January 2023

Connection

Important information for Fallon Health physicians and providers

In the January issue:

Important updates

Fallon Health announces new ACO partnership

Fallon Health has formed an Accountable Care Organization Partnership Plan with Atrius Health—effective April 1, 2023—called Fallon Health-Atrius Health Care Collaborative (FACC). Your MassHealth patients who currently have Tufts Health Together with Atrius Health will have FACC as their new MassHealth plan—beginning April 1, 2023—unless otherwise notified by MassHealth. Fallon Health will provide more details as we get closer to the start date.

MassHealth ACO Emergency Department-Based Behavioral Health Crisis evaluations

For dates of service on or after January 3, 2023, Fallon Health will reimburse hospitals for behavioral health crisis evaluations provided to Fallon 365 Care, Berkshire Fallon Health Collaborative and Wellforce Care Plan ACO members in the emergency department pursuant to MCE Bulletin 93.

All claims for these services should be billed to Fallon Health HCPCS codes:

- **S9485** (Crisis intervention mental health services, per diem)

The code may be billed once per member for each visit the member makes to the emergency department.

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The code and related rate include the initial evaluation, triage, and disposition planning that generally occurs on the first day and isn't intended to reimburse for members awaiting inpatient placement. Hospitals are expected to deliver emergency department-based behavioral health crisis evaluations in accordance with the standards set forth in Appendix I of the MassHealth Acute Hospital RFA. Guidance for NaviCare billing will be forthcoming as the State is expected to release a bulletin in January 2023.

Changes for Continuous Glucose Monitors (CGMs) – *correction*

In October we incorrectly indicated this change also affected our NaviCare members. Please see the update below:

Effective January 1, 2023, for Fallon Medicare Plus, Fallon Medicare Plus Central, and Community Care, all FreeStyle and Dexcom CGMs will be dispensed exclusively at a pharmacy. This includes the receiver, transmitters, and sensors. Requests for Medicare member prior authorizations should be submitted through Fallon's Pharmacy Services Department; requests for Community Care member prior authorizations should be submitted through Fallon's Pharmacy Benefit Manager, OptumRx. More information can be found at *fallonhealth.org/providers/pharmacy/pharmacy-prior-authorization*. Non-therapeutic CGMs (typically used with insulin pumps) will continue to be dispensed through Durable Medicare Equipment (DME) vendors. Requests for Prior Authorization should be submitted using Fallon's ProAuth tool at *fallonhealth.org/en/providers/provider-tools*.

Updates for diabetes measures (HEDIS)

Every year, NCQA updates HEDIS measures. The following are updates to the diabetes measures:

Hemoglobin A1c Control for Patients with Diabetes (HBD)

HbA1c Testing indicator has been retired. NCQA will concentrate efforts on the **outcome based** HbA1c Control for Patients with Diabetes measure.

- Focus is on the actual test values:
  - **HbA1c Control (<8.0%)**
  - **HbA1c Poor Control (>9.0%)**
- You can help to reduce the burden of medical record review in your office by submitting the actual HbA1c results using these **CPT II codes** on your claim.

A1C control (equal or < 9%)	
CPT II Code	**Description**
3044F	<6.9%
3051F	7-7.9%
3052F	8-8.9%
3046F	>9%

Kidney Health Evaluation for Patients with Diabetes (KED)
This measure was developed by NCQA with input from the National Kidney Foundation.

Clinical guidelines recommend people with diabetes should be routinely tested to detect kidney disease. While the tests associated with kidney disease detection and diagnosis are inexpensive and widely available for routine clinic visits, **fewer than 50% of people with diabetes get both tests.** The new Kidney Health Evaluation HEDIS Measure reveals these gaps in care.

- Focus is on the following performance indicators:
  - **Estimated glomerular filtration rate (eGFR)**
    AND
  - **Urine albumin-creatinine ratio (uACR)**

Verisys is the go-forward name for Verisys/Aperture

The Aperture brand will be retired on December 31, 2022. Effective January 1, 2023 Verisys will be the go-forward name.

Verisys will continue to offer comprehensive platforms for clients for provider credentialing, provider directories, and background screening. The name change will not affect the products and services provided by the combined company.

What's new

Important update on prior authorizations for sub-acute and rehabilitation facilities

Effective December 6, 2022 through March 6, 2023, Fallon Health joined other health plans in voluntarily waiving prior authorization for admissions from Massachusetts acute care hospitals to sub-acute facilities and rehabilitation facilities for Community Care, Fallon 365 Care, Berkshire Fallon Health Collaborative, Wellforce Care Plan, Fallon Medicare Plus, and NaviCare.

Prior Authorization is still required for long term and custodial admissions. Acute care hospitals and post-acute care facilities should continue to notify plans about any inpatient admission for which post-acute care is anticipated within 24 hours of admission and to provide updates—at a minimum of every 5 days—to support discharge planning.

Fallon Health will continue to conduct retrospective and concurrent review during this time to determine appropriateness of level of care.

COVID-19 updates

Effective March 1, 2023—consistent with MassHealth—Fallon Health will no longer reimburse Proprietary Lab Analyses codes 0240U and 0241U for our Medicaid ACO members. It's recommended that providers bill CPT code 87637-Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique.

We continue to monitor and assess potential impacts to our business and our provider partners related to the federal public health emergency (PHE).

Please watch for updates after the end of the PHE on the return to PCP referral submission into ProAuth for Fallon Medicare Plus, Fallon Medicare Plus Central, NaviCare, Fallon 365 Care, and Berkshire Fallon Health Collaborative. In preparation, please ensure your ProAuth log-in is still active and you are familiar with the process.

You can sign up for ProAuth access *here*. For guidance, please see our ProAuth FAQ.

2023 formulary updates

Please visit our *provider news and announcements* section under pharmacy updates for 2023 formulary updates.

Inflation Reduction Act

Important message about what Medicare Part D members pay for insulin

Fallon Health members won't pay more than $35 for a one-month supply of each Part D insulin product covered by our plan, no matter what cost-sharing tier it's on—even if the member hasn't paid their deductible. If a member uses insulin through a traditional pump that was covered by Medicare, that insulin is covered by Medicare Part B; changes to Part B insulin copay start on July 1, 2023 – up to $35 for each month's supply of each covered insulin.

As a reminder, Fallon Medicare members pay $0 copay on vaccines—including the shingles vaccine—that are recommended by the Advisory Committee on Immunization Practices (ACIP).

2023 MassHealth ACO news

Short-acting beta agonist formulary update for March 1, 2023

As of March 1, 2023, the preferred short acting beta agonist for the Partial Unified Formulary will be brand name Proventil HFA and brand name Ventolin HFA. Any member getting generic albuterol inhaler will be sent a letter by February 1, 2023 stating that they will need to be switched to the brand preferred product. In most cases, this will require you to send a new prescription to the patient's pharmacy.

Fully Unified ACO Formulary beginning April 1, 2023

Beginning April 1, 2023, our ACO population will transition from a partially unified formulary to a fully unified formulary with MassHealth and all the other MCO organizations across Massachusetts. Please continue to find more information on this topic upcoming on our *website*.

Implementation of adult prescription stimulant restrictions

As of April 1, 2023, prior authorization will be required for adult members 21 years of age and older who are newly starting (defined as anyone who has not filled a stimulant within the last 90 days) any stimulant medication. The criteria will require an appropriate diagnosis for the use of the stimulant medication and any other applicable unique criteria to the requested drug, as well as any applicable quantity limits.

90-day supply program change

Beginning April 1, 2023, the ACO 90-day supply program will be following the *MassHealth 90-day supply program*. More information is available in the *MassHealth All Provider Bulletin* from August 2022.

Product spotlight

NaviCare® Model of Care training

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

Every member has a customized member centric plan of care developed by their Care Team. The care plan contains details about the member's goals and the benefits that are part of their care plan. Benefits may include, but are not limited to, in-home supportive services such as homemakers, the Personal Care Attendant (PCA) Program, Adult Day Health Care, Group Adult and Adult Foster Care. Each member's care plan is unique to meet their needs.

Additional NaviCare benefits that all members receive, include:

- Unlimited transportation to medical appointments
- 140 one-way trips per calendar year to places like the grocery store, gym, religious services, and more within a 30-mile radius of the member's home. Transportation may be arranged ideally 2 business days in advance by calling our transportation vendor CTS at 1-833-824-9440. The member/caregiver can arrange transportation, or our Navigators are also available to assist. *Continuing in 2023:* Members can qualify for mileage reimbursement for covered trips provided by friends and family.
- Up to $400 per year in reimbursements for new fitness trackers, like a Fitbit or Apple Watch, and/or for qualified fitness equipment, and/or a membership in a qualified health club or fitness facility. They also have a no-cost SilverSneakers™ gym membership.
- Up to $600 per year ($150 per calendar quarter) on the Save Now card, to purchase certain health-related items like fish oil, contact lens solution, cold/allergy medications, probiotics, incontinence products, and more.
- Up to $200 ($50 per calendar quarter) on the Self-Care card, to spend on personal care items like soap, shampoo, and deodorant, plus food products like rice, beans, and meat.

- The Healthy Food card gives members the ability to earn up to $100 annually for completing such healthy activities as:
  - Welcome to Medicare/Annual physical or qualified wellness visits
  - Preventive vaccines, including Flu, Tdap, pneumococcal vaccine and COVID-19
- The Healthy Food card enables members to purchase food/items such as, but not limited to: canned vegetables, beans, rice, and pastas, fresh vegetables and fruits, frozen and fresh meat, fish and poultry, refrigerated dairy and non-dairy products—at participating retailers. (FYI: all three cards—Save Now, Health Food, and Self-Care—can only be used at participating vendors.)

NaviCare members get an entire Care Team to help them reach their personal health goals. This allows each Care Team member to focus on what they do best. It also gives providers additional resources, such as a coordinated care plan to reference and other Care Team members to communicate with, to have the best information possible for each NaviCare patient.

Care Team members and their roles include:

Navigator

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

Nurse Case Manager or Advanced Practitioner

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

Primary Care Provider (PCP)

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

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

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

Behavioral Health Case Manager *(as needed)*

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

Clinical pharmacist *(as needed)*

- Visits patients after care transition to perform a medication reconciliation and teaches them proper medication use

PCPs are welcome to provide input to their patient's care plan at any time by contacting the NaviCare Enrollee Service Line at 1-877-700-6996 or by speaking directly with the NaviCare Navigators and/or Nurse Case Managers that may be embedded in your practices. If you are interested in having a Navigator and/or Nurse Case Manager embedded in your practice, please contact us at 1-877-700-6996.

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

New NaviCare benefits for 2023

NaviCare members will have two new benefits in 2023:

- **Self-Care card.** Preloaded card includes $50 each quarter (up to $200 a year) to buy personal care items and groceries. This is in addition to any dollars the member has on their Save Now and Healthy Food cards. Members can use the card to buy personal items like soap, deodorant, shampoo, conditioner, and more. They can also use the Self-Care card to buy food products like rice, beans, meat, vegetables, and more.
- **Papa Pals.** Provides in-home support services to NaviCare members to help them with their day-to-day needs, from light housekeeping to grocery shopping to help with technology and companionship. Members who decide to be a part of the program will receive a Papa Pal. This Pal will be someone who lives in the member's area. The people who become Papa Pals are thoughtfully selected, screened, and trained.

New Fallon Medicare Plus benefits for 2023

Fallon Medicare Plus members with Orange, Green, and Blue plans will have enhanced dental benefits in 2023.

- Like the Green and Blue plans, the Orange plan now includes preventive and comprehensive dental coverage for 2023.
- Members pay $0 for preventive dental coverage with their Orange, Green, or Blue plan.
- FMP Orange members will have an increased OTC benefit (through Benefit Bank) of $150 per calendar year—a $50 increase from 2022.
- FMP Green members' PCP and Urgent Care copayments were reduced to $15 per visit, and prescription deductible reduced to $250.

Important reminders

Medicare opioid edits and programs for 2023

There are several opioid safety edits and programs for the 2023 Medicare Part D plan year. This impacts all members of Fallon Health whose plan includes a Part D benefit:

- Fallon Medicare Plus
- NaviCare
- Summit ElderCare PACE
- Fallon Health Weinberg PACE

The criteria used to identify members potentially at risk or for the point of sale pharmacy edits are not intended as prescribing limits. They are used to identify members that may be at risk for opioid overuse. The edits are not a substitute for your professional judgment and do not mean that you cannot prescribe over these limits. You need to attest that the identified medications and doses are intended and medically necessary for the member. Please be aware that network pharmacies, the Fallon Health Pharmacy Department, our MTM vendor (Clinical Support Services (CSS)), and/or our Opioid Drug Management vendor and PBM (Optum Rx) may outreach to you for your assistance in resolving these safety edits and opioid management cases.

Please assist us in meeting the expectation that prescribers respond to pharmacy outreach related to opioid safety alerts in a timely manner—including educating their on-call staff. Some of these issues can be completed directly with the retail pharmacy by attesting that the medications and doses are intended and medically necessary for the member. If you need to submit a Coverage Determination or an Exception request, please call 1-844-657-0494 (please call 1-844-722-1701 for Fallon Health Weinberg PACE) or fax 1-844-403-1028.

A summary of the programs follows:

Point of Sale (POS) opioid safety edits

CMS requires certain prospective safety edits. These edits will occur when the member is filling the prescription at the pharmacy. These edits require resolution. The pharmacist at the pharmacy may override some of the edits with appropriate codes, may need to consult with the provider, and may need to inform the provider that a prior authorization is required. Since these are safety edits, they will still apply during a member's transition period; meaning, the claims will still reject with the edits and require resolution. Buprenorphine for medication-assisted treatment (MAT) is not included in the safety edits.

Hospice/palliative care, active cancer-related pain, sickle cell disease, and LTC members are excluded from the safety edits. Members have Coverage Determination and Appeal rights under this program.

The edits include:

- Soft edit for concurrent opioid and benzodiazepine use – pharmacy can override
- Soft edit for duplicative long-acting (LA) opioid therapy – pharmacy can override
- Soft edit for concurrent opioid and prenatal vitamins use – pharmacy can override
- Soft edit for concurrent opioid and Medication Assisted Therapy (MAT) use – pharmacy can override

- Care coordination edit at 90 morphine milligram equivalents (MME) and 2 prescribers – pharmacy can override only after consultation with the prescriber, documentation of the discussion, and if the prescriber confirms intent (the opioids and/or day supply is intended and medically necessary for the member), using an override code that indicates the prescriber has been consulted.
- Hard edit for a 7-day supply limit for initial opioid fills (opioid naïve) with a 120-day look-back. This will require a prior authorization to be submitted. Provider needs to attest that the opioids and/or day supply is intended and medically necessary for the member. Member is considered opioid naïve if there are no opioid claims in the past 120 days.

Medication Therapy Management (Not applicable to PACE programs)

We are also including special eligibility criteria into our Medication Therapy Management Program (MTMP). In addition to traditional MTMP eligibility, members are eligible for MTMP if they have been identified as an At-Risk Beneficiary (ARB) under a Drug Management Program (DMP)

Comprehensive Addiction and Recovery Act of 2016 (CARA) – Drug Management Program (DMP)

This is a comprehensive opioid management program required under the Comprehensive Addiction and Recovery Act of 2016 (CARA). This is a retrospective DUR program to identify members at risk for frequently abused drugs and conduct case management. Frequently abused drugs are defined by CMS as opioids and benzodiazepines. Buprenorphine for medication-assisted treatment (MAT) is not included in the 90 MME accumulations. The program excludes members with active cancer pain, palliative/hospice care, sickle cell disease, and in LTC. Dual/Low Income Subsidy (LIS) members are limited in ability to change plans to avoid intervention once identified as at-risk.

- Criteria for identification into the program include any of the below:
- Members with opioid pharmacy claims equal to or greater than 90 MME and 3+ opioid prescribers and 3+ opioid dispensing pharmacies
- Members with opioid pharmacy claims equal to or greater than 90 MME and 5+ opioid prescribers
- Members with any MME level and 7+ opioid prescribers or 7+ opioid dispensing pharmacies
- Members identified as having a history of opioid-related overdose are also included in the DMP.

- Program includes case management and clinical outreach to providers to determine if the member is at risk for opioid overutilization, notifications to the member, potential lock-in restrictions to specific provider(s), pharmacy(ies), and/or at the drug level. Members have appeal rights under this program.

Helping your patients get the care they need

Fallon Health understands that now more than ever it's harder for your patients to get the care they need. In the post-pandemic era, many organizations across the nation are continuing to see decreased scores across access-related CAHPS measures due to real challenges accessing care.

Real and perceived challenges accessing care are strongly related to negative health outcomes. Providers can help mitigate that risk by being more proactive:

- **Managing expectations:** empathize with the new normal for appointment availability
- **Highlighting the multiple avenues for accessing care:** telehealth/phone, patient portals, urgent care clinics, 24/7 RN, etc.
- **Providing education to members** to help them understand what alternatives exist to in-person care, and how to access them
    - Outreach to patients with perceived access or care coordination challenges
        - Patients with high clinical needs may need to be prioritized to avoid future hospitalizations and rehospitalizations
        - Patients may not be as knowledgeable and able to gain access to, understand, and use the clinic's resources, **despite what might already be available to members at the clinic or from their health plan.**

Fallon Health recommends conducting outreach to engage your patients, and proactively offer the following types of assistance:

- **Access to Care** (Getting Needed Care + Getting Appointments and Care Quickly)
    - Contact patients proactively to help schedule appointments and routinely follow-up
    - Offer appointments with a nurse or the next available doctor for urgent needs
    - Offer same-day appointments for patients who need to be seen quickly
    - Encourage patients to self-serve and view test results on the portal where applicable (and note that some patients may need additional help setting up an account and accessing the portal)
- **Care Coordination**
    - Host morning care team huddles to review patients' reason for visit, medical history, recent specialist visits, outstanding referrals, and new prescriptions your patient might be taking
    - Follow up with patients over the phone after they visit a specialist, undergo a procedure, or try a new medication
    - Assess patients for Social Determinants of Health to identify potential barriers to care or community resources
- **Unmet social needs of your patients may be underlying barriers to engagement in care.**
    - Include information that can be used to guide additional assessment of the patient's current circumstances. Ask questions like: 'Do you have reliable transportation to get to your appointments/ get your prescription filled?', 'How often do you get out of the house to socialize? What do you like to do?', and have contact information for government assistance and local community resources handy, to offer to patients with an expressed need. *www.211.org* can provide federal and state resources.

Beacon Health Options will become Carelon Behavioral Health

In March 2023, Beacon Health Options ("Beacon") is rebranding as Carelon Behavioral Health. For your patients, this name change will not change their plan or coverage. All contracts, policies, and procedures will remain unchanged. All existing phone numbers, emails, websites, and portals will redirect with no new reregistration required.

Doing business with us

CAQH DirectAssure reminder

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

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

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

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

For more information about DirectAssure, please visit *HealthCare Administrative Solutions*.

Coding corner

New 2023 CPT/HCPCS codes

All new codes will require prior authorization until a final review is performed by Fallon Health. Fallon will review and assign the appropriate coverage and determine prior authorization requirements for all new codes by January 1, 2023. Fallon will notify all contracted providers of this determination via the April issue of the Connection newsletter and on the Fallon Health website in the *Provider Manual*.

Coding updates

Effective December 8, 2022, the following codes are *deny vendor liable for all lines of business:*

Code	Description
91317	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA- LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
91316	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use

Effective January 1, 2023, the following codes will be configured *as deny vendor liable for all lines of business:*

Code	Description
15853	Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code.)
15854	Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code.)
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)
96202	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes
96203	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service.)
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education
0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days
0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed. (List separately in addition to code for primary procedure.)
0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (e.g., polyester, ePTFE, bovine pericardium), when performed
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (e.g., CT, MRI, or myocardial perfusion scan) and electrical data (e.g., 12-lead ECG data), and identification of areas of avoidance
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan

Code	Description
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (e.g., removal of setons, fistula curettage, closure of internal openings)
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report
0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD
0751T	Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination. (List separately in addition to code for primary procedure.)
0752T	Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination. (List separately in addition to code for primary procedure.)
0753T	Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination. (List separately in addition to code for primary procedure.)
0754T	Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination. (List separately in addition to code for primary procedure.)
0755T	Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination. (List separately in addition to code for primary procedure.)
0756T	Digitization of glass microscope slides for special stain, including interpretation and report, group I, for micro-organisms (e.g., acid fast, methenamine silver). (List separately in addition to code for primary procedure.)
0757T	Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (e.g., iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry. (List separately in addition to code for primary procedure.)
0758T	Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block. (List separately in addition to code for primary procedure.)
0759T	Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents. (List separately in addition to code for primary procedure.)
0760T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure. (List separately in addition to code for primary procedure.)
0761T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure. (List separately in addition to code for primary procedure.)
0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure. (List separately in addition to code for primary procedure.)

Code	Description
0763T	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (e.g., Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual. (List separately in addition to code for primary procedure.)
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (e.g., low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram. (List separately in addition to code for primary procedure.)
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (e.g., low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve. (List separately in addition to code for primary procedure.)
0768T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve
0769T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve. (List separately in addition to code for primary procedure.)
0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure.)
0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time. (List separately in addition to code for primary service.)
0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older

Code	Description
0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time. (List separately in addition to code for primary service.)
0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (e.g., bone allograft[s], synthetic device[s])
0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (e.g., vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment
0777T	Real-time pressure-sensing epidural guidance system. (List separately in addition to code for primary procedure.)
0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report
0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract
0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi
0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment
M0001	Advancing cancer care mips value pathways
M0002	Optimal care for kidney health mips value pathways
M0003	Optimal care for patients with episodic neurological conditions mips value pathways
M0004	Supportive care for neurodegenerative conditions mips value pathways
M0005	Promoting wellness mips value pathways
M1150	Left ventricular ejection fraction (LVEF) less than or equal to 40% or documentation of moderately or severely depressed left ventricular systolic function
M1151	Patients with a history of heart transplant or with a left ventricular assist device (LVAD)
M1152	Patients with a history of heart transplant or with a left ventricular assist device (LVAD)
M1153	Patient with diagnosis of osteoporosis on date of encounter
M1154	Hospice services provided to patient any time during the measurement period
M1155	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period
M1156	Patient received active chemotherapy any time during the measurement period
M1157	Patient received bone marrow transplant any time during the measurement period

Code	Description
M1158	Patient had history of immunocompromising conditions prior to or during the measurement period
M1159	Hospice services provided to patient any time during the measurement period
M1160	Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday
M1161	Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday
M1162	Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday
M1163	Patient had anaphylaxis due to the hpv vaccine any time on or before the patient's 13th birthday
M1164	Patients with dementia any time during the patient's history through the end of the measurement period
M1165	Patients who use hospice services any time during the measurement period
M1166	Pathology report for tissue specimens produced from wide local excisions or re-excisions
M1167	In hospice or using hospice services during the measurement period
M1168	Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period
M1169	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)
M1170	Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period
M1171	Patient received at least one Td vaccine or one Tdap vaccine between nine years prior to the encounter and the end of the measurement period
M1172	Documentation of medical reason(s) for not administering Td or Tdap vaccine (e.g., prior anaphylaxis due to the Td or Tdap vaccine or history of encephalopathy within seven days after a previous dose of a Td-containing vaccine)
M1173	Patient did not receive at least one Td vaccine or one Tdap vaccine between nine years prior to the encounter and the end of the measurement period
M1174	Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period
M1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)
M1176	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period
M1177	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period
M1178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine)
M1179	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and before or during measurement period

Code	Description
M1180	Patients on immune checkpoint inhibitor therapy
M1181	Grade 2 or above diarrhea and/or grade 2 or above colitis
M1182	Patients not eligible due to pre-existing inflammatory bowel disease (IBD) (e.g., ulcerative colitis, crohn's disease)
M1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered
M1184	Documentation of medical reason(s) for not prescribing or administering corticosteroid or immunosuppressant treatment (e.g., allergy, intolerance, infectious etiology, pancreatic insufficiency, hyperthyroidism, prior bowel surgical interventions, celiac disease, receiving other medication, awaiting diagnostic workup results for alternative etiologies, other medical reasons/contraindication)
M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given
M1186	Patients who have an order for or are receiving hospice or palliative care
M1187	Patients with a diagnosis of end stage renal disease (ESRD)
M1188	Patients with a diagnosis of chronic kidney disease (CKD) stage 5
M1189	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (EGFR) and urine albumin-creatinine ratio (UACR) performed
M1190	Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate (EGFR) and urine albumin-creatinine ratio (UACR)
M1191	Hospice services provided to patient any time during the measurement period
M1192	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus
M1193	Surgical pathology reports that contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both
M1194	Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by dna-based testing status, or both tests were not included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)
M1195	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both, reason not given
M1196	Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or ItchyQuant assessment score of greater than or equal to 4
M1197	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score
M1198	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter
M1199	Patients receiving RRT
M1200	Ace inhibitor (ACE-I) or ARB therapy prescribed during the measurement period

Code	Description
M1201	Documentation of medical reason(s) for not prescribing ace inhibitor (ACE-I) or arb therapy during the measurement period (e.g., pregnancy, history of angioedema to ACE-I, other allergy to ACE-I and ARB, hyperkalemia or history of hyperkalemia while on ACE-I or ARB therapy, acute kidney injury due to ACE-I or ARB therapy), other medical reasons)
M1202	Documentation of patient reason(s) for not prescribing ace inhibitor or ARB therapy during the measurement period, (e.g., patient declined, other patient reasons)
M1203	Ace inhibitor or ARB therapy not prescribed during the measurement period, reason not given
M1204	Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or ItchyQuant assessment score of greater than or equal to 4
M1205	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score
M1206	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter
M1207	Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety
M1208	Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety
M1209	At least two orders for high-risk medications from the same drug class, (table 4), not ordered
M1210	At least two orders for high-risk medications from the same drug class, (table 4), not ordered

Effective January 1, 2023, the following codes will *require plan prior authorization*:

Code	Description
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar. (List separately in addition to code for primary procedure.)
30469	Repair of nasal valve collapse with low energy, temperature-controlled (i.e., radiofrequency) subcutaneous/submucosal remodeling
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections. (List separately in addition to code for primary procedure.)
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (e.g., transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation

Code	Description
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (e.g., transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver
Q4262	Dual layer impax membrane, per square centimeter
Q4263	Surgraft® TL, per square centimeter
Q4264	Cocoon membrane, per square centimeter

Effective January 1, 2023, the following codes *will require plan prior authorization* and are considered E/I:

Code	Description
81418	Drug metabolism (e.g., pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis
81441	Inherited bone marrow failure syndromes (IBMFS) (e.g., Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (e.g., ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (e.g., BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (e.g., ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis
84433	Thiopurine S-methyltransferase (TPMT)
87467	Hepatitis B surface antigen (HBsAg), quantitative
87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique

Code	Description
87469	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique
87478	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique
87484	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral

Effective January 1, 2023, the following codes will be configured as *deny vendor liable for MassHealth and Commercial only:*

Code	Description
G0316	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact. (List separately in addition to CPT codes 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management services.) (Do not report G0316 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418, 99415, 99416.) (Do not report G0316 for any time unit less than 15 minutes.)
G0317	Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact. (List separately in addition to CPT codes 99306, 99310 for nursing facility evaluation and management services.) (Do not report G0317 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418.) (Do not report G0317 for any time unit less than 15 minutes.)
G0318	Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact. (List separately in addition to CPT codes 99345, 99350 for home or residence evaluation and management services.) (Do not report G0318 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99417.) (Do not report G0318 for any time unit less than 15 minutes.)
G0320	Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system
G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system
G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (e.g., remote patient monitoring)

Code	Description
G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g., physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. Required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (When using G3002, 30 minutes must be met or exceeded.)
G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (List separately in addition to code for G3002. When using G3003, 15 minutes must be met or exceeded.)

Effective January 1, 2023, the following codes will be configured as *deny vendor liable for Medicare, Navicare and PACE only:*

Code	Description
99418	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service.)

Effective January 1, 2023, the following codes will be configured as *deny vendor liable for MassHealth only* and will be configured as *covered with prior plan authorization* for all lines of business.

Code	Description
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room
C1747	Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)
C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system
C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller
C7500	Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (e.g., subfacial) drug-delivery device(s)
C7501	Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (For single lesion biopsy, use appropriate code.)

Code	Description
C7502	Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or bilateral (For single lesion biopsy, use appropriate code.)
C7503	Open biopsy or excision of deep cervical node(s) with intraoperative identification (e.g., mapping) of sentinel lymph node(s) including injection of non-radioactive dye when performed
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance
C7506	Arthrodesis, interphalangeal joints, with or without internal fixation
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance
C7509	Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when performed, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed
C7510	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed
C7511	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed
C7512	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance when performed
C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report
C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report

Code	Description
C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report
C7516	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report
C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation
C7518	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report
C7519	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
C7520	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) includes intraprocedural injection(s) for bypass graft angiography with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation
C7521	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report

Code	Description
C7522	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
C7523	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report
C7524	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
C7525	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report
C7526	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
C7527	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report
C7528	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress

Code	Description
C7529	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report
C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation
C7532	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation
C7533	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy
C7534	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation
C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation
C7537	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable debribrillator or pacemake pulse generator (e.g., for upgrade to dual chamber system)
C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defribrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)

Code	Description
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)
C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)
C7541	Diagnostic endoscopic retrograde cholangiopancreatography (ERCP), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)
C7542	Endoscopic retrograde cholangiopancreatography (ERCP) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)
C7543	Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)
C7544	Endoscopic retrograde cholangiopancreatography (ERCP) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)
C7545	Percutaneous exchange of biliary drainage catheter (e.g., external, internal-external, or conversion of internal-external to external only), with removal of calculi/debris from biliary duct(s) and/or gallbladder, including destruction of calculi by any method (e.g., mechanical, electrohydraulic, lithotripsy) when performed, including diagnostic cholangiography(ies) when performed, imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation
C7546	Removal and replacement of externally accessible nephroureteral catheter (e.g., external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation
C7547	Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dialation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
C7548	Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
C7549	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stricture balloon dilation, including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
C7550	Cystourethroscopy, with biopsy(ies) with adjuctive blue light cystoscopy with fluorescent imaging agent
C7551	Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle

Code	Description
C7552	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, initial vessel
C7553	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (e.g., inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed
C7554	Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent
C7555	Thyroidectomy, total or complete with parathyroid autotransplantation
C7900	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 15-29 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service
C7901	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 30-60 minutes, provided remotely by hospital staff who are licensed to provided mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service
C7902	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, each additional 15 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service. (List separately in addition to code for primary service.)
C9143	Cocaine hydrochloride nasal solution (numbrino), 1 mg
98978	Remote therapeutic monitoring (e.g., therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days

Effective January 1, 2023, the following codes will be configured as *deny vendor liable for Commercial only* and *covered with prior plan authorization for all other lines of business.*

Code	Description
92066	Orthoptic training; under supervision of a physician or other qualified health care professional

Effective January 1, 2023, the following codes will be configured as *deny vendor liable, excluding PACE, NaviCare and MassHealth ACO:*

Code	Description
D1708	Pfizer-BioNTech COVID-19 vaccine administration – third dose
D1709	Pfizer-BioNTech COVID-19 vaccine administration – booster dose
D1710	Moderna COVID-19 vaccine administration – third dose
D1711	Moderna COVID-19 vaccine administration – booster dose
D1712	Janssen COVID-19 Vaccine Administration - booster dose
D1713	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric – first dose
D1714	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric – second dose

Effective January 1, 2023, the following codes will *require plan prior authorization:*

Code	Description
J0225	Injection, vutrisiran, 1 mg
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg
J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg

Effective March 1, 2023, the following code *will be covered* for MassHealth ACO, NaviCare and Summit ElderCare plan members in accordance with MassHealth Transmittal PHY-164 and *with prior authorization*:

Code	Description
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency

Effective March 1, 2023, the following codes *will change* from covered for Medicare Advantage, NaviCare and PACE plan members in accordance with National Government Services, Inc. LCD for Implantable Continuous Glucose Monitors (L38623) and *with prior authorization*:

Code	Description
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation

Effective March 1, 2023, the following codes will change from *covered to deny vendor liable for all lines of business:*

Code	Description
90384	Rho(D) immune globulin (RhIG), human, full-dose, for intramuscular
90385	Rho(D) immune globulin (RhIG), human, mini-dose, for intramuscular use
90386	Rho(D) immune globulin (RhIGIV), human, for intravenous use

Effective March 1, 2023, the following codes should be used and will be configured as *deny vendor liable for all lines of business:*

Code	Description
J2788	Injection, Rho(D) immune globulin, human, minidose, 50 micrograms (250 IU)
J2790	Injection, Rho(D) immune globulin, human, full dose, 300 micrograms (1500 IU)
J2791	Injection, Rho(D) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 IU
J2792	Injection, Rho(D) immune globulin, intravenous, human, solvent detergent, 100 IU

Effective March 1, 2023, the following codes will change from covered to *deny vendor liable for MassHealth ACO members:*

Code	Description
98975	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment
98976	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
98977	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
98980	Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes
98981	Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (Listed separately in addition to code for primary procedure.)
99424	Principal care management services, for a single high-risk disease with the same required elements as code 99424 (see previous slide). First 30 minutes of clinical staff time directed by a physician or other qualified health care professional; per calendar month.
99425	Additional 30 minutes per calendar month
99426	PCM performed by clinical staff under the direction of a physician or other qualified health care professional 30 minutes per calendar month
99427	Each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional; per calendar month. (List separately in addition to code for primary procedure.)

Effective March 1, 2023, the following codes will be configured as *deny vendor liable* for MassHealth ACO members:

Code	Description
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 March 1, 2023, the following codes will be configured as *deny vendor liable for Medicare* (Fallon Medicare Plus, NaviCare, PACE) *and MassHealth ACO members:*

Code	Description
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes

Effective March 1, 2023, the following codes will be configured as *deny vendor liable for commercial* (Community Care) *and MassHealth ACO plan members:*

Code	Description
G0443	Annual alcohol misuse screening, 15 minutes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

Payment policies

Revised policies – Effective March 1, 2023

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

Non-Covered Services – Updated code report (generated 12/02/2022).

Drugs and Biologicals – Under Referral/notification/prior authorization requirements, clarified that for medical benefit drugs administered in POS other than 11, 12, 19 and 22, the prior authorization request must be submitted to Fallon Health; added instructions for use of JW and JZ modifier under Billing/coding guidelines; clarified that modifier UD must be reported on claims for physician/clinician-administered outpatient drugs acquired under the 340B program.

Laboratory and Pathology – Reimbursement section updated to include information on coverage for G0306, G0307.

Acupuncture – Updated to reflect changes consistent with MassHealth Transmittal Letter PHY-163 and MassHealth Transmittal Letter ACU-1, effective January 21, 2022.

Preventive Services – Updated Unhealthy Alcohol Use in Adults, added Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse for Medicare members, added Screening for asymptomatic bacteriuria in adults, updated Developmental and Behavioral Health Screening in Pediatric Primary Care.

Oxygen and Oxygen Equipment – Updated Referral/notification/prior authorization requirements section to include information on coverage/requirements for services provided to PACE plan members.

New policies – Effective March 1, 2023

Day Habilitation – Policy origination

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

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22-665-021 Rev. 00 12/22