Connection

Important information for Fallon Health physicians and providers **October 2020**

What's new

Sleep Management Services

CORRECTION: Although our October Connection postcard indicated anticipated changes to our sleep management program, Fallon Health is pleased to announce our continued relationship with CareCentrix for sleep management services. The process to authorize sleep management services remains unchanged. If you have questions, please contact your Provider Relations Representative.

Expansion of the MassHealth Uniform Preferred Drug List

MassHealth will require ACOs to comply with an expanded partial Uniform Preferred Drug List starting January 1, 2021 that impacts approximately 217 unique drugs from 27 therapeutic classes. The drug list will be unified with the MassHealth Fee for Service (Standard MassHealth,) MCOs and ACOs.

In the October 2020 issue:

fallonhealth

33 drugs (from 14 therapeutic classes) are already on the Unified Preferred Drug List. This change will 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 will result in changes in the Fallon formulary, PA requirements, and PA clinical criteria.

Fallon, along with other MCOs and ACOs will be working closely with MassHealth to coordinate the changes to both the formulary and the clinical criteria. Fallon will send member and provider notifications 60 days prior to the changes. Please refer to the Fallon Health formulary website for a list of the changes. ■

New address for paper claims submissions

When shipping paper claims that are not deliverable to a P.O. Box, (via FedEx, UPS, etc.) please send to the following street address:

Fallon Health Claims
Smart Data Solutions*
960 Blue Gentian Road
Eagan, MN 55121

For claims that can be delivered to a Post Office box, the address remains the same:

Fallon Health
P.O. Box 211308
Eagan, MN 55121-2908

All appeals and corrected claims related to Zelis edits should be directed to Zelis:

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

Or faxed to: 1-855-787-2677 ■

Opioid management program and pain management alternatives for Commercial, MassHealth and Exchange plans

Opioid painkillers provide needed relief to those with acute or chronic pain. But given their potential for harm, and the very real–and pervasive–problem of misuse and abuse, ensuring appropriate use is more critical now than ever before. Our standard opioid management program is aligned with the "Guideline for Prescribing Opioids for Chronic Pain" issued by the Centers for Disease Control and Prevention (CDC) in March 2016 and contains the following features:

- **Limit days supply**
  The length of the first fill (when appropriate) will be limited to 3 days for members 19 and under or 7 days for members over 19 years of age for immediate release, new, acute prescriptions for plan members who do not have a history of prior opioid use, based on their prescription claims. A physician can submit a prior authorization (PA) request if it is important to exceed the seven-day limit.

- **Limit quantity of opioids**
  The quantity of opioid products prescribed (including those that are combined with acetaminophen, ibuprofen or aspirin) will be limited up to 90 Morphine Milligram Equivalent (MME) per day (based on a 30-day supply). Prescribers who believe their patient should exceed CDC Guideline recommendations can submit a PA request for up to 200 MME per day unless minimum FDA-labeled strength/dose/frequency exceeds 200 MME per day. Quantities higher than that would require an appeal. Opioid products containing acetaminophen, aspirin, or ibuprofen will be limited to 4 grams of acetaminophen or aspirin, and 3.2 grams of ibuprofen per day.

- **Require step therapy**
  Use of an immediate-release (IR) formulation will be required before moving to an extended-release (ER) formulation, unless the member has a previous claim for an IR or ER product, or the prescriber submits a PA.

When patients fill a prescription for an opioid (a covered drug that is a narcotic substance contained in U.S. Drug Enforcement Administration Schedule II), they may choose to obtain a fill in a lesser quantity than the full amount prescribed. If they do, they may then choose to later obtain the remainder of the prescribed fill. They will not be responsible for any copayment amount beyond the amount that would normally apply if they obtained the entire fill at once. ■

Pain management alternatives to opioid products for Commercial, MassHealth and Exchange plans

If you are interested in pain management alternatives to opioid products for your patients, there are many non-opioid medications and treatments available. These include, but are not limited to, those listed below.

Non-opiate medication treatment options

(Please note that some medications require PA or may have other utilization management restrictions):

- NSAIDs
- Topical Analgesic
- Cox-II Inhibitors
- Skeletal Muscle Relaxants
- Anti-Depressants
- Anti-Convulsants
- Corticosteroids

Please refer to *our formulary* for further information about our prescription drug formulary and prior authorization requirements.

Non-medication treatment modalities:

- Chiropractic care
- Physical therapy services
- Behavioral health providers with pain management-related specialties, such as cognitive behavioral therapy, pain management and treatment of chronic pain

These services may require prior authorization or may be subject to benefit limitations.

Additional medications and treatments are available which may also serve as pain management alternatives to opioid products. These include other medications, certain other types of therapies, treatment by certain types of non-behavioral health specialists, certain types of surgery and certain types of injections. ■

Medicaid ACO members can now get 90-day supplies on most medications

Effective August 1, 2020, you can prescribe 90-day supplies of most chronic maintenance medications to Fallon Medicaid ACO members at retail pharmacy locations. This includes Berkshire Fallon Health Collaborative, Fallon 365 Care, and Wellforce Care Plan. Remember to write prescriptions for a 90-day supply, where appropriate. In most cases, Fallon will allow members to get up to a 90-day supply of medicine at a time. Occasionally, for safety reasons, Fallon will allow less than a 30-day supply. Fallon makes these decisions by following FDA guidelines.

Also, Fallon only allows a 30-day supply for Specialty Medications. Note that state law may prevent the dispensing of a 90-day supply on certain medications. Members may get up to a 90-day supply at a network retail pharmacy participating in our 90-day program. The 90-day supply is not available through mail-order, as there is no mail-order benefit for Berkshire Fallon Health Collaborative, Fallon 365 Care and Wellforce Care Plan.

Member copay for a 90-day supply of medication will be the same as it is for a 30-day supply of medication. ■

Continuous blood glucose monitors now available at network pharmacies

Effective October 1, 2020, members may get Continuous Glucose Monitors (CGMs) at network pharmacies. Prior authorization applies. ■

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. RxSavings 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 both providers and patients with the information needed to select the most cost-effective, yet therapeutically-conscious, prescription medication for the patient. The patented software used analyzes prescription claims and considers all possible clinical options to save its users money on prescriptions, all within the user's specific plan design. 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 Fallon Medicare Plus and Fallon Medicare Plus Central patients may ask you about alternative drug options after receiving information from RxSavings Solutions. We hope that you will also remind your patients to use this valuable tool because it 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@rxsavingssolutions.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 reimbursement for mileage 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 (I think these exams are opposite, i.e., Annual physical exam and/or Welcome to Medicare/Annual Wellness visit…but I could be wrong. We typically don't include the Welcome to Medicare visit in our pieces)
        - 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 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 has been 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. These Embedded Navigators are working with high volume hospital facilities in Central Massachusetts and are actively working to ensure that communication occurs between the facilities and the NaviCare Care Teams with the goal of enhancing support to members as they return to the community. The Care Teams are focusing on and supporting members to ensure they follow up with their providers as recommended in the discharge plan.

Additionally, the NaviCare Embedded Navigators are making appointments with members for in home visits by a Fallon Health Safe Transition Pharmacist at time of discharge. These pharmacists work closely with the PCP by providing feedback and communication while ensuring a full medication reconciliations for the member. 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 measured our 2019 efforts this spring and we resumed our 2020 outreach efforts to members and providers in August after putting them on hold due to COVID-19. Upcoming efforts will include reminding members of the importance of well care and prevention with a letter from our CMO and a push for receiving flu shots. We thank you in advance for your partnership. ■

Important reminders

Resources for Food Insecurity

As a result of the COVID-19 pandemic, a growing number of individuals and families across Massachusetts face food insecurity, many for the first time. This *guide* will help you identify patients who need food assistance and then connect them to resources in the community. Here, you'll find information about food assistance resources that can provide your patients with immediate access to food, as well as other resources that may provide recurring financial support for the purchase of food. ■

NaviCare benefit changes for 2021

Please see below for upcoming benefit changes for NaviCare benefits, effective January 1, 2021.

- OTC Save Now Card benefit $120 per quarter
- Supplemental Vision coverage $240 per year
- Acupuncture Services no longer require a referral
- Chiropractic Services no longer require a referral
- Outpatient Mental Health no longer requires prior authorization after the 12th visit
- Authorization still required for some outpatient services
- Podiatry no longer requires prior authorization unless its provided in a nursing home or is podiatric surgery (these codes require Authorization)
- Telehealth has been expanded to include: Mental Health services, Psychiatric services, Outpatient Substance Abuse services and Dental.
- Transportation coverage has been expanded to include "Friends and Family" reimbursement, which reimburses friends or family designated by the member for qualified non-emergent medical transportation. (Transportation, including friends and family reimbursements, must be coordinated and arranged during Fallon's business hours by calling the plan's transportation vendor at least 4 business days in advance.)
- Freestyle Libre System is now the preferred Continuous blood glucose monitor
- Medical Nutrition Therapy benefit now covers up to 3 total visits of one-on-one counseling each year for all members (Medicare-covered and non-Medicare covered diagnoses). ■

Fallon Medicare Plus and Fallon Medicare Plus Central benefit changes for 2021

Changes for Fallon Medicare Plus and Fallon Medicare Plus Central

- Telehealth visits for PCP, Mental Health and Substance Abuse services, as well as Teladoc® visits, will be $0 copay
- Tier 1 medications at preferred pharmacies and Caremark mail-order up to 90-day supply will be $0 copay
- Mental health outpatient: Prior authorization after 8 visits was removed for individual and group therapy. Prior authorization required for Transcranial Magnetic Stimulation (TMS), Electro-Convulsive Therapy (ECT), Neuro-psychological Testing and Intensive Outpatient Therapy (IOP)

- Medicare-covered opioid treatment program services will be covered at $0 copay
- Medical Nutrition Therapy benefit expanded to all diagnoses with 3 visits annually. Member copay remains at $0

Changes for Fallon Medicare Plus and Fallon Medicare Plus Central Blue, Green and Orange HMO

- Benefit Bank: Hearing aids added to eligible covered services in addition to preventive and comprehensive dental services, eyewear and fitness memberships

Changes for Fallon Medicare Plus Central Orange HMO and Fallon Medicare Plus Orange HMO, Super Saver HMO, and Saver No Rx HMO

- Maximum out-of-pocket increased from $6,700 to $7,550

Changes for Fallon Medicare Plus and Fallon Medicare Plus Central Orange HMO

- Ambulance copayment increased from $260 to $300

Changes for Fallon Medicare Plus Super Saver HMO

- Prescription deductible increased from $435 to $445 ■

Doing business with us

Step Therapy requirements for Medicare outpatient (Part B) medications

Effective January 1, 2021, Step Therapy will be required for the medications listed in the table below, provided the following are met for the requested drug:

- Meets the definition of a Medicare Part B medication.
- New for the patient, as defined by no use in the last 365 days.
- Proposed use of the requested and alternative drug has been determined to be a medically accepted indication under Medicare rules.
- Dose, frequency and duration of use may not exceed the safety and efficacy data supporting the medically accepted indication.

For non-preferred drugs, a prior authorization *is* required. **For preferred drugs,** a prior authorization *may* be required. ■

Non-Preferred Drug	HCPCS Code	Preferred Drug	HCPCS Code
Aloxi	**J2469**	Kytril Zofran	**J1626** **J2405**
Avastin	**J9035**	Mvasi Zirabev	**Q5107** **Q5118**
Beovu Eylea Lucentis Macugen	**J3590** **J0178** **J2778** **J2503**	Avastin - Opthalmic	**C9257**
Fusilev Khapzory	**J0641** **J0642**	Leucovorin	**J0640**

Non-Preferred Drug	HCPCS Code	Preferred Drug	HCPCS Code
Herceptin Ontruzant Herzuma	**J9355** **Q5112** **Q5113**	Ogivri Trazimera Kanjinti	**Q5114** **Q5116** **Q5117**
Herceptin Hylecta	**J9356**	Ogivri Trazimera Kanjinti	**Q5114** **Q5116** **Q5117**
HP Acthar	**J0800**	corticosteroids	**various**
Fulphila Ziextenzo Nyvepria	**Q5108** **unclassified** **unclassified**	Udenyca Neulasta	**Q5111** **J2505**
Neupogen Granix Nivestym	**J1442** **J1447** **Q5110**	Zarxio	**Q5101**
Procrit/Epogen (non-ESRD)	**J0885**	Retacrit (non-ESRD)	**Q5105**
Rituxan	**J9312**	Truxima Ruxience	**Q5115** **J9999**
Rituxan Hyleca	**J9311**	Truxima Ruxience	**Q5115** **J9999**
Soliris	**J1300**	Ultomiris Uplizna	**J1303** **unclassified**
Sustol	**J1627**	Zofran Kytril Aloxi	**J2405** **J1626** **J2469**
Treanda	**J9033**	Belrapzo Bendeka	**J9036** **J9034**
Xgeva Remicade Avsola Renflexis	**J0897** **J1745** **Q5121** **Q5104**	zoledronic acid Inflectra	**J3489** **Q5103**
Durolane/Gel-One/GelSyn-3/GenVisc 850/Hyalgan/Hymovis/Monovisc/Orthovisc/sodium hyaluronate/Supartz/Supartz FX/Synojoynt/Synvisc/Synvisc-One/Trivisc/VISCO-3/Triluron	**J7318/J7326/ J7328/ J7320/ J7321/J7322/ J7327/J7324/ J3490/ J7331/ J7325/J7329/ J7332**	Euflexxa	**J7323**

Provider Directory

The most up to date provider directory information can be found on our website at *fchp.org/providertools/lookup*. If you would like to request a copy of a printed directory please submit a *Materials Request Form* indicating which directory you need. ■

Quality focus

Important links to information about care services

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

- **Clinical criteria for utilization care services.** Fallon uses national, evidence-based criteria reviewed annually by a committee of health plan and community-based physicians to determine the medical appropriateness of selected services requested by physicians. These criteria are approved as being consistent with generally accepted standards of medical practice, including prudent layperson standards for emergency room care. Criteria are available *here* or as a paper copy upon request.
- **Learn more about our quality programs.** Fallon is proud of its long history of quality accomplishments, including our accreditation from the National Committee for Quality Assurance. A detailed description of our quality programs, goals and outcomes is available *here*. We also welcome suggestions from our physicians about specific goals or projects that may further improve the quality of our care and services.
- **Know our members' rights.** Fallon members have the right to receive information about an illness, the course of treatment and the prospect for recovery in terms that they can understand. They have the right to actively participate in decisions regarding their own health and treatment options, including the right to refuse treatment. View a complete list of Fallon members' rights and responsibilities *here*. ■

Utilization Management incentives

Fallon Health affirms the following:

- Utilization Management (UM) decision-making is based only on appropriateness of Care, service and existence of coverage.
- Fallon does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization. ■

Medicare Health Outcomes Survey

Each spring, a random sample of Medicare beneficiaries is contacted for the Medicare Health Outcomes Survey (HOS). Due to the pandemic, the survey was delayed, and is running from August until November. The goal of the Medicare HOS is to gather reliable and clinically meaningful health status data from Medicare Advantage members. We are asking for your help as you meet with your patients during their Medicare wellness visits on two key outcome measures:

- Reducing the risk of falling: it is vital to discuss strategies to prevent falls and address problems with balance or walking
- Improving bladder control: it is important to discuss tactics to address urinary incontinence

Please consider discussing these topics with your Medicare patients. For more information, contact your Provider Relations representative. ■

Osteoporosis Management in Older Women

Our Health Promotions Department, in conjunction with a contracted vendor—Magellan Rx Management—is conducting provider outreach to encourage bone mineral density (BMD) screenings for identified female NaviCare, Fallon Medicare Plus and Fallon Medicare Plus Central enrollees between the ages of 67-85 who have had a bone fracture within the past six months. BMD testing within six months for older women who have had a fracture is one of Fallon's HEDIS measures under the National Committee for Quality Assurance (NCQA)*.

The population is identified from a monthly claims file created by one of our quality data analysts. Offices may receive phone calls, faxes or letters in the mail from our Health Promotions staff, as well as from clinical Pharmacists and licensed nurses from Magellan, to notify you that your patient has recently sustained a fracture and to assist in the coordination of any follow-up care, at your direction.

If you have any questions, please call Provider Relations at 1-866-275-3247, prompt 4, or Katie Acker in Health Promotions at 1-774-239-6071.

**NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. NCQA's Healthcare Effectiveness Data and Information Set (HEDIS) is the most widely used performance measure tool in health care.* ■

Comprehensive Diabetes Care

Fallon will be outreaching to identified diabetic members' PCPs to provide them with gaps in care reports for their patient panels. The American Diabetes Association Standards of Medical Care in depression sets forth recommendations regarding diabetic care, including annual hemoglobin A1c testing, attention for nephropathy (ACE Inhibitor or ARB therapy; or microalbuminuria testing annually), and an annual retinal eye exam. Comprehensive diabetes care is also a HEDIS measure per NCQA and a CMS 5 Star measure.

Additionally, Magellan Rx Management (Fallon's contracted vendor), is conducting outreach to Fallon Medicare Plus, Fallon Medicare Plus Central and NaviCare members and their PCPs for those are identified as being diabetic but who do not have evidence of being prescribed a statin. The purpose of this outreach is to encourage PCPs to evaluate whether their patients may benefit from the addition of a statin to their current regimen. The outreach is conducted by licensed pharmacists and nurses and may occur via fax to providers or phone calls to both providers and identified enrollees. Statin use in persons with diabetes is a CMS 5 Star measure.

If you have any questions, please call Provider Relations at 1-866-275-3247, prompt 4. ■

MassHealth Accountable Care Organization (ACO) Depression Screening and Follow-Up

Depression Screening and Follow-Up is a Quality Performance Measure that applies to patients 12 years and older. The purpose of this measure is to quantify the percentage of patients who were screened for depression at least once annually; and for patients who screened positive, the percentage of members who had a follow-up plan documented.

There are several depression screenings providers can utilize for adults and adolescents; examples include the PRIME-MD PHQ-2, PSC-17 and PHQ-9. Please note that in order for the screening to be counted towards the measure, the name of the depression screening tool utilized must also be documented in the medical record. For a complete list of approved screenings, please contact your ACO's Quality team.

Additionally, if a patient screens positive, a follow-up plan must be documented on the date of the encounter. Examples of acceptable documentation of follow-up plans for purposes of this measure include, but are not limited to: additional evaluation for depression, Suicide Risk Assessment, a referral to a behavioral health practitioner and/or pharmacological interventions.

The depression screening results must be clearly documented as "positive" or "negative," with this determination made by the administering clinician on the date of screening; a numerical screening score without the corresponding qualification cannot be counted as being numerator compliant.

If you have any questions, please contact your ACO's Quality Team or Fallon Health's Provider Relations at 1-866-275-3247 or *askfchp@fallonhealth.org*. ■

Disease Management Program empowers your patients

The Disease Management Program is a proactive, patient-centered program for individuals diagnosed with chronic diseases—including asthma, diabetes, chronic obstructive pulmonary disease (COPD), cardiac disease and heart failure. The program reinforces standards of care by providing health education, health coaching and self-management skills. We work toward empowering your patients to take a more active role in improving and maintaining their health. We welcome referrals for your patients, our Fallon members, to our Disease Management Program and look forward to working with you. For more information or to make a referral, please call our team at 1-508-799-2100 extension 78002, Monday through Friday from 8:30 a.m. to 5 p.m. You also may use our online Disease Management/Health Promotions. Please find our Disease Management Referral Form on our website at *http://www.fchp.org/en/providers/forms.aspx* ■

Access to Complex Case Management

Another program Fallon offers to your patients who need a lot of care and resources is the Complex Case Management Program. You may refer a patient to this program if he/she has a "critical event or diagnosis"—for example, recent functional changes, special health needs in children, active treatment for oncology patients, burns, ALS, JS, brain injury, paralysis, multiple traumatic injuries, chronic major psychiatric illness or a general health rating of fair to poor.

We'll do a brief assessment to confirm eligibility. Our nurse case managers, navigators and social care managers coordinate care in collaboration with members, caregivers and you. We want to help ensure that your patients receive all the appropriate services and have access to all the resources needed to resolve their health issues in the best way possible. For more information, or to ask about enrolling in the Program, you may call us at 1-508-799-2100 extension 78002, Monday-Friday, 8:30 a.m.-5:00 p.m. Or you may use our online *Case Management Referral Form*.

Additional programs available

Clinical Integration Staff are available to help your patients with programs designed to assist our member population with care coordination, education, and linkages to community resources. The programs include: Behavioral Health, Care Coordination, Memory Specialist, Palliative Care, Pharmacy Review, High Risk Pregnancy, Renal and Social Care Management. For example, our Social Care Management Program assists members with socio-economic concerns, community resources, long term placement, legal concerns, financial issues pertaining to pharmacy costs and linkages to additional community resources. For more information, or to ask about enrolling your patients in any of these programs, you may call us at 1-508-799-2100 extension 78002, Monday – Friday, 8:30 a.m. – 5:00 p.m. or you may use our online *Case Management Referral Form*. Thank you for your referrals.

Coding corner

Effective June 25, 2020, the following codes *will require plan prior authorization:*

Code	Description
O224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed
O223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected

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

Code	Description
Q4230	Cogenex flow amnion 0.5 cc
Q4233	Surfactor /nudyn per 0.5 cc
Q4240	Corecyte, for topical use only, per 0.5 cc
Q4241	Polycyte, for topical use only, per 0.5 cc
Q4242	Amniocyte plus, per 0.5 cc
Q4244	Procenta, per 200 mg

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

Code	Description
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status
0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10
0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2

Code	Description
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1
0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2

Effective August 15, 2020, the following medical benefit drugs will be added to the formulary and *will 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
J3590	67386-130-51	Vyepti	eptinezumab-jjmr
J9999	0024-0654-01 0024-0656-01	Sarclisa	isatuximab-irfc

J9999	72493-103-03 72493-101-40 72493-102-20	Jelmyto	mitomycin
J9999	55135-132-01	Trodelvy	sacituzumab govitecan-hziy
J9999	57894-503-01	Darzalex Faspro	daratumumab
J3490	62935-153-50	Fensolvi	leuprolide acetate

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

Code	Description
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy (ureteral catheterization is included) and vacuum aspiration of the kidney, collecting system and urethra if applicable
C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure)
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts
J3032	Injection, eptinezumab-jjmr, 1 mg
J3241	Injection, teprotumumab-trbw, 10 mg
J9227	Injection, isatuximab-irfc, 10 mg
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors
K1009	Speech volume modulation system, any type, including all components and accessories
Q4249	Amniply, for topical use only, per square centimeter
Q4250	Amnioamp-mp, per square centimeter
Q4254	Novafix dl, per square centimeter
Q4255	Reguard, for topical use only, per square centimeter

Effective October 1, 2020, the following code is *not a covered benefit for all lines of business.*

Code	Description
T2047	Habilitation, prevocational, waiver; per 15 minutes

Effective October 1, 2020, the following codes will be *deny vendor liable for all lines of business.*

Code	Description
G1020	Clinical decision support mechanism curbside clinical augmented workflow, as defined by the medicare appropriate use criteria program
G1021	Clinical decision support mechanism ehealthline clinical decision support mechanism, as defined by the medicare appropriate use criteria program
G1022	Clinical decision support mechanism intermountain clinical decision support mechanism, as defined by the medicare appropriate use criteria program
G1023	Clinical decision support mechanism persivia clinical decision support, as defined by the medicare appropriate use criteria program
Q9001	Assessment by department of veterans affairs chaplain services
Q9002	Counseling, individual, by department of veterans affairs chaplain services
Q9003	Counseling, group, by department of veterans affairs chaplain services

Effective October 15, 2020, the following medical benefit drugs will be added to the formulary and *will 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
J3590	0069-0324-01	Nyvepria	pegfilgrastim-apgf
J3590	72677-551-01	Uplizna	inebilizumab-cdon
J9999	50242-245-01 50242-260-01	Phesgo	pertuzumab, trastuzumab, hyaluronidase-zzxf
J9999	68727-712-01	Zepzelca	lurbinectedin

Effective December 1, 2020, the following code for Medicaid, NaviCare and Summit PACE *will require plan prior authorization:*

Code	Description
E2300	Wheelchair accessory, power seat elevation system, any type

Effective December 1, 2020, the following code for Medicaid, NaviCare and Summit PACE *will require plan prior authorization. For Medicare, this code is not a covered benefit:*

Code	Description
E2301	Wheelchair accessory, power standing system, any type

Note: National Government Services Local Coverage Article: WHEELCHAIR Options/Accessories - Policy Article (A52504)

POWER SEATING SYSTEMS: A power seat elevation feature (E2300) and power standing feature (E2301) are non-covered because they are not primarily medical in nature.

Effective December 1, 2020, the following code for commercial and MassHealth ACO; *deny vendor liable for Medicare Advantage, NaviCare and Summit Eldercare. Prior authorization required.*

CPT	Description
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen

Effective December 1, 2020, covered for Medicare Advantage, NaviCare and Summit Eldercare; *deny vendor liable commercial and MassHealth ACO. Prior authorization required.*

HCPCS	Description
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen ■

Payment policies

COVID-19

Due to the rapidly evolving nature of the Public Health Emergency, guidance from state and federal regulatory agencies is being issued frequently and Fallon's payment policies are being updated to reflect changing regulatory requirements. Upon expiration of the Public Health Emergency, Fallon will evaluate the continued need for flexibilities related to COVID-19.

- ***Physical and Occupational Therapy***
- ***Speech Therapy***
- ***Home Health***
- ***Early Intervention***
- ***Laboratory and Pathology***
- ***Telemedicine*** ■

Revised policies – Effective December 1, 2020

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

- ***Drugs and* Biologicals –** Clarified NDC requirements for physician-administered drugs, added information about billing for MassHealth Carve-Out Drugs
- ***Podiatry –*** Clarified coverage and billing requirements for routine foot care
- ***Durable Medical Equipment –*** Clarified payment for capped rental DME; added requirement for ordering/referring provider's name, qualifier, and valid NPI
- ***Non-Covered Services –*** Added provider liability statement for referral to non-participating provider without prior authorization
- ***Laboratory and Pathology –*** Added requirement for ordering/referring provider's name, qualifier, and valid NPI

- ***Home Health Care –*** Added requirement for ordering/referring provider's name, qualifier, and valid NPI
- ***Radiology/Diagnostic Imaging Procedures –*** Added requirement for ordering/referring provider's name, qualifier, and valid NPI ■

Revised policies – Effective January 1, 2021:

The following policies will be updated and posted by November 1, 2020; details about the changes are indicated on the policies.

- ***Acupuncture –*** Updated to include information pertaining to the new Medicare NCD Acupuncture for Chronic Low Back Pain (30.3.3).
- ***Inpatient Hospital –*** Revised DRG language; added information about: coverage for drugs and biologicals, reimbursement for readmissions, plan members who change insurance during admissions and billing for MassHealth Carve-Out Drugs.
- ***Medical Nutrition Therapy –*** Updated policy section.
- ***Vision Services –*** Updated reimbursement section for NaviCare.
- ***Transportation Services –*** Updated reimbursement for NaviCare non-emergent medical and supplemental transportation, added coverage for medically necessary specimen collection for COVID-19 diagnostic testing. ■

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

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