Connection

Important information for Fallon Health physicians and providers

January 2022

Important updates

OptumRx is our new Pharmacy Benefits Manager (PBM)

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

Prior authorizations

Any request on or after January 1, 2022 should be submitted to OptumRx. Active prior authorizations will be transferred from CVS Caremark to OptumRx automatically. For more information about OptumRx prior authorizations:

- *Submitting a PA request*
- *PA guidelines and procedures*
- *PA forms*

fallonhealth

Prescribing for mail order pharmacy

You have three options for prescribing with OptumRx Home Delivery starting January 1, 2022:

1. ePrescribe – Simply add the OptumRx profile in your electronic medical record (EMR) system using the following information: OptumRx Mail Service, 2858 Loker Ave. East, Suite 100, Carlsbad, CA 92010NC PDP ID = 0556540; PID = P00000000020173.

2. Call an OptumRx pharmacist at 1-800-791-7658.

3. Fax a completed form to OptumRx at 1-800-491-7997.

Prescribing for specialty medications

1. Phone: 1-855-427-4682

2. Address: P.O. Box 2975, Mission, KS 66201

3. Fax *(for prescription submissions only – no PAs)*: 1-877-342-4596

For more details about submitting prescriptions to OptumRx, check out this *guide*.

Important information for your patients

- All Fallon members will receive new ID cards with the updated PBM information by the end of December.

- Fallon 365 Care, Wellforce Care Plan, Berkshire Fallon Health Collaborative, Commercial and MA Health Connector members with CVS Caremark specialty pharmacy will need to switch to OptumRx Specialty. Prescriptions with available refills will transition to OptumRx automatically, with the exception of controlled substances.

- Fallon Medicare Plus, Fallon Medicare Plus Central, Commercial and MA Health Connector members using CVS Caremark for mail order prescriptions will need to switch to OptumRx Home Delivery. Prescriptions with available refills will transition to OptumRx automatically, with the exception of controlled substances.

- All members with specialty and mail order medications transitioning to OptumRx will need to contact OptumRx after January 1 to set up their accounts and provide payment information.

Full contact information regarding prior authorizations, specialty pharmacy and mail order is listed on the next page.

We will share additional important information in the coming months and encourage you to visit our *website* for updates. ∎

OptumRx contact information

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

Prior authorization requests

Line of business	Phone / Fax	Mail	ePA
Commercial: • Direct Care • Select Care • Steward Community Care • Community Care • Fallon Preferred Care **Customized Employer Group** • City of Worcester Advantage	1-844-720-0035 1-844-403-1029	Optum Prior Authorization Department P.O. Box 25183 Santa Ana, CA 92799	*professionals.optumrx.com/prior-authorization*
Medicaid ACO • Fallon 365 Care • Berkshire Fallon Health Collaborative • Wellforce Care Plan	1-844-720-0033 1-844-403-1029		
Medicare • Fallon Medicare Plus • NaviCare • Summit ElderCare	1-844-657-0494 1-844-403-1028		
Fallon Health Weinberg-PACE	1-844-722-1701 1-844-403-1028		

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

ClaimCheck to ClaimsXten transition

In early March 2022, Fallon Health will transition from ClaimCheck® to ClaimsXten™ claim review software. ClaimsXten will allow Fallon Health to utilize regulatory and industry standard claims management with the ability to reference historical claims data, and efficiently bundle eligible claim lines into a single comprehensive procedure code. This will assist in adjudicating claims in a manner that is organized, cost effective, and follows applicable regulatory requirements pertaining to coverage and benefits.

Please be mindful of Fallon Health provider payment policy changes highlighted in this and future editions of the *Connection* newsletter to stay apprised of any pertinent updates.

If you have any questions, please contact your Provider Relations Representative. ■

Medicare opioid edits and programs for 2022

There are several opioid safety edits and programs for the 2022 Medicare Part D plan year. This impacts all members of Fallon Medicare Plus: Fallon Medicare Plus, NaviCare, and Summit ElderCare PACE. The criteria used to identify members potentially at risk or for the point of sale pharmacy edits are not intended as prescribing limits. Instead, 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, Fallon Pharmacy Department, our Medication Therapy Management (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 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 or fax 1-844-403-1028.

Below is a summary of the edits and programs.

Point of Sale (POS) opioid safety edits

The Centers for Medicare & Medicaid Services (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 long-term care (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 (MTM). In addition to traditional MTM eligibility, members are eligible for MTM if they have high opioid usage, defined as:

- Opioid pharmacy claims equal to or greater than 90 Morphine Milligram Equivalents (MME) and
- Three or more opioid prescribers, and
- Three or more opioid dispensing pharmacies

        OR

- Opioid pharmacy claims equal to or greater than 90 Morphine Milligram Equivalents (MME), and
- Five or more opioid prescribers

        OR

- Any MME level, and
- Seven or more opioid prescribers or seven or more opioid dispensing pharmacies

Members are also eligible for MTM 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)

As required under the Comprehensive Addiction and Recovery Act of 2016 (CARA), this retrospective Drug Utilization Review (DUR) Program consists of case management and the ability to identify members at risk for frequently-abused drugs (defined by CMS as opioids and benzodiazepines). Buprenorphine for medication-assisted treatment (MAT) is not included in the 90 MME accumulations.

The DUR Program does not include members in long-term care or those with:

- Active cancer pain
- Palliative/hospice care
- Sickle cell disease

Once they are identified as at-risk—and to keep them from avoiding intervention—Dual/Low Income Subsidy (LIS) members are limited in their ability to change plans. Criteria for identification into the DUR Program include any of the following:

- 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 overdoses are also included in the DMP.

In addition to case management, the DUR Program includes clinical outreach to providers to determine if the member is at risk for opioid over-utilization. Members receive notifications and may be restricted to specific provider(s) and pharmacies to fill their prescriptions. Members do have appeal rights in the DUR Program. ■

Billing reminders

Claims corrections are a normal part of our business. Corrected claims can encompass date of birth, date of service, diagnosis code and NPI changes, to name a few. It is important to remember when submitting corrected claims, whether paper or electronic, *to include all claim lines on your correction.* If all intended claim lines and services are not on the correction, a discrepancy will be seen when the correction is processed.

When submitting a claim that includes multiple pages, remember to total the claim lines on the last page of the claim only. Putting a total on each page of the claim will result in multiple claims being processed or create payment delays.

Should you need further information or have questions, please contact your Provider Relations Representative. ■

COVID-19 Updates

Important change for dates of service on or after January 1, 2022 when billing vaccine and monoclonal antibody administration for Fallon Medicare Plus™, Fallon Medicare Plus™ Central, NaviCare SNP, and Summit ElderCare

- Providers will now bill Fallon Health directly for the administration and no longer bill the CMS Medicare Administrative Contractor.

For Fallon 365 Care, Berkshire Fallon Health Collaborative, Wellforce Care Plan, NaviCare SCO

- Providers should continue to submit a claim to Fallon Health for the vaccine administration with an accompanying claim line for the vaccine with an SL modifier and a charge of $0.00.

For Commercial members

- Providers should continue to submit a claim to Fallon Health for the vaccine administration.

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

Consistent with MassHealth, Fallon Health will continue to reimburse HCPCS codes G2023 and G2024 separately for specimen collection when billed by a physician, acute outpatient hospital, community health center, family planning agency, or clinical laboratory through March 31, 2022.

Please use the new telehealth Place of Service Code 10 as applicable, and note the revised description of Place of Service Code 02.

Place of Service Code(s)	Place of Service name	Place of Service description
02	Telehealth provided other than in patient's home	The location where health services and health-related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health-related services through telecommunication technology. *Description change effective January 1, 2022.*
10	Telehealth provided in patient's home	The location where health services and health-related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health-related services through telecommunication technology. *This code is effective January 1, 2022.*

Preparing to resume submitting a PCP referral in ProAuth

When the Federal public health emergency comes to an end, we will resume the need for a 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. Please see our *ProAuth FAQ* for guidance.

We are here to support you as you care for your patients—our members. We will continue to monitor and assess potential impacts to our business and our provider partners as the state and Federal government considers any further actions on measures established during the state of emergency and federal public health emergency. ■

Medicare Medication Therapy Management Program – and your partnership

Fallon Health, in partnership with our Medication Therapy Management (MTM) vendor, CSS, would like to remind you of a program to improve our Fallon Medicare Plus and Navicare HMO members' engagement in the CMS Comprehensive Medication Review (CMR). The CMR rate is a CMS Part D Star measure.

The CMR assists patients in understanding their medications, so that they are more active in their healthcare. The CMR includes an interactive discussion with a clinical pharmacist and can identity side effects a patient may be experiencing or be able to assist with finding a less expensive medication. The review also includes OTC products (including vitamins, minerals, and herbal supplements) that are sometimes not brought to your attention. Once the CMR is compete, the patient and you will receive a summary of the discussion items, any recommendations, and a medication list. We hope that you will find this information valuable in your conversations with your patient.

If your patients are eligible for the MTM program, they will receive a welcome letter and a phone call from CSS. Please recommend that your patients participate in this valuable, free opportunity.

To help with this, our MTM vendor has developed the MDLink™.

MDLink provides a referral coordination service that uses the "power" of the physician referral to engage patients in care activities.

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

For each member identified, a recommendation is faxed to the identified primary prescriber. The recommendation articulates that the patient is eligible for a medication therapy management review due to meeting the CMS submission criteria, and provides a short description of the MTM review and its benefits. The recommendation requests that the prescriber refer their patient to the plan's MTM program.

Prescribers who do not respond to the program are re-faxed a referral request (monthly referrals).

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

CSS allows three (3) days for mail delivery and contacts the patient to discuss their physician's referral. If the patient can be engaged in an MTM interaction a CMR is completed and fulfilled as required by CMS. We encourage you to respond to any MDLink faxes you may receive and to promote this valuable opportunity with your Medicare patients. ■

🔭 What's new

Fallon's new cost transparency tool for Community Care members

In January of 2022, a new cost transparency tool will be available to Fallon's Community Care members. Members can search for providers within a specific geographic area and request cost share liability (the amount the member pays towards their copay, deductible, and/or coinsurance) for specific procedures. There is no financial incentive for the member should they choose a service or procedure through the Community Care cost transparency tool. Fallon SmartShopper, our current cost transparency tool, will still be available for our commercial plan members *(Direct Care, Select Care, Steward Community Care, Fallon Preferred Care)*. ■

Fallon Health technology assessment study

In 2021, Fallon commissioned a research study with Acumen Marketing Research, Inc. to assess the technological ability, usage and respective interests as they relate to health care among Fallon Health's membership. Goals included:

- Quantifying member access and usage of the internet
- Obtaining member reactions to interest and potential usage of tech-based benefits and services
- Detecting barriers to technology usage

Methodology

The survey was conducted via email (with a link to the online survey) and phone between May 14, 2021 and June 1, 2021. Individuals were randomly selected for phone or email (when available) outreach. We received 789 completed surveys—the breakout is below:

- *Fallon Medicare Plus* – 494 completed surveys (259 online, 235 phone)
- *NaviCare* – 234 completed surveys (9 online, 225 phone)
- *Summit ElderCare (PACE)* – 61 completed surveys (1 online, 60 phone)

Key findings

Significant differences in responses from Fallon members in different products and by specific demographics were identified. Fallon Medicare Plus members and respondents age 65-69 are most likely to have high-speed internet access. Primary reasons for lack of internet access are "no need", "high cost" or "lack of comfort using technology".

NaviCare members are most likely to report "high cost" as reason for lack of internet access at home. Fallon Medicare Plus members, respondents under 70 and males report the most comfort using technology. Remote patient monitoring garnered the highest interest in terms of potential Fallon Health tech offerings. Roughly one quarter of members polled use a medical alert device (roughly half for NaviCare and Summit ElderCare members). One out of three members with a medical alert device used it at least once to summon help/assistance. Close to three quarters of members used telehealth services over the past year (phone (60%) and video (35%)).

Internet access at home:

Current internet access @ home	Total	Fallon Medicare Plus	NaviCare	Summit ElderCare	Age <65	Age 65-69	Age 70-74	Age 75-79	Age 80+
Base	772	486	227	59	43	244	178	109	134
Hi-speed	61%	70%	48%	41%	67%	72%	64%	59%	43%
Basic	18%	17%	20%	17%	28%	17%	17%	20%	17%
None	20%	13%	32%	42%	5%	11%	19%	21%	40%

Interest in obtaining affordable internet access at home:

Interest in obtaining affordable internet access at home	Total	Fallon Medicare Plus	NaviCare	Summit ElderCare	Age <65	Age 65-69	Age 70-74	Age 75-79	Age 80+
Base	153	58	70	25	2	27	33	23	54
Top-2 Box (interested)	41%	45%	41%	32%	0%	56%	39%	44%	37%
Very interested	16%	14%	20%	8%	0%	33%	9%	22%	7%
Somewhat interested	25%	31%	21%	24%	0%	22%	30%	22%	30%
Not at all interested	59%	55%	59%	68%	100%	44%	61%	57%	63%

General comfort level using technology:

General comfort level using technology	Total	Fallon Medicare Plus	NaviCare	Summit ElderCare	Age <65	Age 65-69	Age 70-74	Age 75-79	Age 80+
Base	789	494	234	61	43	244	178	109	134
Top-2 Box Comfortable	51%	56%	42%	49%	70%	61%	46%	48%	40%
Very comfortable using technology and/or often the first among people I know to try new tech products	20%	21%	20%	15%	30%	23%	18%	14%	16%
Fairly comfortable using technology and/or sometimes among the first people I know to try new tech products	32%	35%	23%	34%	40%	38%	28%	34%	24%
Fairly uncomfortable using technology and/or rarely among the first people I know to try new tech products	22%	23%	18%	23%	23%	20%	26%	20%	20%
Very uncomfortable using technology and/or rarely among the first people I know to try new tech products	27%	21%	39%	28%	7%	19%	28%	32%	40%

Green percentages indicate that segment's datapoint is significantly HIGHER than the total column.
Red percentages indicate that segment's datapoint is significantly LOWER than the total column.

For complete results of the survey, please contact your Provider Relations Representative. ■

Product spotlight

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

Fallon Health is focused on connecting members with their PCPs for both in-person and virtual visits when members might otherwise seek care in the ED or Urgent Care for ambulatory sensitive conditions. **Member ID cards have been updated with the Care Connect nurse triage phone number for 2022.**

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

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

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

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

NaviCare®–Model of Care training

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

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

Additional NaviCare benefits that all members receive, include:

- Unlimited transportation to medical appointments

- 140 one-way trips per calendar year to places like the grocery store, gym, religious services and more within a 30-mile radius of the member's home. Transportation may be arranged ideally 2 business days in advance by calling our Transportation Vendor CTS at 1-833-824-9440. The member/caregiver can arrange transportation, or our Navigators are also available to assist. *Continuing in 2022:* Members can qualify for mileage reimbursement for covered trips.

- Up to $400 per year in reimbursements for new fitness trackers, like a Fitbit or Apple Watch, and/or for qualified fitness equipment and/or a membership in a qualified health club or fitness facility. They also have a SilverSneakers™ gym membership.

- Up to $600 per year ($150 per calendar quarter) on the Save Now card, to purchase certain health-related items like fish oil, contact lens solution, cold/allergy medications, probiotics, incontinence products and more.

- The Healthy Food Card with the ability to earn up to $100 annually for completing such healthy activities as:
    - Welcome to Medicare/Annual physical or qualified wellness visits
    - Preventive vaccines, including:
        - Flu
        - Tdap
        - Pneumococcal vaccine
        - COVID-19
        - Shingles vaccine

The Healthy Food Card enables members to purchase food/items at participating retailers 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.

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

Care Team members and their roles include:

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

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

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

Geriatric Support Services Coordinator employed by local Aging Service Access Points (ASAPs)
(if patient is living in own home)
- Evaluates need for services to help patients remain at home and coordinates those services
- Helps patients with MassHealth paperwork
- Connects patients with helpful resources

Behavioral Health Case Manager *(as needed)*
- Identifies and coordinates services to support patients' emotional health and well-being
- Supports patients through transition to older adulthood
- Helps connect patients with their Care Team and patients' mental health providers and substance-use counselors, if present

Clinical pharmacist *(as needed)*
- Visits patients after care transition to perform a medication reconciliation and teaches them proper medication use

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

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

❧ Doing business with us

Prior authorization process enhancement – ProAuth Tool

Fallon has implemented wide scale use of the ProAuth tool for submission of authorization requests and submission of relevant clinical information. Providers should use ProAuth for submission of any service that requires prior authorization. ProAuth can be used for both standard and expedited requests.

ProAuth is an effective and efficient tool for submitting authorization requests. Some of the benefits are:
- Review turnaround time is faster than faxed requests.
- Statuses are updated in real time – as soon as a decision is made.
- Providers have 24/7 access.

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

- Filling out the online *registration form*

  OR

- By filling out a paper application *fchp.org/~/media/Files/ProviderPDFs/Forms/ProAuthForm. ashx?la=en* and sending it to *askfchp@fallonhealth.org*.

Fallon Health is providing education and training via online webinars. Please see our *website* for available dates and times.

ProAuth should not be used for post-acute requests, such as skilled nursing facility, acute rehabilitation hospital and long-term acute care hospital requests. Those requests need to be submitted by using the *Skilled Nursing Facility Admission Review Request* form or the *Standardized Prior Authorization Request form* and faxing supporting clinical documentation to the Utilization Management department at 1-508-368-9014.

How to reset your password:

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

Need additional help?

See our *ProAuth FAQs webpage* for answers to common questions.

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

After hours/weekend post-acute care admissions

Fallon Health offers a good faith process whereby facilities are able to admit those patients who meet Fallon Health medical necessity criteria, which incorporates CMS criteria for post-acute admissions. The facility should notify Fallon Health by fax at 1-508-368-9014 the next business day or the first business day after a weekend or holiday. ◼

▤ Compliance

Fallon Health's fraud, waste and abuse program

A Payment Integrity Program is a *requirement* of our Federal and state regulations as a health plan. Fallon Health controls fraud, waste and abuse of its assets through prevention, detection and correction of any violation of applicable Federal or state law, regulatory requirement, contractual obligation or organizational policy reference.

The Fallon Health Special Investigations Unit (SIU) proactively investigates and resolves all complaints and other reports or findings that raise suspicion of fraud and/or abuse. Cases and/or findings are reported to external regulatory agencies as required by law and contract.

As a provider, the services that you offer our members are subject to both Federal and state laws. A provider's submission of a claim for payment constitutes the provider's representation that the claim is not submitted as a form of, or part of, fraud and abuse, and is submitted in compliance with all Federal and state laws, regulatory requirements, contractual obligations, and/or organizational policy reference.

Consistent with The Centers for Medicare and Medicaid Services standards, **medical records must contain information to justify treatment, admission or continued hospitalization,** support the diagnosis, and describe the patient's progress and response to medications and services.

For example:

- Medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided.

- All records must document relevant medical history, updated examination of the patient, admitting diagnosis, consultative evaluations, complications, informed consent, discharge summary, final diagnosis with completion of medical records within 30 days following consultation or discharge.

- Providers must have a medical record system that ensures that the record may be accessed and retrieved promptly.

- All corrections of medical records must be made within 30 days following consultation or discharge.

- Documentation should include only acceptable standard abbreviations from Jablonski's or Dorland's Dictionary of Medical Acronyms & Abbreviations.

Records are necessary to support the services billed, and it's important that the provider submits all relevant records timely in order for Fallon Health's SIU to make a fair and appropriate assessment. Providers are also responsible for keeping such medical records or information that it submits to Fallon Health as part of the audit/investigation. Fallon Health will not return copies of records submitted as part of any audit/investigation.

The investigative process may include, but is not limited to, review and analysis of claims data for member services, correspondence, bills, benefit statements, financial records, utilization management, billing patterns, claims history, query sanctions, disciplinary issues, court records, and insurance activities related to the provider, and interviews with members or persons with information relating to the audit/investigation.

Any concerns should be reported:

- By email to *InternalAudit-FWAInquiries@fallonhealth.org*
- Anonymously by calling the Compliance Hotline 1-888-203-5295, which is available 24 hours a day, 7 days a week. ∎

✎ Coding corner

Medical benefit drugs authorization requirement changes

Effective January 1, 2022, the following medical benefit drugs will be added to the formulary and require prior authorization. Correct unspecified HCPCS codes and NDCs must be submitted for prior authorization requests and billing. Once a specified HCPCS code is available for the drug, it must be submitted with NDC for prior authorization requests and billing.

Unspecified HCPCS code(s)	NDC(s)	Brand name
J3590	64406-101-01; 64406-102-02	Aduhelm
J3590	00310-3040-01	Saphnelo
J3590	58468-0426-01	Nexviazyme

Effective January 1, 2022, the following medical benefit drug *will be added to the formulary* with a post-service claims edit (PSCE). Drugs with a post-service claims edit will require an appropriate ICD-10 diagnosis attached to the claim for payment. The claim must also meet the appropriate frequency and unit quantity for payment. When a specified HCPCS code is available for the drug, it must be submitted with NDC for prior authorization requests and billing.

Unspecified HCPCS code(s)	NDC(s)	Brand name
J9999	72851-042-01	Camcevi ∎

Preferred specialty pharmacy changes and specialty pharmacy drug list changes

Starting January 1, 2022, for Commercial, Community Care and ACO Medicaid plans
(Berkshire Fallon Health Collaborative, Fallon 365 Care and Wellforce Care Plan):
CVS Specialty pharmacy will no longer be a preferred specialty pharmacy. Optum Specialty pharmacy will be a preferred specialty pharmacy.

Starting January 1, 2022, for Commercial, Community Care, and ACO Medicaid plans
(Berkshire Fallon Health Collaborative, Fallon 365 Care and Wellforce Care Plan):
Drugs that will need to be dispensed by a preferred specialty pharmacy. Optum's specialty drug list is updated weekly, and the most up-to-date list is available at *specialty.optumrx.com/drug-list*.

Starting January 1, 2022, for Commercial, Community Care, and ACO Medicaid plans
(Berkshire Fallon Health Collaborative, Fallon 365 Care and Wellforce Care Plan):
Drugs that will no longer need to be dispensed by a specialty pharmacy and can be dispensed at
a regular retail pharmacy. ▪

PANDAS/PANS commercial/Community Care coverage

Starting January 1, 2022, for Commercial and Exchange plans: IVIG and infliximab products will be
covered for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections
(PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS) indications. IVIG and infliximab
products will continue to require prior authorization. ▪

New 2022 CPT/HCPCS codes

All new codes will *require prior authorization* until a final review is performed by Fallon Health.

Fallon will review and assign the appropriate coverage and determine prior authorization
requirements for all new codes by January 1. Fallon will notify all contracted providers of this
determination via the April issue of the *Connection* newsletter and on the *Procedure code look-up tool.*

Effective March 1, 2022, the following modifiers *will take a 15% reduction in payment* per CMS outpatient
occupational therapy services furnished in whole or in part by an occupational therapy assistant:

Code	Description
CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
CO	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant

Effective March 1, 2022, the following code *will be added to the Fallon Health Auxiliary fee schedule*
with the rate of $835.40:

Code	Description
J7296	Kylena, 19.5mg

Effective March 1, 2022, canalith repositioning is *covered for the treatment of benign paroxysmal
positional vertigo*:

Code	Description
95992	Treatment of benign paroxysmal positional vertigo (ICD-10-CM codes H81.11, H81.12 and H81.13)

Effective March 1, 2022, the following code will be *set up as covered with NO PA for all lines of
business,* excluding Medicaid. **Effective March 1, 2022,** this code will be set up as *deny vendor liable*
for Medicaid:

Code	Description
95700-EEG	Electroencephalogram Minimum 9 Channels with recordings

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

Code	Description
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score
0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy
0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification
0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification

Code	Description
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment
0303U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic
0304U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic
0305U	Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index

Effective January 1, 2022, the following codes will be *deny vendor liable for all lines of business:*

Code	Description
D9947	Custom sleep apnea appliance fabrication and placement
D9948	Adjustment of custom sleep apnea appliance
D9949	Repair of custom sleep apnea appliance

Effective January 1, 2022, the following codes will be *not a covered benefit:*

Code	Description
D3921	Decoronation or submergence of an erupted tooth

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

Code	Description
1111F	Medication reconciliation post discharge

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

Code	Description
A2001	Innovamatrix ac, per sq cm
A2002	Mirragen adv wnd mat per sq
A2003	Bio-connekt wound matrix
A2004	Xcellistem, per sq cm
A2005	Microlyte matrix, per sq cm
A2006	Novosorb synpath, per sq cm
A2007	Restrata, per sq cm
A2008	Theragenesis, per sq cm
A2009	Symphony, per sq cm
A2010	Apis, per square centimeter
C1832	Autograft suspension, including cell processing and application, and all system components
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)
E1629	Tablo hemodialysis system for the billable dialysis service
G0465	Autologous platelet rich plasma (prp) for diabetic chronic wounds/ulcers, using an FDA-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all other preparatory procedures, per treatment)
Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q4199	Cygnus matrix, per square centimeter

Effective January 1, 2022, the following codes will be *deny vendor liable for all lines of business:*

Code	Description
G0028	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)
G0029	Tobacco screening not performed or tobacco cessation intervention not provided on the date of the encounter or within the previous 12 months, reason not otherwise specified
G0030	Patient screened for tobacco use and received tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling, pharmacotherapy, or both), if identified as a tobacco user
G0031	Palliative care services given to patient any time during the measurement period
G0032	Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between january 1 of the year prior to the measurement period and the index prescription start date (ipsd) for antipsychotics

Code	Description
G0033	Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between january 1 of the year prior to the measurement period and the ipsd for benzodiazepines
G0034	Patients receiving palliative care during the measurement period
G0035	Patient has any emergency department encounter during the performance period with place of service indicator 23
G0036	Patient or care partner decline assessment
G0037	On date of encounter, patient is not able to participate in assessment or screening, including non-verbal patients, delirious, severely aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available
G0038	Clinician determines patient does not require referral
G0039	Patient not referred, reason not otherwise specified
G0040	Patient already receiving physical/occupational/speech/recreational therapy during the measurement period
G0041	Patient and/or care partner decline referral
G0042	Referral to physical, occupational, speech, or recreational therapy
G0043	Patients with mechanical prosthetic heart valve
G0044	Patients with moderate or severe mitral stenosis
G0045	Clinical follow-up and mrs score assessed at 90 days following endovascular stroke intervention
G0046	Clinical follow-up and mrs score not assessed at 90 days following endovascular stroke intervention
G0047	Pediatric patient with minor blunt head trauma and pecarn prediction criteria are not assessed
G0048	Patients who receive palliative care services any time during the intake period through the end of the measurement year
G0049	With maintenance hemodialysis (in-center and home hd) for the complete reporting month
G0050	Patients with a catheter that have limited life expectancy
G0051	Patients under hospice care in the current reporting month
G0052	Patients on peritoneal dialysis for any portion of the reporting month
G0053	Advancing rheumatology patient care MIPS value pathways
G0054	Coordinating stroke care to promote prevention and cultivate positive outcomes MIPS value pathways
G0055	Advancing care for heart disease MIPS value pathways
G0056	Optimizing chronic disease management MIPS value pathways
G0057	Proposed adopting best practices and promoting patient safety within emergency medicine MIPS value pathways

Code	Description
G0058	Improving care for lower extremity joint repair MIPS value pathways
G0059	Patient safety and support of positive experiences with anesthesia MIPS value pathways
G0060	Allergy/immunology MIPS specialty set
G0061	Anesthesiology MIPS specialty set
G0062	Audiology MIPS specialty set
G0063	Cardiology MIPS specialty set
G0064	Certified nurse midwife MIPS specialty set
G0065	Chiropractic medicine MIPS specialty set
G0066	Clinical social work MIPS specialty set
G0067	Dentistry MIPS specialty set
G1024	Clinical decision support mechanism radrite, as defined by the medicare appropriate use criteria program
G1025	Patient-months where there are more than one medicare capitated payment (mcp) provider listed for the month
G1026	The number of adult patient-months in the denominator who were on maintenance hemodialysis using a catheter continuously for three months or longer under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month
G1027	The number of adult patient-months in the denominator who were on maintenance hemodialysis under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month using a catheter continuously for less than three months
G4000	Dermatology MIPS specialty set
G4001	Diagnostic radiology MIPS specialty set
G4002	Electrophysiology cardiac specialist MIPS specialty set
G4003	Emergency medicine MIPS specialty set
G4004	Endocrinology MIPS specialty set
G4005	Family medicine MIPS specialty set
G4006	Gastro-enterology MIPS specialty set
G4007	General surgery MIPS specialty set
G4008	Geriatrics MIPS specialty set
G4009	Hospitalists MIPS specialty set
G4010	Infectious disease MIPS specialty set
G4011	Internal medicine MIPS specialty set
G4012	Interventional radiology MIPS specialty set
G4013	Mental/behavioral health MIPS specialty set

Code	Description
G4014	Nephrology MIPS specialty set
G4015	Neurology MIPS specialty set
G4016	Neurosurgical MIPS specialty set
G4017	Nutrition/dietician MIPS specialty set
G4018	Obstetrics/gynecology MIPS specialty set
G4019	Oncology/hematology MIPS specialty set
G4020	Ophthalmology MIPS specialty set
G4021	Orthopedic surgery MIPS specialty set
G4022	Otolaryngology MIPS specialty set
G4023	Pathology MIPS specialty set
G4024	Pediatrics MIPS specialty set
G4025	Physical medicine MIPS specialty set
G4026	Physical therapy/occupational therapy MIPS specialty set
G4027	Plastic surgery MIPS specialty set
G4028	Podiatry MIPS specialty set
G4029	Preventive medicine MIPS specialty set
G4030	Pulmonology MIPS specialty set
G4031	Radiation oncology MIPS specialty set
G4032	Rheumatology MIPS specialty set
G4033	Skilled nursing facility MIPS specialty set
G4034	Speech language pathology MIPS specialty set
G4035	Thoracic surgery MIPS specialty set
G4036	Urgent care MIPS specialty set
G4037	Urology MIPS specialty set
G4038	Vascular surgery MIPS specialty set
G9988	Palliative care services provided to patient any time during the measurement period
G9989	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., adverse reaction to vaccine)
G9990	Pneumococcal vaccine was not administered on or after patient's 60th birthday and before the end of the measurement period, reason not otherwise specified
G9991	Pneumococcal vaccine administered on or after patient's 60th birthday and before the end of the measurement period

Code	Description
G9992	Palliative care services used by patient any time during the measurement period
G9993	Patient was provided pallative care services any time during the measurement period
G9994	Patient is using palliative care services any time during the measurement period
G9995	Patients who use palliative care services any time during the measurement period
G9996	Documentation stating the patient has received or is currently receiving palliative or hospice care
G9997	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter
G9998	Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, last colonoscopy found greater than 10 adenomas, or patient at high risk for colon cancer [crohn's disease, ulcerative colitis, lower gastrointestinal bleeding, personal or family history of colon cancer, hereditary colorectal cancer syndromes])
G9999	Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete)
M1072	Radiation therapy for anal cancer under the radiation oncology model, 90 day episode, professional component
M1073	Radiation therapy for anal cancer under the radiation oncology model, 90 day episode, technical component
M1074	Radiation therapy for bladder cancer under the radiation oncology model, 90 day episode, professional component
M1075	Radiation therapy for bladder cancer under the radiation oncology model, 90 day episode, technical component
M1076	Radiation therapy for bone metastases under the radiation oncology model, 90 day episode, professional component
M1077	Radiation therapy for bone metastases under the radiation oncology model, 90 day episode, technical component
M1078	Radiation therapy for brain metastases under the radiation oncology model, 90 day episode, professional component
M1079	Radiation therapy for brain metastases under the radiation oncology model, 90 day episode, technical component
M1080	Radiation therapy for breast cancer under the radiation oncology model, 90 day episode, professional component
M1081	Radiation therapy for breast cancer under the radiation oncology model, 90 day episode, technical component
M1082	Radiation therapy for cervical cancer under the radiation oncology model, 90 day episode, professional component
M1083	Radiation therapy for cervical cancer under the radiation oncology model, 90 day episode, technical component
M1084	Radiation therapy for cns tumors under the radiation oncology model, 90 day episode, professional component

Code	Description
M1085	Radiation therapy for cns tumors under the radiation oncology model, 90 day episode, technical component
M1086	Radiation therapy for colorectal cancer under the radiation oncology model, 90 day episode, professional component
M1087	Radiation therapy for colorectal cancer under the radiation oncology model, 90 day episode, technical component
M1088	Radiation therapy for head and neck cancer under the radiation oncology model, 90 day episode, professional component
M1089	Radiation therapy for head and neck cancer under the radiation oncology model, 90 day episode, technical component
M1094	Radiation therapy for lung cancer under the radiation oncology model, 90 day episode, professional component
M1095	Radiation therapy for lung cancer under the radiation oncology model, 90 day episode, technical component
M1096	Radiation therapy for lymphoma under the radiation oncology model, 90 day episode, professional component
M1097	Radiation therapy for lymphoma under the radiation oncology model, 90 day episode, technical component
M1098	Radiation therapy for pancreatic cancer under the radiation oncology model, 90 day episode, professional component
M1099	Radiation therapy for pancreatic cancer under the radiation oncology model, 90 day episode, technical component
M1100	Radiation therapy for prostate cancer under the radiation oncology model, 90 day episode, professional component
M1101	Radiation therapy for prostate cancer under the radiation oncology model, 90 day episode, technical component
M1102	Radiation therapy for upper gi cancer under the radiation oncology model, 90 day episode, professional component
M1103	Radiation therapy for upper gi cancer under the radiation oncology model, 90 day episode, technical component
M1104	Radiation therapy for uterine cancer under the radiation oncology model, 90 day episode, professional component
M1105	Radiation therapy for uterine cancer under the radiation oncology model, 90 day episode, technical component

Effective January 1, 2022, the following codes *will be considered not a covered benefit:*

Code	Description
J7294	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each

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

Code	Description
J0172	Injection, aducanumab-avwa, 2 mg
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg
J9061	Injection, amivantamab-vmjw, 2 mg
J9272	Injection, dostarlimab-gxly, 10 mg

Effective October 29, 2021, the following code was set up as *deny vendor liable for all lines of business:*

Code	Description
91307	Pfizer BioNTech COVID-19 pediatric vaccine

Effective October 29, 2021, through December 31, 2021, the following codes were *set up as deny vendor liable, excluding:* Commercial and Medicaid. **Effective January 1, 2022,** the following codes will *be set up as covered with NO PA for all lines of business:*

Code	Description
0071A	Pfizer BioNTech COVID-19 pediatric vaccine-administration first dose
0072A	Pfizer BioNTech COVID-19 pediatric vaccine-administration second dose

Effective October 20, 2021 through December 31, 2021, the following code was set up as *deny vendor liable, excluding: Commercial and Medicaid* (because this code was paid by the state).

Code	Description
0034A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5 mL dosage; booster dose

Effective January 1, 2022, the following code *will be set up as covered with NO PA for all lines of business with no cost share* (Fallon Health will be responsible for payment.):

Code	Description
0034A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5 mL dosage; booster dose

Effective October 20, 2021 through December 31, 2021, the following code was *set up as deny vendor liable, excluding: Commercial and Medicaid.* **Effective January 1, 2022,** the following code *will be set up as covered with NO PA:*

Code	Description
0064A	Moderna COVID-19 vaccine (low dose) administration booster

Effective October 20, 2021, the following code *will be deny vendor liable for all lines of business.*

Code	Description
91306	Moderna COVID-19 vaccine (low dose)

Effective January 1, 2022, the following code will be *set up as covered with NO PA.*

Code	Description
91306	Moderna COVID-19 vaccine (low dose)

Effective September 22, 2021, the following code *will be deny vendor liable excluding: Commercial/ Medicaid with NO PA for all other lines of business:*

Code	Description
0004A	Pfizer-Biontech COVID-19 vaccine administration-booster ■

📄 Payment policies

Revised policies – Effective March 1, 2022:
The following policies have been updated; details about the changes are indicated on the policies.

- **Certified Nurse Midwife –** Clarified reimbursement for CNMs; clarified reimbursement for services performed by CNMs incident to the service of a physician.

- **Physical and Occupational Therapy Services -** Updated to include information on billing for iontophoresis (CPT 97033) and canalith repositioning (CPT 95992); coverage for therapy assistants for MassHealth ACO members effective for dates of service on or after November 26, 2021, and notification of payment reduction for services provided in whole or in part by PTAs and OTAs to a Medicare member (Medicare Advantage, NaviCare or PACE) effective for dates of service on or after March 1, 2022.

- **Speech Therapy Services –** Updated to include coverage for services of speech-language pathology assistants (SLPAs) for MassHealth members for dates of service on or after November 26, 2021; notification that HCPCS codes V5362, V5363, V5364 will deny vendor liable effective for dates of service on or after March 1, 2022.

- **Preventive Services –** Updated to include coverage and billing and coding instructions for HIV Preexposure Prophylaxis (PrEP); and billing and coding instructions for screening for behavioral health conditions for MassHealth ACO members from birth to 21 years.

- **Early Intervention –** Updated Billing/coding guidelines for telehealth services for MassHealth ACO members; added Service Level Limitations for early intervention services.

- **Evaluation and Management –** Updated instructions for selecting a level of office or other outpatient service; added instructions for billing for suture removal by a physician other than the physician who originally closed the wound; added instructions for billing for tobacco cessation counseling for MassHealth ACO members.

- **Inpatient Medical Review and Payment Policy –** Updated billing/coding for immediate postpartum LARC devices to indicate that a UB-04 is acceptable.

- **Vaccine Payment Policy –** Updated to include information about billing for vaccine administration for MassHealth ACO plan members.

- **Vision Services –** Updated to include billing information for serial tonometry (CPT 92100).

- **Adult Day Health –** Removed S5100 and S5100 TG from list of codes used for NaviCare (MassHealth ended utilization of S5100 and S5100 TG on 6/30/2021); updated billing/coding instructions for Telehealth/Remote/In-Home ADH Services for NaviCare through the end of the federal COVID-19 public health emergency.

- **Laboratory and Pathology Services –** Updated to include information on Advanced Diagnostic Laboratory Tests for Medicare plan members.

- **Hearing Aid and Hearing Aid Exam Payment Policy –** Updated coverage policies for MassHealth ACO products.

- **Acupuncture Payment Policy –** Clarified payment guidelines for MassHealth ACO.

- **DME Payment Policy –** Added information and link for the MassHealth DME and payment guideline tool which will be applied to MassHealth ACO members unless otherwise specified in supplier's contract.

- **Podiatry Payment Policy –** Added Removal of Benign Skin Lesions to Policy section; clarified billing requirements for ulcerated keratosis for MassHealth ACO members.

- **Modifier Payment Policy –** Updated to include HCPCS modifier CT.

- **Radiology/Diagnostic Imaging Payment Policy –** Updated to include information on the use of HCPCS modifier CT and resultant payment reduction. ▪

⊟ Preferred specialty pharmacy and drug list changes

GPI	GPI Name
07000010121830	AMIKACIN SULFATE LIPOSOME INHAL SUSP 590 MG/8.4ML (BASE EQ)
12106060000315	LAMIVUDINE TAB 100 MG
12200045000320	LETERMOVIR TAB 240 MG
12200045000340	LETERMOVIR TAB 480 MG
12352080000330	TELBIVUDINE TAB 600 MG
12353015000120	BOCEPREVIR CAP 200 MG
12353025100320	DACLATASVIR DIHYDROCHLORIDE TAB 30 MG (BASE EQUIVALENT)
12353025100330	DACLATASVIR DIHYDROCHLORIDE TAB 60 MG (BASE EQUIVALENT)
12353025100340	DACLATASVIR DIHYDROCHLORIDE TAB 90 MG (BASE EQUIVALENT)
1235306005D530	PEGINTERFERON ALFA-2A SOLN AUTO-INJECTOR 135 MCG/0.5ML
1235306005D540	PEGINTERFERON ALFA-2A SOLN AUTO-INJECTOR 180 MCG/0.5ML
1235306005E540	PEGINTERFERON ALFA-2A SOLN PREFILLED SYR 180 MCG/0.5ML
12353070006315	RIBAVIRIN TAB 200 MG & RIBAVIRIN TAB 400 MG DOSE PACK
12353070006320	RIBAVIRIN TAB 400 MG & RIBAVIRIN TAB 600 MG DOSE PACK
12353077100120	SIMEPREVIR SODIUM CAP 150 MG (BASE EQUIVALENT)
12353085000320	TELAPREVIR TAB 375 MG
12359904607530	DASAB-OMBIT-PARITAP-RITON TAB ER 24HR 200-8.33-50-33.33 MG
13000040000310	PYRIMETHAMINE TAB 25 MG
16000005402120	AZTREONAM LYSINE FOR INHAL SOLN 75 MG (BASE EQUIVALENT)
21101040000305	MELPHALAN TAB 2 MG
21102020000105	LOMUSTINE CAP 5 MG
21102020000110	LOMUSTINE CAP 10 MG
21102020000115	LOMUSTINE CAP 40 MG
21102020000120	LOMUSTINE CAP 100 MG
21170080000320	TUCATINIB TAB 50 MG
21170080000340	TUCATINIB TAB 150 MG
21300025100320	FLUDARABINE PHOSPHATE TAB 10 MG
21300060000305	THIOGUANINE TAB 40 MG

GPI	GPI Name
21360006100320	AFATINIB DIMALEATE TAB 20 MG (BASE EQUIVALENT)
21360006100330	AFATINIB DIMALEATE TAB 30 MG (BASE EQUIVALENT)
21360006100340	AFATINIB DIMALEATE TAB 40 MG (BASE EQUIVALENT)
21402460000310	NILUTAMIDE TAB 50 MG
21402460000330	NILUTAMIDE TAB 150 MG
21405570000320	RELUGOLIX TAB 120 MG
21470080000320	VENETOCLAX TAB 10 MG
21470080000340	VENETOCLAX TAB 50 MG
21470080000360	VENETOCLAX TAB 100 MG
2147008000B720	VENETOCLAX TAB THERAPY STARTER PACK 10 & 50 & 100 MG
21490009000310	AVAPRITINIB TAB 25 MG
21490009000315	AVAPRITINIB TAB 50 MG
21490009000320	AVAPRITINIB TAB 100 MG
21490009000330	AVAPRITINIB TAB 200 MG
21490009000340	AVAPRITINIB TAB 300 MG
21500010000120	ETOPOSIDE CAP 50 MG
21531070500320	RIBOCICLIB SUCCINATE TAB 200 MG (BASE EQUIV)
21531835100120	IMATINIB MESYLATE CAP 100 MG (BASE EQUIVALENT)
21531875100315	PONATINIB HCL TAB 10 MG (BASE EQUIV)
21531875100320	PONATINIB HCL TAB 15 MG (BASE EQUIV)
21531875100330	PONATINIB HCL TAB 30 MG (BASE EQUIV)
21531875100340	PONATINIB HCL TAB 45 MG (BASE EQUIV)
21532103000120	ACALABRUTINIB CAP 100 MG
21532133000110	IBRUTINIB CAP 70 MG
21532133000120	IBRUTINIB CAP 140 MG
21532133000320	IBRUTINIB TAB 140 MG
21532133000330	IBRUTINIB TAB 280 MG
21532133000340	IBRUTINIB TAB 420 MG
21532133000350	IBRUTINIB TAB 560 MG
21532195000120	ZANUBRUTINIB CAP 80 MG

GPI	GPI Name
21532225000320	ERDAFITINIB TAB 3 MG
21532225000325	ERDAFITINIB TAB 4 MG
21532225000330	ERDAFITINIB TAB 5 MG
2153223540B220	INFIGRATINIB PHOS CAP THER PACK 2 X 25 MG (50 MG DAILY DOSE)
2153223540B225	INFIGRATINIB PHOS CAP THER PACK 3 X 25 MG (75 MG DAILY DOSE)
2153223540B230	INFIGRATINIB PHOS CAP THER PACK 100 MG (100 MG DAILY DOSE)
2153223540B235	INFIGRATINIB PHOS CAP PACK 100 & 25 MG (125 MG DAILY DOSE)
21532260000320	PEMIGATINIB TAB 4.5 MG
21532260000330	PEMIGATINIB TAB 9 MG
21532260000340	PEMIGATINIB TAB 13.5 MG
21533020200320	GILTERITINIB FUMARATE TABLET 40 MG (BASE EQUIVALENT)
21533045010120	PEXIDARTINIB HCL CAP 200 MG (BASE EQUIVALENT)
21533053000320	RIPRETINIB TAB 50 MG
21533073100320	TEPOTINIB HCL TAB 225 MG
21533076250120	TIVOZANIB HCL CAP 890 MCG (BASE EQUIVALENT)
21533076250130	TIVOZANIB HCL CAP 1340 MCG (BASE EQUIVALENT)
21533080400320	UMBRALISIB TOSYLATE TAB 200 MG
21533085000320	VANDETANIB TAB 100 MG
21533085000340	VANDETANIB TAB 300 MG
21533565500110	SELUMETINIB SULFATE CAP 10 MG
21533565500125	SELUMETINIB SULFATE CAP 25 MG
21533675200320	TAZEMETOSTAT HBR TAB 200 MG
21533773100320	TEPOTINIB HCL TAB 225 MG
21534003000120	ACALABRUTINIB CAP 100 MG
21534006100320	AFATINIB DIMALEATE TAB 20 MG (BASE EQUIVALENT)
21534006100330	AFATINIB DIMALEATE TAB 30 MG (BASE EQUIVALENT)
21534006100340	AFATINIB DIMALEATE TAB 40 MG (BASE EQUIVALENT)
21534007100120	ALECTINIB HCL CAP 150 MG (BASE EQUIVALENT)
21534008000320	AXITINIB TAB 1 MG
21534008000340	AXITINIB TAB 5 MG

GPI	GPI Name
21534009000320	AVAPRITINIB TAB 100 MG
21534009000330	AVAPRITINIB TAB 200 MG
21534009000340	AVAPRITINIB TAB 300 MG
21534010000330	BRIGATINIB TAB 30 MG
21534010000350	BRIGATINIB TAB 90 MG
21534010000365	BRIGATINIB TAB 180 MG
2153401000B720	BRIGATINIB TAB INITIATION THERAPY PACK 90 MG & 180 MG
21534012000320	BOSUTINIB TAB 100 MG
21534012000327	BOSUTINIB TAB 400 MG
21534012000340	BOSUTINIB TAB 500 MG
21534013100320	CABOZANTINIB S-MALATE TAB 20 MG (BASE EQUIVALENT)
21534013100330	CABOZANTINIB S-MALATE TAB 40 MG (BASE EQUIVALENT)
21534013100340	CABOZANTINIB S-MALATE TAB 60 MG (BASE EQUIVALENT)
21534013106460	CABOZANTINIB S-MALATE CAP 3 X 20 MG (60 MG DOSE) KIT
21534013106470	CABOZANTINIB S-MAL CAP 1 X 80 MG & 1 X 20 MG (100 DOSE) KIT
21534013106480	CABOZANTINIB S-MAL CAP 1 X 80 MG & 3 X 20 MG (140 DOSE) KIT
21534014000130	CERITINIB CAP 150 MG
21534014000330	CERITINIB TAB 150 MG
21534015000120	CRIZOTINIB CAP 200 MG
21534015000125	CRIZOTINIB CAP 250 MG
21534016200320	CAPMATINIB HCL TAB 150 MG
21534016200330	CAPMATINIB HCL TAB 200 MG
21534019000320	DACOMITINIB TAB 15 MG
21534019000330	DACOMITINIB TAB 30 MG
21534019000340	DACOMITINIB TAB 45 MG
21534020000320	DASATINIB TAB 20 MG
21534020000340	DASATINIB TAB 50 MG
21534020000350	DASATINIB TAB 70 MG
21534020000354	DASATINIB TAB 80 MG
21534020000360	DASATINIB TAB 100 MG

GPI	GPI Name
21534020000380	DASATINIB TAB 140 MG
21534025000320	ERLOTINIB TAB 25 MG
21534025000340	ERLOTINIB TAB 100 MG
21534025000360	ERLOTINIB TAB 150 MG
21534025100320	ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)
21534025100330	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)
21534025100360	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)
21534030000320	GEFITINIB TAB 250 MG
21534031200320	GILTERITINIB FUMARATE TABLET 40 MG (BASE EQUIVALENT)
21534033000110	IBRUTINIB CAP 70 MG
21534033000120	IBRUTINIB CAP 140 MG
21534033000320	IBRUTINIB TAB 140 MG
21534033000330	IBRUTINIB TAB 280 MG
21534033000340	IBRUTINIB TAB 420 MG
21534033000350	IBRUTINIB TAB 560 MG
21534035100120	IMATINIB MESYLATE CAP 100 MG (BASE EQUIVALENT)
21534035100320	IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)
21534035100340	IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)
21534050100320	LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)
2153405420B210	LENVATINIB CAP THERAPY PACK 4 MG (4 MG DAILY DOSE)
2153405420B215	LENVATINIB CAP THERAPY PACK 2 X 4 MG (8 MG DAILY DOSE)
2153405420B220	LENVATINIB CAP THERAPY PACK 10 MG (10 MG DAILY DOSE)
2153405420B223	LENVATINIB CAP THERAPY PACK 3 X 4 MG (12 MG DAILY DOSE)
2153405420B230	LENVATINIB CAP THERAPY PACK 2 X 10 MG (20 MG DAILY DOSE)
2153405420B240	LENVATINIB CAP THERAPY PACK 10 & 4 MG (14 MG DAILY DOSE)
2153405420B244	LENVATINIB CAP THER PACK 10 MG & 2 X 4 MG (18 MG DAILY DOSE)
2153405420B250	LENVATINIB CAP THER PACK 2 X 10 MG & 4 MG (24 MG DAILY DOSE)
21534056000320	LORLATINIB TAB 25 MG
21534056000330	LORLATINIB TAB 100 MG
21534058100320	NERATINIB MALEATE TAB 40 MG (BASE EQUIVALENT)

GPI	GPI Name
21534060000115	NILOTINIB CAP 150 MG
21534060000120	NILOTINIB CAP 200 MG
21534060200110	NILOTINIB HCL CAP 50 MG (BASE EQUIVALENT)
21534060200115	NILOTINIB HCL CAP 150 MG (BASE EQUIVALENT)
21534060200125	NILOTINIB HCL CAP 200 MG (BASE EQUIVALENT)
21534065200320	OSIMERTINIB MESYLATE TAB 40 MG (BASE EQUIVALENT)
21534065200330	OSIMERTINIB MESYLATE TAB 80 MG (BASE EQUIVALENT)
21534070100320	PAZOPANIB HCL TAB 200 MG (BASE EQUIV)
21534073010120	PEXIDARTINIB HCL CAP 200 MG (BASE EQUIVALENT)
21534075100315	PONATINIB HCL TAB 10 MG (BASE EQUIV)
21534075100320	PONATINIB HCL TAB 15 MG (BASE EQUIV)
21534075100330	PONATINIB HCL TAB 30 MG (BASE EQUIV)
21534075100340	PONATINIB HCL TAB 45 MG (BASE EQUIV)
21534076000120	PRALSETINIB CAP 100 MG
21534077000320	RIPRETINIB TAB 50 MG
21534079000120	SELPERCATINIB CAP 40 MG
21534079000140	SELPERCATINIB CAP 80 MG
21534080000320	TUCATINIB TAB 50 MG
21534080000340	TUCATINIB TAB 150 MG
21534085000320	VANDETANIB TAB 100 MG
21534085000340	VANDETANIB TAB 300 MG
21534095000120	ZANUBRUTINIB CAP 80 MG
21534940000320	IVOSIDENIB TAB 250 MG
21538030000120	DUVELISIB CAP 15 MG
21538030000130	DUVELISIB CAP 25 MG
2156006000B712	SELINEXOR TAB THERAPY PACK 20 MG (40 MG ONCE WEEKLY)
2156006000B715	SELINEXOR TAB THERAPY PACK 20 MG (40 MG TWICE WEEKLY)
2156006000B720	SELINEXOR TAB THERAPY PACK 20 MG (80 MG TWICE WEEKLY)
2156006000B730	SELINEXOR TAB THERAPY PACK 20 MG (100 MG ONCE WEEKLY)
2156006000B740	SELINEXOR TAB THERAPY PACK 20 MG (80 MG ONCE WEEKLY)

GPI	GPI Name
2156006000B750	SELINEXOR TAB THERAPY PACK 20 MG (60 MG ONCE WEEKLY)
2156006000B755	SELINEXOR TAB THERAPY PACK 20 MG (60 MG TWICE WEEKLY)
2156006000B760	SELINEXOR TAB THERAPY PACK 40 MG (40 MG ONCE WEEKLY)
2156006000B765	SELINEXOR TAB THERAPY PACK 40 MG (40 MG TWICE WEEKLY)
2156006000B770	SELINEXOR TAB THERAPY PACK 40 MG (80 MG ONCE WEEKLY)
2156006000B775	SELINEXOR TAB THERAPY PACK 50 MG (100 MG ONCE WEEKLY)
2156006000B780	SELINEXOR TAB THERAPY PACK 60 MG (60 MG ONCE WEEKLY)
21700050100105	PROCARBAZINE HCL CAP 50 MG
21700060206450	INTERFERON ALFA-2B INJ KIT 3000000 UNIT/0.2ML
21700060206460	INTERFERON ALFA-2B INJ KIT 5000000 UNIT/0.2ML
21700060206470	INTERFERON ALFA-2B INJ KIT 10000000 UNIT/0.2ML
21700075206410	PEGINTERFERON ALFA-2B FOR INJ KIT 200 MCG
21700075206420	PEGINTERFERON ALFA-2B FOR INJ KIT 300 MCG
21700075206430	PEGINTERFERON ALFA-2B FOR INJ KIT 600 MCG
21700075206450	PEGINTERFERON ALFA-2B FOR INJ KIT 4 X 200 MCG
21700075206460	PEGINTERFERON ALFA-2B FOR INJ KIT 4 X 300 MCG
21700075206470	PEGINTERFERON ALFA-2B FOR INJ KIT 4 X 600 MCG
21708080000110	TRETINOIN CAP 10 MG
21758050000320	MESNA TAB 400 MG
22100017000340	DEFLAZACORT TAB 6 MG
22100017000350	DEFLAZACORT TAB 18 MG
22100017000360	DEFLAZACORT TAB 30 MG
22100017000365	DEFLAZACORT TAB 36 MG
22100017001830	DEFLAZACORT SUSP 22.75 MG/ML
27304050000330	MIFEPRISTONE TAB 300 MG
30022060600320	OSILODROSTAT PHOSPHATE TAB 1 MG
30022060600330	OSILODROSTAT PHOSPHATE TAB 5 MG
30022060600340	OSILODROSTAT PHOSPHATE TAB 10 MG
3017007010E505	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG/ML
3017007010E510	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML

GPI	GPI Name
3017007010E520	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG/ML
30170075202020	PASIREOTIDE DIASPARTATE INJ 0.3 MG/ML (BASE EQUIV)
30170075202030	PASIREOTIDE DIASPARTATE INJ 0.6 MG/ML (BASE EQUIV)
30170075202040	PASIREOTIDE DIASPARTATE INJ 0.9 MG/ML (BASE EQUIV)
3045406000B710	TOLVAPTAN TAB THERAPY PACK 15 MG
3045406000B720	TOLVAPTAN TAB THERAPY PACK 30 & 15 MG
3045406000B725	TOLVAPTAN TAB THERAPY PACK 45 & 15 MG
3045406000B735	TOLVAPTAN TAB THERAPY PACK 60 & 30 MG
3045406000B745	TOLVAPTAN TAB THERAPY PACK 90 & 30 MG
30902030202020	ELAPEGADEMASE-LVLR IM SOLN 2.4 MG/1.5ML (1.6 MG/ML)
30903650100120	MIGALASTAT HCL CAP 123 MG (BASE EQUIVALENT)
30903875203020	URIDINE TRIACETATE ORAL GRANULES PACKET 2 GM
30904045000140	NITISINONE CAP 20 MG
30904045000310	NITISINONE TAB 2 MG
30904045000320	NITISINONE TAB 5 MG
30904045000330	NITISINONE TAB 10 MG
30904045001820	NITISINONE SUSP 4 MG/ML
30904520002920	*BETAINE POWDER FOR ORAL SOLUTION***
30905610002020	ASFOTASE ALFA SUBCUTANEOUS INJ 18 MG/0.45ML
30905610002030	ASFOTASE ALFA SUBCUTANEOUS INJ 28 MG/0.7ML
30905610002040	ASFOTASE ALFA SUBCUTANEOUS INJ 40 MG/ML
30905610002050	ASFOTASE ALFA SUBCUTANEOUS INJ 80 MG/0.8ML
30906050002120	METRELEPTIN FOR SUBCUTANEOUS INJ 11.3 MG
30908230000320	CARGLUMIC ACID TAB 200 MG
37100020000305	DICHLORPHENAMIDE TAB 50 MG
39480050200120	LOMITAPIDE MESYLATE CAP 5 MG (BASE EQUIV)
39480050200130	LOMITAPIDE MESYLATE CAP 10 MG (BASE EQUIV)
39480050200140	LOMITAPIDE MESYLATE CAP 20 MG (BASE EQUIV)
39480050200150	LOMITAPIDE MESYLATE CAP 30 MG (BASE EQUIV)
39480050200160	LOMITAPIDE MESYLATE CAP 40 MG (BASE EQUIV)

GPI	GPI Name
39480050200170	LOMITAPIDE MESYLATE CAP 60 MG (BASE EQUIV)
4460352000E530	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML
45302030000320	IVACAFTOR TAB 150 MG
45302030003010	IVACAFTOR PACKET 25 MG
45302030003020	IVACAFTOR PACKET 50 MG
45302030003030	IVACAFTOR PACKET 75 MG
45309902300310	LUMACAFTOR-IVACAFTOR TAB 100-125 MG
45309902300320	LUMACAFTOR-IVACAFTOR TAB 200-125 MG
45309902303010	LUMACAFTOR-IVACAFTOR GRANULES PACKET 100-125 MG
45309902303020	LUMACAFTOR-IVACAFTOR GRANULES PACKET 150-188 MG
4530990280B710	TEZACAFTOR-IVACAFTOR 50-75 MG & IVACAFTOR 75 MG TAB TBPK
4530990280B720	TEZACAFTOR-IVACAFTOR 100-150 MG & IVACAFTOR 150 MG TAB TBPK
4530990340B720	ELEXACAF-TEZACAF-IVACAF 50-25-37.5 MG & IVACAFTOR 75 MG TBPK
4530990340B740	ELEXACAF-TEZACAF-IVACAF 100-50-75 MG &IVACAFTOR 150 MG TBPK
51200060002030	SACROSIDASE SOLN 8500 UNIT/ML
52100010000305	CHENODIOL TAB 250 MG
52350060000120	ODEVIXIBAT CAP 400 MCG
52350060000140	ODEVIXIBAT CAP 1200 MCG
52350060006810	ODEVIXIBAT PELLETS CAP SPRINKLE 200 MCG
52350060006830	ODEVIXIBAT PELLETS CAP SPRINKLE 600 MCG
52570075100330	TELOTRISTAT ETHYL TAB 250 MG (AS TELOTRISTAT ETIPRATE)
52700025000120	CHOLIC ACID CAP 50 MG
52700025000140	CHOLIC ACID CAP 250 MG
56400030103020	CYSTEAMINE BITARTRATE DELAYED RELEASE GRANULES PACKET 75 MG
56400030103040	CYSTEAMINE BITARTRATE DELAYED RELEASE GRANULES PACKET 300 MG
56400030106520	CYSTEAMINE BITARTRATE CAP DELAYED RELEASE 25 MG (BASE EQUIV)
56400030106530	CYSTEAMINE BITARTRATE CAP DELAYED RELEASE 75 MG (BASE EQUIV)
56600050000620	TIOPRONIN TAB DELAYED RELEASE 100 MG
56600050000630	TIOPRONIN TAB DELAYED RELEASE 300 MG
60250070000130	TASIMELTEON CAPSULE 20 MG

GPI	GPI Name
60250070001820	TASIMELTEON ORAL SUSP 4 MG/ML
61253860102020	SETMELANOTIDE ACETATE SUBCUTANEOUS SOLN 10 MG/ML
62380080200120	VALBENAZINE TOSYLATE CAP 40 MG (BASE EQUIV)
62380080200130	VALBENAZINE TOSYLATE CAP 60 MG (BASE EQUIV)
62380080200140	VALBENAZINE TOSYLATE CAP 80 MG (BASE EQUIV)
6238008020B220	VALBENAZINE TOSYLATE CAP THERAPY PACK 40 MG (7) & 80 MG (21)
62400030106420	GLATIRAMER ACETATE INJ KIT 20 MG/ML
6240003010F820	GLATIRAMER ACETATE PREFILLED SYRINGE KIT 20 MG/ML
62403060452020	INTERFERON BETA-1A INJ 22 MCG/0.5ML (12MU/ML) (44 MCG/ML)
62403060452040	INTERFERON BETA-1A INJ 44 MCG/0.5ML (24MU/ML) (88 MCG/ML)
62403060452060	INTERFERON BETA-1A INJ 6 X 8.8 MCG/0.2ML & 6 X 22 MCG/0.5ML
62403060456430	INTERFERON BETA-1A IM INJ KIT 30 MCG/0.5ML
6240306045E220	INTERFERON BETA-1A SOLN CART 22 MCG/0.5ML (66 MCG/1.5ML)
6240306045E240	INTERFERON BETA-1A SOLN CART 44 MCG/0.5ML (132 MCG/1.5ML)
62403060502120	INTERFERON BETA-1B FOR INJ 0.3 MG
62407025100110	FINGOLIMOD HCL CAP 0.25 MG (BASE EQUIV)
62450060202020	SODIUM OXYBATE ORAL SOLUTION 500 MG/ML
62459904202020	CALCIUM, MAG, POTASSIUM, & SOD OXYBATES ORAL SOLN 500 MG/ML
6270104010E520	INOTERSEN SOD SUBCUTANEOUS PREF SYR 284 MG/1.5ML (BASE EQ)
66200010000105	AURANOFIN CAP 3 MG
6626001000E520	ANAKINRA SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/0.67ML
66270015006410	ADALIMUMAB INJ KIT 20 MG/0.4ML
66270015006420	ADALIMUMAB INJ KIT 40 MG/0.8ML (50 MG/ML)
66270040002020	GOLIMUMAB SUBCUTANEOUS INJ 50 MG/0.5ML
66290030002020	ETANERCEPT SUBCUTANEOUS INJ 50 MG/ML
66290030002025	ETANERCEPT SUBCUTANEOUS INJ 25 MG/0.5ML
66290030006420	ETANERCEPT FOR SUBCUTANEOUS INJ KIT 25 MG
66460020002115	CANAKINUMAB FOR INJ 150 MG
66460020002120	CANAKINUMAB FOR INJ 180 MG
72600028102020	FENFLURAMINE HCL ORAL SOLN 2.2 MG/ML

GPI	GPI Name
72600070000120	STIRIPENTOL CAP 250 MG
72600070000130	STIRIPENTOL CAP 500 MG
72600070003020	STIRIPENTOL PACKET 250 MG
72600070003030	STIRIPENTOL PACKET 500 MG
73200040000160	LEVODOPA INHAL POWDER CAP 42 MG
73203010102020	APOMORPHINE HYDROCHLORIDE INJ 10 MG/ML
73203010102025	APOMORPHINE HYDROCHLORIDE INJ 20 MG/2ML
76000012000320	AMIFAMPRIDINE TAB 10 MG
76000012100320	AMIFAMPRIDINE PHOSPHATE TAB 10 MG (BASE EQUIVALENT)
8240104010E510	METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 30 MCG/0.3ML
8240104010E515	METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 50 MCG/0.3ML
8240104010E520	METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 75 MCG/0.3ML
8240104010E525	METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 100 MCG/0.3ML
8240104010E545	METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 200 MCG/0.3ML
83101010102015	DALTEPARIN SODIUM INJ 10000 UNIT/ML
83101010102020	DALTEPARIN SODIUM INJ 2500 UNIT/0.2ML
83101010102040	DALTEPARIN SODIUM INJ 5000 UNIT/0.2ML
83101010102045	DALTEPARIN SODIUM INJ 7500 UNIT/0.3ML
83101010102053	DALTEPARIN SODIUM INJ 12500 UNIT/0.5ML
83101010102056	DALTEPARIN SODIUM INJ 15000 UNIT/0.6ML
83101010102060	DALTEPARIN SODIUM INJ 18000 UNIT/0.72ML
83101010102080	DALTEPARIN SODIUM INJ 95000 UNIT/3.8ML
83101020102012	ENOXAPARIN SODIUM INJ 30 MG/0.3ML
83101020102013	ENOXAPARIN SODIUM INJ 40 MG/0.4ML
83101020102014	ENOXAPARIN SODIUM INJ 60 MG/0.6ML
83101020102015	ENOXAPARIN SODIUM INJ 80 MG/0.8ML
83101020102016	ENOXAPARIN SODIUM INJ 100 MG/ML
83101020102018	ENOXAPARIN SODIUM INJ 120 MG/0.8ML
83101020102020	ENOXAPARIN SODIUM INJ 150 MG/ML
83101020102050	ENOXAPARIN SODIUM INJ 300 MG/3ML

GPI	GPI Name
83103030102020	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG/0.5ML
83103030102035	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG/0.4ML
83103030102040	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG/0.6ML
83103030102045	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG/0.8ML
85151020806420	CAPLACIZUMAB-YHDP FOR INJ KIT 11 MG
85756040100310	FOSTAMATINIB DISODIUM TAB 100 MG (BASE EQUIVALENT)
85756040100320	FOSTAMATINIB DISODIUM TAB 150 MG (BASE EQUIVALENT)
85800065002020	PEGCETACOPLAN SUBCUTANEOUS SOLN 1080 MG/20ML (54 MG/ML)
85840010200120	BEROTRALSTAT HCL CAP 110 MG
85840010200130	BEROTRALSTAT HCL CAP 150 MG
86300010009940	DEXAMETHASONE (OPHTH) INSERT 0.4 MG
86805525102015	CYSTEAMINE HCL OPHTH SOLN 0.37% (BASE EQUIVALENT)
86805525102020	CYSTEAMINE HCL OPHTH SOLN 0.44% (BASE EQUIVALENT)
90371050204030	MECHLORETHAMINE HCL GEL 0.016% (BASE EQUIVALENT)
99402020000110	CYCLOSPORINE CAP 25 MG
99402020000130	CYCLOSPORINE CAP 50 MG
99402020000140	CYCLOSPORINE CAP 100 MG
99402020002010	CYCLOSPORINE ORAL SOLN 100 MG/ML
99402020300120	CYCLOSPORINE MODIFIED CAP 25 MG+CC1179:C2134
99402020300130	CYCLOSPORINE MODIFIED CAP 50 MG
99402020300150	CYCLOSPORINE MODIFIED CAP 100 MG
99402020302020	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML
99402080000120	VOCLOSPORIN CAP 7.9 MG
99403030100120	MYCOPHENOLATE MOFETIL CAP 250 MG
99403030100330	MYCOPHENOLATE MOFETIL TAB 500 MG
99403030101920	MYCOPHENOLATE MOFETIL FOR ORAL SUSP 200 MG/ML
99403030300620	MYCOPHENOLATE SODIUM TAB DR 180 MG (MYCOPHENOLIC ACID EQUIV)
99403030300630	MYCOPHENOLATE SODIUM TAB DR 360 MG (MYCOPHENOLIC ACID EQUIV)
99404035000320	EVEROLIMUS TAB 0.25 MG
99404035000325	EVEROLIMUS TAB 0.5 MG

GPI	GPI Name
99404035000330	EVEROLIMUS TAB 0.75 MG
99404035000335	EVEROLIMUS TAB 1 MG
99404070000310	SIROLIMUS TAB 0.5 MG
99404070000320	SIROLIMUS TAB 1 MG
99404070000330	SIROLIMUS TAB 2 MG
99404070002020	SIROLIMUS ORAL SOLN 1 MG/ML
99404080000105	TACROLIMUS CAP 0.5 MG
99404080000110	TACROLIMUS CAP 1 MG
99404080000120	TACROLIMUS CAP 5 MG
99404080003010	TACROLIMUS PACKET FOR SUSP 0.2 MG
99404080003030	TACROLIMUS PACKET FOR SUSP 1 MG
99404080007005	TACROLIMUS CAP ER 24HR 0.5 MG
99404080007010	TACROLIMUS CAP ER 24HR 1 MG
99404080007020	TACROLIMUS CAP ER 24HR 5 MG
99404080007510	TACROLIMUS TAB ER 24HR 0.75 MG
99404080007515	TACROLIMUS TAB ER 24HR 1 MG
99404080007520	TACROLIMUS TAB ER 24HR 4 MG
99407510500320	BELUMOSUDIL MESYLATE TAB 200 MG
99463045000120	LONAFARNIB CAP 50 MG
99463045000130	LONAFARNIB CAP 75 MG
04200050200320	OMADACYCLINE TOSYLATE TAB 150 MG (BASE EQUIVALENT)
16240040100320	LEFAMULIN ACETATE TAB 600 MG
20109905200720	*GRASS MIXED POLLEN EXT SL TAB 100 IR (INDEX OF REACTIVITY)*
20109905200730	*GRASS MIXED POLLEN EXT SL TAB 300 IR (INDEX OF REACTIVITY)*
2010990520B120	*GRASS MIXED POLLEN SL TAB THERPAK 3 X 100 IR & 6 X 300 IR*
22100025006810	HYDROCORTISONE CAP SPRINKLE 0.5 MG
22100025006815	HYDROCORTISONE CAP SPRINKLE 1 MG
22100025006820	HYDROCORTISONE CAP SPRINKLE 2 MG
22100025006830	HYDROCORTISONE CAP SPRINKLE 5 MG
30201010102015	DESMOPRESSIN ACETATE NASAL SOLN 1.5 MG/ML

GPI	GPI Name
30905225100320	CINACALCET HCL TAB 30 MG (BASE EQUIV)
30905225100330	CINACALCET HCL TAB 60 MG (BASE EQUIV)
30905225100340	CINACALCET HCL TAB 90 MG (BASE EQUIV)
35400025000110	DOFETILIDE CAP 125 MCG (0.125 MG)
35400025000120	DOFETILIDE CAP 250 MCG (0.25 MG)
35400025000130	DOFETILIDE CAP 500 MCG (0.5 MG)
45307060000140	MANNITOL INHAL CAP 40 MG
47250025000620	CROFELEMER TAB DELAYED RELEASE 125 MG
59400028200120	PIMAVANSERIN TARTRATE CAP 34 MG (BASE EQUIVALENT)
59400028200310	PIMAVANSERIN TARTRATE TAB 10 MG (BASE EQUIVALENT)
6625005000D510	METHOTREXATE SOLN PF AUTO-INJECTOR 7.5 MG/0.15ML
6625005000D512	METHOTREXATE SOLN PF AUTO-INJECTOR 10 MG/0.2ML
6625005000D515	METHOTREXATE SOLN PF AUTO-INJECTOR 10 MG/0.4ML
6625005000D517	METHOTREXATE SOLN PF AUTO-INJECTOR 12.5 MG/0.25ML
6625005000D518	METHOTREXATE SOLN PF AUTO-INJECTOR 12.5 MG/0.4ML
6625005000D519	METHOTREXATE SOLN PF AUTO-INJECTOR 15 MG/0.3ML
6625005000D520	METHOTREXATE SOLN PF AUTO-INJECTOR 15 MG/0.4ML
6625005000D522	METHOTREXATE SOLN PF AUTO-INJECTOR 17.5 MG/0.35ML
6625005000D523	METHOTREXATE SOLN PF AUTO-INJECTOR 17.5 MG/0.4ML
6625005000D525	METHOTREXATE SOLN PF AUTO-INJECTOR 20 MG/0.4ML
6625005000D527	METHOTREXATE SOLN PF AUTO-INJECTOR 22.5 MG/0.45ML
6625005000D528	METHOTREXATE SOLN PF AUTO-INJECTOR 22.5 MG/0.4ML
6625005000D530	METHOTREXATE SOLN PF AUTO-INJECTOR 25 MG/0.4ML
6625005000D535	METHOTREXATE SOLN PF AUTO-INJECTOR 25 MG/0.5ML
6625005000D545	METHOTREXATE SOLN PF AUTO-INJECTOR 30 MG/0.6ML
6770202010D520	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 70 MG/ML
6770202010D540	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML
6770203020D520	FREMANEZUMAB-VFRM SUBCUTANEOUS SOLN AUTO-INJ 225 MG/1.5ML
6770203020E520	FREMANEZUMAB-VFRM SUBCUTANEOUS SOLN PREF SYR 225 MG/1.5ML
6770203530D520	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN AUTO-INJECTOR 120 MG/ML

GPI	GPI Name
6770203530E515	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 100 MG/ML
6770203530E520	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 120 MG/ML
73200010107020	AMANTADINE HCL CAP ER 24HR 68.5 MG (BASE EQUIVALENT)
73200010107040	AMANTADINE HCL CAP ER 24HR 137 MG (BASE EQUIVALENT)
73200010107520	AMANTADINE HCL TAB ER 24HR 129 MG (BASE EQUIVALENT)
73200010107530	AMANTADINE HCL TAB ER 24HR 193 MG (BASE EQUIVALENT)
73200010107540	AMANTADINE HCL TAB ER 24HR 258 MG (BASE EQUIVALENT)
7320001010C320	AMANTADINE HCL TAB ER 24HR PAK 129 MG & 193 MG (322 MG DOSE)
73209902101820	CARBIDOPA-LEVODOPA ENTERAL SUSP 4.63-20 MG/ML
73401025000320	ISTRADEFYLLINE TAB 20 MG
73401025000340	ISTRADEFYLLINE TAB 40 MG
74503070008220	RILUZOLE ORAL FILM 50 MG
80200080000920	TRIHEPTANOIN ORAL LIQUID 100%
88452050106320	MINOCYCLINE HCL SUBGINGIVAL POWDER CARTRIDGE 1 MG
93100025000320	DEFERASIROX TAB 90 MG
93100025000330	DEFERASIROX TAB 180 MG
93100025000340	DEFERASIROX TAB 360 MG
93100025003020	DEFERASIROX GRANULES PACKET 90 MG
93100025003030	DEFERASIROX GRANULES PACKET 180 MG
93100025003040	DEFERASIROX GRANULES PACKET 360 MG
93100025007320	DEFERASIROX TAB FOR ORAL SUSP 125 MG
93100025007330	DEFERASIROX TAB FOR ORAL SUSP 250 MG
93100025007340	DEFERASIROX TAB FOR ORAL SUSP 500 MG
93100028000320	DEFERIPRONE TAB 500 MG

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