Connection

Important information for Fallon Health physicians and providers July 2020

COVID-19

Monitoring the latest information

Fallon is staying up-to-date on the most current public health information being reported about COVID-19 and applying best practices for planning, preparedness and recovery in order to protect our workforce and ensure members receive the necessary/appropriate care, while also ensuring continuity of operations.

While it is sometimes essential for you to see your patients in person, we know that right now, telehealth is the best option in most circumstances. Consequently, Fallon has made medically necessary telehealth services available at no cost sharing for our members during this time period. In addition, we continue to waive cost-sharing for all COVID-19 related services while Massachusetts is under a state of emergency.

We appreciate your partnership and patience as we work together to provide care and coverage to all of our members—and as we look ahead together to better days.

For the most current information on COVID-19, we recommend you visit the *CDC website*, the *Massachusetts Department of Public Health website* or Fallon Health's webpage for *providers*—then click on the "Important Information About Coronavirus" banner.

Message to providers regarding COVID-19

What's new

Changes to Claim Reversals on the EDI 835 Remittance Advice

Effective August 26, 2020, Fallon Health is making a change to the coding of our Electronic Data Interchange (EDI) 835 Remittance Advice. As requested by our providers for ease of posting claim reversals, we are updating our core code to route Reversal claims through the same Claim Adjustment and Service Adjustment Segment (CAS) logic used for Original and Adjustment claims to determine the Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC). The Reversal claim will now have a CAS segment that matches the same CARC/RARC present on the claim it is reversing.

If you have interest in testing this change in advance of the effective date, please contact edi.coordinator@fallonhealth.org by July 13, 2020, to make arrangements.

Please see below for an illustrative example of the change:

Original	CLP*P1020794820*1*748*0**HM*123456789*19~
	NM1*QC*1*SMITH*JOHN*A***MI*8177000000000~
	NM1*82*1*TEST*RILEY****XX*1234567891~
	DTM*233*20180807~
	DTM*232*20180807~
	SVC*HC:11602:59*748*0~
	DTM*472*20180807~
	CAS*CO*97*748~
	REF*6R*70384123~
	AMT*B6*0~
	LQ*HE*N20~
Reverse – Today's file	CLP*P1020794820*22*-748*-0**HM*1123456789R1*19~
	NM1*QC*1*SMITH*JOHN*A***MI*8177000000000~
	NM1*82*1*TEST*RILEY****XX*1234567891~
	REF*F8*123456789~
	DTM*233*20180807~
	DTM*232*20180807~
	DTM*050*20180817~
	SVC*HC:11602:59*-748*0**-1~
	DTM*472*20180807~
	CAS*CO*45*-748~
	REF*6R*70384123~
	AMT*B6*0~
Updated file	CLP*P1020794820*22*-748*-0**HM*1123456789R1*19~
	NM1*QC*1*SMITH*JOHN*A***MI*8177000000000~
	NM1*82*1*TEST*RILEY****XX*1234567891~
	REF*F8*123456789~
	DTM*233*20180807~
	DTM*232*20180807~
	DTM*050*20180817~
	SVC*HC:11602:59*-748*0**-1~
	DTM*472*20180807~
	CAS*CO*97*-748~
	REF*6R*70384123~
	AMT*B6*0~

COVID-19, HEDIS 2020 and Pay for Performance

Our Health Plan accrediting body, the National Committee for Quality Assurance (NCQA), understood early on in this pandemic that our national priority must be to allow the health care system to focus on addressing the COVID-19 crisis. In a statement released on March 13, 2020, NCQA acknowledged the effect COVID 19 might have on the HEDIS measures calculated using a combination of claims and medical record review (hybrid) as well as the ability of health plans to collect needed medical record data because of imposed travel bans, quarantines and risk to staff. Health plans were informed that NCQA would **allow plans to report their audited HEDIS 2019 hybrid rate for any hybrid measure if it is better than their HEDIS 2020 rate as a result of low chart retrieval.** As we expected, Fallon's HEDIS hybrid measures were compromised due to the challenge of accessing charts for abstraction while administrative measures, those calculated by claims alone, were not impacted. **We have opted to rotate all of our hybrid measures and report HEDIS 2019 rates to NCQA.**

In an effort to be fair and equitable to you—our provider community—we intend to take the same approach with our Pay for Performance program. Our plan is to calculate P4P settlements using HEDIS 2019 rates for hybrid measures and HEDIS 2020 rates for those measures calculated using only claims. Additionally, NCQA is unsure at this point if they will be able to calculate national percentiles for 2020. They will review HEDIS 2020 rates for validity, accuracy and completeness over the summer and make a decision as to whether they will be able to publish the Quality Compass this year. In order to keep moving forward calculating your P4P settlements, Fallon plans to use HEDIS 2019 percentiles for both hybrid and administrative measures. ■

PrEP Therapy

Effective July 1, 2020, Truvada and Descovy for PrEP (Pre-Exposure Prophylaxis) will be covered at a $0 copay for Commercial and Medicaid ACO lines of business. A prior authorization may be required if claims history does not indicate a use for PrEP. ■

Sampling and Extrapolation Process

As part of the Program Integrity initiative, Fallon conducts post-payment reviews to validate payments we have made. When there is a large volume of claims involved in a population, auditing the entire population is typically not viable. Pursuant to the CMS Program Integrity Manual (Chapter 8) for guidelines regarding Statistically Valid Random Samples (RVRS), a random sample of claims can be selected for the audit. When calculating the amount to be recovered, Fallon ensures that all improper payments are totaled and extrapolated to the claims universe from which the sample was drawn. We may review up to six years of claims, but a more common practice is to look at 24 to 36 months of claims for audit purposes.

Industry standard software—RAT STATS—may also be used. RAT STATS can be used to aid in sample creation and overpayment extrapolation. Providers can expect sampling and extrapolation to be used during the audit process. If a provider is selected to be audited and there are questions regarding the sampling or extrapolation process, please reach out to the contact on the request letter. We have also partnered with Cotiviti to perform audits on our behalf. ■

Medicare Non-Formulary Quantity Limit (NF+QL) Program

Beginning June 1, 2020, Fallon implemented a Non-Formulary Quantity Limit (NF+QL) program for Fallon Medicare Plus (excluding Medicare Supplement plans), Fallon Medicare Plus Central, Fallon Medicare Plus Premier and Fallon Medicare Plus Central Premier plans. The limits will follow safety-based quantity limits on U.S. Food & Drug Administration-approved non-formulary drugs. The below non-formulary drugs will be subject to the quantity limit indicated and will require a formulary exception since they are non-formulary.

A formulary exception will be required to obtain a non-formulary drug. A quantity limit exception may also be required if the prescribed quantity exceeds the limit. Both types of exceptions follow the standard Medicare exception process. For information on submitting an exception, please visit our webpage on *Pharmacy prior authorizations*.

Non-formulary drugs subject to the quantity limit for FALLON MEDICARE PLUS (excluding Medicare Supplement plans)		
Brand name	**Generic name**	**Quantity limit**
IMPOYZ CREAM 0.025%	*clobetasol propionate cream 0.025%*	8.5800
OLUX-E FOAM 0.05%	*clobetasol propionate emulsion foam 0.05%*	7.1500
OLUX FOAM 0.05%	*clobetasol propionate foam 0.05%*	7.1500
CLOBEX LOTION 0.05%	*clobetasol propionate lotion 0.05%*	8.4300
CLOBEX SHAMPOO 0.05%	*clobetasol propionate shampoo 0.05%*	8.4300
CLOBEX SPRAY 0.05%	*clobetasol propionate spray 0.05%*	8.4300
GLUMETZA ER 24HR 1000MG	*metformin hcl tab er 24hr modified release 1000 mg*	2.0000
GLUMETZA ER 24HR 500MG	*metformin hcl tab er 24hr modified release 500 mg*	4.0000
FORTAMET ER 24HR 1000MG	*metformin hcl tab er 24hr osmotic 1000 mg*	2.0000
FORTAMET ER 24HR 500MG	*metformin hcl tab er 24hr osmotic 500 mg*	4.0000
ZEGERID CAP 20-1100MG	*omeprazole-sodium bicarbonate cap 20-1100 mg*	1.0000
ZEGERID CAP 40-1100MG	*omeprazole-sodium bicarbonate cap 40-1100 mg*	1.0000
ZEGERID POWD PACK FOR SUSP 20-1680 MG	*omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg*	1.0000
ZEGERID POWD PACK FOR SUSP 40-1680 MG	*omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg*	1.0000

Non-formulary drugs subject to the quantity limit for FALLON MEDICARE PLUS PREMIER and FALLON MEDICARE PLUS CENTRAL PREMIER		
Brand name	**Generic name**	**Quantity limit**
IMPOYZ CREAM 0.025%	*clobetasol propionate cream 0.025%*	8.5800
OLUX-E FOAM 0.05%	*See chart below**	7.1500
OLUX FOAM 0.05%	*See chart below**	7.1500
CLOBEX LOTION 0.05%	*See chart below**	8.4300
CLOBEX SHAMPOO 0.05%	*See chart below**	8.4300
CLOBEX SPRAY 0.05%	*See chart below**	8.4300
GLUMETZA ER 24HR 1000MG	*metformin hcl tab er 24hr modified release 1000 mg*	2.0000
GLUMETZA ER 24HR 500MG	*metformin hcl tab er 24hr modified release 500 mg*	4.0000
FORTAMET ER 24HR 1000MG	*metformin hcl tab er 24hr osmotic 1000 mg*	2.0000
FORTAMET ER 24HR 500MG	*metformin hcl tab er 24hr osmotic 500 mg*	4.0000
ZEGERID CAP 20-1100MG	*omeprazole-sodium bicarbonate cap 20-1100 mg*	1.0000
ZEGERID CAP 40-1100MG	*omeprazole-sodium bicarbonate cap 40-1100 mg*	1.0000
ZEGERID POWD PACK FOR SUSP 20-1680 MG	*omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg*	1.0000
ZEGERID POWD PACK FOR SUSP 40-1680 MG	*omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg*	1.0000

***Select generics for Fallon Medicare Plus Premier and Fallon Medicare Plus Central Premier:**

clobetasol propionate emulsion foam 0.05%	Generic – No Quantity Limit, Step applies
clobetasol propionate foam 0.05%	Generic – No Quantity Limit, Step applies
clobetasol propionate lotion 0.05%	Generic Quantity Limit = 6/day
clobetasol propionate shampoo 0.05%	Generic Quantity Limit = 6/day
clobetasol propionate spray 0.05%	Generic Quantity Limit = 6/day

Medicare Medication Therapy Management Program—MDLink™

Fallon—in partnership with our Medication Therapy Management (MTM) vendor, CSS—offers a program to improve Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare member engagement in the CMS Comprehensive Medication Review (CMR).

Program Overview

MDLink™ provides a referral coordination service that uses physician referrals to engage patients in care activities.

To employ the MDLink program to engage patients in a Comprehensive Medication Review (CMR), CSS utilizes the automated functionality in its software to identify all members who have been identified as MTM-eligible, but have not participated in a comprehensive medication review.

For each member identified, a recommendation is faxed to the identified primary prescriber. The recommendation states that the patient is eligible for an MTM review, because they have met the CMS submission criteria. It also provides a short description of the MTM review and its benefits. The fax requests that the prescriber refer their patient to the plan's MTM program.

Prescribers who do not respond to the program receive a second faxed referral request.

Prescribers respond to referral requests by signing the referral and faxing it to the plan-specific secure fax server. CSS coordinates referral requests by printing the prescriber's signed referral, attaching a cover letter, and mailing the referral to the patient.

CSS allows three (3) days for mail delivery and contacts the patient to discuss their physician's referral. If the patient can be engaged in an MTM interaction a CMR is completed and fulfilled as required by CMS. ■

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 care 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, church and more within a 30-mile radius of the member's home
- Up to $400 per year in fitness reimbursements to a qualified fitness facility
- A free SilverSneakers™ gym membership
- $500 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.
- The ability to earn up to $100 annually with the Fallon Healthy Food program that can be used 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:
    - Preventative visits with their PCP
        - Welcome to Medicare/Annual physical exam
        - Annual wellness visit

- Preventive vaccines
  - Flu vaccine
  - Tdap
  - Pneumococcal vaccine
  - Shingles vaccine

NaviCare members also have their own Care Team—with each team member focusing on what they do best—to help them reach their personal health goals. The Care Team gives providers resources, such as a coordinated care plan to reference, and other Care Team members to communicate with, so everyone involved has the best information to care for their patients.

Care Team members and their roles include:

Navigator

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

Nurse Case Manager or Advanced Practitioner

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

Primary Care Provider (PCP)

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

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

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

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

- Identifies and coordinates services to support patients' emotional health and well-being
- Supports 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. ■

NaviCare Model of Care Successes

The NaviCare Model of Care was designed to support members during times of care transition. A recent Model of Care Success is the design and implementation of our Embedded Navigator Program. Within this program, Navigators work with high-volume hospital facilities in Central Massachusetts to ensure collaborative communication between the facilities and the NaviCare Care Teams. The goal is to provide enhanced support to members as they return to the community. Care Teams are focused on supporting members to ensure they follow up with their providers as recommended in their discharge plan.

Additionally, the NaviCare Embedded Navigators make appointments with members for in-home visits by a Fallon Health Safe Transitions Pharmacist at time of discharge. Pharmacists complete medication reconciliations and provide follow-up feedback to the member's PCP. The Safe Transitions Program has proven to be successful in reducing the number of members readmitted to the hospital within 30 days of discharge.

Another Model of Care Success that we are very proud of is the work the Care Teams do to close HEDIS gaps in care. Efforts during 2018 and reported in 2019 saw all HEDIS measures for the NaviCare population scoring at a 4- or 5-star rating from CMS. We thank our providers for partnering closely with us to resolve gaps in care and ensure that our members receive high-quality, evidenced-based care. We'll be measuring our 2019 efforts this spring and plan to begin our 2020 efforts on this project in the second quarter 2020. We thank you in advance for your partnership. ■

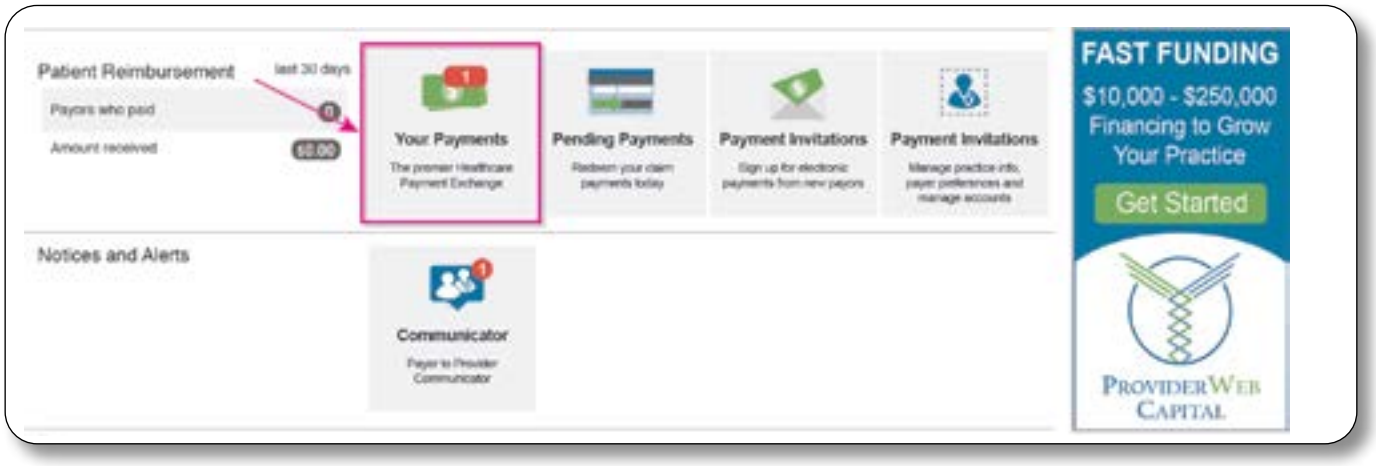
Important reminders

Electronic (ACH) Payments and Remittance Advice Summary (RAS) Access

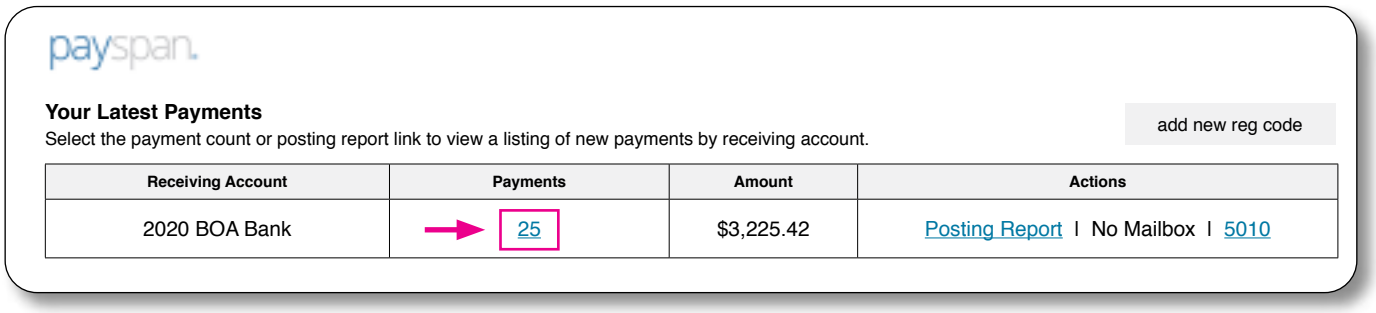
Providers have access to electronic payments, payment history, status and Remittance Advice Summaries at their fingertips with our partner Payspan. Follow the steps below to navigate the system and access your Remittance Advice Summaries.

Go to the *Payspan website* and log in with your username and password.

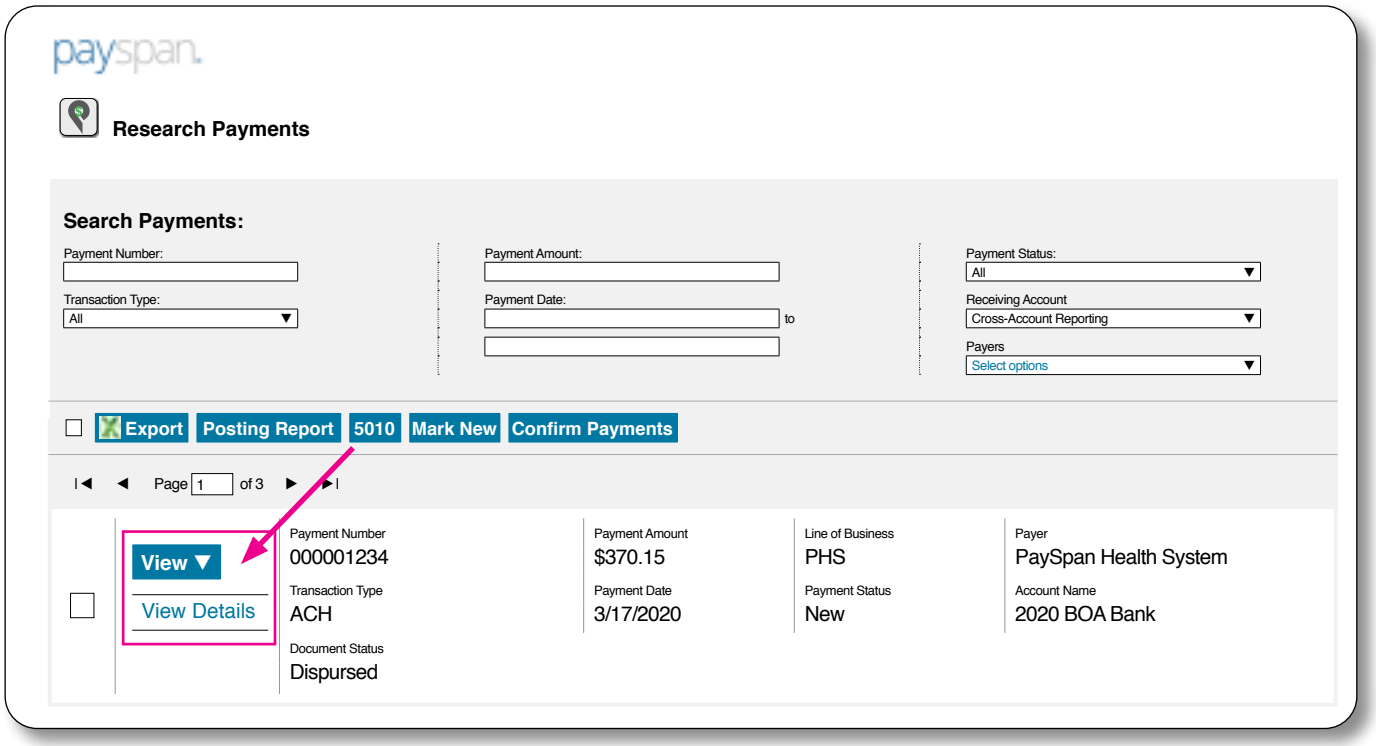
The dashboard will show several options. To access your payments and EOPs, click **"Your Payments"**.



Click on a Payment under the **"Your Latest Payments"** section.



Hover over **"View"** and click on **"View Details"** to view an RAS.



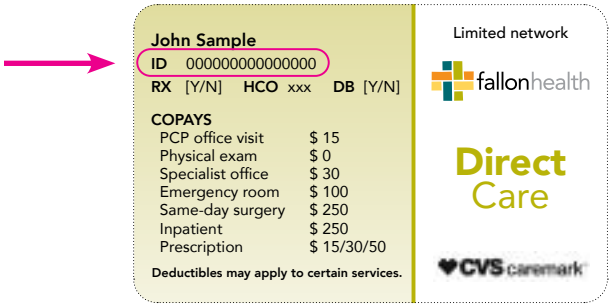
You can download and print each RAS or save as a PDF to your computer for future reference.

For assistance, call 1-877-331-7154, Option 1, to reach Payspan's Provider Services Center. They're available from 8 a.m.–8 p.m. ■

Doing business with us

EDI 276 Claim Status Inquiry Patient Identification Issue

Fallon has identified an area of opportunity for improved member matching criteria for the 276/7 responses. When making a claim inquiry using the 276/7 please follow the member matching criteria. We require providers to use a unique Fallon Health member identification number found on all Fallon Health ID cards. These member ID cards each have a 13-digit number. Providers should also enter the member's first name, last name, middle initial and any special characters found on the Fallon Health ID card. When following this process, you will have more successful 277 responses when searching for claims. ■



Process for Referrals to Non-Contracted Providers and Non-covered Services

Surprise patient billing has made headlines over the last year and is prohibited for care related to COVID-19. A patient should not receive an unanticipated bill for services they were unaware were non-covered. Fallon Health has an extensive provider network to service our members. If there is an instance when a provider/hospital needs to refer a patient out of network, a prior authorization request must be submitted.

If a Fallon Health member is referred for non-covered services, the waiver contained in *Fallon Health's Non-Covered Services Payment Policy* must be obtained in advance, letting the member know that a specific service is not covered and what the cost is. This would include all non-emergency care, including non-covered services provided by a contracted provider. Without this waiver, the member is not financially liable.

When needed, Fallon Health will work to help find contracted providers for covered services and to process the prior authorization requests for services that may be non-covered. Please refer to our *Procedure Code Look Up tool* to determine if a service requires prior authorization. If you have questions, please reach out to your Provider Relations Representative. ■

New Provider Directory Solution

Fallon Health is working to ensure we have the most accurate information in our provider directory. We are working with HealthCare Administrative Solutions, Inc. (HCAS) to implement DirectAssure® by CAQH. DirectAssure will engage providers in reviewing and maintaining up-to-date provider directory information to ensure our members have access to accurate provider demographic information when care is needed. Fallon began to pilot this new solution in June 2020 and will continue to expand our usage with additional providers throughout 2020. We will continue to provide updates as we move forward with this process.

For more information about DirectAssure, please visit the *HCAS website*.

For questions specific to Fallon Health's implementation, please contact your provider relations representative or email *askfchp@fallonhealth.org* ■

MassHealth ACO Acute Hospital Billed Guidelines for Carve-Out Drugs

MassHealth recently updated their Acute Hospital billing guidelines pertaining to certain carve-out drugs designated under the MassHealth ACO Acute Hospital Carve-Out Drugs List section of the MassHealth Drug List (MHDL). The drugs named in the following table are subject to the HCPC billing codes listed next to them. This only applies to Fallon 365 Care, Berkshire Fallon Health Collaborative and Wellforce Care Plan.

Current HCPC Code(s)*	Drug name
Q2042	Kymriah
Q2041	Yescarta
J3398	Luxterna
C9399 or J3590	Zolgensma

**NOTE: Should MassHealth update the respective HCPC codes or the drug list, Fallon will update accordingly.*

Effective April 1, 2020, the drugs referenced in the table above must be excluded from the facility claim that the hospital submits for an inpatient or outpatient stay in which the drug is administered. Any costs, charges or other claim-based data corresponding to the drug itself must be submitted separately on a CMS-1500 (professional) claim. Please note: similar to MassHealth requirements, the drug claim must include the appropriate National Drug Code (NDC) identifier; the HCPC code(s) for the drug; and the number of units of the drug administered to the member covered by the claim; and the drug invoice. The actual invoice must be from the drug manufacturer (or supplier, distributor or similar party or agent) and the hospital may include a statement of the hospital's actual acquisition cost of the drug used to treat the member.

Plan Authorization will continue to be required for the drug itself in addition to the related inpatient or outpatient facility services. A Single Case Agreement will be required should the hospital's contract not include the drugs referenced above.

For additional guidance, please refer to billing instructions included in the MassHealth Acute Hospital Carve-Out Drugs List within the *MassHealth Drug List.* ■

Quality focus

Health-Related Social Needs Screening for MassHealth ACO Members

The purpose of a Health-Related Social Needs (HRSN) screening is to identify patients who may be experiencing issues with social needs and who would benefit from receiving community services. These social needs include: housing, food, transportation, utilities, employment/education, experience of violence and social support systems.

Fallon's Clinical Integration Team administers Care Needs Screenings and Comprehensive Case Management Assessments for eligible members of Fallon 365 Care, Berkshire Fallon Health Collaborative and Wellforce Care Plan. Both of these assessments screen for health-related social needs. Additionally, Fallon and our ACO partners have worked together to develop and implement HRSN screenings within provider offices and update many screenings to meet MassHealth guidelines. You may have already begun to utilize these screenings within your practice. Screenings may be administered in person or be completed by mail, over the phone or electronically via email).

Because HRSN screening is a MassHealth ACO quality measure, there are financial implications tied to each ACO's performance. Please continue to screen ACO patients for health-related social needs—at least once per year. If you have any questions, please contact your ACO's Quality Team or Fallon's Provider Relations department at 1-866-275-3247 or via email at *askfchp@fallonhealth.org*. ■

Coding corner

Coding updates

Effective April 15, 2020, the following medical benefit drugs *were 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.*

Unspecified HCPCS code(s)	NDC(s)	Brand name
J9999	0069-0249-01 0069-0238-01	Ruxience
J3590	61314-866-01	Ziextenzo
J3590	55513-670-01	Avsola

Effective June 15, 2020, the following medical benefit drugs *were 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.*

Unspecified HCPCS code(s)	NDC(s)	Brand name
J3590	0078-0883-61	Adakveo
J3590	71336-1001-1	Givlaari
J3590	59572-711-01 59572-775-01	Reblozyl
J3590	60923-465-02	Vyondys 53
J9999	51144-020-01 51144-030-01	Padcev
J8499 / J8999 / J9999 **J3490 / J3590**	75987-130-15	Tepezza
J8499 / J8999 / J9999 **J3490 / J3590**	50242-088-01 50242-087-01	Enhertu

Effective June 15, 2020, the following medical benefit drug *was added to the formulary and require prior authorization. This NDC code must be submitted for billing and authorization purposes as it does not have its own individual HCPCS code.*

Unspecified HCPCS code(s)	NDC(s)	Brand name
J3490	73372-0116-1	Scenesse

Effective June 15, 2020, the following medical benefit drug *requires prior authorization* (previously required a post-service claims edit).

HCPCS code	Brand name
J1428	Exondys 51

Effective July 1, 2020, the following medical benefit drugs *require prior authorization* (previously required a post-service claims edit).

HCPCS code	Brand name
J0178	Eylea
J2503	Macugen
J2778	Lucentis
J0179	Beovu

Effective April 1, 2020, the following codes *require plan prior authorization.*

Code	Description
0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years
0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas
0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results
0165U	Peanut allergen-specific IgE and quantitative assessment of 64 epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and interpretation
0166U	Liver disease, 10 biochemical assays (ÃŽÂ±2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation
0167U	Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood
0168U	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (i.e., drug metabolism) gene analysis, common variants
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence

Effective June 1, 2020, the following codes *require plan prior authorization.*

Code	Description
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

Effective July 1, 2020, the following codes are *deny vendor liable for all lines of business excluding Fallon Health's PACE and Fallon Health Weinberg's PACE.*

Code	Description
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device
0596T	Temporary female intraurethral valve-pump (i.e., voiding prosthesis); initial insertion, including urethral measurement
0597T	Temporary female intraurethral valve-pump (i.e., voiding prosthesis); replacement
0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (e.g., lower extremity)
0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (e.g., upper extremity) (List separately in addition to code for primary procedure)
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous
0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours
0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment
0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days
0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (i.e., ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (e.g., ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (i.e., lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs

Code	Description
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report
0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed
0614T	Removal and replacement of substernal implantable defibrillator pulse generator
0615T	Eye-movement analysis without spatial calibration, with interpretation and report
0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens
0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens
0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed

Medicare MS-DRG annual update

Medicare MS-DRG V34 fee schedule of weights is effective October 1, 2020.

For a list of new and invalid MS-DRG codes, effective for dates of service on or after October 1, 2020, see *Connection* online.

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, 2020. 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, 2020, see *Connection* online for updated information. ■

Payment policies

The following policies have been temporarily updated due to the COVID-19 pandemic:

- ***Adult Day Health Payment Policy***
- ***Aging Service Access Points (ASAP) Payment Policy***
- ***Early Intervention Payment Policy***
- ***Telemedicine Payment Policy***
- ***Laboratory and Pathology Payment Policy***
- ***Hospice Payment Policy***
- ***Home Health Care Payment Policy***
- ***Physical and Occupational Therapy (PT/OT) Payment Policy***
- ***Speech Therapy Payment Policy*** ■

Revised policy-effective September 1, 2020:

The following payment policy has been updated; details about the changes are indicated in the policy.

- ***Newborn Services Payment Policy*** ■

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. Carolyn Langer
Senior Vice President 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

20-665-008 Rev. 00 6/20