (morphine controlled-release) ‡	>120 mg/day	N/A
Oxycontin (oxycodone extended-release tablet)* ‡	>80 mg/day	>3 tablets/day
oxymorphone extended-release*	>40 mg/day	>2 tablets/day
tramadol extended-release tablet*‡	<12 years >300 mg/day	>1 tablet/day
Xtampza (oxycodone extended-release capsule)*	>72 mg/day	>2 capsules/day
Zohydro ER (hydrocodone extended-release)* ‡	>80 mg/day	>2 capsules/day

\*Both brand and generic require PA, even within dose and quantity limits

†Dose limits apply to both oral and injectable formulation

‡Available generically

<sup>2</sup>Fentanyl transdermal 37.5, 62.5, and 87.5 mcg/hr require PA, even within dose and quantity limits

Short-acting	
Drug name	Age/Dose/Quantity Limit
acetaminophen products‡	>4 grams/day
acetaminophen with codeine products‡ <sup>1</sup>	<12 years >4 grams acetaminophen/day >360 mg codeine/day
benzhydrocodone/acetaminophen** <sup>1</sup>	>65.28 mg benzhydrocodone/day >4 grams acetaminophen/day
butorphanol nasal spray**	>2 canisters/30 days
codeine products‡ <sup>1</sup>	<12 years >360 mg/day
Dilaudid (hydromorphone) †‡ <sup>1</sup>	>24 mg/day
hydrocodone/acetaminophen‡ <sup>1</sup>	>80 mg hydrocodone/day >4 grams acetaminophen/day
hydrocodone/acetaminophen 300 mg** <sup>1</sup>	>80 mg hydrocodone/day >4 grams acetaminophen/day
hydrocodone 5 mg, 10mg/ibuprofen** <sup>1</sup>	>80 mg hydrocodone/day >3.2 grams ibuprofen/day
hydrocodone 7.5 mg/ibuprofen‡ <sup>1</sup>	>80 mg hydrocodone/day >3.2 grams ibuprofen/day
morphine immediate-release†‡ <sup>1</sup>	>120 mg/day
oxymorphone immediate-release**†‡ <sup>1</sup>	>40 mg/day
oxycodone/acetaminophen 300 mg** <sup>1</sup>	>80 mg oxycodone/day >4 grams acetaminophen/day
oxycodone/aspirin‡	>80 mg oxycodone/day >4 grams aspirin/day
Oxycodone immediate-release‡ <sup>1</sup>	>80 mg/day
Percocet (oxycodone/acetaminophen) ‡ <sup>1</sup>	>80 mg oxycodone/day >4 grams acetaminophene/day
Seglantis (celecoxib/tramadol) <sup>1</sup>	<12 years >400 mg tramadol/day
tramadol 100 mg** <sup>1</sup>	<12 years >400 mg/day
tramadol solution	<12 years >400 mg/day
Ultracet (tramadol/acetaminophen) ‡ <sup>1</sup>	<12 years >400 mg tramadol/day >4 grams acetaminophene/day
Ultram (tramadol 50 mg) ‡ <sup>1</sup>	<12 years >400 mg/day

\*Both brand and generic require PA, even within dose and quantity limits

†Dose limits apply to both oral and injectable formulation

‡Available generically

<sup>1</sup>High dose short-acting monotherapy limits apply

### C. Duplicate opioid therapy

- PA is required for members taking  $\geq 2$  long-acting opioids for  $> 2$  months
- PA is required for members taking  $\geq 2$  short-acting opioids for  $> 2$  months

### D. Concurrent therapy with opioid dependence agents

- PA is required for any long-acting opioid
- PA is required for any short-acting opioid for  $> 7$ -day supply
- PA is required for any short-acting opioid(s) for  $> 7$  days of therapy within the last 30 days

### Concomitant Opioid and Benzodiazepine Initiative (COBI)

The MassHealth ACO COBI requires prior authorization for members using opioid and benzodiazepine medications concomitantly. This is due—in part—to the growing data supporting the significant risk associated with the concomitant use of these medications. Prior authorization is required in situations where members fill opioid and benzodiazepine medications for at least 60 days within a 90-day period.

For more details and commonly asked questions please see [pubdownloadpdfcurrent.do \(conduent.com\)](https://pubdownloadpdfcurrent.do(conduent.com)) ■

### MassHealth ACO full uniform formulary changes

**Effective June 5, 2023**, these drugs were added to the pharmacy benefit formulary:

- Tadiq Suspension (tadalafil) – PA required.
- Dyanavel XR Chewable (amphetamine) – PA required, QL + PBHMI.
- Xelstrym (dextroamphetamine) – PA required, QL + PBHMI.
- Lygobi (futibatinib) – PA required and quantity limit.
- Ztalmy (ganaxolone) – PA required.
- Auvelity (dextromethorphan HBr/bupropion) – PA required.
- Tzield (teplizumab-mzwv) – PA required.
- Kyzatrex (testosterone undecanoate) – PA required.
- Fylnetra (pegfilgrastim-pbbk) – No PA.
- Stimufend (pegfilgrastim-fpgk) – No PA.
- Humalog Tmpo (insulin lispro) – PA required.
- Lyumjev Tmpo (insulin lispro-aabc) – PA required.
- Basaglar Tmpo (insulin glargine hum.rec.anlog) – PA required.
- Ryplazim (plasminogen human-tvmh) – PA required.
- Orserdu (elacestrant HCl) – PA required.

**Effective June 5, 2023**, these Brand Name Preferred Over Generic drugs were added:

- Advair HFA (fluticasone / salmeterol inhalation aerosol)
- Denavir (penciclovir)
- Hetlioz (tasimelteon) – PA required.

- Mycobutin (rifabutin)
- Uceris (budesonide)
- Vyvanse Capsule (lisdexamfetamine) – PBHMI.
- Vyvanse Chewable Tablet (lisdexamfetamine) – PA required.
- Zioptan (tafluprost) – PA required.

**Effective June 5, 2023**, these drugs are covered under medical benefit only:

- Imjudo (tremelimumab-actl) – PA required.
- Jemperli (dostarlimab-gxly) – PA required.
- Opdualag (nivolumab-relatlimab-rmbw) – PA required.
- Tivdak (tisotumab vedotin-tftv) – PA required.
- Vyxeos (daunorubicin-cytarabine liposome) – No PA.
- Rolvedon (eflapegrastim-xnst) – PA required.
- Xenpozyme (olipudase alfa-rpcp) – PA required.
- Zynteglo (betibeglogene autotemcel) – PA required.
- Terlivaz (terlipressin) – No PA.
- Vegzelma (bevacizumab-adcd) – PA required.
- Tecvayli (teclistamab-cqyv) – PA required.
- Byooviz (ranibizumab-nuna) – PA required.
- Cimerli (ranibizumab-eqrn) – PA required.
- daunorubicin – No PA.
- gemcitabine vial – No PA.
- Xipere (triamcinolone ophthalmic suspension) – No PA

**Effective July 31, 2023**, these drugs will be added back to pharmacy benefit (they were previously covered under medical benefit only):

- Spravato (esketamine) – PA required.
- Crysvisa (burosumab-twza) – PA required. ■

## Product spotlight

### NaviCare – Model of Care training

The main philosophy behind our NaviCare product is to assist our members in functioning at the safest level in the most appropriate setting, utilizing both Medicare and Medicaid covered benefits and services. Eligible members must be age 65 or older, have MassHealth Standard, and may or may not have Medicare. NaviCare 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.
- 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 two business days in advance by calling our Transportation Vendor CTS at 1-833-824-9440. The member/caregiver can arrange transportation and/or Fallon Health Navigators are also available to assist. Members/their caregivers can also qualify for mileage reimbursement for covered trips.
- Members receive 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 Silver Sneakers™ gym membership.
- Members receive \$600 per year (\$150 per calendar quarter) on the Save Now card, to purchase certain health-related items like toothbrushes, cold/allergy medicine, diabetic care, first-aid products, sunscreen, pain relievers, probiotics, incontinence products and more. Purchases can be made over the phone, at stores like CVS Pharmacy, Family Dollar, and Walmart, or online with free home delivery.
- The Healthy Food Card gives members the ability to earn up to \$100 annually for completing healthy activities like:
  - Welcome to Medicare/Annual physical or qualified wellness visits
  - Preventive vaccines, including:
    - Flu
    - Tdap
    - Pneumococcal vaccine
    - COVID-19
    - Shingles vaccine

The Healthy Food Card enables members to purchase food items such as, but not limited to: canned vegetables, beans, rice and pastas, fresh vegetables and fruits, frozen and fresh meat, fish and poultry, refrigerated dairy and non-dairy products at participating retailers.

- **New for 2023—Self-Care Card.** Members get \$50 each calendar quarter (\$200 annually) to buy personal care items and groceries. Members can buy items like soap, deodorant, and shampoo. They can also use the card to buy food products like rice, beans, meat, fish, and vegetables.
- **NaviCare members get 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 Service Coordinator employed by local Aging Service Access Points (ASAPs)

*(if patient is living in own home)*

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

### Behavioral Health Case Manager *(as needed)*

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

### Clinical pharmacist *(as needed)*

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

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

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

## NaviCare – Model of Care Success

### NaviCare supports advanced healthcare directive planning

NaviCare partners with Vital Decisions, LCC to ensure member care matches their preferences. Vital Decisions connects with NaviCare members to help them decide upon and document their health care preferences, and advocate for the medical care and experience they want.

#### During the first quarter of 2023

- 459 NaviCare members were referred to the Vital Decisions program.
- Of these 459 referrals, 291 (63%) were reached by Vital Decisions to discuss the program.
- 113 (39%) were deemed eligible for participation.
- 104 NaviCare members (92%) agreed to enroll.

Once enrolled, master's level clinicians support members as they articulate what matters most to them currently as well as their future care goals. Members are empowered to communicate these preferences to their loved ones and document their living will summary, advanced directives, health care proxy, and medical orders for their peace of mind, and for the future. ■

## Important reminders

### As of April 1, 2023, MassHealth members need to renew their health coverage

Here's some helpful information to help them stay covered.

#### Why is this so important?

- Due to continuous coverage requirements that started during the COVID-19 emergency, MassHealth had been maintaining members' coverage and benefits, but has returned to normal renewal operations. All MassHealth members have to renew their coverage. If MassHealth has enough information to confirm eligibility, coverage will be renewed automatically. If MassHealth is not able to confirm eligibility automatically, they will send a renewal form in a blue envelope to the mailing address they have on file.

#### What can your patients do?

- Make sure MassHealth has their current address, phone number, and email so they don't miss important information and notices from MassHealth.
- Report any household changes to MassHealth. These changes could include a new job, new address, changes to income, disability status, or pregnancy.

**MassHealth members under 65 years old** can update their information with MassHealth online at [mahix.org/individual](https://mahix.org/individual). If they don't already have a MA Login Account, they can visit [mass.gov/masshealthlogin](https://mass.gov/masshealthlogin) or call the MassHealth Customer Service Center at 1-800-841-2900 (TDD/TTY: 711).

MassHealth members aged 65 and older can renew by mail or fax, or by scheduling an in-person appointment with a MassHealth representative or Enrollment Assister. Appointments can be scheduled at [mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative](https://www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative).

### What happens next?

- Over the next several months, people with MassHealth should watch their mail for a blue envelope.
- If someone receives a blue envelope, they must be sure to open it and follow the instructions provided by MassHealth.
- People should be on the lookout for scams! Scammers might pretend to be from a legitimate organization or a government agency.

**If individuals with MassHealth coverage don't respond to MassHealth when they get the request to renew—or if they no longer qualify for MassHealth—they'll lose their MassHealth coverage. ■**

### HOS-M

The (Health Outcomes Survey) HOS-M is a cross-sectional modified version of the Medicare HOS that contains 19 questions measuring the physical and mental health functioning of beneficiaries at a single point in time. The core components of the survey include The Veterans RAND 12-Item Health Survey (VR-12) and Activities of Daily Living (ADL) items.

### Survey administration and eligibility

The HOS-M is distributed annually (in July this year) to participants and enrollees in both Fallon Health NaviCare HMO SNP and Summit ElderCare, subject to the limitations below:

- NaviCare HMO SNP
  - 1,200 randomly selected enrollees enrolled at the time of the survey.
  - Excludes enrollees who reside in nursing homes.
  - Excludes enrollees with end stage renal disease.
  - Excludes enrollees who only have Medicaid.
- Summit ElderCare
  - All participants enrolled at the time of the survey.
  - Excludes participants who reside in nursing homes.
  - Excludes participants with end stage renal disease.
  - Exclude participants who only have Medicaid.

### Why is HOS-M important for your patients?

One of the main goals of the HOS-M is to assess annually the frailty of the population enrolled in both Medicare Advantage D-SNP plans and PACE organizations nationally. In keeping with CMS' goal to gather clinically meaningful data, the results of the survey are used to monitor participating health plan performance as well as to assist these plans and CMS in improving quality of care.

Please consider supporting your patients in providing honest and candid responses and encouraging them to reach out to family, caregivers or members of their Fallon Health or Summit ElderCare care teams for assistance in completing the survey.

For more information regarding the HOS-M or the administration of the survey to members and participants, please visit the official [Health Outcome Survey website](#). ■

## Quality Focus

### Medication reconciliation, post discharge

A medication reconciliation measures the percentage of patients 18 years and older who were discharged from a hospital or skilled nursing facility, and had their medications reconciled within 30 days from the date of discharge. A medication reconciliation is not a medication review; it reconciles the most recent outpatient medications list with the medications that were prescribed at discharge.

#### Who can conduct it:

Primary care physicians, nurse practitioners, physician assistants, registered nurses and clinical pharmacists.

#### Who is eligible:

Fallon Medicare Plus and NaviCare members who are discharged from an acute or non-acute facility. Every time a patient is discharged, they are eligible.

#### Best practices:

- Schedule appointments with primary care teams within the first seven days of discharge, or as soon as you are aware of discharge.
- Review discharge instructions and medications with patients, and make sure they understand and are able to follow them.
- Reconcile patients' discharged medications with their outpatient medications.

#### How to close the gap in care:

Once a medication reconciliation is complete, record it in one of these two ways:

1. On the claim encounter with one of the following CPT codes (No other documentation is required.):
  - **CPTII code – 1111F** Discharge medications reconciled with the current medication list in outpatient medical record
  - **Transition of care code – 99495** Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)
  - **Transition of care code – 99496** Transitional care management services with high medical decision complexity (face-to-face visit within seven days of discharge)
2. In the medical record include a dated progress note stating, "Hospital (or skilled nursing facility) discharge medications were reconciled with the current outpatient medications" and a signed and dated current medication list. ■

## Clinical Practice Guidelines update

Our 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:

- CDC Clinical Practice Guideline for Prescribing Opioids for Pain-US 2022
- CDC 2023 recommended immunizations for children from birth through 18 years old
- CDC 2023 recommended immunizations for adults, by age ■

## Coding Corner

### Documentation improvement for the Assessment and Plan

#### Assessment and Plan:

The diagnosis should always be stated by the provider in the documentation with a status for the diagnosis, and also note if the diagnosis is acute or chronic and how the condition is being treated. Please indicate if current treatment is effective or needs changes.

#### Examples:

Assessment and Plan

#### Type 2 Diabetes with CKD:

Patient with type 2 DM complicated by stage 4 CKD. Chronic, well managed on Metformin 500 BID, Lantus 15u at HS. Recent A1C on 10/15/2022 was 6.8.

#### Chronic Kidney Disease:

Patient with CKD stage 4 due to Diabetes and Hypertension, chronic stable. Continue Lisinopril 5mg daily.

#### Hypertensive CKD:

Patient with Hypertensive CKD Chronic, well-managed BP today was 112/80. Continue Lisinopril 5mg. ■

### MassHealth ACO "M" and "U" code updates

Category III CPT codes and CPT codes listed in Appendix O of the CPT Manual (Multianalyte Assays with Algorithmic Analyses and Proprietary Laboratory Analyses, i.e., codes ending in "M" or "U," respectively) are *nonpayable for MassHealth ACO members, except when MassHealth has issued code-specific coverage guidance.*

In the absence of MassHealth issued code-specific coverage guidance, claims for Category III CPT codes and CPT codes listed in Appendix O of the CPT Manual will deny vendor liable.

Effective January 1, 2022, the following code was changed from *deny vendor liable* to *covered with no prior authorization for MassHealth ACO only*:

Code	Description
87905	Infectious agent enzymatic activity other than virus (e.g., sialidase activity in vaginal fluid)

Effective January 1, 2023, the following code is *deny vendor liable for all lines of business*:

Code	Description
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use

Effective April 19, 2023, the following codes are *deny vendor liable for all lines of business*:

Code	Description
0001A	IMMUNIZATION ADMINISTRATION
0002A	IMMUN ADMIN
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD
0004A	ADM SARSCOV2 30MCG/0.3ML BST
0011A	Moderna COVID 19 admin
0012A	Immunization administration by intramuscular injection
0013A	ADM SARSCOV2 100MCG/0.5ML3RD
0051A	ADM SARSCV2 30MCG TRS-SUCR 1
0052A	ADM SARSCV2 30MCG TRS-SUCR 2
0053A	ADM SARSCV2 30MCG TRS-SUCR 3
0054A	ADM SARSCV2 30MCG TRS-SUCR B
0064A	ADM SARSCOV2 50MCG/0.25 MLBST
0071A	ADM SARSCV2 10MCG TRS-SUCR 1
0072A	ADM SARSCV2 10MCG TRS-SUCR 2
0073A	ADM SARSCV2 10MCG TRS-SUCR 3
0074A	ADM SARSCV2 10MCG TRS-SUCR B
0081A	ADM SARSCV2 3MCG TRS-SUCR 1
0082A	ADM SARSCV2 3MCG TRS-SUCR 2
0083A	ADM SARSCV2 3MCG TRS-SUCR 3
0091A	ADM SARSCOV2 50 MCG/.5 ML1ST
0092A	ADM SARSCOV2 50 MCG/.5 ML2ND
0093A	ADM SARSCOV2 50 MCG/.5 ML3RD
0094A	ADM SARSCOV2 50 MCG/.5 MLBST
0111A	ADM SARSCOV2 25MCG/0.25ML1ST
0112A	ADM SARSCOV2 25MCG/0.25ML2ND
0113A	ADM SARSCOV2 25MCG/0.25ML3RD

Effective May 3, 2023, the following code is *deny vendor liable for all lines of business*:

Code	Description
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use

**Please note:** The April Connection newsletter indicated the following codes would change to *deny vendor liable*, but effective June 1, 2023, they will remain *covered with prior plan authorization for MassHealth ACO only*:

Code	Description
41872	Gingivoplasty, each quadrant (specify)
58350	Chromotubation of oviduct, including materials
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace
62287	DCMPRN PX PERQ NUCLEUS PULPOSUS 1/MLT LVL LUMBAR
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication)

Effective June 1, 2023, the following codes are *covered with prior plan authorization for MassHealth ACO only*:

Code	Description
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan. (Initial functional behavior assessment and reassessment).
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes. (Adaptive behavior treatment).
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes. (Social skills group, up to 8 participants).
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes. (Adaptive behavior treatment).
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes. (Parent training with or without child present).
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes. (Multiple group parent training, up to 8 participants).



Effective July 1, 2023, the following codes will be *deny vendor liable for all lines of business*:

Code	Description
0791T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure.)
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professional
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; complete system (i.e., right atrial and right ventricular pacemaker components)
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (i.e., right atrial and right ventricular pacemaker components)
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; dual-chamber system (i.e., right atrial and right ventricular pacemaker components)
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right atrial pacemaker component

Code	Description
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (i.e., caval valve implantation [CAVI]); percutaneous femoral vein approach
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (i.e., caval valve implantation [CAVI]); open femoral vein approach
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report
0809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s)
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies

Effective July 1, 2023, the following codes will be *deny vendor liable for MassHealth ACO only*, and will be configured as *covered with prior plan authorization for all other lines of business*:

Code	Description
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components
C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report
C9787	Gastric electrophysiology mapping with simultaneous patient symptom profiling

Effective July 1, 2023, the following codes will *require prior plan authorization for all lines of business*:

Code	Description
J1576	Inj, panzyga, 500 mg
J2329	Inj ublituximab-xiyy, 1 mg
J9056	Inj, bendamustine, 1 mg
J9058	Inj apotex/bendamustine 1 mg
J9059	Inj bendamustine, baxter 1mg

Code	Description
J9063	Inj, elahere, 1 mg
J9259	Paclitaxel (american regent)
J9322	Inj pemetrexed (bluepoint)
J9323	Inj, pemetrexed (hospira) 10
J9347	Inj, tremelimumab-actl, 1 mg
J9350	Inj mosunetuzumab-axgb, 1 mg
J9380	Inj teclistamab cqyv 0.5 mg
J9381	Inj teplizumab mzwv 5 mcg

Effective July 1, 2023, the following codes will be *prior plan authorization for all lines of business*:

Code	Description
Q4272	Esano a, per square centimeter
Q4273	Esano aaa, per square centimeter
Q4274	Esano ac, per square centimeter
Q4275	Esano aca, per square centimeter
Q4276	Orion, per square centimeter
Q4277	Woundplus membrane or e-graft, per square centimeter
Q4278	Epieffect, per square centimeter
Q4280	Xcell amnio matrix, per square centimeter
Q4281	Barrera sl or barrera dl, per square centimeter
Q4282	Cygnus dual, per square centimeter
Q4283	Biovance tri-layer or biovance 3l, per square centimeter
Q4284	Dermabind sl, per square centimeter

Effective September 1, 2023, the following code will be *covered with prior authorization for MassHealth ACO only*:

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 September 1, 2023, the following codes will be *deny vendor payable for all lines of business*:

Code	Description
S9083	Global fee for urgent care centers
S9088	Services provided in an urgent care center (list in addition to code for service)

Effective September 1, 2023, the following code will be *deny vendor payable for MassHealth ACO only*:

Code	Description
90461	Each additional vaccine/toxoid component administered

Effective September 1, 2023, the following code will be *deny vendor liable for MassHealth ACO only*:

Code	Description
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (i.e., external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma
30469	Repair of nasal valve collapse with low energy, temperature-controlled (i.e., radiofrequency) subcutaneous/submucosal remodeling
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (e.g., transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (e.g., transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation
49621	Repair of parastomal hernia, any approach (i.e., open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible
49622	Repair of parastomal hernia, any approach (i.e., open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated
49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (i.e., open, laparoscopic, robotic) (List separately in addition to code for primary procedure.)
77523	Proton treatment delivery; intermediate
81418	Drug metabolism (e.g., pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis
77523	Proton treatment delivery; intermediate

Code	Description
81418	Drug metabolism (e.g., pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis
81441	IBMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (e.g., ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (e.g., BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis
81456	TGSAP SO/HEMATOLYMPHOID NEO/DO 51/>RNA ANALYSIS
84433	Thiopurine S-methyltransferase (TPMT)
87467	Hepatitis B surface antigen (HBsAg), quantitative
87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique
87469	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique
87478	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique
87484	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral

Effective September 1, 2023, the following codes will be *deny vendor liable for all lines of business*:

Code	Description
99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

Code	Description
99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.
99252	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.
99253	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99254	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99255	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded.

**Effective September 1, 2023**, the following code will be *covered with prior authorization for all lines of business*:

Code	Description
93740	Temperature gradient studies

**Effective September 1, 2023**, the following codes will change from *deny vendor payable to not separate reimbursable for MassHealth ACO only*:

Code	Description
15853	Removal of sutures or staples not requiring anesthesia
15854	Removal of sutures and staples not requiring anesthesia

**Effective September 1, 2023**, the following code will be *deny vendor for MassHealth ACO only*:

Code	Description
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure.)

CPT codes 77061 and 77062 are not valid for Medicare services. Medicare uses G0279 for this service.

Effective September 1, 2023, the following codes will be *deny vendor liable for Medicare lines of business* (Fallon Medicare Plus, Fallon Medicare Plus Central, NaviCare, Summit Eldercare PACE, Fallon Health Weinberg PACE):

Code	Description
77061	Global fee for urgent care centers
77062	Services provided in an urgent care center (list in addition to code for service)

COVID-19 Remote Patient Monitoring for MassHealth ACO members is billed with CPT code 99423 and modifier U9.

Effective September 1, 2023, CPT code 99423 will be *deny vendor liable if billed without modifier U9 for MassHealth ACO members only*:

Code	Description
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes ■

Effective July 1, 2023, the following codes will be configured as *deny vendor liable for MassHealth ACO only*:

Code	Description
A4212	NON CORING NEEDLE OR STYLET
A4218	STERILE SALINE OR WATER
A4226	WEEKLY SUPPLY MAINT CGS PUMP
A4230	INFUS INSULIN PUMP NON NEEDL
A4231	INFUSION INSULIN PUMP NEEDLE
A4238	ADJU CGM SUPPLY ALLOWANCE
A4248	CHLORHEXIDINE ANTISEPT
A4257	REPLACE LENS SHIELD CARTRIDGE
A4280	BRST PRSTHS ADHSV ATTCHMNT
A4290	SACRAL NERVE STIM TEST LEAD
A4301	IMPLANTABLE ACCESS SYST PERC
A4306	DRUG DELIVERY SYSTEM <=50 ML
A4335	INCONTINENCE SUPPLY
A4337	INCONTINENT RECTAL INSERT
A4400	OSTOMY IRRIGATION SET
A4421	OSTOMY SUPPLY MISC
A4453	REC CATH MAN PUMP ENEMA REPL
A4458	REUSABLE ENEMA BAG
A4465	NON-ELASTIC EXTREMITY BINDER

Code	Description
A4470	GRAVLEE JET WASHER
A4480	VABRA ASPIRATOR
A4520	INCONTINENCE GARMENT ANYTYPE
A4553	NONDISP UNDERPADS, ALL SIZES
A4554	DISPOSABLE UNDERPADS
A4555	CA TX E-STIM ELECTR/TRANSDUC
A4559	COUPLING GEL OR PASTE
A4561	PESSARY RUBBER, ANY TYPE
A4562	PESSARY, NON RUBBER,ANY TYPE
A4563	VAG INSER RECTAL CONTROL SYS
A4565	SLINGS
A4566	SHOULD SLING/VEST/ABRESTRAIN
A4596	CES SYSTEM MONTHLY SUPP
A4615	CANNULA NASAL
A4616	TUBING (OXYGEN) PER FOOT
A4617	MOUTH PIECE
A4618	BREATHING CIRCUITS
A4620	VARIABLE CONCENTRATION MASK
A4633	UVL REPLACEMENT BULB
A4634	REPLACEMENT BULB TH LIGHTBOX
A4639	INFRARED HT SYS REPLCMNT PAD
A4642	IN111 SATUMOMAB
A4649	SURGICAL SUPPLIES
A4650	IMPLANT RADIATION DOSIMETER
A4651	CALIBRATED MICROCAP TUBE
A4652	MICROCAPILLARY TUBE SEALANT
A4653	PD CATHETER ANCHOR BELT
A4657	SYRINGE W/WO NEEDLE
A4671	DISPOSABLE CYCLER SET
A4672	DRAINAGE EXT LINE, DIALYSIS
A4673	EXT LINE W EASY LOCK CONNECT
A4674	CHEM/ANTISEPT SOLUTION, 8OZ
A4680	ACTIVATED CARBON FILTER, EA
A4690	DIALYZER, EACH
A4706	BICARBONATE CONC SOL PER GAL
A4707	BICARBONATE CONC POW PER PAC
A4708	ACETATE CONC SOL PER GALLON



Code	Description
A4709	ACID CONC SOL PER GALLON
A4714	TREATED WATER PER GALLON
A4719	"Y SET" TUBING
A4720	DIALYSAT SOL FLD VOL > 249CC
A4721	DIALYSAT SOL FLD VOL > 999CC
A4722	DIALYS SOL FLD VOL > 1999CC
A4723	DIALYS SOL FLD VOL > 2999CC
A4724	DIALYS SOL FLD VOL > 3999CC
A4725	DIALYS SOL FLD VOL > 4999CC
A4726	DIALYS SOL FLD VOL > 5999CC
A4728	DIALYSATE SOLUTION, NON-DEX
A4730	FISTULA CANNULATION SET, EA
A4736	TOPICAL ANESTHETIC, PER GRAM
A4737	INJ ANESTHETIC PER 10 ML
A4740	SHUNT ACCESSORY
A4750	ART OR VENOUS BLOOD TUBING
A4755	COMB ART/VENOUS BLOOD TUBING
A4760	DIALYSATE SOL TEST KIT, EACH
A4765	DIALYSATE CONC POW PER PACK
A4766	DIALYSATE CONC SOL ADD 10 ML
A4770	BLOOD COLLECTION TUBE/VACUUM
A4771	SERUM CLOTTING TIME TUBE
A4772	BLOOD GLUCOSE TEST STRIPS
A4773	OCCULT BLOOD TEST STRIPS
A4774	AMMONIA TEST STRIPS
A4802	PROTAMINE SULFATE PER 50 MG
A4860	DISPOSABLE CATHETER TIPS
A4870	PLUMB/ELEC WK HM HEMO EQUIP
A4890	REPAIR/MAINT CONT HEMO EQUIP
A4911	DRAIN BAG/BOTTLE
A4913	MISC DIALYSIS SUPPLIES NOC
A4918	VENOUS PRESSURE CLAMP
A4929	TOURNIQUET FOR DIALYSIS, EA
A5514	MULT DEN INSERT DIR CARV/CAM
A6000	WOUND WARMING WOUND COVER
A6025	SILICONE GEL SHEET, EACH
A6261	WOUND FILLER GEL/PASTE /OZ

Code	Description
A6262	WOUND FILLER DRY FORM / GRAM
A6412	OCCLUSIVE EYE PATCH
A6413	ADHESIVE BANDAGE, FIRST-AID
A6441	PAD BAND W>=3" <5"/YD
A6460	SYNTHETIC DRSG <= 16 SQ IN
A6461	SYNTHETIC DRSG >16<=48 SQ IN
A6550	NEG PRES WOUND THER DRSG SET
A7007	LG VOL NEBULIZER DISPOSABLE
A7008	DISPOSABLE NEBULIZER PREFILL
A7009	NEBULIZER RESERVOIR BOTTLE
A7016	NEBULIZER DOME & MOUTHPIECE
A7040	ONE WAY CHEST DRAIN VALVE
A7041	WATER SEAL DRAIN CONTAINER
A9150	MISC/EXPER NON-PRESCRIPT DRU
A9152	SINGLE VITAMIN NOS
A9153	MULTI-VITAMIN NOS
A9155	ARTIFICIAL SALIVA
A9180	LICE TREATMENT, TOPICAL
A9270	NON-COVERED ITEM OR SERVICE
A9279	MONITORING FEATURE/DEVICENOC
A9282	WIG ANY TYPE
A9284	NON-ELECTRONIC SPIROMETER
A9291	PRES DIG COG BEHAV THERA FDA
A9300	EXERCISE EQUIPMENT
A9901	DELIVERY/SET UP/DISPENSING
A9999	DME SUPPLY OR ACCESSORY, NOS
B4162	EF PED SPECMETABOLIC INHERIT
B4187	OMEGAVEN, 10 GRAMS LIPIDS
B9998	ENTERAL SUPP NOT OTHERWISE C
B9999	PARENTERAL SUPP NOT OTHRWS C
E0183	PRESS UNDERLAY ALTER W/PUMP
E0200	HEAT LAMP WITHOUT STAND
E0203	THERAPEUTIC LIGHTBOX TABLET
E0205	HEAT LAMP WITH STAND
E0217	WATER CIRC HEAT PAD W PUMP
E0218	FLUID CIRC COLD PAD W PUMP
E0221	INFRARED HEATING PAD SYSTEM

Code	Description
E0225	HYDROCOLLATOR UNIT
E0231	WOUND WARMING DEVICE
E0232	WARMING CARD FOR NWT
E0236	PUMP FOR WATER CIRCULATING P
E0239	HYDROCOLLATOR UNIT PORTABLE
E0249	PAD WATER CIRCULATING HEAT U
E0273	BED BOARD
E0350	CONTROL UNIT BOWEL SYSTEM
E0352	DISPOSABLE PACK W/BOWEL SYST
E0370	AIR ELEVATOR FOR HEEL
E0425	GAS SYSTEM STATIONARY COMPRE
E0430	OXYGEN SYSTEM GAS PORTABLE
E0433	PORTABLE LIQUID OXYGEN SYS
E0435	OXYGEN SYSTEM LIQUID PORTABL
E0440	OXYGEN SYSTEM LIQUID STATION
E0441	STATIONARY O2 CONTENTS, GAS
E0442	STATIONARY O2 CONTENTS, LIQ
E0443	PORTABLE O2 CONTENTS, GAS
E0444	PORTABLE O2 CONTENTS, LIQUID
E0447	PORT O2 CONT, LIQ OVER 4 LPM
E0455	OXYGEN TENT EXCL CROUP/PED T
E0457	CHEST SHELL
E0459	CHEST WRAP
E0462	ROCKING BED W/ OR W/O SIDE R
E0481	INTRPULMNRY PERCUSS VENT SYS
E0555	HUMIDIFIER FOR USE W/ REGULA
E0574	ULTRASONIC GENERATOR W SVNEB
E0580	NEBULIZER FOR USE W/ REGULAT
E0615	PACEMAKER MONITR DIGITAL/VIS
E0616	CARDIAC EVENT RECORDER
E0618	APNEA MONITOR
E0620	CAP BLD SKIN PIERCING LASER
E0691	UVL PNL 2 SQ FT OR LESS
E0692	UVL SYS PANEL 4 FT
E0693	UVL SYS PANEL 6 FT
E0694	UVL MD CABINET SYS 6 FT
E0740	NON-IMPLANT PELV FLR E-STIM

Code	Description
E0744	NEUROMUSCULAR STIM FOR SCOLI
E0745	NEUROMUSCULAR STIM FOR SHOCK
E0746	ELECTROMYOGRAPH BIOFEEDBACK
E0761	NONTHERM ELECTROMGNTC DEVICE
E0764	FUNCTIONAL NEUROMUSCULARSTIM
E0765	NERVE STIMULATOR FOR TX N&V
E0769	ELECTRIC WOUND TREATMENT DEV
E0782	NON-PROGRAMBLE INFUSION PUMP
E0783	PROGRAMMABLE INFUSION PUMP
E0785	REPLACEMENT IMPL PUMP CATHET
E0786	IMPLANTABLE PUMP REPLACEMENT
E0787	CGS DOSE ADJ INSULIN INF PMP
E0830	AMBULATORY TRACTION DEVICE
E0953	W/C LATERAL THIGH/KNEE SUP
E0954	FOOT BOX, ANY TYPE EACH FOOT
E0968	WHEELCHAIR COMMODE SEAT
E0969	WHEELCHAIR NARROWING DEVICE
E0970	WHEELCHAIR NO. 2 FOOTPLATES
E0994	WHEELCHAIR ARM REST
E1050	WHELCHR FXD FULL LENGTH ARMS
E1060	WHEELCHAIR DETACHABLE ARMS
E1070	WHEELCHAIR DETACHABLE FOOT R
E1083	HEMI-WHEELCHAIR FIXED ARMS
E1084	HEMI-WHEELCHAIR DETACHABLE A
E1085	HEMI-WHEELCHAIR FIXED ARMS
E1086	HEMI-WHEELCHAIR DETACHABLE A
E1087	WHEELCHAIR LIGHTWT FIXED ARM
E1088	WHEELCHAIR LIGHTWEIGHT DET A
E1089	WHEELCHAIR LIGHTWT FIXED ARM
E1092	WHEELCHAIR WIDE W/ LEG RESTS
E1093	WHEELCHAIR WIDE W/ FOOT REST
E1100	WHCHR S-RECL FXD ARM LEG RES
E1110	WHEELCHAIR SEMI-RECL DETACH
E1130	WHLCHR STAND FXD ARM FT REST
E1140	WHEELCHAIR STANDARD DETACH A
E1150	WHEELCHAIR STANDARD W/ LEG R
E1160	WHEELCHAIR FIXED ARMS

Code	Description
E1170	WHLCHR AMPU FXD ARM LEG REST
E1171	WHEELCHAIR AMPUTEE W/O LEG R
E1172	WHEELCHAIR AMPUTEE DETACH AR
E1227	WHEELCHAIR SPEC SZ SPEC HT A
E1230	POWER OPERATED VEHICLE
E1239	PED POWER WHEELCHAIR NOS
E1240	WHCHR LITWT DET ARM LEG REST
E1250	WHEELCHAIR LIGHTWT FIXED ARM
E1260	WHEELCHAIR LIGHTWT FOOT REST
E1270	WHEELCHAIR LIGHTWEIGHT LEG R
E1280	WHCHR H-DUTY DET ARM LEG RES
E1285	WHEELCHAIR HEAVY DUTY FIXED
E1290	WHEELCHAIR HVY DUTY DETACH A
E1295	WHEELCHAIR HEAVY DUTY FIXED
E1300	WHIRLPOOL PORTABLE
E1310	WHIRLPOOL NON-PORTABLE
E1352	O2 FLOW REG POS INSPIR PRESS
E1353	OXYGEN SUPPLIES REGULATOR
E1354	WHEELED CART, PORT CYL/CONC
E1355	OXYGEN SUPPLIES STAND/RACK
E1356	BATT PACK/CART, PORT CONC
E1357	BATTERY CHARGER, PORT CONC
E1358	DC POWER ADAPTER, PORT CONC
E1391	OXYGEN CONCENTRATOR, DUAL
E1500	CENTRIFUGE
E1510	KIDNEY DIALYSATE DELIVRY SYS
E1520	HEPARIN INFUSION PUMP
E1530	REPLACEMENT AIR BUBBLE DETEC
E1540	REPLACEMENT PRESSURE ALARM
E1550	BATH CONDUCTIVITY METER
E1560	REPLACE BLOOD LEAK DETECTOR
E1570	ADJUSTABLE CHAIR FOR ESRD PT
E1575	TRANSDUCER PROTECT/FLD BAR
E1580	UNIPUNCTURE CONTROL SYSTEM
E1590	HEMODIALYSIS MACHINE
E1592	AUTO INTERM PERITONEAL DIALY
E1594	CYCLER DIALYSIS MACHINE

Code	Description
E1600	DELI/INSTALL CHRГ HEMO EQUIP
E1610	REVERSE OSMOSIS H2O PURI SYS
E1615	DEIONIZER H2O PURI SYSTEM
E1620	REPLACEMENT BLOOD PUMP
E1625	WATER SOFTENING SYSTEM
E1629	TABLO FOR DIALYSIS SERVICE
E1630	RECIPROCATING PERITONEAL DIA
E1632	WEARABLE ARTIFICIAL KIDNEY
E1634	PERITONEAL DIALYSIS CLAMP
E1635	COMPACT TRAVEL HEMODIALYZER
E1636	SORBENT CARTRIDGES PER 10
E1637	HEMOSTATS FOR DIALYSIS, EACH
E1639	SCALE, EACH
E1699	DIALYSIS EQUIPMENT NOC
E1700	JAW MOTION REHAB SYSTEM
E1701	REPL CUSHIONS FOR JAW MOTION
E1702	REPL MEASR SCALES JAW MOTION
E2120	PULSE GEN SYS TX ENDOLYMP FL
E2230	MANUAL STANDING SYSTEM
E2398	WC DYNAMIC POS BACK HARDWARE
E2402	NEG PRESS WOUND THERAPY PUMP
K0014	OTHER POWER WHLCHR BASE
K0669	SEAT/BACK CUS NO DMEPDAC VER
K0740	REPAIR/SVC OXYGEN EQUIPMENT
K0743	PORTABLE HOME SUCTION PUMP
K0744	ABSORP DRG <= 16 SUC PUMP
K0745	ABSORP DRG >16<=48 SUC PUMP
K0746	ABSORP DRG >48 SUC PUMP
K0812	POWER OPERATED VEHICLE NOC
K0898	POWER WHEELCHAIR NOC
K0899	POW MOBIL DEV NO DMEPDAC
K0900	CSTM DME OTHER THAN WHEELCHR
K1001	ELECTRONIC POSA TREATMENT
K1002	CES SYSTEM
K1003	WHIRLPOOL TUB WALKIN PORTABL
K1004	LO FREQ US DIATHERMY DEVICE
K1006	SUCT PUM EXT URINE MGMT SYS

Code	Description
K1007	BIL HKAF PC S/D MICRO SENSOR
K1009	SPEECH VOLUME MODULATION SYS
K1013	ENEMA TUBE ANY TYPE REPL
K1014	AK 4 BAR LINK HYDL SWG/STANC
K1015	FOOT, ADDUCTUS POSITION, ADJ
K1016	TRANS ELEC NERV FOR TRIGEMIN
K1017	MONTHLY SUPP USE WITH K1016
K1018	EXT UP LIMB TREMOR STIM WRIS
K1019	SUPP EXT UP LIMB TREMOR STIM
K1020	NON-INVASIVE VAGUS NERV STIM
K1022	ENDOSKEL POSIT ROTAT UNIT
K1023	TRANS ELEC NERV PERIPH NERV
K1024	NON PNEUM COMP CONTROL CAL
K1025	NON PNEUM COMPRESS FULL ARM
K1026	MECH ALLERGEN PARTI BARRIER
K1027	ORAL DEV WITHOUT FIX MECH
K1028	CONTROL UNIT NEUROMUSCUL OSA
K1029	ORAL DV/APP NEUROMUS MOUTHPI
K1030	EXT RECHARGE BAT REPLACEMENT
K1031	NON PNEU COMP CONTROL W/O CA
K1032	NON PNEUM SEQ COMP FULL LEG
K1033	NON PNEUM SEQ COMP HALF LEG
L2006	KAF SNG/DBL SWG/STN MCPR CUS
L2861	TORSION MECHANISM KNEE/ANKLE
L3891	TORSION MECHANISM WRIST/ELBO
L5859	KNEE-SHIN PRO FLEX/EXT CONT
L6711	PED TERM DEV, HOOK, VOL OPEN
L6712	PED TERM DEV, HOOK, VOL CLOS
L6713	PED TERM DEV, HAND, VOL OPEN
L6714	PED TERM DEV, HAND, VOL CLOS
L6721	HOOK/HAND, HVY DTY, VOL OPEN
L6722	HOOK/HAND, HVY DTY, VOL CLOS
L7700	PROS SOC INSERT GASKET/SEAL
L7900	MALE VACUUM ERECTION SYSTEM
L7902	TENSION RING, VAC ERECT DEV
L8040	NASAL PROSTHESIS
L8041	MIDFACIAL PROSTHESIS

Code	Description
L8042	ORBITAL PROSTHESIS
L8043	UPPER FACIAL PROSTHESIS
L8044	HEMI-FACIAL PROSTHESIS
L8045	AURICULAR PROSTHESIS
L8046	PARTIAL FACIAL PROSTHESIS
L8047	NASAL SEPTAL PROSTHESIS
L8048	UNSPEC MAXILLOFACIAL PROSTH
L8049	REPAIR MAXILLOFACIAL PROSTH
L8500	ARTIFICIAL LARYNX
L8505	ARTIFICIAL LARYNX, ACCESSORY
L8507	TRACH-ESOPH VOICE PROS PT IN
L8509	TRACH-ESOPH VOICE PROS MD IN
L8510	VOICE AMPLIFIER
L8511	INDWELLING TRACH INSERT
L8512	GEL CAP FOR TRACH VOICE PROS
L8513	TRACH PROS CLEANING DEVICE
L8514	REPL TRACH PUNCTURE DILATOR
L8515	GEL CAP APP DEVICE FOR TRACH
L8600	IMPLANT BREAST SILICONE/EQ
L8603	COLLAGEN IMP URINARY 2.5 ML
L8604	DEXTRANOMER/HYALURONIC ACID
L8606	SYNTHETIC IMPLNT URINARY 1ML
L8607	INJ VOCAL CORD BULKING AGENT
L8608	ARG II EXT COM/SUP/ACC MISC
L8609	ARTIFICIAL CORNEA
L8610	OCULAR IMPLANT
L8612	AQUEOUS SHUNT PROSTHESIS
L8613	OSSICULAR IMPLANT
L8614	COCHLEAR DEVICE
L8615	COCH IMPLANT HEADSET REPLACE
L8616	COCH IMPLANT MICROPHONE REPL
L8617	COCH IMPLANT TRANS COIL REPL
L8618	COCH IMPLANT TRAN CABLE REPL
L8619	COCH IMP EXT PROC/CONTR RPLC
L8621	REPL ZINC AIR BATTERY
L8622	REPL ALKALINE BATTERY
L8623	LITH ION BATT CID, NON-EARLVL



Code	Description
L8624	LITH ION BATT CID, EAR LEVEL
L8625	CHARGER COCH IMPL/AOI BATTERY
L8627	CID EXT SPEECH PROCESS REPL
L8628	CID EXT CONTROLLER REPL
L8629	CID TRANSMIT COIL AND CABLE
L8630	METACARPOPHALANGEAL IMPLANT
L8631	MCP JOINT REPL 2 PC OR MORE
L8641	METATARSAL JOINT IMPLANT
L8642	HALLUX IMPLANT
L8658	INTERPHALANGEAL JOINT SPACER
L8659	INTERPHALANGEAL JOINT REPL
L8670	VASCULAR GRAFT, SYNTHETIC
L8679	IMP NEUROSTI PLS GN ANY TYPE
L8680	IMPLT NEUROSTIM ELCTR EACH
L8681	PT PRGRM FOR IMPLT NEUROSTIM
L8682	IMPLT NEUROSTIM RADIOFQ REC
L8683	RADIOFQ TRSMTR FOR IMPLT NEU
L8684	RADIOF TRSMTR IMPLT SCRL NEU
L8685	IMPLT NROSTM PLS GEN SNG REC
L8686	IMPLT NROSTM PLS GEN SNG NON
L8687	IMPLT NROSTM PLS GEN DUA REC
L8688	IMPLT NROSTM PLS GEN DUA NON
L8689	EXTERNAL RECHARG SYS INTERN
L8690	AUD OSSEO DEV, INT/EXT COMP
L8691	AOI SND PROC REPL EXCL ACTUA
L8692	NON-OSSEOINTEGRATED SND PROC
L8693	AUD OSSEO DEV, ABUTMENT
L8694	AOI TRANSDUCER/ACTUATOR REPL
L8695	EXTERNAL RECHARG SYS EXTERN
L8696	EXT ANTENNA PHREN NERVE STIM
L8698	MISC USED WITH TOT ART HEART
L8699	PROSTHETIC IMPLANT NOS
L8701	EWB S/D UPRT MICRO SENSOR
L8702	EWHF S/D UPRT MICRO SENSOR
L9900	O&P SUPPLY/ACCESSORY/SERVICE

Effective July 1, 2023, the following codes will be configured as *deny vendor liable for all lines of business*:

Code	Description
A4575	HYPERBARIC O2 CHAMBER DISPS
E0446	TOPICAL OX DELIVER SYS, NOS

Effective July 1, 2023, the following code *will be covered and does not require plan prior authorization for MassHealth ACO only*:

Code	Description
A4269-No PA	SPERMICIDE ■

## Payment Policies

### Revised policies – Effective September 1, 2023

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

**Radiology/Diagnostic Imaging** – Updated Billing/coding guidelines to include information on billing for Mammography Services, modifier FX and modifier FY.

**Clinical Trials** – Updated Billing/coding guidelines to include mandatory reporting of clinical trial identifiers effective for claims received on or after September 1, 2023.

**Skilled Nursing Facility** – Added new section Custodial/Long Term Care under Reimbursement.

**Emergency Department Services** – Updated to align with CPT E/M changes effective January 1, 2023: Revision of Emergency Department Services E/M codes 99281-99285 and Guidelines.

**Anesthesia** – Clarifying how anesthesia time units are calculated under Reimbursement. ■

### New policies – Effective September 1, 2023

**Telehealth** – MassHealth ACO ■

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

**Send information to:**

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

or

Email your Provider Relations  
Representative

---

Richard Burke  
*President and CEO*

Dr. David Brumley  
*Senior Vice President and  
Chief Medical Officer*

Susan Keser  
*Vice President, Network Development  
and Management*

Kathy Bien  
*Director, Provider Relations*

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**Questions?**

**1-866-275-3247**

