Connection

Important information for Fallon Health physicians and providers

In the October issue:

Important updates

Provider Satisfaction Survey

Our Provider Relations team is conducting monthly surveys via email and fax. If you receive this survey, please take a few minutes to tell us what you think. We would love to hear from you! ▮

Lesser of contract language for ACO contracts

Based on reconsiderations of the MassHealth provider payment policies and input from the State, effective immediately, the lesser of language and systems supports will be put back into effect for ACO provider (non-hospital) agreements.

Claims adjudicated on or after October 10, 2023 will take lesser of payment methodologies into account. Upon contract renewal, contract language will be updated. There will be no payment retractions for previously adjudicated claims. There may be exceptions to the application of lesser of language in accordance with State regulations. ▮

fallonhealth

What's new

New program for dental benefit management

Fallon Health will be changing dental vendors effective January 1, 2024.

Our new vendor for NaviCare® SCO and HMO SNP, Fallon Medicare Plus™, and Community Care (pediatric) dental benefits will be DentaQuest®. Medical oral surgery services will continue to be handled by Fallon Health. ▮

Clinical Trials Workgroup

A clinical trial is a prospective biomedical or health-related research study of human subjects designed to test new methods of screening, prevention, diagnosis, or treatment of a disease.

These studies are conducted by physicians and other health professionals in a controlled environment to help determine the safety and efficacy of biological products, devices, drugs, medical treatments, procedures, or therapies to improve health. Providers are required to submit clinical trial claims in accordance with the coding requirement.

Clinical trial claims received on or after September 1, 2023 will be denied if clinical trial identifiers are missing on the claim as outlined in the Clinical Trials Payment Policy which is based on the line of business. ▮

Step Therapy Exception process

Effective October 1, 2023, in accordance with Massachusetts state law, Fallon Health allows a Step Therapy Exception process as well as a Step Therapy Coordination of Care process for members already on a medication for which Fallon Health requires Step Therapy. **This applies to Fallon Health members in the following plans:**

- **Community Care**
- **Berkshire Fallon Health Collaborative**
- **Fallon 365 Care**
- **Fallon Health-Atrius Health Care Collaborative**

For medications that are restricted due to a step therapy protocol, a member and their prescribing health care provider can request an exception to the step therapy protocol. The request for an exception will be granted if any of the following conditions are satisfied:

- The prescription drug required under the step therapy protocol is contraindicated or will likely cause an adverse reaction in—or physical or mental harm to—the member

- The prescription drug required under the step therapy protocol is expected to be ineffective based on the known clinical characteristics of the member and the known characteristics of the prescription drug regimen

- The member or prescribing health care provider:
  - Has provided documentation to Fallon Health establishing that the member has previously tried the prescription drug required under the step therapy protocol, or another prescription drug in the same pharmacologic class or with the same mechanism of action, while covered by Fallon Health, or by a previous health insurance carrier, or a health benefit plan; and
  - The prescription drug regiment was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.
- The member or prescribing health care provider has provided documentation to Fallon Health establishing that the member:
  - Is stable on a prescription drug prescribed by the health care provider; and
  - Switching drugs will likely cause an adverse reaction in or physical or mental harm to the member.

Step Therapy Exception requests will be reviewed and granted or denied not more than three business days following the receipt of all necessary information to establish the medical necessity of the prescribed treatment. If additional delay would result in significant risk to the member's health or well-being, Fallon Health will respond within 24 hours following the receipt of all necessary information.

Step Therapy Exception requests are submitted to the same phone/fax/address as a prior authorization request. Please refer to *fallonhealth.org* for more information.

If approved, refer to the Fallon Health formulary on *fallonhealth.org* to determine the cost share.

Denial of an exception is eligible for appeal by a member.

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

Community Care Service Area Expansion

Community Care—Fallon Health's affordable health plan for individuals and families through the Massachusetts Health Connector—is expanding its service area.

Effective January 1, 2024, the Community Care service area will include all of Suffolk, Berkshire, Middlesex, and Worcester counties, parts of Norfolk County (including expansion into the towns of Brookline, Wellesley, and Needham, and one town in Bristol County (Mansfield). Visit *fallonhealth.org/find-insurance/individuals-families.aspx* for more information. ▮

Product spotlight

NaviCare – Model of Care training

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

Every member has a customized member centric plan of care developed by their Care Team. The care plan contains details about the member's goals and the benefits that are part of their care plan. Benefits may include, but are not limited to, in-home supportive services such as homemakers, the Personal Care Attendant (PCA) program, adult day health care, group adult and adult foster care. Each member's care plan is unique to meet their needs.

NaviCare benefits that all members receive include:

- Unlimited transportation to medical appointments.

- 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. Fallon Health Navigators are also available to assist. Members/their caregivers can also qualify for mileage reimbursement for covered trips provided by friends and family.

- Up to $400 per year in fitness reimbursements for new fitness trackers, like a Fitbit or Apple Watch, and/or a membership in a qualified health club or fitness facility. They also have a SilverSneakers™ gym membership.

- **New, effective January 1, 2024—Up to $848 per year on the Save Now card,** to purchase food, health and personal care items. Purchases can be made over the phone, at stores like CVS Pharmacy, Family Dollar, and Walmart, or online with free home delivery.

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

Care Team members and their roles include:

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

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

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

Geriatric Support Services employed by local Aging Service Access Points (ASAPs) *(if patient is living in own home)*
- Evaluates need for services to help patients remain at home and coordinates those services
- Helps patients with MassHealth paperwork
- Connects patients with helpful resources

Behavioral Health Case Manager *(as needed)*
- Identifies and coordinates services to support patients' emotional health and well-being
- Supports your patients through transition to older adulthood
- Helps connect patients with their Care Team and patients' behavioral health providers and substance-use counselors, if present

Clinical pharmacist *(as needed)*
- Visits patients after care transition to perform a medication reconciliation and teaches them proper medication use

PCPs are welcome to provide input to their patient's care plan at any time by contacting the NaviCare Enrollee Service Line at 1-877-700-6996 or by speaking directly with the NaviCare Navigators and/or Nurse Case Managers 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

Fallon Health supports health care without discrimination.

People who identify as lesbian, gay, bisexual, transgender, queer, or other sexual and gender minorities (LGBTQ+) often experience health care discrimination. As a result, they have less positive health outcomes than other individuals.

Fallon Health believes all people deserve equitable health care and services tailored to their individual needs.

In July of this year, our care teams began collecting sexual orientation and gender identity (SOGI) information from all NaviCare members. These demographics will help identify differences in health care needs, and allow for better monitoring of clinical outcomes, as well as opportunities for improved interventions. ▮

MassHealth ACO Community Partners Program

Under the MassHealth ACO program, MassHealth has designated certain community-based behavioral health and social services agencies as "Community Partners" or CPs. CPs are a single entity—or group of social service agencies—that provide community-based care planning and care coordination to certain high risk/vulnerable patients.

The Community Partners Program is available to eligible patients in our MassHealth ACO plans: Berkshire Fallon Health Collaborative, Fallon 365 Care, and Fallon Health-Atrius Health Care Collaborative.

The goal of the CP program is to improve health outcomes for members through better access and coordination of care.

There are two types of Community Partners: **Behavioral Health (BHCPs)** and **Long-Term Services and Support (LTSS CPs).** Patients can be enrolled in either of the two programs, but not in both at the same time.

Program Enrollment Criteria:

BH CP: Patients referred to BHCPs are ages 18-64 with predominant behavioral health need(s), such as serious and persistent mental illness (SPMI), serious emotional disturbance (SED), substance use disorder (SUD), or co-occurring SPMI/SUD.

LTSS CP: Patients referred to LTSS CPs are ages 3-64 with predominant LTSS needs, such as significant functional impairments, a history of high and sustained LTSS utilization, or LTSS related diagnoses, including but not limited to, patients with physical disabilities, patients with acquired or traumatic brain injury or other cognitive impairments, patients with intellectual or developmental disabilities (ID/DD), including patients with autism spectrum disorder.

Services Provided by the Community Partners:

CPs provide Enhanced Care Coordination to their assigned patients, including the following:

• A care coordinator who acts as the lead of the care team

• Outreach and engagement

• Comprehensive assessment and ongoing person-centered treatment planning

- Care coordination and care management across services including medical, behavioral health, long-term services and supports, and other state agency services

- Support for transitions of care

- Medication reconciliation/review

- Health and wellness coaching

- Connection to social services and community resources

- Care planning including providing informed choice of services and providers

- LTSS care coordination, including social services and services provided by other state agencies

Providers interested in referring a patient to the CP Program can speak directly with Case Management team members working in your practices. Providers are welcome to reach out to the Fallon Health Community Partners team by sending a secure email to *CP.referrals@fallonhealth.org* with any questions about eligibility for the program or how to refer patients. ▍

Important reminders

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. ▍

Medication reconciliation for Fallon Medicare Plus and NaviCare members

Medication reconciliation following discharge from an inpatient facility is an important Healthcare and Data Information Set (HEDIS) measure and vital for the health of our members.

Medication reconciliation may be conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse. Documentation must include evidence that medication reconciliation occurred between discharge medications and the patient's medications prior to admission.

Documentation in the outpatient medical record must occur within 30 days of discharge and include any of the following:

- The provider reconciled the current medications with the discharge medications.

- Notation of the current medications that references the discharge medications, such as:
  - No changes in medications since discharge
  - Same medications at discharge
  - Discontinue all discharge medications

- A record of the member's current medications with a notation that the discharge medications were reviewed

- The record contains a list of the member's current medications, a discharge medication list, and a notation that both lists were reviewed on the same date of service
- An office visit stating the member was seen in follow-up post-hospital discharge with evidence that medication reconciliation occurred
- A discharge summary that states the discharge medications were reconciled with the current medications. The discharge summary must be filed in the outpatient chart within 30 days of the discharge.
- A notation that no medications were prescribed or ordered upon discharge

If transitional care management CPT codes are not applicable, Fallon Health reimburses CPT code II 1111F when billed at a rate greater than or equal to $10.00. ▌

Translation services available for members

Fallon Health offers free audio translation services in over 350 languages for our non-English speaking members. If a member needs translation assistance, please contact Fallon Health's Customer Service Department at 1-800-868-5200 Monday, Tuesday, Thursday, and Friday, 8 a.m. to 6 p.m., and Wednesday 10 a.m. to 6 p.m. ▌

PCP referral entry in ProAuth

PCP Referrals for Fallon Medicare Plus and NaviCare must be entered in our referral and authorization tool, ProAuth. The following are some helpful hints for successful entry:

- PCP referrals can only be submitted by the member's PCP as listed in the View Summary tab in a member search.
- PCP referrals are referrals to specialists for consultation visits within a member's network.
    - If the provider is not in the member's network, an Out of Network Prior Authorization request is required.
- The primary procedure code is always 99429.
- The Treatment type field is a choice of the "Consult & Treat" drop down menu. The selection is based on the provider's specific specialty.
    - If the specialty type is not listed, the choice is "Consult Office Visit Only."
- Place of service = Office.

To sign up for ProAuth, visit *fchp.org/Providertools/ProAuthRegistration/ProAuthRegContacts/Create* ▌

Quality Measure Gap Closures

Colorectal Cancer Screening and Hemoglobin A1c testing for NaviCare and Fallon Medicare Plus members

Fallon Health is partnering with Quest Diagnostics® to send eligible NaviCare and Fallon Medicare Plus members an in-home InSure® ONE™ Colorectal Screening kit and/or a Hemoglobin A1c testing kit. The member is identified from a claims file created by our quality data analyst using current HEDIS® guidelines under the National Committee for Quality Assurance (NCQA). This is a free and voluntary program. Colorectal cancer screening and hemoglobin A1c control are HEDIS and CMS 5-Star measures.

The appropriate kit is mailed to the member and contains everything needed to complete the test in their home. The member will mail the sample to Quest and the confidential result will be available online at My.QuestForHealth.com within one week. The results will also be mailed to the member and the PCP.

All members are advised to follow up with their PCP. If you have any questions, please call Provider Services at 1-866-275-3247, prompt 2.

Colorectal Cancer Screening for Medicaid and Community Care members
Fallon Health's Colorectal Cancer Screening Program helps our members take advantage of an easy and convenient method of colorectal cancer screening. Our program uses the InSure ONE test provided by Quest Diagnostics Incorporated. This is a free and voluntary program.

Fallon Health will be reaching out to PCPs who have an eligible Medicaid or Community Care patient in need of colorectal cancer screening. The members are identified from a claims file created by our quality data analyst using current HEDIS guidelines under the NCQA.

Your patient can receive an InSure ONE test via mail **with a provider order.** The tests will be mailed to the member by Fallon Health and interpreted by Quest Diagnostics. The results will be faxed to the PCP office.

If you have any questions, please call Provider Relations at 1-866-275-3247, prompt 2. ▮

Reminder: 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*. If they don't already have a MA Login Account, they can visit *mass.gov/masshealthlogin* or call the MassHealth Customer Service Center at 1-800-841-2900 (TDD/TTY: 711) Monday–Friday, 8 a.m.–5 p.m.

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*.

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. ▮

Doing business with us

Nurse practitioner and physician assistant attestations

As of September 2023, Fallon Health no longer requires nurse practitioner or physician assistant attestations when a provider is being credentialed.

When sending in credentialing paperwork for NPs or PAs you must use the standard HCAS form and fill out the collaborating physician field for the information to be processed. The form can be found on the HCAS website *here*.

If a Nurse Practitioner has been practicing for two or more years, there is no supervising physician required, but you must indicate *full practice authority* on the HCAS form. If a Nurse Practitioner has been practicing for less than two years, Fallon Health will look for the supervising physician information on the form prior to processing the request. Physician assistants will always require a supervising physician listed. ▮

CMS National Plan and Provider Enumeration System (NPPES) – demographic verification

It is important to keep provider data, such as provider name, specialty, phone numbers, and practice address, current in the CMS National Plan and Provider Enumeration System (NPPES).

To validate your demographic information with NPPES, visit *nppes.cms.hhs.gov/#/*.

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

Help with keeping track of Fallon Health products

Fallon Health has a helpful product reference guide that can be customized to reflect your Fallon Health contract. The guide shows examples of member ID cards for Fallon Health plans and provides summary information about each plan. To receive a copy of the Fallon Health Product Reference Guide, please reach out to your Provider Relations Representative or email *askfchp@fallonhealth.org*. ▍

Quality Focus

Disease Management Program empowers your patients

The Fallon Health Disease Management Program is a proactive, patient-centered program for individuals diagnosed with chronic diseases—including asthma, diabetes, chronic obstructive pulmonary disease (COPD), cardiac disease, or heart failure. It reinforces standards of care by providing health education, health coaching, and self-management skills. We work toward empowering your patients to take a more active role in improving and maintaining their health.

We welcome referrals for your patients, our members, to our Disease Management Program and look forward to working with you. For more information or to make a referral, please call our team at 1-800-333-2535, ext. 69898, Monday through Friday from 8:30 a.m. to 5 p.m. You also may use our online Disease Management/ Health Promotions Referral Form at *fallonhealth.org/providers/forms.aspx* ▍

Access to Complex Case Management

Another program we offer to your patients is the Complex Case Management Program. You may refer a patient to this program if he/she has a "critical event or diagnosis"—for example, a car accident, a fall that results in serious injury, cancer, or serious health decline. We'll do a brief assessment to confirm eligibility.

Our nurse case managers and social workers coordinate their care in collaboration with the patient, the caregiver (if applicable), and you. We want to help ensure that your patients receive all the appropriate services and have access to all the resources needed to resolve their health issues in the best way possible.

For more information, or to ask about enrolling in the program, you may call us at 1-800-333-2535, ext. 78002 (TRS 711), Monday–Friday, 8:30 a.m.–5 p.m. Or you may use our online Case Management Referral Form at *fallonhealth.org/providers/forms.aspx* ▍

Important Clinical Practice Guidelines information

Our Clinical Practice Guidelines are available here: *fallonhealth.org/providers/criteria-policies-guidelines/health-care-guidelines*

We hope you'll take time to explore our health guidelines to learn how we work with you and your patients to ensure the quality and safety of clinical care. If you'd like to receive a copy of this information, please call Provider Relations at 1-866-275-3247, option 4.

- **Clinical criteria for utilization care services:** Fallon Health uses national, evidence-based criteria reviewed annually by a committee of health plan and community-based physicians to determine the medical appropriateness of selected services requested by physicians. These criteria are approved as being consistent with generally accepted standards of medical practice, including prudent layperson standards for emergency room care. Criteria are available *here* or as a paper copy upon request.

- **Learn more about our quality programs.** Fallon Health is proud of its long history of quality accomplishments, including our accreditation from the National Committee for Quality Assurance. A detailed description of our quality programs, goals, and outcomes is available *here*. We also welcome suggestions from our physicians about specific goals or projects that may further improve the quality of our care and services.

- **Know our members' rights.** Fallon Health members have the right to receive information about an illness, the course of treatment, and prospects for recovery in terms that they can understand. They have the right to actively participate in decisions regarding their own health and treatment options, including the right to refuse treatment. View a complete list of Fallon Health members' rights and responsibilities here: *fallonhealth.org/en/members/resources/rights* ▮

Utilization Management incentives

Fallon Health maintains a well-structured Utilization Management (UM) program that supports the application of fair, impartial, and consistent UM determinations. Fallon Health affirms the following:

- UM decision-making is based only on appropriateness of care, service, and existence of coverage.

- Fallon Health does not specifically reward practitioners or other individuals for issuing denials of coverage or care.

- Financial incentives for UM decision makers do not encourage decisions that result in underutilization. ▮

Colorectal cancer screening: InSure® ONE™ test

Fallon Health is conducting a free and voluntary colorectal cancer screening program for our Berkshire Fallon Health Collaborative, Fallon 365 Care, Fallon Health-Atrius Care Collaborative, and Community Care members. Colorectal cancer screening is an NCQA and HEDIS® measure. Health experts recommend colon cancer screenings for healthy individuals between the ages of 45 and 75. Fallon Health members who have not received a colorectal cancer screening are identified from a claims file using current HEDIS® technical specifications. HEDIS® requirements are met when a member has one of the following tests: a colonoscopy every ten years, a flexible sigmoidoscopy or CT colonography (virtual colonoscopy) every five years, a stool DNA test every three years (Cologuard®), or a fecal occult blood test yearly.

Fallon Health uses a fecal occult blood test: the InSure® ONE™ test provided by Quest Diagnostics™. Providers will receive a request to order the InSure® ONE™ test, and Fallon Health will perform outreach to members once the order is received. Members receive this kit in the mail to screen for colorectal cancer and other

sources of lower gastrointestinal bleeding. The InSure® ONE™ test is designed to be simpler and more user-friendly than other screenings specific for human hemoglobin. More importantly, the InSure® ONE™ test requires only one stool sample and does not require fecal handling, or dietary or medication restrictions. Quest Diagnostics™ will interpret the results and send them to the member's PCP. ▮

Coding Corner

Advanced illness and frailty exclusions

As members become older and more frail, the treatment goals focus more on quality of life rather than prevention and detection of disease. The NCQA established exclusion criteria for several HEDIS® and Centers for Medicare & Medicaid Services (CMS) Star Measures that allow for the removal of members with advanced illness and frailty.

Members must meet both frailty and advanced illness criteria to be excluded. The criteria for exclusion include members 66 years and older with frailty codes billed during the measurement year and with an advanced illness code on two different dates of service billed during the measurement year or year prior to the measurement year.

Refer to fallonhealth.org for a list of advanced illness and frailty codes. ▮

Properly finalized electronic signatures

Per CMS, electronic signatures are an acceptable form of medical record authentication as long as the system requires the provider to authenticate the signature at
the end of each note. Examples of acceptable signatures include:

- *Electronically signed by*
- *Authenticated by*
- *Approved by*
- *Completed by*
- *Finalized by*
- *Validated by*

In all instances, the signature must contain the physician's or practitioner's name, credentials, and the date signed. The date signed must be dated within 180 calendar days of the encounter. Physician group partners may not sign for each other unless both partners saw the patient during the encounter.

Did you close your note?

We often see pending signatures indicating that a provider didn't finalize their documentation. A valid signature *will not* have a "Pending" sign-off status.

Pending signature examples:

> **Electronically signed by** , M.D. on 10/24/2022 at 09:42 AM EDT
> **Sign off status: Pending**

OR

> **The named appointment provider may or may not be the originator of this progress note, and it is not deemed complete until electronically signed by the appointment provider.**
> **Sign off status: Pending**

Properly authenticated signature example:

> **Electronically signed by** , D.O. on 08/09/2022 at 09:35 AM EDT
> **Sign off status: Completed** ▌

Medicare MS-DRG annual update

The Medicare MS-DRG V34 fee schedule of weights is effective October 1, 2023.

For a list of new and invalid MS-DRG codes—effective for dates of service on or after October 1, 2023—please visit *CMS.gov*. ▌

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

The annual update of the ICD-10-CM diagnosis and ICD-10-PCS procedure codes is effective October 1, 2023. An ICD-10-CM diagnosis code is required on all paper and electronic claims billed to Fallon Health.

For a list of new and invalid ICD-10-CM and ICD-10-PCS codes—effective for dates of service on or after October 1, 2023—please visit *CMS.gov*. ▌

MassHealth Sub Chapter 6 non payable codes update

Fallon Health is reviewing all MassHealth's Sub Chapter 6 codes and is updating HCPCs codes to align with the non-covered codes within the policies. We are also changing any "deny vendor liable" or "non-covered" codes to "payable" if MassHealth pays them within their Sub Chapter 6. ▌

Corrections

The following codes were incorrectly identified as being *deny vendor payable* (effective September 1, 2023) in the July Connection. **Effective September 1, 2023,** the following codes are *deny vendor liable* 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)

The following code was incorrectly identified as being *deny vendor payable* (effective September 1, 2023) in the July Connection. **Effective September 1, 2023,** the following code is *deny vendor liable* MassHealth ACO only:

Code	Description
90461	Each additional vaccine/toxoid component administered

The following codes were indicated as being *deny vendor liable* in the July Connection. **Effective July 1, 2023,** the following codes are *covered and do not require plan prior authorization* for MassHealth ACO only:

Code	Description
A9901	DELIVERY/SETUP/DISPENSING
E2402	NEG PRESS WOUND THERAPY PUMP
A6550	NEG PRES WOUND THER DRSG SET

Coding updates

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

Code	Description
S0012	BUTORPHANOL TARTRATE, NASAL
S0013	ESKETAMINE, NASAL SPRAY
S0014	TACRINE HYDROCHLORIDE, 10 MG
S0017	INJECTION, AMINOCAPROIC ACID
S0030	INJECTION, METRONIDAZOLE
S0032	INJECTION, NAFCILLIN SODIUM
S0034	INJECTION, OFLOXACIN, 400 MG
S0039	INJECTION, SULFAMETHOXAZOLE
S0040	INJECTION, TICARCILLIN DISOD
S0073	INJECTION, AZTREONAM, 500 MG
S0074	INJECTION, CEFOTETAN DISODIU
S0078	INJECTION, FOSPHENYTOIN SODI
S0080	INJECTION, PENTAMIDINE ISETH

Code	Description
S0081	INJECTION, PIPERACILLIN SODI
S0088	IMATINIB 100 MG
S0090	SILDENAFIL CITRATE, 25 MG
S0091	GRANISETRON 1MG
S0092	HYDROMORPHONE 250 MG
S0093	MORPHINE 500 MG
S0104	ZIDOVUDINE, ORAL, 100 MG
S0106	BUPROPION HCL SR 60 TABLETS
S0108	MERCAPTOPURINE 50 MG
S0109	METHADONE ORAL 5MG
S0117	TRETINOIN TOPICAL 5 G
S0119	ONDANSETRON 4 MG
S0122	INJ MENOTROPINS 75 IU
S0126	INJ FOLLITROPIN ALFA 75 IU
S0128	INJ FOLLITROPIN BETA 75 IU
S0132	INJ GANIRELIX ACETAT 250 MCG
S0136	CLOZAPINE, 25 MG
S0137	DIDANOSINE, 25 MG
S0138	FINASTERIDE, 5 MG
S0139	MINOXIDIL, 10 MG
S0140	SAQUINAVIR, 200 MG
S0141	ZALCITABINE, 0.375 MG
S0142	COLISTIMETHATE INH SOL MG
S0145	PEG INTERFERON ALFA-2A/180
S0148	PEG INTERFERON ALFA-2B/10
S0155	EPOPROSTENOL DILUTANT
S0156	EXEMESTANE, 25 MG
S0157	BECAPLERMIN GEL 1%, 0.5 GM
S0160	DEXTROAMPHETAMINE
S0162	INJECTION EFALIZUMAB
S0164	INJECTION PANTROPRAZOLE
S0166	INJ OLANZAPINE 2.5MG
S0169	CALCITROL
S0170	ANASTROZOLE 1 MG
S0171	BUMETANIDE 0.5 MG
S0172	CHLORAMBUCIL 2 MG
S0174	DOLASETRON 50 MG

Code	Description
S0175	FLUTAMIDE 125 MG
S0176	HYDROXYUREA 500 MG
S0177	LEVAMISOLE 50 MG
S0178	LOMUSTINE 10 MG
S0179	MEGESTROL 20 MG
S0182	PROCARBAZINE, ORAL
S0183	PROCHLORPERAZINE 5 MG
S0187	TAMOXIFEN 10 MG
S0189	TESTOSTERONE PELLET 75 MG
S0190	MIFEPRISTONE, ORAL, 200 MG
S0194	VITAMIN SUPPL 100 CAPS
S0197	PRENATAL VITAMINS 30 DAY
S0201	PARTIAL HOSPITALIZATION SERV
S0207	PARAMEDICINTERCEP NONHOSPALS
S0208	PARAMED INTRCEPT NONVOL
S0209	WC VAN MILEAGE PER MI
S0220	MEDICAL CONFERENCE BY PHYSIC
S0221	MEDICAL CONFERENCE, 60 MIN
S0250	COMP GERIATR ASSMT TEAM
S0255	HOSPICE REFER VISIT NONMD
S0260	H&P FOR SURGERY
S0285	CNSLT BEFORE SCREEN COLONOSC
S0310	HOSPITALIST VISIT
S0315	DISEASE MANAGEMENT PROGRAM
S0316	FOLLOW-UP/REASSESSMENT
S0317	DISEASE MGMT PER DIEM
S0320	RN TELEPHONE CALLS TO DMP
S0340	LIFESTYLE MOD 1ST STAGE
S0341	LIFESTYLE MOD 2 OR 3 STAGE
S0342	LIFESTYLE MOD 4TH STAGE
S0390	ROUT FOOT CARE PER VISIT
S0395	IMPRESSION CASTING FT
S0400	GLOBAL ESWL KIDNEY
S0500	DISPOS CONT LENS
S0512	DAILY CONT LENS
S0514	COLOR CONT LENS
S0515	SCLERAL LENS LIQUID BANDAGE

Code	Description
S0516	SAFETY FRAMES
S0518	SUNGLASS FRAMES
S0580	POLYCARB LENS
S0581	NONSTND LENS
S0590	MISC INTEGRAL LENS SERV
S0592	COMP CONT LENS EVAL
S0595	NEW LENSES IN PTS OLD FRAME
S0596	PHAKIC IOL REFRACTIVE ERROR
S0601	SCREENING PROCTOSCOPY
S0610	ANNUAL GYNECOLOGICAL EXAMINA, NEW PT
S0612	ANNUAL GYNECOLOGICAL EXAMINA, ESTAB PT
S0613	ANNUAL BREAST EXAM
S0618	AUDIOMETRY FOR HEARING AID
S0620	ROUTINE OPHTHALMOLOGICAL EXA, NEW PT
S0621	ROUTINE OPHTHALMOLOGICAL EXA, ESTAB PT
S0622	PHYS EXAM FOR COLLEGE
S0800	LASER IN SITU KERATOMILEUSIS
S0810	PHOTOREFRACTIVE KERATECTOMY
S0812	PHOTOTHERAP KERATECT
S1001	DELUXE ITEM
S1002	CUSTOM ITEM
S1015	IV TUBING EXTENSION SET
S1016	NON-PVC INTRAVENOUS ADMINIST
S1030	GLUC MONITOR PURCHASE
S1031	GLUC MONITOR RENTAL
S1034	ART PANCREAS SYSTEM
S1035	ART PANCREAS INV DISP SENSOR
S1036	ART PANCREAS EXT TRANSMITTER
S1037	ART PANCREAS EXT RECEIVER
S1091	STENT NON-CORONARY PROPEL
S2053	TRANSPLANTATION OF SMALL INT
S2054	TRANSPLANTATION OF MULTIVISC
S2055	HARVESTING OF DONOR MULTIVIS
S2060	LOBAR LUNG TRANSPLANTATION
S2061	DONOR LOBECTOMY (LUNG)
S2065	SIMULT PANC KIDN TRANS
S2066	BREAST GAP FLAP RECONST

Code	Description
S2067	BREAST "STACKED" DIEP/GAP
S2068	BREAST DIEP OR SIEA FLAP
S2070	CYSTO LASER TX URETERAL CALC
S2079	LAP ESOPHAGOMYOTOMY
S2080	LAUP
S2083	ADJUSTMENT GASTRIC BAND
S2095	TRANSCATH EMBOLIZ MICROSPHER
S2102	ISLET CELL TISSUE TRANSPLANT
S2103	ADRENAL TISSUE TRANSPLANT
S2107	ADOPTIVE IMMUNOTHERAPY
S2112	KNEE ARTHROSCP HARV
S2115	PERIACETABULAR OSTEOTOMY
S2117	ARTHROEREISIS, SUBTALAR
S2118	TOTAL HIP RESURFACING
S2120	LOW DENSITY LIPOPROTEIN(LDL)
S2140	CORD BLOOD HARVESTING
S2142	CORD BLOOD-DERIVED STEM-CELL
S2150	BMT HARV/TRANSPL 28D PKG
S2152	SOLID ORGAN TRANSPL PKG
S2202	ECHOSCLEROTHERAPY
S2205	MINIMALLY INVASIVE DIRECT CO
S2206	MINIMALLY INVASIVE DIRECT CO
S2207	MINIMALLY INVASIVE DIRECT CO
S2208	MINIMALLY INVASIVE DIRECT CO
S2209	MINIMALLY INVASIVE DIRECT CO
S2225	MYRINGOTOMY LASER-ASSIST
S2230	IMPLANT SEMI-IMP HEAR
S2235	IMPLANT AUDITORY BRAIN IMP
S2260	INDUCED ABORTION 17-24 WEEKS
S2265	INDUCED ABORTION 25-28 WEEKS
S2266	INDUCED ABORTION 29-31 WEEKS
S2267	INDUCED ABORTION 32 OR MORE
S2300	ARTHROSCOPY, SHOULDER, SURGI
S2325	HIP CORE DECOMPRESSION
S2340	CHEMODENERVATION OF ABDUCTOR
S2341	CHEMODENERV ADDUCT VOCAL
S2342	NASAL ENDOSCOP PO DEBRID
S2348	DECOMPRESS DISC RF LUMBAR

Code	Description
S2350	DISKECTOMY, ANTERIOR, WITH D
S2351	DISKECTOMY, ANTERIOR, WITH D
S2400	FETAL SURG CONGEN HERNIA
S2401	FETAL SURG URIN TRAC OBSTR
S2402	FETAL SURG CONG CYST MALF
S2403	FETAL SURG PULMON SEQUEST
S2404	FETAL SURG MYELOMENINGO
S2405	FETAL SURG SACROCOC TERATOMA
S2409	FETAL SURG NOC
S2411	FETOSCOP LASER THER TTTS
S2900	ROBOTIC SURGICAL SYSTEM
S3000	BILAT DIL RETINAL EXAM
S3005	EVAL SELF-ASSESS DEPRESSION
S3600	STAT LAB
S3601	STAT LAB HOME/NF
S3620	NEWBORN METABOLIC SCREENING
S3630	EOSINOPHIL BLOOD COUNT
S3645	HIV-1 ANTIBODY TESTING OF OR
S3650	SALIVA TEST, HORMONE LEVEL; DURING MENOPAUSE
S3652	SALIVA TEST, HORMONE LEVEL; TO ASSES PRETRM LABR RISK
S3655	ANTISPERM ANTIBODIES TEST
S3708	GASTROINTESTINAL FAT ABSORPT
S3722	DOSE OPTIMIZATION AUC - 5FU
S3800	GENETIC TESTING ALS
S3840	DNA ANALYSIS RET-ONCOGENE
S3841	GENE TEST RETINOBLASTOMA
S3842	GENE TEST HIPPEL-LINDAU
S3844	DNA ANALYSIS DEAFNESS
S3845	GENE TEST ALPHA-THALASSEMIA
S3846	GENE TEST BETA-THALASSEMIA
S3849	GENE TEST NIEMANN-PICK
S3850	GENE TEST SICKLE CELL
S3852	DNA ANALYSIS APOE ALZHEIMER
S3853	GENE TEST MYO MUSCLR DYST
S3854	GENE PROFILE PANEL BREAST
S3861	GENETIC TEST BRUGADA
S3900	SURFACE EMG

Code	Description
S3902	BALLISTOCARDIOGRAM
S3904	MASTERS TWO STEP
S4005	INTERIM LABOR FACILITY GLOBA
S4011	IVF PACKAGE
S4013	COMPL GIFT CASE RATE
S4014	COMPL ZIFT CASE RATE
S4015	COMPLETE IVF NOS CASE RATE
S4016	FROZEN IVF CASE RATE
S4017	IVF CANC A STIM CASE RATE
S4018	F EMB TRNS CANC CASE RATE
S4020	IVF CANC A ASPIR CASE RATE
S4021	IVF CANC P ASPIR CASE RATE
S4022	ASST OOCYTE FERT CASE RATE
S4023	INCOMPL DONOR EGG CASE RATE
S4025	DONOR SERV IVF CASE RATE
S4026	PROCURE DONOR SPERM
S4027	STORE PREV FROZ EMBRYOS
S4028	MICROSURG EPI SPERM ASP
S4030	SPERM PROCURE INIT VISIT
S4031	SPERM PROCURE SUBS VISIT
S4035	STIMULATED IUI CASE RATE
S4037	CRYO EMBRYO TRANSF CASE RATE
S4040	MONIT STORE CRYO EMBRYO 30 D
S4042	OVULATION MGMT PER CYCLE
S4981	INSERT LEVONORGESTREL IUS
S4989	CONTRACEPT IUD
S4993	CONTRACEPTIVE PILLS FOR BC
S4995	SMOKING CESSATION GUM
S5000	PRESCRIPTION DRUG, GENERIC
S5001	PRESCRIPTION DRUG,BRAND NAME
S5010	5% DEXTROSE AND 0.45% SALINE
S5012	5% DEXTROSE WITH POTASSIUM
S5013	5% DEXTROSE/0.45% SALINE1000ML
S5014	D5W/0.45NS W KCL AND MGS04
S5035	HIT ROUTINE DEVICE MAINT
S5036	HIT DEVICE REPAIR
S5105	CENTERBASED DAY CARE PERDIEM

Code	Description
S5108	HOMECARE TRAIN PT 15 MIN
S5125	ATTENDANT CARE SERVICE /15M
S5130	HOMAKER SERVICE NOS PER 15M
S5135	ADULT COMPANIONCARE PER 15M
S5141	ADULT FOSTER CARE PER MONTH
S5145	CHILD FOSTERCARE TH PER DIEM
S5146	THER FOSTERCARE CHILD /MONTH
S5165	HOME MODIFICATIONS PER SERV
S5175	LAUNDRY SERV,EXT,PROF,/ORDER
S5181	HH RESPIRATORY THRPY NOS/DAY
S5190	WELLNESS ASSESSMENT BY NONPH
S5199	PERSONAL CARE ITEM NOS EACH
S5550	INSULIN RAPID 5 U
S5551	INSULIN MOST RAPID 5 U
S5552	INSULIN INTERMED 5 U
S5553	INSULIN LONG ACTING 5 U
S5560	INSULIN REUSE PEN 1.5 ML
S5561	INSULIN REUSE PEN 3 ML
S5565	INSULIN CARTRIDGE 150 U
S5566	INSULIN CARTRIDGE 300 U
S5570	INSULIN DISPOS PEN 1.5 ML
S5571	INSULIN DISPOS PEN 3 ML
S8030	TANTALUM RING APPLICATION
S8035	MAGNETIC SOURCE IMAGING
S8040	TOPOGRAPHIC BRAIN MAPPING
S8042	MRI LOW FIELD
S8055	US GUIDANCE FETAL REDUCT
S8080	SCINTIMAMMOGRAPHY
S8085	FLUORINE-18 FLUORODEOXYGLUCO
S8092	ELECTRON BEAM COMPUTED TOMOG
S8096	PORTABLE PEAK FLOW METER
S8097	ASTHMA KIT
S8100	SPACER WITHOUT MASK
S8101	SPACER WITH MASK
S8110	PEAK EXPIRATORY FLOW RATE (PHYS SRVC)
S8130	INTERFERENTIAL STIM 2 CHAN
S8131	INTERFERENTIAL STIM 4 CHAN

Code	Description
S8185	FLUTTER DEVICE
S8189	TRACH SUPPLY NOC
S8270	ENURESIS ALARM
S8301	INFECT CONTROL SUPPLIES NOS
S8415	SUPPLIES FOR HOME DELIVERY
S8431	COMPRESSION BANDAGE
S8450	SPLINT DIGIT
S8451	SPLINT WRIST OR ANKLE
S8452	SPLINT ELBOW
S8460	CAMISOLE POST-MAST
S8940	HIPPOTHERAPY PER SESSION
S8948	LOW-LEVEL LASER TRMT 15 MIN
S8950	COMPLEX LYMPHEDEMA THERAPY
S8990	PT OR MANIP FOR MAINT
S9001	HOME UTERINE MONITOR WITH OR
S9007	ULTRAFILTRATION MONITOR
S9024	PARANASAL SINUS ULTRASOUND
S9025	OMNICARDIOGRAM/CARDIOINTEGRA
S9034	ESWL FOR GALLSTONES
S9055	PROCUREN OR OTHER GROWTH FAC
S9056	COMA STIMULATION PER DIEM
S9061	MEDICAL SUPPLIES AND EQUIPME
S9090	VERTEBRAL AXIAL DECOMPRESSIO
S9097	HOME VISIT WOUND CARE
S9098	HOME PHOTOTHERAPY VISIT
S9117	BACK SCHOOL VISIT
S9122	HOME HEALTH AIDE OR CERTIFIE
S9123	NURSING CARE IN HOME RN
S9124	NURSING CARE, IN THE HOME; LPN
S9125	RESPITE CARE, IN THE HOME, PER DIEM
S9126	HOSPICE CARE, IN THE HOME, PER DIEM
S9127	SOCIAL WORK VISIT, IN THE HO
S9128	SPEECH THERAPY, IN THE HOME,
S9129	OCCUPATIONAL THERAPY, IN THE
S9131	PT IN THE HOME PER DIEM
S9140	DIABETIC MANAGEMENT PROGRAM, FU VST TO NON MD PROV
S9141	DIABETIC MANAGEMENT PROGRAM, FU VST TO MD PROV

Code	Description
S9150	EVALUATION BY OCULARIST
S9152	SPEECH THERAPY, RE-EVAL
S9208	HOME MGMT PRETERM LABOR
S9209	HOME MGMT PPROM
S9211	HOME MGMT GEST HYPERTENSION
S9212	HM POSTPAR HYPER PER DIEM
S9213	HM PREECLAMP PER DIEM
S9214	HM GEST DM PER DIEM
S9335	HT HEMODIALYSIS DIEM
S9379	HIT NOC PER DIEM
S9381	HIT HIGH RISK/ESCORT
S9401	ANTICOAG CLINIC PER SESSION
S9430	PHARMACY COMP/DISP SERV
S9432	MED FOOD NON INBORN ERR META
S9433	MEDICAL FOOD ORAL 100% NUTR
S9436	LAMAZE CLASS
S9437	CHILDBIRTH REFRESHER CLASS
S9438	CESAREAN BIRTH CLASS
S9439	VBAC CLASS
S9441	ASTHMA EDUCATION
S9442	BIRTHING CLASS
S9443	LACTATION CLASS
S9444	PARENTING CLASS
S9445	PT EDUCATION NOC INDIVID
S9446	PT EDUCATION NOC GROUP
S9447	INFANT SAFETY CLASS
S9449	WEIGHT MGMT CLASS
S9451	EXERCISE CLASS
S9452	NUTRITION CLASS
S9453	SMOKING CESSATION CLASS
S9454	STRESS MGMT CLASS
S9455	DIABETIC MANAGEMENT PROGRAM, GRP SESS
S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VST
S9465	DIABETIC MANAGEMENT PROGRAM, DIETITIAN VST
S9470	NUTRITIONAL COUNSELING, DIET
S9472	CARDIAC REHABILITATION PROGR
S9473	PULMONARY REHABILITATION PRO

Code	Description
S9474	ENTEROSTOMAL THERAPY BY A RE
S9475	AMBULATORY SETTING SUBSTANCE
S9476	VESTIBULAR REHAB PER DIEM
S9482	FAMILY STABILIZATION 15 MIN
S9810	HT PHARM PER HOUR
S9900	CHRISTIAN SCI PRACT VISIT
S9960	AIR AMBULANC NONEMERG FIXED
S9961	AIR AMBULAN NONEMERG ROTARY
S9970	HEALTH CLUB MEMBERSHIP YR
S9975	TRANSPLANT RELATED PER DIEM
S9976	LODGING PER DIEM
S9981	MED RECORD COPY ADMIN
S9982	MED RECORD COPY PER PAGE
S9986	NOT MEDICALLY NECESSARY SVC
S9988	SERV PART OF PHASE I TRIAL
S9989	SERVICES OUTSIDE US
S9990	SERVICES PROVIDED AS PART OF A PHASE ii CLNCL TRL
S9991	SERVICES PROVIDED AS PART OF A PHASE iii CLNCL TRL
S9992	TRANSPORTATION COSTS TO AND
S9994	LODGING COSTS (E.G. HOTEL CH
S9996	MEALS FOR CLINICAL TRIAL PAR
S9999	SALES TAX
T1000	PRIVATE DUTY/INDEPENDENT NSG
T1004	NSG AIDE SERVICE UP TO 15MIN
T1005	RESPITE CARE SERVICE 15 MIN
T1007	TREATMENT PLAN DEVELOPMENT
T1009	CHILD SITTING SERVICES
T1010	MEALS WHEN RECEIVE SERVICES
T1012	ALCOHOL/SUBSTANCE ABUSE SKIL
T1014	TELEHEALTH TRANSMIT, PER MIN
T1017	TARGETED CASE MANAGEMENT
T1018	SCHOOL-BASED IEP SER BUNDLED
T1021	HH AIDE OR CN AIDE PER VISIT
T1025	PED COMPR CARE PKG, PER DIEM
T1026	PED COMPR CARE PKG, PER HOUR
T1028	HOME ENVIRONMENT ASSESSMENT
T1029	DWELLING LEAD INVESTIGATION

Code	Description
T1041	COMM BH CLINIC SVC PER MONTH
T1505	ELEC MED COMP DEV, NOC
T2002	N-ET; PER DIEM
T2004	N-ET; COMMERC CARRIER PASS
T2007	NON-EMER TRANSPORT WAIT TIME
T2024	SERV ASMNT/CARE PLAN WAIVER
T2025	WAIVER SERVICE, NOS
T2026	SPECIAL CHILDCARE WAIVER/D
T2027	SPEC CHILDCARE WAIVER 15 MIN
T2028	SPECIAL SUPPLY, NOS WAIVER
T2029	SPECIAL MED EQUIP, NOSWAIVER
T2030	ASSIST LIVING WAIVER/MONTH
T2031	ASSIST LIVING WAIVER/DIEM
T2032	RES CARE, NOS WAIVER/MONTH
T2033	RES, NOS WAIVER PER DIEM
T2034	CRISIS INTERVEN WAIVER/DIEM
T2035	UTILITY SERVICES WAIVER
T2036	CAMP OVERNITE WAIVER/SESSION
T2037	CAMP DAY WAIVER/SESSION
T2038	COMM TRANS WAIVER/SERVICE
T2039	VEHICLE MOD WAIVER/SERVICE
T2040	FINANCIAL MGT WAIVER/15MIN
T2041	SUPPORT BROKER WAIVER/15 MIN
T2047	HAB PREVO WAIVER PER 15
T2048	BH LTC RES R&B, PER DIEM
T2049	N-ET; STRETCHER VAN, MILEAGE
T2101	BREAST MILK PROC/STORE/DIST
T5999	SUPPLY, NOS

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

Code	Description
J0801	Injection, corticotropin (acthar gel), up to 40 units
J0802	Injection, corticotropin (ani), up to 40 units
J2781	Injection, pegcetacoplan, intravitreal, 1 mg
J9064	Injection, cabazitaxel (sandoz), not therapeutically equivalent to j9043, 1 mg
J9345	Injection, retifanlimab-dlwr, 1 mg
J0801	Injection, corticotropin (acthar gel), up to 40 units

Effective October 1, 2023, the following codes will *not be a covered benefit* for all lines of business:

Code	Description
A9268	Programmer for transient, orally ingested capsule
A9269	Programable, transient, orally ingested capsule, for use with external programmer, per month

Effective October 1, 2023, the following codes *will be covered* and *do not require plan prior authorization* for MassHealth ACO only:

Code	Description
S3005	EVAL SELF-ASSESS DEPRESSION
T1006	FAMILY/COUPLE COUNSELING
T2042	HOSPICE ROUTINE HOME CARE
T2043	HOSPICE CONTINUOUS HOME CARE
T2044	HOSPICE RESPITE CARE
T2045	HOSPICE GENERAL CARE
T2046	HOSPICE LONG TERM CARE, R&B
A6550	NEG PRES WOUND THER DRSG SET
A9901	DELIVARY/SET UP/DISPENSING
E2402	NEG PRESS WOUND THERAPY PUMP

Effective July 6, 2023, the following code will require *prior plan authorization* for all lines of business:

Code	Description
J0174	Injection, lecanemab-irmb, 1mg

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

Code	Description
64650	Chemodenervation of eccrine glands; both axillae
64653	Chemodenervation of eccrine glands; other area(s) (e.g., scalp, face, neck)
56620	Under Excision Procedures on the Vulva, Perineum and Introitus

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

Code	Description
Q4158	KERECIS OMEGA3, PER SQ CM

Effective December 1, 2023, the following codes are *deny vendor liable* for MassHealth ACO. For all other lines of business, the following codes require *prior plan authorization*:

Code	Description
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space
0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure.)
0540T	Chimeric antigen receptor t-cell (CAR-T) therapy; CAR-T cell administration, autologous ▍

Payment Policies

Revised policies – Effective December 1, 2023

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

Non-Covered Services – Updated code report (generated 10/02/2023).

Durable Medical Equipment – Under Reimbursement, MassHealth Mobility Systems section, updated to include instructions for billing evaluation time when performing repairs to a MassHealth members' primary or backup mobility system and instructions for billing shipping fees; under Billing/coding guidelines, clarified use of pricing modifiers.

Personal Care Attendant – Updated Policy section, clarified definitions and included details about the program from the state regulations and state required electronic visit verification procedures and requirements, removed COVID-related details; updated billing/coding guidelines.

Clinical Trials – Updated Policy section to include Code of Federal Regulations citations related to clinical trials for Fallon Medicare Plus, Fallon Medicare Plus Central, and NaviCare HMO SNP members. ▍

New policies – Effective December 1, 2023

Medicaid Fee Schedule Adjustment Payment Policy – Policy origination ▮

Medical policy update

New policies effective December 1, 2023

- Lower Limb Prostheses
- Prostatic Urethral Lift
- Spine Surgery
- Sacroiliac Joint Fusion
- Trigger Point Injections

Retired policies effective December 1, 2023

- Artificial Disc Replacement, Cervical
- Artificial Disc Replacement, Lumbar
- Decompression +/- Fusion
- Fusion
- Scoliosis, Surgical Treatment
- Percutaneous Vertebroplasty and Kyphoplasty ▮

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

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