October 2022

Connection

Important information for Fallon Health physicians and providers

In the October issue:

Important updates

Standard prior authorization form for chemotherapy

As you may know there was a rollout of a new Standard Oncology Prior Authorization Form for fully-insured plans in Massachusetts under the charge of M.G.L. c. 176O §25(c).

For our Community Care members, Fallon will accept the new Standard Oncology Prior Authorization form through OptumRx for pharmacy benefit drug prior authorization requests and through MagellanRx for medical benefit drug prior authorization requests.

All prior authorization requests can be submitted electronically or via fax. For more information, including the Prior Authorization forms, visit our website.

Durable Medical Equipment (DME) billing for MassHealth ACO members

In early March 2022, Fallon Health transitioned from ClaimCheck® to ClaimsXten™ as one of our claims editing tools. This transition allowed us to edit and adjudicate claims consistent with MassHealth guidelines. We have encountered some difficulties with DME claims and are working diligently to resolve the issues.

Providers should be mindful to follow MassHealth guidance specific to place of service, use of modifiers, and frequency limits when billing services for Fallon 365 Care, Wellforce Care Plan, and Berkshire Fallon Health Collaborative members. For details, please see mass.gov/info-details/masshealth-payment-and-coverage-guideline-tools.

Changes for Continuous Glucose Monitors (CGMs)

Effective January 1, 2023, for Fallon Medicare Plus, Fallon Medicare Plus Central, NaviCare, and Community Care, all FreeStyle and Dexcom CGMs will be dispensed exclusively at a pharmacy. This includes the receiver, transmitters, and sensors. Requests for Medicare member prior authorizations should be submitted through Fallon's Pharmacy Services Department; requests for Community Care member prior authorizations should be submitted through Fallon's Pharmacy Benefit Manager, OptumRx. More information can be found at *fallonhealth.org/providers/pharmacy/pharmacy-prior-authorization*.

Non-therapeutic CGMs (typically used with insulin pumps) will continue to be dispensed through Durable Medicare Equipment (DME) vendors. Requests for Prior Authorization should be submitted using Fallon's ProAuth tool at *fallonhealth.org/en/providers/provider-tools*.

What's new

COVID-19 updates

When the federal public health emergency (PHE) ends, we will resume the need for a PCP referral submission into ProAuth for Fallon Medicare Plus, Fallon Medicare Plus Central, NaviCare, Fallon 365 Care, and Berkshire Fallon Health Collaborative. In preparation, please ensure your ProAuth log-in is still active and you are familiar with the process.

To sign up for ProAuth access

Go to *fchp.org/Providertools/ProAuthRegistration/ProAuthRegContacts/Create*. For guidance, please see our *ProAuth FAQ*.

We are here to support you as you care for your patients—our members. We will continue to monitor and assess potential impacts to our business and our provider partners as the state and federal government consider any further actions on measures established during the state of emergency and federal public health emergency.

Discharge planning to support members experiencing—or at risk of—homelessness

In accordance with MCE Bulletin 64, Fallon Health has established a dedicated email address—*HomelessHelpline@fallonhealth.org*—for hospital staff to notify the plan of Medicaid ACO, NaviCare, and Summit ElderCare members who are inpatient and homeless/housing insecure. The email inbox will be monitored 8 a.m. to 6 p.m., seven days a week at designated times—including weekends, holiday closures and early release days.

Product spotlight

NaviCare® Model of Care training

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

Additional NaviCare benefits that all members receive, include:

- Unlimited transportation to medical appointments
- 140 one-way trips per calendar year to places like the grocery store, gym, religious services, and more within a 30-mile radius of the member's home. Transportation may be arranged ideally 2 business days in advance by calling our transportation vendor CTS at 1-833-824-9440. The member/caregiver can arrange transportation, or our Navigators are also available to assist. *Continuing in 2023:* Members can qualify for mileage reimbursement for covered trips provided by friends and family.
- Up to $400 per year in reimbursements for new fitness trackers, like a Fitbit or Apple Watch, and/or for qualified fitness equipment, and/or a membership in a qualified health club or fitness facility. They also have a no-cost SilverSneakers™ gym membership.
- Up to $600 per year ($150 per calendar quarter) on the Save Now card, to purchase certain health-related items like fish oil, contact lens solution, cold/allergy medications, probiotics, incontinence products, and more.
- Up to $200 ($50 per calendar quarter) on the Self-Care card, to spend on personal care items like soap, shampoo, and deodorant, plus food products like rice, beans, and meat.
- The Healthy Food card gives members the ability to earn up to $100 annually for completing such healthy activities as:
  - Welcome to Medicare/Annual physical or qualified wellness visits
  - Preventive vaccines, including Flu, Tdap, pneumococcal vaccine and COVID-19
- 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. (FYI: all three cards—Save Now, Health Food, and Self-Care—can only be used at participating vendors.)

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 a coordinated care plan to reference and other Care Team members to communicate with, to have the best information possible for each NaviCare patient.

Care Team members and their roles include:

Navigator

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

Nurse Case Manager or Advanced Practitioner

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

Primary Care Provider (PCP)

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

Geriatric Support Services Coordinator employed by local Aging Service Access Points (ASAPs)
(if patient is living in own home)

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

Behavioral Health Case Manager
(as needed)

- Identifies and coordinates services to support patients' emotional health and well-being
- Supports patients through transition to older adulthood
- Helps connect patients with their Care Team and patients' mental health providers and substance-use 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 1-877-700-6996.

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

Community Care expansion

Effective January 1, 2023, Fallon's low-cost Community Care plans offered through the Massachusetts Health Connector will be available in all cities and towns in Middlesex County. Community Care will also continue to be available in parts of Norfolk and Worcester counties, and in one town in Bristol County (Mansfield).

New towns being added for 2023 are: Arlington, Arlington Heights, Auburndale, Belmont, Burlington, Cambridge, Everett, Lexington, Malden, Melrose, Newton, Newton Center, Newton Highlands, Newton Lower Falls, Newtonville, Nonantum, North Reading, North Waltham, Reading, Somerville, Stoneham, Waban, Wakefield, Waltham, Watertown, Waverly, West Medford, West Newton, Weston, Wilmington, Winchester and Woburn.

Important reminders

Provider Medicare and Medicaid numbers required

When enrolling a new provider with Fallon Health, please provide the Medicare Provider Number (MPN) and the MassHealth Provider ID Service Location (PIDSL) as applicable.

What you should know about CAHPS and HOS

Fallon Health is committed to partnering with our providers to deliver the best possible experience for your patients, so each year a random sample of Fallon members are surveyed about their experience with their providers, healthcare services, and their health plan through two surveys: Consumer Assessment of Healthcare Providers and Systems **(CAHPS)** and Health Outcomes Survey **(HOS)**.

Providers receiving highly-positive survey results help to ensure that patients are satisfied with their experience accessing care, interacting with all aspects of the healthcare system, and with their health outcomes. In addition, these surveys are a critical aspect of a provider's overall star rating in the CMS Five-Star Quality Rating Program. Since you, the provider, are the most critical component of the patient's experience, it's important for you to review some key highlights of the CAHPS and HOS surveys, which are administered in March and August each year:

The importance & significance of patient-reported experience (CAHPS and HOS)

- Patient experience includes important topics such as how easy it is to access healthcare services and how well patients feel their healthcare providers are managing their care

Patient experience now makes-or-breaks quality ratings and outcomes

- Together with other patient experience metrics, the CAHPS and HOS survey results determine over 50% of the CMS Five-Star Quality Rating Program score
- Additionally, patient experience has been found to be associated with clinical outcomes for patients and malpractice outcomes for providers:
  - *Clinical outcomes for patients.* Negative CAHPS and HOS scores are correlated with:
    - Lower preventive screening rates and chronic care maintenance
    - Negative perception of health status
    - Lower adherence to prescribed medications
    - Higher rates of leaving admissions against medical advice; and
    - Higher rates of avoidable utilization, including avoidable hospitalizations and inappropriate Emergency Department utilization

The role providers can play in impacting CAHPS and HOS

- Providers are key influencers on member behavior
- Providers are best positioned to impact provider satisfaction, access, and provider related CAHPS issues and all domains on the Health Outcomes Survey
- *Key Focus Areas.* You can help increase your CAHPS and HOS scores by focusing on the areas that clinicians and clinical staff can influence to positively impact survey ratings while improving health:
  - *Key CAHPS topics providers are poised to influence:*
    - Getting Needed Care
    - Getting Care Quickly
    - Care Coordination
    - Rating of Health Care Quality
  - *Key HOS topics providers are poised to influence:*
    - Improving Bladder Control
    - Reducing the Risk of Falling
    - Monitoring Physical Activity

Recommended strategies & interventions for improved patient experience and outcomes

- There are two main strategies to implement for maximum impact on the CAHPS and HOS Surveys:
    1. Incorporating recommended procedures into daily practice (here are just a few recommendations):
        a. Reviewing patient medical records in advance of appointments can lead to a better experience where your patients feel you are more engaged in their care.
        b. Help your patients understand why a medication is being prescribed or discontinued from their treatment and encourage them to ask questions.
        c. Advise your patients on what to do if care is needed after hours. For example, Fallon Health members have 24/7 phone access to registered nurses via Care Connect.
        d. Offer assistance scheduling needed appointments with specialists before they leave the office.
    2. Conducting proactive, outbound patient outreach. For more details about quality data Fallon may have about your specific, please contact your Provider Relations Representative.

Corrected claims for Zelis edited claims

Corrected Claim submissions for Zelis edits should now be submitted directly to Fallon Health. For the quickest results, it is recommended that all corrected claims be sent electronically to Fallon Health using industry standard 837 submissions.

Electronic corrections do require the following information—indicating they are corrected/replacement claims:

- Frequency code "7" for CMS 1500 claim forms
- Bill type "7" for UB claim forms

Corrected claims that are mailed or faxed require a *Request for Claim Review Form* and should be **sent to Fallon:**

By Mail:
Fallon Health
Claims Adjustments
P.O. Box 211308
Eagan, MN 55121-2908

By Fax:
1-508-368-9890

Please note Provider Appeals for Zelis edits should still be directed to Zelis with a *Request for Claim Review Form* and **sent to Zelis:**

By Mail:
Zelis Claims Integrity, Inc.
2 Crossroads Drive
Bedminster, NJ 07921
Attn: Appeals Department

By Fax:
1-855-787-2677

Inquiries on Zelis edits should also be directed to Zelis by calling 1-866-489-9444.

Doing business with us

Provider Directory

The most up-to-date provider directory information can be found on our website. If you would like to request a copy of a printed directory, please submit a *Materials Request Form* indicating which directory you need.

Action needed – Fallon participating physicians must go into the CAQH DirectAssure system and complete the following tasks:

- Ensure that you have verified Fallon Health as a plan you do business with in the CAQH DirectAssure system.
- Review your directory information, make updates, and ATTEST accordingly.

Please note: if these steps have not been completed, your Provider Relations Representative will reach out to you directly to remind you of this process.

This does not apply to pathologists, emergency physicians, anesthesiologists, radiologists, or hospitalists.

For any updates you make in the CAQH DirectAssure system which require additional paperwork that has not been sent, you will receive an email to inform you that additional information is required before the update can be completed (i.e., W-9s are needed for tax identification number (TIN) updates).

For more information about DirectAssure, please visit HCAS.

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. Or use our online *Disease Management/Health Promotions Referral Form*.

Access to complex case management

Another program we offer to your patients who need a lot of care and resources is the Complex Case Management Program. You may refer a patient to this program if they have 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 caregivers 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, call us at 1-800-333-2535, ext. 78002 (TRS 711), Monday–Friday, 8:30 a.m.–5:00 p.m. Or use our online *Case Management Referral Form*.

Thank you for your referrals.

Important links to information about care

Our Clinical Practice Guidelines are available *here*.

We hope you'll take this time to explore *fallonhealth.org/providers* 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 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 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 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 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 members' rights and responsibilities *here*.

Utilization Management incentives

Fallon Health affirms the following:

- Utilization Management (UM) decision-making is based only on appropriateness of care and 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.

Osteoporosis Management in older women

Fallon is conducting provider outreach and doing in-home bone mineral density (BMD) screenings for identified female NaviCare and Fallon Medicare Plus members between the ages of 67 and 85, and who have had a bone fracture within the past six months.

BMD testing within six months for older individuals who have had a fracture is one of our HEDIS measures under the National Committee for Quality Assurance (NCQA). **This is a free and voluntary program offered by Fallon Health.** The population is identified from a monthly claims file created by our quality data analyst. The BMD screening is a quick procedure which uses the heel of the foot and ultrasound technology to screen for osteoporosis. The member gets immediate results, along with education on osteoporosis and its risk factors. The results are also sent to the member's PCP, who can then determine if any further testing is needed or what treatment options may prevent future fractures.

All members are advised to follow up with their PCPs at the time of screening. If you have any questions, please call Provider Relations at 1-866-275-3247, prompt 4.

Coding corner

New 2023 CPT/HCPCS codes

All new codes will require prior authorization until a final review is performed by Fallon Health.

Fallon will review and assign the appropriate coverage and determine prior authorization requirements for all new codes by January 1, 2023. Fallon will notify all contracted providers of this determination via the April issue of the Connection newsletter and on the Fallon Health website through the *procedure code look-up tool*.

Medicare MS-DRG annual update

Medicare MS-DRG fee schedule of weights is effective October 1, 2022.

For a full list of new and invalid MS-DRG codes, effective for dates of service on or after October 1, 2022, see *FY 2023 IPPS Final Rule Home Page | CMS.*

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, 2022. 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, 2022 see *ICD-10 | CMS*

Coding updates

Effective October 1, 2022, the following codes *will require plan prior authorization:*

Code	Description
J1302	Injection, sutimlimab-jome, 10 mg
J2777	Injection, faricimab-svoa, 0.1 mg
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram

Effective October 1, 2022, the following codes *are considered deny vendor liable-MassHealth* and *covered with prior authorization for all other lines of business:*

Code	Description
A2014	Omeza collagen matrix, per 100 mg
A2015	Phoenix wound matrix, per square centimeter
A2016	Permeaderm b, per square centimeter
A2017	Permeaderm glove, each
A2018	Permeaderm c, per square centimeter
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
C1834	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application

Effective October 1, 2022, the following codes are *considered deny vendor liable for all lines of business:*

Code	Description
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time. (This code is used for Medicaid billing purposes.)
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time. (This code is used for Medicaid billing purposes.)
G0312	Immunization counseling by a physician or other qualify ed health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time. (This code is used for Medicaid billing purposes.)
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time. (This code is used for Medicaid billing purposes.)
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 mins time (this code is used for the Medicaid early and periodic screening, diagnostic, and treatment benefit (EPSDT)
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time (this code is used for the Medicaid early and periodic screening, diagnostic, and treatment benefit (EPSDT)
T1032	Services performed by a doula birth worker, per 15 minutes
T1033	Services performed by a doula birth worker, per diem

Effective October 1, 2022, the following code is *covered with prior authorization and EI:*

Code	Description
A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month

Effective October 1, 2022, the following codes are *all covered with prior authorization:*

Code	Description
A9602	Fluorodopa f-18, diagnostic, per millicurie
A9800	Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (BCMA) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint–inhibitor therapy

Code	Description
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker–expressing cells, peripheral blood
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate
0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer

Code	Description
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6
0346U	Beta amyloid, Aß40 and Aß42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes
0351U	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, algorithm reported as likelihood of bacterial infection
0352U	Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis–associated bacteria (BVAB-2, Atopobium vaginae, and Megasphera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/ Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not detected
0353U	Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique, urine, vaginal, pharyngeal, or rectal, each pathogen reported as detected or not detected
0354U	Human papilloma virus (HPV), high-risk types (ie, 16, 18, 31, 33, 45, 52 and 58) qualitative mRNA expression of E6/E7 by quantitative polymerase chain reaction (qPCR)

Effective August 31, 2022, the following codes will be configured as *deny vendor liable for all lines of business:*

Code	Description
91312	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
91313	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use
91314	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative
91315	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use

Effective July 26, 2022, the following codes will be configured as *deny vendor liable for all lines of business:*

Code	Description
87593	Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (e.g., monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5mL dosage, suspension, for subcutaneous injection
90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use

Effective July 13, 2022, the following code will be configured as *deny vendor liable for all lines of business:*

Code	Description
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV- 2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use ▮

Payment policies

Revised policies – Effective December 1, 2022

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

Non-Covered Services – Updated code report (generated 09/02/2022).

Laboratory and Pathology – Added documentation related to sunset of reimbursement for COVID-19 specimen collection for MassHealth ACO members effective March 31, 2022; updated subsection on reimbursement for ADLTs; added subsection on billing for microdissection (CPT 88380, 88381).

Hospice – Updated Policy section related to coverage for services delivered via telehealth for MassHealth ACO and NaviCare SCO members; removed instructions for reporting Q codes under Billing/coding guidelines. ▮

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
SVP and Chief Medical Officer

Susan Keser
Vice President, Network Development and Management

Kathy Bien
Director, Provider Relations

fallonhealth.org/providers

Questions?

1-866-275-3247

fallonhealth

22-665-018 Rev. 00 9/22