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What's new

Expansion of the MassHealth Uniform Preferred Drug List

MassHealth is requiring ACOs to comply with an expanded partial Uniform Preferred Drug List effective January 1, 2021. The drug list is unified with the MassHealth Fee for Service (Standard MassHealth) MCOs and ACOs. Previously, there were 33 drugs (from 14 therapeutic classes) already on the Unified Preferred Drug List.

The additional changes impact which drugs are preferred as well as the clinical Prior Authorization requirements associated with the drugs. MCOs and ACOs are expected to follow MassHealth's clinical guidelines for PA. This resulted in changes in the Fallon formulary, PA requirements, and PA clinical criteria. Fallon, along with other MCOs and ACOs, worked closely with MassHealth to coordinate the formulary and clinical criteria changes. Fallon sent member and provider notifications 60 days prior to the changes taking effect January 1, 2021.

MassHealth has also changed Fallon's preferred diabetic testing supply which is listed on our website. Members currently using a non-preferred meter will need to be transitioned by February 28, 2021. Members new to diabetic testing will be required to use the MassHealth preferred product January 1, 2021.



Below is a list of impacted therapeutic classes. Please [visit](#) the Fallon Health formulary website for the most recent MassHealth Uniform Preferred Drug List. Please click the link to access some Frequently Asked Questions (FAQ).

1. Anticoagulants
2. Antidiabetic Agents: Biguanides and Combination Products
3. Antidiabetic Agents: DPP-4 Inhibitors
4. Antidiabetic Agents: GLP-1 Agonists and Combination Products
5. Antidiabetic Agents: SGLT-2 Inhibitors
6. Anti-hypoglycemic Agent
7. Antiretrovirals
8. Asthma and Allergy Monoclonal Antibodies
9. Cerebral Stimulants and ADHD Agents
10. CGRP inhibitors
11. Colony-Stimulating Factors
12. Erythropoiesis-Stimulating Agents
13. Growth Hormone
14. Hemophilia agents
15. Hepatitis Antiviral Agents
16. Insulin Products
17. Kinase Inhibitors
18. Kinase Inhibitors: MTOR for Breast Cancer
19. Kinase Inhibitors: Tyrosine
20. Miscellaneous Oncology Agent
21. Long-acting Injectable Antipsychotics
22. Medication-Assisted Treatment Agents
23. Multiple Sclerosis Agents
24. Opioid and Alcohol Treatment Agent
25. Respiratory Agents
26. Spinal Muscular Atrophy Agents
27. Targeted Immunomodulators: Anti-TNF Agents
28. Targeted Immunomodulators: Interleukin Antagonists
29. Targeted Immunomodulators: Janus Kinase Inhibitors
30. Targeted Immunomodulators: Other
31. Topical Immune Suppressants ■

Fallon Health New Prescription Transparency Tool: Rx Savings Solutions

Fallon Health is excited to announce a new, cutting-edge pharmacy transparency service called Rx Savings Solutions that will be available to our Fallon Medicare Plus and Fallon Medicare Plus Central members starting in January 2021. Rx Savings Solutions will help your patients find the lowest-cost prescription drug available through their own health plan, and features an easy-to-use website that will give visibility and actionable insight into patients' pharmacy benefits.

This new service empowers your patients with the information needed to select the most cost-effective—yet therapeutically-conscious—prescription medication for your patients. Rx Savings Solutions' patented software analyzes Fallon Medicare Plus member claims for prescriptions filled in the previous six months. It considers all possible clinical options that could help your patients save money on prescriptions. Rx Savings Solutions is a fully HIPAA-compliant company.

Examples of how Rx Savings Solutions can help your patients find ways to spend less on prescriptions:

- There may be another form of medicine that costs less (for example, using a tablet form instead of a capsule form of the same medicine)
- There may be an alternative prescription that works the same or better, but with a lower out-of-pocket price, according to their health plan.
- There may be a generic available that has the same ingredients.
- The prescription drug(s) may have lower price points at other area pharmacies or through a mail order option.

Your patients may call or email the Rx Savings Solutions Pharmacy Support Team if they have questions. The Pharmacy Support Team can provide personal prescription consultation and can even handle a prescription change for the member. The team will:

- Facilitate the prescriber approval for the change, or automatically instruct a pharmacy to transfer or change a prescription (if approval isn't required)
- Handle all follow-up and follow-through until the new prescription or new pharmacy is confirmed
- Notify your patient throughout the process until the new prescription is ready for pick-up or delivery

Your patients may ask you about alternative drug options after receiving information from Rx Savings Solutions. Please note that the recommendations Rx Savings Solutions make are not mandatory, but we believe that this new program will help you improve quality outcomes for your patients while decreasing the total cost of care.

For any questions, please reach out to the Rx Savings Solutions Pharmacy Support Team at 1-800-268-4476 or support@rxsavingsolutions.com, Monday-Friday from 8 a.m. to 9 p.m. ET. ■

Product spotlight

NaviCare® – Model of Care training

The main philosophy behind our NaviCare product is to assist our members so that they can function 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 are available to all members include:

Unlimited transportation to medical appointments

- 140 one-way trips per calendar year to places like the grocery store, gym, church and more within a 30-mile radius of the member's home. Friends and family can now receive mileage reimbursement for all approved trips.
- Up to \$400 per year in reimbursements for new fitness trackers, like a Fitbit or Apple Watch, and/or for qualified fitness classes/membership—in addition to SilverSneakers.
- Free access to online fitness classes and instructional videos, plus an at-home fitness kit and a free gym membership—through SilverSneakers™
- \$480 per year 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—available for both in-store and home delivery purchases.
- The ability to earn up to \$100 annually with the Fallon Healthy Food program that can be used to purchase healthy food items at retailers such as Walmart, Walgreens and CVS. Members can earn \$50 for completing one healthy activity in each category below:
 - Preventive visits with their PCP, including:
 - Welcome to Medicare/Annual physical exam
 - Annual wellness visit
 - Preventive vaccines, including:
 - Flu vaccine
 - Tdap
 - Pneumococcal vaccine
 - Shingles vaccine

NaviCare members have their own Care Team—with each member focusing on what they do best—to help members reach their personal health goals. The Care Team also assists the members' providers by offering resources such as coordinated care plans to reference and open communication with the full Care Team, so everyone involved has the information they need to best care for the 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 patients about conditions and medications
- Helps patients get the care they need after they're discharged from a medical facility

Primary Care Provider (PCP)

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

Geriatric Support Service Coordinator employed by local Aging Service Access Points (ASAPs)

(if patient is living in own home)

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

Behavioral Health Case Manager *(as needed)*

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

Clinical pharmacist *(as needed)*

- Visits patients after care transition to perform a medication reconciliation and teach 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. ■

NaviCare Model of Care Successes

The NaviCare Staff continues to educate members on the importance of an annual influenza vaccine and is pleased to report that all members received outreach from their Navigators about the importance of receiving an annual influenza vaccine during the 4th quarter 2020. Additionally, the NaviCare Care Team receives real time hospital admission, discharge and transfer information from Collective Medical, Inc., our contracted ADT Vendor with a comprehensive network of hospitals across the nation. This real time notification allows the NaviCare Nurse Case Managers and Navigators to work with members and their families to ensure aftercare needs are met. ■

Doing business with us

Medicare Billing Reminders for Long Term Care and Skilled Nursing Facility Admissions

Admit Dates for Long Term Care and Skilled Nursing Facility Admissions

Appropriate Billing Practices regarding Admission Dates for Long Term Care (**LTC**) and Skilled Nursing Facilities (**SNF**) dictate it is imperative to be mindful the admission date is accurate on each claim and represents the **continuous care** of the patient.

The most common error identified by CMS is incorrect admission dates on billed claims.

CMS defines 'admission date' as the date the patient was admitted to LTC or SNF facility with a signed and dated physician order and the patient begins receiving services.

Admission dates appearing before the reported 'From Date' and 'To Date' on Claim may be accurate in certain circumstances, including PACE and NaviCare programs.

Procedure Perform Code (ICD-10-PCS) and Date

If added to the hospital claim, please ensure that the procedure perform date correlates with the procedure performed during the inpatient stay.

Please visit the websites below for more information:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf>

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1117.pdf>

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf>

Reminder for Submission of Corrected Claims

Please specify the correction to be made on the Request for Claim Review Form fchp.org/en/providers/forms.aspx in the comments field (e.g. units, procedure, diagnosis, modifier etc.) along with any other pertinent information for review. Be sure to include all lines on the claim that should be processed in totality, not just claim line(s) to be corrected. ■

Quality focus

Immunizations for Adolescents: HPV Vaccination

Immunizations for Adolescents (IMA) is an important Quality Performance Measure; in addition to measuring the percentage of adolescents 13 years of age who have had one dose of meningococcal vaccine and one Tdap vaccine, it also assesses the number of adolescents who have completed the human papillomavirus vaccine (HPV) series by their 13th birthday.

When analyzing previous years' rates, Fallon Health identified that a significant portion of adolescents received the meningococcal and Tdap vaccines, but did not receive the required number of doses to complete the HPV vaccine. Common reasons parents do not consent to HPV vaccination may include:

- Its association with sexual activity
- It is not part of the mandated vaccine schedule for school-aged children.
- Religious objections or anti-vaccination convictions

Below are a few strategies that may help parents understand the importance of HPV vaccination:

- Emphasize the role of the HPV vaccine for cancer prevention.
- Explain to parents that although HPV infections are connected to sexual activity, the vaccine is recommended for adolescents between the ages of 11 and 12 because it is most effective when the complete series is administered prior to exposure to HPV.
- Consider offering HPV educational materials to patients and/or parents in waiting rooms; this may help facilitate the conversation about the vaccine in the exam room.
- Utilize reminders: After patients' 10-year-old annual CPE, remind parents that their child should receive the HPV vaccine at their next CPE. This reminder can be done in-person during the check-out process, or by mail, telephone and/or email prior to the 11-year-old CPE.
- After a patient receives their first dose of the vaccine, schedule a follow-up appointment for the second dose during the check-out process, rather than suggesting parents call back and schedule after they leave the office.

We hope you will consider some of the strategies listed above and find them to be helpful. Please continue to discuss the importance of the HPV vaccination with all patients and parents. If you have any questions, please contact your organization's Quality Team or Fallon Health's Provider Relations department at 1-866-275-3247 or askfchp@fallonhealth.org. ■

NaviCare Clinical Practice Initiatives

Providers in our NaviCare network have the convenience of viewing the updated Clinical Practice Initiatives for 2021 from the provider section of our website, and can easily print PDF [versions](#) of each topic. Here you'll find the most current version of the following initiatives:

- Abuse and neglect
- Alcohol abuse prevention and treatment
- Care for older adults
- Chronic obstructive pulmonary disease
- Dementia
- Depression
- Diabetes
- Heart failure
- Medication management
- Osteoporosis
- Preventive screening for adults

While on our site, please take a few minutes to browse our various tools and resources that can help you stay informed and interact with us more smoothly. If you have any questions, please contact your Provider Relations Representative for assistance at 1-866-275-3247, option 4. ■

Medication Adherence for Medicare Patients

Lack of patient adherence with drug therapy has been shown as a driver of unnecessary health care cost. It is estimated that non-adherence to medication therapy costs the American health care system more than \$290 billion annually. Numerous barriers and challenges exist, such as patient indifference, culture, medication out-of-pocket costs, adverse effects (both real and perceived), personal beliefs, health literacy, polypharmacy, transportation, physical limitation and memory problems. Any one factor or a multiple of possible barriers can contribute to a patient's non-adherence. Collaborative solutions are necessary between physicians, pharmacists, health plans and members to solve complex problems which inhibit members from receiving their medications and taking them correctly.

The Fallon Health Pharmacy Department continuously evaluates tools to help reduce barriers for our members to take their medications. Fallon has partnered with CVS Health to increase member engagement and improve adherence to chronic medications for the treatment of diabetes, cholesterol, and hypertension. Your Medicare patients have access to pharmacists that can provide one-on-one counseling both in-person and telephonically. This is the CVS Health Pharmacy Advisor program. The primary goal of this is to encourage better adherence which leads to better clinical outcomes, improved member wellbeing and lower overall costs to the healthcare system.

Some discussion points you may want to have with your patients regarding our benefits include:

- 90-day supplies are offered at retail pharmacies and CVS mail order for many traditional chronic medications.
- For Fallon Medicare Plus members only:
 - 90-day mail-order supplies are discounted to cost of 2 copays rather than 3
 - Reduced copays at preferred network pharmacies
- Multi-dose pre-packaged medications are available through CVS as well as many network pharmacies.
- Non-English language labeling and patient leaflets are available from network pharmacies.
- Home delivery of medications is offered by some network pharmacies (pharmacy may charge for this service).
- Syncing medications to be filled at once can reduce the number of trips your patient takes to the pharmacy improving convenience.
- Pill organizers and electronic pill dispensers are available to Medicare members. Electronic pill boxes can now provide visual and auditory queues for members to take their medications as well as tablet interfaces to facilitate telehealth visits.
- Encourage member to speak with their pharmacist when filling their prescriptions and to report any adverse-effects which could cause them to stop taking their medications
- Encourage member to participate in Medication Therapy Management (MTM) programs if they are enrolled in a Medicare Part D program:
 - take at least 8 medications,
 - have 3 or more chronic conditions, or
 - spend greater than \$4,376 annually on medications

Please let your patients know they can call Fallon Health or speak with their pharmacy to take advantage of these offerings. ■

Best Practices: CAHPS Care Coordination

The two member/patient surveys that can affect CMS Star Ratings are:

1. CAHPS

- Typically mailed each year to plan members between March and June
- Asks patients about aspects of quality, such as provider communication skills and ease of health care services
- Overseen by the Agency for Healthcare Research and Quality

2. The Health Outcomes Survey (HOS)

- Typically mailed each year to a random sample of plan members between April and June. Each sample receives a follow-up survey two years later.
- Asks patients about the care they receive from their healthcare providers to measure healthcare outcomes and effectiveness of care
- Required by Medicare for all health plans with Medicare managed care contracts.

If you would like more information on Fallon Health performance and star ratings, please feel free to reach out directly to a Provider Relations representative. Thank you again for all you do to ensure that your patients have the best experiences possible. ■

Why is the Consumer Assessment of Healthcare Providers and Systems (CAHPS) important for your patients?

We are proud of our 4.5 CMS Star Rating for 2020 that represents the collaboration between Fallon Health and our providers. Our goal of achieving a 5 Star Rating would be recognition of the delivery of the highest quality health care and a strong partnership between the health plan and providers.

Based on our most recent CAHPS performance, we are focusing on aspects of the overall experience that our members have with our provider partners. Below are best practices and ways that you can help us both achieve greater success.

5-Star Best Practices

Consider implementing 5-Star best practices in open communication, timely access and effective coordination. These areas are measured in CAHPS, one of two regular surveys that gauge patient satisfaction and that can affect CMS star ratings.

5-Star Metric: *Care Coordination*

CAHPS asks patients, "In the last six months..."

- When you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
- How often did you and your personal doctor talk about the prescription medicines you were taking?
- When your physician ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- When your personal doctor ordered a blood test, x-ray or other test for you, how often did you get the results as soon as you needed them?
- How often did your personal doctor seem informed and up-to-date about the care you got from specialists?
- Did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?

TIPS for 5-Star Care Coordination

- Assure your patient that you have the relevant information about his or her medical history. Ask if he or she has seen any other providers since last seeing you. If you are aware specialty care has occurred, mention it and discuss as needed.
- Develop protocols for clinical staff to facilitate chronic medication renewal.

5-Star Metric: *Getting Needed Care*

CAHPS asks patients, "In the last six months..."

- How often was it easy to get appointments with specialists?
- How often was it easy to get care, tests or treatment you thought you needed through your health plan?

TIPS for 5-Star Access

- Offer alternate ways for your patients to access care. For example, provide a nurse advice line or secure email.
- Suggest to patients that, after making an appointment, they can also add their name to an "on-call" list, to be contacted if an earlier appointment time opens up.
- If your patient is having a test done, let him know when he can expect the results ("by the end of the week") and who will be reporting the results (a staff member, your assistant, you).
- Be sure to review and discuss all medications that the patient is taking and any concerns they may have and make this a standard practice during all office visits.
- Do you inform patients even when their test results are normal? If so, let patients know, but also tell them that they can call your office to check on the results.
- Does your office have a patient portal? Encourage patients (or caregivers) who are comfortable online to use it to manage their care.

Compliance

Polypharmacy Safety Program

Why the program is important

Polypharmacy—the concurrent use of multiple medications by patients—may increase harmful drug-disease interactions in the elderly, such as exacerbating history of falls, chronic renal failure, and dementia. These adverse drug events may lead to hospitalization, longer duration of illness, and nursing home placement.

For our Medicare, NaviCare, and PACE population, Fallon Health has partnered with CVS Caremark to reduce polypharmacy in the following areas:

- Use of multiple anticholinergic medications in older adults
- Use of multiple CNS medications in older adults
- Concurrent use of opioids and benzodiazepines

Action steps

Under the Polypharmacy Safety Program:

- CVS Caremark, within 72 hours of adjudication, will review all retail prescription claims for high potential adverse events or concurrent use of drugs in the same therapeutic class.

- Actionable recommendations with current clinical guidelines are faxed to the prescriber.
- The prescriber may choose to make the recommended changes or continue with the existing therapy.
- CVS Caremark conducts ongoing monitoring and reports activity and outcomes.

Results

Time	CMS Display Measure	Total Intervention Activity	Intervention Accepted with 3 month patient compliance
Q1-Q2' 2020	Polypharmacy	1068	139

The reduction of Polypharmacy is important for patient safety. Please assist us in this effort by responding to Polypharmacy notifications that you may receive and accepting recommendations when they are appropriate for your patient. Although Polypharmacy stands as a CMS Display measure today, it is expected to be a CMS Star measure in the near future. Our current Polypharmacy Safety Program will put Fallon in a prepared position when that transition happens. ■

Coding corner

Social Determinants of Health ICD-10 Code List

Please note that Social Determinants of Health codes may be added to, or updated, on a quarterly basis. Providers should remain current in their thorough utilization of these codes to document challenges and achieve better outcomes for our most vulnerable membership.

ICD-Code	Description
Z550	Illiteracy and low-level literacy
Z551	Schooling unavailable and unattainable
Z552	Failed school examinations
Z553	Underachievement in school
Z554	Educational maladjustment and discord with teachers and classmates
Z558	Other problems related to education and literacy
Z559	Problems related to education and literacy, unspecified
Z560	Unemployment, unspecified
Z561	Change of job
Z562	Threat of job loss
Z563	Stressful work schedule
Z564	Discord with boss and workmates
Z565	Uncongenial work environment
Z566	Other physical and mental strain related to work
Z5681	Sexual harassment on the job

ICD-Code	Description
Z5682	Military deployment status
Z5689	Other problems related to employment
Z569	Unspecified problems related to employment
Z570	Occupational exposure to noise
Z571	Occupational exposure to radiation
Z572	Occupational exposure to dust
Z5731	Occupational exposure to environmental tobacco smoke
Z5739	Occupational exposure to other air contaminants
Z574	Occupational exposure to toxic agents in agriculture
Z575	Occupational exposure to toxic agents in other industries
Z576	Occupational exposure to extreme temperature
Z577	Occupational exposure to vibration
Z578	Occupational exposure to other risk factors
Z579	Occupational exposure to unspecified risk factor
Z590	Homelessness
Z591	Inadequate housing
Z592	Discord with neighbors, lodgers and landlord
Z593	Problems related to living in residential institution
Z594	Lack of adequate food and safe drinking water
Z595	Extreme poverty
Z596	Low income
Z597	Insufficient social insurance and welfare support
Z598	Other problems related to housing and economic circumstances
Z599	Problem related to housing and economic circumstances, unspecified
Z600	Problems of adjustment to life-cycle transitions
Z602	Problems related to living alone
Z603	Acculturation difficulty
Z604	Social exclusion and rejection
Z605	Target of (perceived) adverse discrimination and persecution
Z608	Other problems related to social environment
Z609	Problem related to social environment, unspecified
Z620	Inadequate parental supervision and control
Z621	Parental overprotection
Z6221	Child in welfare custody
Z6222	Institutional upbringing
Z6229	Other upbringing away from parents
Z623	Hostility towards and scapegoating of child
Z626	Inappropriate (excessive) parental pressure

ICD-Code	Description
Z62810	Personal history of physical and sexual abuse in childhood
Z62811	Personal history of psychological abuse in childhood
Z62812	Personal history of neglect in childhood
Z62819	Personal history of unspecified abuse in childhood
Z62820	Parent-biological child conflict
Z62821	Parent-adopted child conflict
Z62822	Parent-foster child conflict
Z62890	Parent-child estrangement NEC
Z62891	Sibling rivalry
Z62898	Other specified problems related to upbringing
Z629	Problem related to upbringing, unspecified
Z630	Problems in relationship with spouse or partner
Z631	Problems in relationship with in-laws
Z6331	Absence of family member due to military deployment
Z6332	Other absence of family member
Z634	Disappearance and death of family member
Z635	Disruption of family by separation and divorce
Z636	Dependent relative needing care at home
Z6371	Stress on family due to return of family member from military deployment
Z6372	Alcoholism and drug addiction in family
Z6379	Other stressful life events affecting family and household
Z638	Other specified problems related to primary support group
Z639	Problem related to primary support group, unspecified
Z640	Problems related to unwanted pregnancy
Z641	Problems related to multiparity
Z644	Discord with counselors
Z650	Conviction in civil and criminal proceedings without imprisonment
Z651	Imprisonment and other incarceration
Z652	Problems related to release from prison
Z653	Problems related to other legal circumstances
Z654	Victim of crime and terrorism
Z655	Exposure to disaster, war and other hostilities
Z658	Other specified problems related to psychosocial circumstances
Z659	Problem related to unspecified psychosocial circumstances
Z7141	Alcohol abuse counseling and surveillance of alcoholic
Z7142	Counseling for family member of alcoholic
Z7151	Drug abuse counseling and surveillance of drug abuser
Z7152	Counseling for family member of drug abuser

ICD-Code	Description
Z72810	Child and adolescent antisocial behavior
Z72811	Adult antisocial behavior
Z7289	Other problems related to lifestyle
Z729	Problem related to lifestyle, unspecified
Z730	Burn-out
Z731	Type A behavior pattern
Z732	Lack of relaxation and leisure
Z733	Stress, not elsewhere classified
Z734	Inadequate social skills, not elsewhere classified
Z7389	Other problems related to life management difficulty
Z739	Problem related to life management difficulty, unspecified

New 2021 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. Fallon will notify all contracted providers of this determination via the April issue of the *Connection* newsletter and in the Procedure Code Look Up on our [website](#).

Effective December 15th, 2020, the following medical benefit drugs *will be added to the formulary and require prior authorization*. These NDC codes must be submitted for billing and authorization purposes as they do not have their own individual HCPCS code.

HCPCS	NDC(S)	Brand Name	Generic Name
J9999	73535-0208-01	Monjuvi	tafasitamab-cxix
J3490	73292-011-01	Viltepso	viltolarsen
J9999	00173-0896-01	Blenrep	belantamab mafodotin-blmf

Effective January 1, 2021, the following codes *will require plan prior authorization*:

Code	Description
J1823	Injection, inebilizumab-cdon, 1 mg
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj
J9223	Injection, lurbinectedin, 0.1 mg
J9281	Mitomycin pyelocalyceal instillation, 1 mg
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg

Effective January 1, 2021, the following codes *will require plan prior authorization*:

Code	Description
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer
0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions

Code	Description
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations

Effective January 1, 2021, the following codes *will require plan prior authorization*:

Code	Description
D0701	panoramic radiographic image – image capture only
D0702	2-D cephalometric radiographic image – image capture only
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only
D0705	extra-oral posterior dental radiographic image – image capture only
D0706	intraoral – occlusal radiographic image – image capture only
D0707	intraoral – periapical radiographic image – image capture only
D0708	intraoral – bitewing radiographic image – image capture only
D0709	intraoral – complete series of radiographic images – image capture only
D3471	surgical repair of root resorption - anterior
D3472	surgical repair of root resorption – premolar
D3473	surgical repair of root resorption – molar
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption – anterior
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption – premolar
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption – molar
D5995	periodontal medicament carrier with peripheral seal – laboratory processed – maxillary
D5996	periodontal medicament carrier with peripheral seal – laboratory processed – mandibular
D6191	semi-precision abutment – placement
D6192	semi-precision attachment – placement
D7961	buccal / labial frenectomy (frenulectomy)
D7962	lingual frenectomy (frenulectomy)
D7993	surgical placement of craniofacial implant – extra oral
D7994	surgical placement: zygomatic implant

Effective January 1, 2021, the follow codes *will be deny vendor liable for all lines of business:*

Code	Description
D0704	3-D photographic image – image capture only

Effective January 1, 2021, the following codes *will be configured as not a covered benefit for all lines of business:*

Code	Description
D0604	antigen testing for a public health related pathogen, including coronavirus
D0605	antibody testing for a public health related pathogen, including coronavirus
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use
D2928	prefabricated porcelain/ceramic crown – permanent tooth

Effective January 1, 2021, the following codes *will require plan prior authorization:*

Code	Description
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)

Code	Description
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for <i>Atopobium vaginae</i> , <i>Gardnerella vaginalis</i> , and <i>Lactobacillus</i> species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for <i>Gardnerella vaginalis</i> , <i>Atopobium vaginae</i> , <i>Megasphaera</i> type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and <i>Lactobacillus</i> species (<i>L. crispatus</i> and <i>L. jensenii</i>), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of <i>Trichomonas vaginalis</i> and/or <i>Candida</i> species (<i>C. albicans</i> , <i>C. tropicalis</i> , <i>C. parapsilosis</i> , <i>C. dubliniensis</i>), <i>Candida glabrata</i> , <i>Candida krusei</i> , when reported
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])
82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)

Code	Description
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation

Effective January 1, 2021, the following codes *will deny vendor liable for all lines of business*:

Code	Description
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed
0621T	Trabeculostomy ab interno by laser
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report

Code	Description
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level
0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)
0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report

Effective March 1, 2021, the following codes will require plan prior authorization:

Code	Description
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture
33992	Removal of percutaneous ventricular assist device at separate and distinct session from insertion
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion

Effective March 1, 2021, the following code will require plan prior authorization:

Code	Description
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2 ■

Payment policies

Revised policies – Effective March 1, 2021:

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

- **Drugs and Biologicals** – Added information about billing for no cost drugs and biologicals; documented existing requirement specific to billing for home infusion drugs under Medicare Part D.
- **Newborn Services** – Updated Referral/notification/prior authorization requirements for MassHealth newborns, updated Billing/coding guidelines for MassHealth newborns, added requirement for birth weight on claims.
- **Durable Medical Equipment** – Added clarification related to the 13-month capped rental period.
- **Physical and Occupational Therapy** – Added requirement for therapy modifiers on claims for physical and occupational therapy services.
- **Speech Therapy** – Added requirement for therapy modifiers on claims for speech therapy services.
- **Skilled Nursing Facility** – Added information about billing for therapy services covered under Medicare Part B.

- ***Inpatient Medical Review*** – Revised DRG language; added information about coverage for drugs and biologicals, reimbursement for readmissions, plan members who change insurance during admissions, billing for MassHealth Carve-Out Drugs, and DRG coding and clinical validation.
- ***Acupuncture*** – Clarified Reimbursement and Prior Authorization requirements for acupuncture services for Fallon Medicare Plus, Fallon Medicare Plus Central, Summit ElderCare and Fallon Health Weinberg PACE.
- ***Non-Covered Services*** – Added information relative to CARES Act Provider Relief Fund; updated Notice of Financial Liability; added information about billing for no cost drugs and biologicals; added information about billing for no cost devices; updated code report (generated 12/02/2020). ■

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

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