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What's new

2021 MHQP Patient Experience Awards

Fallon Health would like to congratulate the winners of the 2021 Massachusetts Health Quality Partners (MHQP) Patient Experience Awards. With a mission of improving health and inspiring hope, Fallon appreciates your commitment to delivering outstanding care to your patients/our members each and every day—especially during the pandemic.

For the full listing of the winners in all categories please visit the MHQP [website](#). ■

Important reminders

Prior authorization process (ProAuth tool)

Providers should use ProAuth for submission of any service that requires prior authorization. ProAuth can be used for both standard and expedited requests.

If you are not currently set up with ProAuth, it is important you do so by:

- Filling out the online registration form at fchp.org/providertools/ProAuthRegistration.
- Or by filling out a paper application [here](#) and sending it to askfchp@fallonhealth.org.



Live webinars are available to all ProAuth users whether you are a new user or just need a refresher. Please see our [website](#) for available dates and times.

- Webinar topics include how to use the ProAuth Dashboard and other targeted educational trainings

If a webinar is not convenient for you, contact your Provider Relations Representative to request an instruction manual via email.

Reminders:

ProAuth should not be used for post-acute requests, such as Skilled Nursing Facility, Acute Rehabilitation Hospital and Long Term Acute Care Hospital Requests. These requests need to be submitted by using the Skilled Nursing Facility Admission Review Request [form](#) or the Standardized Prior Authorization Request [form](#) and by faxing supporting clinical documentation to the Utilization Management department at 1-508-368-9014.

How to reset your password:

- Go to fallonhealth.okta.com.
- Click **"Need help signing in?"**
- Enter your email and select **"Reset via Email."**
- You will receive confirmation that the email has been sent. Once you receive the email, click **"Reset password."**
- This will open your browser, and you will be prompted to answer your security question. Once you answer the question, click **"Reset Password."**
- Enter your new password twice and click **"Reset Password."**

Need additional help? See our [ProAuth FAQs](#) for answers to common questions.

If you have any issues or concerns, please contact your Provider Relations Representative directly. ■

COVID-19 updates

Home covid tests

Fallon Health began covering over-the-counter COVID-19 tests for all Fallon members whose plan includes a pharmacy benefit as of January 15, 2022. Members can present their ID card at any network pharmacy to obtain an at-home test. Members can get up to 8 individual tests per month. Fallon Medicare Plus, Fallon Medicare Plus Central and Commercial plan members can submit for reimbursement for tests paid out of pocket.

For more information see our [website](#).

Utilization Management/Prior Authorization reviews

Effective June 1, 2022, Fallon Health will resume full Utilization Management/Prior Authorization (UM/PA) review for Fallon Medicare Plus and Fallon Medicare Plus Central members related to Acute Inpatient Hospital, Elective Surgeries and Post-Acute Admissions.

Fallon Health UM/PA is compliant with the following bulletins:

- **For Commercial Members:**

DOI bulletin 2022-03: [mass.gov/news/bulletin-2022-03-extended-relaxation-of-prior-authorization-in-response-to-health-facility-capacity-constraints-issued-february-23-2022](https://www.mass.gov/news/bulletin-2022-03-extended-relaxation-of-prior-authorization-in-response-to-health-facility-capacity-constraints-issued-february-23-2022)

- **For Medicaid ACO/NaviCare/PACE members:**

MCE bulletin 75: [mass.gov/doc/managed-care-entity-bulletin-75-90-day-suspension-of-prior-authorization-for-previously-scheduled-surgery-and-behavioral-health-and-non-behavioral-health-inpatient-care-0/download](https://www.mass.gov/doc/managed-care-entity-bulletin-75-90-day-suspension-of-prior-authorization-for-previously-scheduled-surgery-and-behavioral-health-and-non-behavioral-health-inpatient-care-0/download)

Federal Public Health Emergency

As of April 1, 2022, the Federal Public Health Emergency is set to expire on April 16, 2022. We will keep providers apprised of changes and implications. Please note: The President of the United States has signed legislation to continue telehealth for Medicare for five months after the end of the Federal Public Health Emergency.

Sequestration

CMS extended the suspension of the payment reduction through March 31, 2022. Fallon Health will implement the reduction on Fallon Medicare Plus and Fallon Medicare Plus Central applicable payments as follows:

- Effective 4/1/22-6/30/22 a 1% reduction
- Effective 7/1/22 a 2% reduction

Reminders for billing vaccine and monoclonal antibody administration

- **For Fallon Medicare Plus™, Fallon Medicare Plus™ Central, NaviCare® SNP, and Summit ElderCare**
Providers submit a claim directly to Fallon Health for the vaccine and monoclonal antibody administration (no longer bill the CMS Medicare Administrative Contractor).
- **For Fallon 365 Care, Berkshire Fallon Health Collaborative, Wellforce Care Plan, NaviCare SCO**
Providers submit a claim to Fallon Health for the vaccine administration with an accompanying claim line for the vaccine with an SL modifier and a charge of \$0.00.
- **For Commercial and Community Care members**
Providers submit a claim to Fallon Health for the vaccine administration.

Specimen collection codes for diagnostic testing for Fallon 365 Care, Berkshire Fallon Health Collaborative, Wellforce Care Plan, NaviCare and Summit ElderCare members

Fallon Health will follow MassHealth reimbursement for HCPCS codes G2023 and G2024 for specimen collection when billed by a physician, acute outpatient hospital, community health center, family planning agency, or clinical laboratory which was set to end on March 31, 2022. ■

Use of Manifestation Diagnosis Codes

Fallon Health promotes correct claims coding, including the appropriate use of manifestation codes. Manifestation codes describe the manifestation of an underlying disease, not the disease itself. Please follow the ICD-10-CM Manual instructions for manifestation codes. Please do not report a manifestation code as the only diagnosis or principal diagnosis on a claim. ■

Clarification for specialty drugs and retail fills – Commercial, Community Care and Medicaid members

Some medications may only be available through the OptumRx Specialty Pharmacy. However, Fallon may allow a one-time fill of a new specialty drug at a local pharmacy. After this one-time fill, the member will receive a letter and a call to set up delivery of the drug through the OptumRx Specialty Pharmacy. All other specialty drugs will be required to be filled within the OptumRx Specialty Pharmacy—there will be no allowance for a retail fill. More information on specialty drugs may be obtained on our [website](#). ■

RETACRIT® supply disruption for Fallon Medicare Plus, Fallon Medicare Plus Central, Commercial and Community Care members

Pfizer has communicated that RETACRIT will experience a supply disruption starting late May 2022 with an anticipated return to supply in early Q4 of 2022. If RETACRIT is not obtainable, as confirmed by the FDA drug shortage [website](#), members who have an active RETACRIT prior authorization on file will be able to receive a non-preferred epoetin alfa product (Epoen or Procrit). For new members planning to start a non-preferred epoetin alfa product (Epoen or Procrit) during this time, the prior authorization requirement will not require members to have a contraindication or intolerance to RETACRIT. ■

OptumRx is our new Pharmacy Benefits Manager (PBM)

Fallon Health's pharmacy benefits manager is now OptumRx, effective January 1, 2022.

Prior authorizations

Any prior authorization requests should be submitted to OptumRx. Active prior authorizations were transferred from CVS Caremark to OptumRx automatically. For more information about OptumRx prior authorizations:

- [Submitting a PA request](#)
- [PA guidelines and procedures](#)
- [PA forms](#)

Prescribing for mail order pharmacy

You have three options for prescribing with OptumRx Home Delivery:

1. ePrescribe – Simply add the OptumRx profile in your electronic medical record (EMR) system using the following information: OptumRx Mail Service, 2858 Loker Ave East, Suite 100, Carlsbad, CA 92010NC PDP ID = 0556540; PID = P00000000020173.
2. Call an OptumRx pharmacist at 1-800-791-7658
3. Fax a completed form to OptumRx at 1-800-491-7997

Prescribing for specialty medications

1. Phone: 1-855-427-4682.
2. Address: P.O. Box 2975, Mission, KS 66201
3. Fax (for prescription submissions only – no PAs): 1-877-342-4596

For more details about submitting prescriptions to OptumRx, check out this [guide](#).

Important information for your patients

- All Fallon members with a prescription drug benefit received a new ID card with updated PBM information.
- Fallon 365 Care, Wellforce Care Plan, Berkshire Fallon Health Collaborative, Commercial and Community Care members with CVS Caremark specialty pharmacy will need to switch to OptumRx Specialty. Prescriptions with available refills transitioned to OptumRx automatically, with the exception of controlled substances.
- Fallon Medicare Plus, Fallon Medicare Plus Central, NaviCare, Commercial and Community Care members using CVS Caremark for mail order prescriptions will need to switch to OptumRx Home Delivery. Prescriptions with available refills were transitioned to OptumRx automatically, with the exception of controlled substances.
- All members with specialty and mail order medications transitioning to OptumRx will need to contact OptumRx to set up their accounts and provide payment information.

Full contact information regarding prior authorizations, specialty pharmacy and mail order is listed at the end of this newsletter.

We will share additional important information in the coming months and encourage you to visit our [website](#) for updates. ■

Billing reminders

Tips on how to ensure your paper claims submissions are processed expeditiously and efficiently:

- Please ensure your form meets NUCC/CMS guidelines
- Use black font and avoid light print to avoid data capture errors
- Font guidance
 - Use a 10-point font
 - Do not mix fonts or use italics, percentage signs, question marks, slashes, dashes, decimal points, dollar signs, or parentheses
- Do not submit handwritten claims
- Use UPPERCASE letters for alphabetical entries
- UB04 specific guidance
 - A claim must not exceed 450 lines
 - Total the claims on the last page only

Tip for submitting paper and electronic claim corrections:

It is important to submit corrected claims after your previous claim has been finalized on a Remittance Advice Summary (RAS). Submitting multiple corrections prior to the finalization of the previous claim causes processing delays, manual review, and sequencing confusion.

Tips for submitting provider appeals:

- Please specify what is being appealed on the Claim Review Form
- All pertinent supporting documentation must be attached to the Provider Appeal ■

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 2022:* Members can qualify for mileage reimbursement for covered trips.
- 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 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.
- The Healthy Food Card with 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
 - 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.

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 the above phone number.

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

CareConnect – nurse triage call line to help members get connected to their PCP

Fallon Health is focused on connecting members with their PCPs for both in-person and virtual visits when members might otherwise seek care in the ED or Urgent Care for ambulatory sensitive conditions.

New for 2022: Member ID cards now list the CareConnect nurse triage phone number

Our 24-hour nurse call line is available to our members 7 days a week, 365 days a year and is now conducting warm transfers to PCP offices for members who might benefit from consultation or a visit with their PCP in 72 hours or less.

The nurse call line triages members along a hierarchy of interventions, including, but not limited to, the following:

- Patient education for healthy decisions and/or self-management
- Referral to PCP or other treating clinician's office for non-urgent care
- Assistance with PCP office visit and virtual visit scheduling
- Paging of member PCP for urgent needs
- Assistance with Urgent Care appointments
- Referral to the ER for emergent conditions

Members can call the nurse triage line any time. Industry-standard guidelines are used by the nurse to assess the member's condition and to determine and facilitate the best care solutions. ■

Doing business with us

Important strategy for Fallon Health to improve CAHPS scores

Health plans like Fallon conduct Consumer Assessment of Healthcare Providers and Systems (CAHPS) simulation research projects to explore CAHPS issues in ways that can't be addressed in the official, regulatory CAHPS surveys.

A CAHPS simulation survey allows health plans to obtain a richer understanding of CAHPS results through enhanced analysis opportunities, larger sample sizes, an ability to add internal metrics for more relevant segmenting, and the inclusion of both responder and non-responder data for a more complete overall picture of what drives performance. According to SPH Analytics—one of the largest approved contracted regulatory CAHPS vendors—more than 50% of their clients conduct some version of a CAHPS simulation survey in addition to their regulatory CAHPS projects.

A CAHPS simulation is an off-cycle (non-regulatory) survey measurement that uses the same protocols as a regular CAHPS survey, but does not count toward CMS 5 Star or NCQA Star ratings or accreditation. Unlike regulatory CAHPS surveys conducted during the spring, simulation surveys allow health plans to analyze results down to an individual member/patient level for more targeted interventions and increased understanding of member/patient wants and needs. Simulation results can also be aggregated by member/patient to a provider group, provider site or down to an individual PCP to determine differences in member/patient perceptions based on where they obtain care. This is helpful as CAHPS health plan specific results are often influenced by how and where they receive care.

Fallon recently completed a full simulation CAHPS survey with Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare members (Fall 2021) and received approximately 4,000 completed surveys. With this robust data set, Fallon is able to segment results in a variety of informative ways, including by:

- Race
- Language preference
- Where they obtain care
- Geographic region
- Provider group location

If you are interested in accessing the results of Fallon's CAHPS simulation, please email askfchp@fallonhealth.org or reach out directly to your Provider Relations Representative for more details. ■

Quality focus

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

- Massachusetts Health Quality Partners 2022 Pediatric and Adult Preventive Care Guidelines
- Massachusetts Health Quality Partners 2022 Perinatal Care Guidelines
- Centers for Disease Control and Prevention Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger
- Centers for Disease Control and Prevention Recommended Adult Immunization Schedule
- Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain- United States, 2016
- Standards of Medical Care in Diabetes 2022 ■

Coding updates

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

| Code | Description |
|-------|--|
| A2011 | Supra sdrm, per square centimeter |
| A2012 | Suprathel, per square centimeter |
| A2013 | Innovamatrix fs, per square centimeter |
| A4100 | Skin substitute, fda cleared as a device, not otherwise specified |
| A4238 | Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service |
| A9291 | Prescription digital behavioral therapy, fda cleared, per course of treatment |
| A9574 | Air polymer-type a intrauterine foam, 0.1 ml |
| E2102 | Adjunctive continuous glucose monitor or receiver |
| K1028 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application |
| K1029 | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply |
| K1030 | External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only |
| K1031 | Non-pneumatic compression controller without calibrated gradient pressure |
| K1032 | Non-pneumatic sequential compression garment, full leg |
| K1033 | Non-pneumatic sequential compression garment, half leg |
| Q4224 | Human health factor 10 amniotic patch (hhf10-p), per square centimeter |
| Q4225 | Amniobind, per square centimeter |
| Q4256 | Mlg-complete, per square centimeter |
| Q4257 | Release, per square centimeter |
| Q4258 | Enverse, per square centimeter |
| Q5124 | Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg |
| 0306U | Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD |
| 0307U | Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD |

| Code | Description |
|-------|--|
| 0308U | Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [HS] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for obstructive CAD |
| 0309U | Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event |
| 0310U | Pediatrics (vasculitis, kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD |
| 0311U | Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility for each organisms identified |
| 0312U | Autoimmune diseases (e.g., systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment |
| 0313U | Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (e.g., negative, low probability of neoplasia or positive, high probability of neoplasia) |
| 0314U | Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (e.g., benign, intermediate, malignant) |
| 0315U | Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (e.g., Class 1, Class 2A, Class 2B) |
| 0316U | Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine |
| 0317U | Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer |
| 0318U | Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood |
| 0319U | Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection |
| 0320U | Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection |
| 0321U | Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique |
| 0322U | Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD |

Effective April 1, 2022, the following codes are *DVL-All LOBs and will NOT require plan prior authorization*

| Code | Description |
|-------|---|
| C9782 | Blinded procedure for New York Heart Association (NYHA) class II or III heart failure, or Canadian Cardiovascular Society (CCS) class III or IV chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved Investigational device exemption (IDE) study |
| C9783 | Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (IDE) study |
| H2038 | Skills training and development, per diem |
| T2050 | Financial management, self-directed, waiver; per diem |
| T2051 | Supports brokerage, self-directed, waiver; per diem |

Effective April 1, 2022 the following codes are *DVL-All LOBs and will require plan prior authorization*

| Code | Description |
|-------|--|
| C9781 | Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed |

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

| Code | Description |
|-------|---|
| J0219 | Injection, avalglucosidase alfa-ngpt, 4mg |
| J0491 | Injection, anifrolumab-fnia, 1mg |
| J9273 | Injection, tisotumab vedotin-tftv, 1mg |
| J9359 | Injection, loncastuximab tesirine-lpyl, 0.075mg |

Effective February 24, 2022, the following COVID-19 code will be configured as *deny vendor liable for all lines of business*:

| Code | Description |
|-------|--------------------------------------|
| Q0221 | AstraZeneca-Tixagev and cilgav 600mg |

Effective February 11, 2022, the following code will be configured as *deny vendor liable for all lines of business*:

| Code | Description |
|-------|--------------------------------|
| Q0222 | Injection, bebtelovimab, 175mg |

Effective January 3, 2022, the following code will be configured as *deny vendor liable for all lines of business* (as it is paid by the State):

| Code | Description |
|-------|---|
| 91305 | SARSCOV2 VAC 30 MCG TRS-SUCR Pfizer Pfizer-BioNTech COVID-19 Vaccine Pre-Diluted (Gray Cap) |

Effective January 3, 2022, the following codes will be *configured with NO PA for all lines of business with no cost share*:

| Code | Description |
|-------|---|
| 0051A | ADM SARSCV2 30MCG TRS-SUCR 1 Pfizer Pfizer-BioNTech COVID-19 Vaccine Pre-Diluted (Gray Cap) Administration • First dose |
| 0052A | ADM SARSCV2 30MCG TRS-SUCR 2 Pfizer Pfizer-BioNTech COVID-19 Vaccine Pre-Diluted (Gray Cap) Administration • Second dose |
| 0053A | ADM SARSCV2 30MCG TRS-SUCR 3 Pfizer Pfizer-BioNTech COVID-19 Vaccine Pre-Diluted (Gray Cap) Administration • Third dose |
| 0054A | ADM SARSCV2 30MCG TRS-SUCR B Pfizer Pfizer-BioNTech COVID-19 Vaccine Pre-Diluted (Gray Cap) Administration • Booster |
| 0073A | ADM SARSCV2 10MCG TRS-SUCR 3 Pfizer Pfizer-BioNTech COVID-19 Pediatric Vaccine (Orange Cap) Administration • Third dose |

There are no rates assigned to these codes yet, so if a claim comes in it will pay the default rate. Once the rates have been released (hopefully, within 2-4 weeks) the fee schedules will be updated and claims will be adjusted.

Effective January 1, 2022, this code was added to the Fallon Health Auxiliary Fee Schedule with a rate of \$10.00 for Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare.

| Code | Description |
|------|--|
| 111F | Medication Reconciliation post discharge |

Effective October 1, 2020, the following codes *require plan prior authorization*:

| Code | Description |
|-------|---|
| 0206U | Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease |
| 0217U | Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants |
| 0207U | Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure) |
| 0209U | Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities |
| 0212U | Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband |
| 0213U | Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (e.g., parent, sibling) |
| 0214U | Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband |
| 0215U | Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (e.g., parent, sibling) |
| 0216U | Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants |
| 0219U | Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (e.g., protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility |
| 0220U | Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score |
| 0221U | Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene |

| Code | Description |
|-------|--|
| 0222U | Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3 |
| 0015M | Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other otheradrenal adrenal malignancy |
| 0016M | Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed formalinixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like) ■ |

Payment policies

Revised policies – Effective June 1, 2022

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

- **Physical and Occupational Therapy (PT/OT)** – Updated to include billing/coding guidelines for cognitive rehabilitation.
- **Speech Therapy** – Updated to include billing/coding guidelines for cognitive rehabilitation.
- **Preventive Services** – Updated to include new lung cancer screening with low dose computed tomography eligibility criteria for Medicare plan members.
- **Assistant Surgeon** – Medicare Physician Fee Schedule assistant at surgery (ASST SURG) indicators added billing/coding guidelines.
- **Non-Covered Services** – Added section on HCPCS Level II C Codes under billing/coding guidelines; updated code report.
- **Obstetrics and Gynecology Payment Policy** – Documented non-coverage of IUDs and contraceptive implants for Medicare Advantage plan members per Medicare statute 1862(a)(1). ■

OptumRx

Contact information

| Provider ePrescribe for mail order | Mail order | Specialty pharmacy |
|--|--|---|
| <p>Pharmacy: OptumRx Mail Service</p> <p>Address: OptumRx Mail Service 2858 Loker Ave. East, Suite 100, Carlsbad, CA 92010</p> <p>Identifiers: NCPDP ID = 0556540 PID = P00000000020173</p> | <p><i>(Not available with MassHealth ACO plans – Berkshire Fallon Health Collaborative, Fallon 365 Care and Wellforce Care Plan)</i></p> <p>Commercial: 1-844-720-0035</p> <p>FMP/NC/SE: 1-844-657-0494</p> <p>FHW: 1-844-722-1701</p> <p>Address: OptumRx P.O. Box 2975 Mission, KS 66201</p> <p>Fax: 1-800-491-7997</p> | <p>Phone: 1-855-427-4682</p> <p>Address: OptumRx P.O. Box 2975 Mission, KS 66201</p> <p>Fax (for prescription submissions only – no PAs): 1-877-342-4596</p> |

Prior authorization requests

| Line of business | Phone / Fax | Mail | ePA |
|---|--|--|---|
| <p>Commercial:</p> <ul style="list-style-type: none"> • Direct Care • Select Care • Steward Community Care • Community Care • Fallon Preferred Care | <p>1-844-720-0035 1-844-403-1029</p> | <p>Optum Prior Authorization Department P.O. Box 25183 Santa Ana, CA 92799</p> | <p>professionals.optumrx.com/ prior-authorization</p> |
| <p>Customized Employer Group</p> <ul style="list-style-type: none"> • City of Worcester Advantage | | | |
| <p>Medicaid ACO</p> <ul style="list-style-type: none"> • Fallon 365 Care • Berkshire Fallon Health Collaborative • Wellforce Care Plan | <p>1-844-720-0033 1-844-403-1029</p> | | |
| <p>Medicare</p> <ul style="list-style-type: none"> • Fallon Medicare Plus • NaviCare • Summit ElderCare | <p>1-844-657-0494 1-844-403-1028</p> | | |
| <p>Fallon Health Weinberg-PACE</p> | <p>1-844-722-1701 1-844-403-1028</p> | | |

Pharmacy Helpline (for pharmacy use): 1-844-368-8734 ■

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

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