Connection

Important information for Fallon Health physicians and providers

In the October issue:

What's new

Fallon's new provider portal launches October 22!

Fallon Health is excited to announce the upcoming launch of our **new provider portal**, designed to deliver a more streamlined, efficient, and user-friendly experience for our contracted providers. After months of development and collaboration, the portal is on track to **go live on October 22**, with full retirement of existing tools scheduled for **mid-December**.

What's new?
The enhanced portal will offer a suite of features to simplify day-to-day operations, including:
- Eligibility and benefit verification
- Claim status checks
- Claims submission for 1500 claim forms
- Authorization and referral status tracking
- And much more!

These improvements are aimed at reducing the administrative burden and improving access to critical information—helping providers focus more on patient care.

Introducing the Super User role
A key component of the new portal is the **Super User role (Practice Administrator).** Each provider group, defined by **Tax Identification Number (TIN)**, must designate a Super User to manage portal access for their organization.

Super Users will:
- Serve as the primary contact for portal access
- Be responsible for setting up and maintaining user accounts
- Assign roles for claims, eligibility, benefits, & authorizations
- Approve third-party biller registrations

Important: Individual registrations will not be accepted. All users must be added by their group's designated Super User.

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care. It's what we believe in.

Transition timeline
- Pre-registration for Super Users is open—you may register here
- Current users will not be automatically transitioned. **All users must follow the new registration process.**
- Existing Fallon Health provider tools will be retired in mid-December 2025.

What you can do now
- Begin identifying your group's Super User
- Pre-register
- Prepare your team for the transition to the new portal with online training

Fallon Health is committed to supporting our provider partners through this transition and beyond. We're confident this new portal will enhance your experience and improve operational efficiency. **Thank you for your continued partnership!** ■

Fallon Health brings new option for aging in place to southeastern Massachusetts

Fallon Health is proud to announce the **expansion of its Summit ElderCare® program to southeastern Massachusetts,** offering a new option for older adults and their caregivers in Bristol, Plymouth, and parts of Barnstable counties. This marks the first time that any Program of All-Inclusive Care for the Elderly (PACE) is available to eligible individuals in the region—bringing a trusted, community-based alternative to nursing home care that supports aging in place with dignity and comprehensive support.

Summit ElderCare is Fallon Health's Massachusetts PACE, a nationally recognized model that helps eligible individuals aged 55 and older remain in their homes by providing coordinated medical care, home assistance, adult day health, and social services. With more than 30 years of experience, Fallon Health is one of the largest and most respected PACE organizations in the country.

To support program participants, Fallon Health opened a new Summit ElderCare PACE Center in the region. The center, located at 491 Faunce Corner Road, Building A, Dartmouth, serves as a hub for care, offering medical services, social support, and adult day health programming in a welcoming environment. Participants will also receive care in their homes and communities, tailored to their individual needs by a dedicated care team.

With this expansion, Fallon Health continues to advance its commitment to delivering high-quality, integrated care through a wide range of programs and services. Summit ElderCare will complement its existing offerings in the region by providing a compassionate, coordinated care experience designed to support not only participants, but also the loved ones who care for them. ■

MassHealth ACO formulary updates

Effective October 1, 2025, the following newly marketed drugs have been added to the MassHealth Drug List:

- Attruby (acoramidis) – **PA**
- Brynovin (sitagliptin solution) – **PA**
- Edurant (rilpivirine tablet for oral suspension) – **PA > 6 units/day**
- Encelto (revakinagene taroretcel-lwey) – **PA**; CO

- gabapentin 100 mg, 400 mg tablet – **PA**
- Gomekli (mirdametinib) – **PA**
- Inzirqo (hydrochlorothiazide suspension) – **PA**
- metformin immediate-release 750 mg – **PA**; M90
- Ryoncil (remestemcel-l-rknd) – **PA**; MB
- Tezruly (terazosin solution) – **PA**
- Vanrafia (atrasentan) – **PA**
- Zelsuvmi (berdazimer) – **PA**

Change in prior authorization status

- Effective October 1, 2025, the following drug cessation agents will require prior authorization when exceeding the updated dose limit.
  - buprenorphine/naloxone sublingual tablet) – **PA > 32 mg/day**
  - Suboxone (buprenorphine/naloxone film)[PD] – **PA > 32 mg/day**; BP
- Effective October 1, 2025, the following antiretroviral agent will require PA.
  - Norvir (ritonavir packet) – **PA**
- Effective October 1, 2025, the following anti-inflammatory ophthalmic agent will no longer require PA.
  - bromfenac 0.09%; A90
- Effective October 1, 2025, the following anti-allergy ophthalmic agent will require PA.
  - epinastine – **PA**; A90
- Effective October 1, 2025, the following topical corticosteroid agent will no longer require PA.
  - Taclonex (betamethasone/calcipotriene topical suspension); BP, A90
- Effective October 1, 2025, the following topical corticosteroid agent will require PA.
  - Olux-E (clobetasol propionate foam/ emollient) – **PA**; A90
- Effective October 1, 2025, the following dermatological agent will require PA.
  - Carac (fluorouracil 0.5% cream) – **PA**
- Effective October 1, 2025, the following antidiabetic agents will require PA.
  - glipizide 2.5 mg – **PA**; M90
  - Janumet (sitagliptin/metformin) – **PA**
  - Janumet (sitagliptin/metformin extended-release) – **PA**
  - Januvia (sitagliptin tablet) – **PA**
  - sitagliptin/metformin – **PA**

Change in coverage status

- Effective October 1, 2025, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.
  - diltiazem injection; MB
  - metoprolol tartrate injection; MB
  - propranolol injection; MB
  - verapamil injection; MB
- Effective October 1, 2025, the following agent will no longer be restricted to medical billing.
  - Trelstar (triptorelin) – **PA**

Updated MassHealth brand name preferred over generic drug list

The MassHealth Brand Name Preferred Over Generic Drug List has been updated to reflect recent changes to the MassHealth Drug List.

- Effective October 1, 2025, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List:
  - Aplenzin (bupropion hydrobromide extended-release) – **PA**; BP
  - Bosulif (bosutinib) – **PA**; BP
  - Edarbi (azilsartan); BP
  - FML (fluorometholone 0.1%); BP, A90
  - Halog (halcinonide 0.1% cream) – **PA**; BP, A90
  - Simbrinza (brinzolamide/brimonidine); BP
- Effective October 1, 2025, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List:
  - Carac (fluorouracil 0.5% cream) – **PA**
  - Lotemax (loteprednol 0.5%); #, A90
  - Noxafil (posaconazole injection) – **PA**
  - Olux-E (clobetasol propionate foam/emollient) – **PA**; A90

M90 = mandatory
A90 = allowable 90-day supply
PA = prior authorization
BP = brand preferred
MB = medical benefit
QL = quantity limit ■

Hospital Outpatient Prior Authorization Initiative (HOPA) effective January 1, 2026

Currently, Managed Care Organizations (MCOs) and Accountable Care Partnership Plans (ACPPs) are responsible for independently managing drugs (unless carved out), billed through the medical benefit, including the physician and outpatient setting. With the implementation of the MassHealth (MH) HOPA initiative, Managed Care Entities' (MCEs) and Advanced Clinical Practitioners' (ACPPs) management of drugs billed through the medical benefit will be unified for 5 therapeutic classes. The 5 therapeutic classes for unification include:

- complement inhibitors
- multiple myeloma
- multiple sclerosis
- oncology immunotherapies
- targeted immunomodulators

Effective January 1, 2026, MCEs/ACPPs must match MH management of drugs within the 5 unified classes, including prior authorization (PA) status, PA criteria, and approval durations. ■

Effective January 1, 2026, NaviCare sleep management will be handled by CareCentrix

Effective January 1, 2026, Fallon Health will begin using CareCentrix, Inc. (CCX) for NaviCare sleep management prior authorization requests. Currently, these requests are handled directly by Fallon Health. Starting January 1, please submit requests to CareCentrix for members enrolled in the following Fallon Health plans:

- Fallon Health Atrius Health Care Collaborative (FACC)
- Fallon 365 Care
- Community Care
- Fallon Medicare Plus™
- NaviCare

Key details:

- **Provider network requirements for NaviCare members**
  NaviCare members must use CareCentrix participating (PAR) providers for sleep management services. CareCentrix does not manage authorizations for non-participating (non-PAR) providers. All requests must be submitted for services rendered by providers within the CareCentrix network. Out-of-network requests received by CareCentrix will be directed to in-network CareCentrix providers.
- **Summit ElderCare (SEC) and members with a Berkshire HCO of BER**
  These plans are excluded from the transition to CareCentrix.
  Sleep management requests for SEC and BFHC members will continue to be managed internally by Fallon Health, following the current process already in place.
- **SMS Payment Policy –** https://fallonhealth.org/-/media/Files/ProviderPDFs/PaymentPolicies/SleepMgmtSvs0126.ashx ■

Important updates

Changes to weight loss drug coverage starting January 1, 2026

Starting January 1, 2026, Fallon Health's Community Care plans will **no longer cover medications used for weight loss.** This includes drugs used to:

- Suppress appetite
- Treat obesity or being overweight
- Treat associated comorbidities (such as Wegovy, which is used for both weight loss and cardiovascular disease, and Zepbound which is used for both weight loss and obstructive sleep apnea)
- **Note:** These medications will not be covered whether they are FDA-approved or used off-label to treat these conditions.

All previously approved authorizations for medications used for weight loss will end effective 12/31/2025. These medications will no longer be covered starting 1/1/2026.

GLP-1 medications (like Ozempic and Mounjaro) will still be covered if they are being used specifically to treat diagnosed Type 2 diabetes. **List of drugs for weight loss that will not be covered as of January 1, 2026*:**

Drug name	Dose
ADIPEX-P	CAP 37.5MG
ADIPEX-P	TAB 37.5MG
BENZPHETAMIN	TAB 50MG
CONTRAVE	TAB 8-90MG
DIETHYLPROP	TAB 25MG
DIETHYLPROP	TAB 75MG ER
LOMAIRA	TAB 8MG
ORLISTAT	CAPS 120MG
PHENDIMETRAZ	CAP 105MG ER
PHENDIMETRAZ	TAB 35MG
PHENTERMINE	CAP 15MG
PHENTERMINE	CAP 30MG
PHENTERMINE	CAP 37.5MG
PHENTERMINE	TAB 37.5MG
QSYMIA	CAP 11.25-69
QSYMIA	CAP 15-92MG
QSYMIA	CAP 3.75-23
QSYMIA	CAP 7.5-46MG
SAXENDA	INJ 18MG/3ML
WEGOVY	INJ 0.25MG
WEGOVY	INJ 0.5MG
WEGOVY	INJ 1.7MG
WEGOVY	INJ 1MG
WEGOVY	INJ 2.4MG
XENICAL	CAP 120MG
ZEPBOUND	INJ 10/0.5ML
ZEPBOUND	INJ 12.5/0.5
ZEPBOUND	INJ 15/0.5ML

Drug name	Dose
ZEPBOUND	INJ 2.5/0.5
ZEPBOUND	INJ 5/0.5ML
ZEPBOUND	INJ 7.5/0.5

This list of drugs is subject to change.

If you have any questions or concerns about this change, please contact Provider Services at 1-866-275-3247, prompt 4 or askfchp@fallonhealth.org. ■

ASAP payment policy update—effective January 1, 2026

NaviCare – changes to prior authorization requirement for services
Geriatric Support Service Coordinators (GSSCs) are an integral part of the NaviCare member's interdisciplinary care team. Starting January 1st, 2026, GSSCs will have a more active role in assessing, coordinating, and requesting services on behalf of NaviCare members. GSSCs will be required to assess service needs and submit Prior Authorization requests for medically necessary services provided through the Aging Service Access Point (ASAP) contracted vendors.

The updated ASAP payment policy includes details related to prior authorization requirement changes and will be effective January 1, 2026. For additional details, please see the ASAP Payment Policy referenced at the end of this *Connection* newsletter. Prior-authorization requests will be reviewed by an internal Fallon Health reviewer and determinations will be based on clinical coverage criteria which will be available on the Fallon Health website by November 1st, 2025. Communication will be sent to all ASAPs when these guidelines are published, and training will be provided on prior authorization request process for GSSCs and other ASAP authorized staff. ■

New custodial care payment policy for NaviCare

In order to align with MassHealth Nursing Facility guidelines and to streamline the Long-Term Custodial (LTC) and Short-Term Custodial (STC) authorization processes, Fallon Health will be implementing a new LTC payment policy, effective January 1, 2026.

The new LTC payment policy addresses contractual requirements included in the state contract, effective January 1, 2026. For additional details, please see the LTC payment policy referenced in the Payment Policy section of this newsletter. ■

MassHealth's SENDPro 837 project: What healthcare providers need to know

MassHealth's SENDPro 837 Project is ushering in a new era of encounter data reporting, and healthcare providers across Massachusetts will play a vital role in its success. This initiative aims to standardize the way encounter data is submitted, ensuring greater accuracy, compliance, and interoperability across the healthcare ecosystem.

What is SENDPro?

SENDPro (Standardized Encounter Data Program) is MassHealth's initiative to transition from legacy proprietary formats to industry-standard EDI 837 and NCPDP Post-Adjudication Standard v51 formats for medical and pharmacy encounters. This change aligns with HIPAA requirements and supports federal CMS reporting mandates.

Why it matters to providers

For providers, SENDPro means improved data quality, streamlined workflows, and better alignment with industry standards. Accurate and timely encounter data submissions are essential for reimbursement, quality reporting, and compliance. The new formats also enhance transparency and reduce administrative burden by standardizing data elements and submission protocols.

Key responsibilities for providers

While Fallon Health is actively implementing the data and technology requirements, providers should be aware of several important responsibilities under SENDPro:

- Ensure accurate and complete submission of provider identifiers, including NPI and PID/SL
- Populate taxonomy codes and specialty codes in updated provider files
- Submit voids and adjustments using correct frequency codes and sequencing
- Coordinate with Fallon Health to ensure encounter data reflects adjudicated claims accurately

Timeline and transition

The full go-live for SENDPro is scheduled for January 2026. Providers should expect increased engagement from their Managed Care Entity (MCE) partners for the rest of 2025 as testing and onboarding activities ramp up. Enhanced provider files and encounter formats will be required, and timely submission of accurate data will be critical.

Benefits for providers

SENDPro offers several benefits for providers:

- Greater data integrity and fewer rejections due to standardized formats
- Improved visibility into encounter processing and feedback via 277DRA and other response files
- Enhanced collaboration with MCEs and MassHealth through centralized documentation and support

Final thoughts

The SENDPro 837 Project represents a significant step forward in modernizing healthcare data exchange. Providers are encouraged to stay informed, engage with their MCE partners, and prepare for the transition. Together, we can ensure a smoother, more efficient, and compliant encounter data reporting process. ■

Change to coverage for Lyme Disease

Effective July 1, 2025, Fallon Health's Community Care product no longer covers long-term antibiotic therapy to treat Lyme disease. This change applies to all Community Care plans. ■

Update: Expansion of DME and Home Health Services prior authorization for additional Fallon Health plans

As you may know, effective July 1, 2025, Fallon Health began partnering with Integrated Home Care Services (IHCS) for the coordination and provision of durable medical equipment (DME) and home health services.

As of July 1, 2025, the codes that require prior authorization expanded for members of:

- Fallon 365 Care
- Berkshire Fallon Health Collaborative (BFHC)
- Fallon Health–Atrius Health Care Collaborative (FACC)
- Community Care

Now, **effective January 1, 2026**, this expanded prior authorization list also applies to:

- **Fallon Medicare Plus (Medicare Advantage)**
- **NaviCare**

What this means for you

Starting January 1, 2026, the expanded list of DME items for members in the above plans must be submitted directly to IHCS.

Expanded DME categories:

IHCS will begin reviewing all categories of DME, with the following exceptions:

- Orthotics and prosthetics
- Personal Emergency Response Systems (PERS)
- CPAP/BIPAP devices (For DME providers that are providing CPAP and BiPAP to members outside of the CareCentrix program, CPAP and BiPAP supplies are being added to the prior authorization list as of January 1, 2026 and will be reviewed by Fallon Health.)

Provider coordination

IHCS will coordinate covered services with in-network Fallon Health providers, helping to reduce the administrative burden. If you are currently contracted with Fallon Health to provide DME items (e.g., crutches, splints, nebulizers, canes), you may continue to do so, but you must notify IHCS and provide the name of your DME supplier.

Submission instructions

- Fax prescriptions, medical orders, and/or discharge orders to IHCS at 1-844-215-4265.
- For questions or assistance with an order, call IHCS at 1-844-215-4264.

At Fallon Health, our goal is to ensure members receive the benefits they need. We believe this expanded partnership with IHCS will enhance coordination and improve member care. ■

Accu-Check preferred effective January 1, 2026

Effective January 1, 2026, blood glucose monitors are limited to Accu-Chek® glucose monitors and test strips manufactured by Roche for all Medicare lines of business. Plan members can obtain an Accu-Chek glucose monitor at network pharmacies. Prior authorization is required for blood glucose monitors and supplies that are non-preferred brands, or that require adaptive features. Members with a demonstrated need, including having a severe visual impairment or impaired manual dexterity, may require a blood glucose monitor with adaptive features, such as an integrated voice synthesizer or integrated lancing device. Prior authorization is required. ■

Product spotlight

Fallon Health partners with the Alzheimer's Association to support caregivers

Thanks to a partnership with the Alzheimer's Association, Fallon Health clinicians can refer families to the Dementia Care Coordination Program.

A diagnosis of Alzheimer's disease or another form of dementia is life changing—not only for the individual, but also for their family and caregivers. Navigating the complexities of care, planning for the future, and accessing resources can be overwhelming. That's where the Alzheimer's Association® Dementia Care Coordination program steps in.

This program is designed to support families and caregivers by connecting them with a Dementia Care Consultant who provides personalized guidance and resources tailored to each family's unique needs.

What the program offers
When a caregiver is referred to the Dementia Care Coordination program, they will receive a call from a trained Dementia Care Consultant. This professional will conduct a care consultation and develop an individualized care plan. The consultant will also send a summary report back to the referring clinician, helping to ensure continuity of care and informed follow-up.

How Dementia Care Consultants help
Families connected to the program receive support to:

- Understand the dementia diagnosis and what it means
- Make a plan for the future, including legal, financial, and care considerations
- Identify available resources such as support groups, respite care, and educational materials
- Develop strategies for navigating care decisions and managing challenges

Flexible and inclusive support

- Consultations are available by phone or video conferencing.
- Bilingual consultants are available for Spanish and Haitian Creole-speaking families.
- We work with any type of progressive dementia diagnosis, but a dementia diagnosis is not required to participate.

Why refer?
Referring families to the Dementia Care Coordination program helps:

- Reduce caregiver stress and confusion
- Improve patient outcomes through informed care planning
- Support clinicians with actionable insights and follow-up documentation
- Strengthen the continuum of care across providers and settings

How to refer
Clinicians can refer families by completing the secure referral [form](#). ■

NaviCare – Model of Care training

NaviCare utilizes both Medicare and Medicaid covered benefits and services to help our members function at the safest level in the most appropriate setting. Eligible members must be age 65 or older, have MassHealth Standard, and may or may not have Medicare. NaviCare is available in every county in Massachusetts, except for Nantucket and Dukes, and there are no costs to the member for covered benefits.

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

Benefits that all NaviCare members receive in 2025 include:

- **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 coordinated care plans to reference and other Care Team members to communicate with to have the best information possible for each NaviCare member. Care Team members visit and assess members in their homes with the member's consent and work closely with community providers and resources offering value to both our members and providers.

- **Unlimited transportation to medical appointments.** 130 one-way trips per calendar year to run errands, visit friends, attend religious services, and more. Trips must be within a 30-mile radius of the member's pick-up locations. Transportation must be arranged 2 business days in advance by calling our transportation vendor, Coordinated Transportation Solutions (CTS), at 1-833-824-9440. The member or caregiver can arrange transportation. Fallon Health Navigators are also available to assist. Members' friends and family can receive reimbursement for mileage of pre-approved rides.

- **$400 per year** to pay for fitness classes, a new fitness tracker, new cardiovascular fitness equipment, or a fitness/gym membership.

- **Up to $1,100 per year on the Save Now card** ($275 every quarter), to purchase items—like cold/allergy medicine, pain relievers, probiotics and more—to keep our members healthy. Purchases can be made over the phone, at stores like CVS Pharmacy, Dollar General, and Walmart, or online with free home delivery.

    o Members with chronic condition(s) that meet certain criteria may be eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI). Qualifying members will have access to $100 of the OTC funds per calendar quarter through their Save Now card for healthy food and produce items at network retailers. Our Care Team staff may work with PCPs to determine eligibility for this benefit*.

* To qualify for the Special Supplemental Benefits for the Chronically Ill (SSBCI) grocery benefit, members must be enrolled in NaviCare and have a documented qualifying chronic condition. To determine if members have a qualifying chronic condition, a member of the Care Team may send a Provider Attestation form to the Primary Care Provider or specialist overseeing the member's care for completion and return to the plan.

- Outpatient behavioral health services (Covered through our contracted providers. No authorization required.)

- Covered prescription drugs and certain approved over-the-counter (OTC) drugs and items. Members may receive a 100-day supply of medications via mail order.

- Vision care and eyeglasses ($403 annual eyewear allowance, up to 2 pairs of glasses per year)

- Hearing aids (and batteries)

- Dental care, including dentures. For comprehensive dental, including endodontics, extractions, oral surgery services in a provider's office (except for the removal or exposure of impacted teeth), periodontics, prosthodontics, restorative services, and other oral/maxillofacial surgery services to be covered, the dental provider must get prior authorization from DentaQuest. Members have access to the DentaQuest network of dental providers.

- Durable medical equipment (DME), such as wheelchairs, crutches, walkers, and related supplies. Members are allowed one Seat Lift chair per lifetime after prior authorization, up to $900.

- Diabetic services and supplies. In addition to Freestyle Libre monitors, additional glucometers may be covered. Previously, only Freestyle Libre monitors were covered. Also, Medtronic non-therapeutic or adjunctive continuous glucose monitors may be obtained at network DME providers.

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 Coordinators (GSSCs) employed by local Aging Service Access Points (ASAPs)
(if patient is living in own home)

- Evaluates the 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 your patients through transition to older adulthood
- Helps connect patients with their Care Team and patients' behavioral health providers, and substance-use counselors, if present

PCPs are welcome to provide input to their patient's care plan at any time by contacting NaviCare Enrollee Service at 1-877-700-6996 (TRS 711). They're available 8 a.m. – 8 p.m., Monday – Friday (7 days a week, Oct. 1 – March 31). You may also speak 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 to learn more about eligibility criteria, call 1-877-255-7108. ■

NaviCare – Model of Care success

Empowering recovery and renewing hope

A recent Health Risk Assessment (HRA) outreach effort as part of welcoming a new member onto the NaviCare program highlighted the transformative impact of coordinated care for a homebound member facing complex health challenges. The member, struggling with lymphedema and bilateral lower extremity ulcers, had become increasingly isolated and discouraged due to her declining functional status.

Upon completion of the HRA by the Care Team Nurse Care Manager (NCM), the member was approved for personal care, homemaker, and laundry services. These services provided essential support, enabling her to manage daily activities more effectively and regain a sense of independence.

In partnership with the member, the Care Team was able to implement support quickly. The member's most recent HRA revealed significant progress: her wounds have improved markedly with Visiting Nurse Association (VNA) involvement, and only one ulcer remains. She expressed optimism that it will heal within two months.

Looking ahead, the member is eager to begin physical therapy to further improve her mobility. She shared a renewed sense of motivation, hope, and gratitude, stating, *"It feels like things are coming together. I am now motivated with all the support I am receiving. Thank you."*

This case underscores the value of proactive navigator engagement and interdisciplinary collaboration in improving outcomes and quality of life for NaviCare members. ■

Important reminders

AS modifier usage
The AS modifier is used in medical billing to indicate that assistant-at-surgery services were provided by a non-physician practitioner, such as a:
- Physician Assistant (PA)
- Nurse Practitioner (NP)
- Clinical Nurse Specialist (CNS)

The AS modifier should be used when:
- It's appended to procedure codes when these non-physician providers assist during surgery.

The AS modifier should not be used by physicians. If a physician submits a claim with an AS modifier, the claims will deny. Please see our full Assistant Surgeon/Assistant at Surgery payment [policy](). ■

Translation services available for Fallon Health members
Fallon Health offers free audio translation services in over 350 languages for our non-English speaking members. If a member needs translation assistance, please contact Fallon Health's Customer Service Department at 1-800-868-5200 Monday, Tuesday, Thursday, and Friday, 8 a.m. to 6 p.m., and Wednesday 9 a.m. to 6 p.m. ■

Billing restriction for drug testing codes—reminder and clarification
Effective July 1, 2023, and consistent with MassHealth guidelines:
- **Definitive drug testing codes G0480–G0483 are not payable when billed with presumptive drug testing codes 80305–80307.**
- This was published in the January 2024 *Connection* newsletter.

As a clarification, we would like to emphasize that **this applies to all providers and across all claims when both sets of codes are billed on the same date of service, without exception.**
- If you're submitting claims that include both presumptive and definitive drug tests on the same day, **only the presumptive test will be reimbursed.** ■

Provider directory accuracy: CAQH attestation reminder
Massachusetts health plans rely on the **CAQH Provider Data Portal** to maintain accurate provider directory information. This centralized system simplifies data entry and ensures patients can find and contact providers when they need care. ■

To meet **federal and state regulations**, providers are required to **validate and attest to their data every 90 days**, even if no changes have occurred. This regular attestation helps ensure that health plan directories remain current and compliant.

Why this matters
- **Patient access:** Accurate listings help patients reach the right provider at the right location.
- **Regulatory compliance:** Health plans must meet strict guidelines for directory accuracy.
- **Fewer follow-ups:** Timely attestation reduces reminder emails and phone calls to your office.

What you need to do
- Log into the CAQH Provider Data Portal to review and attest to your information.
- If someone else manages this process for your practice, please forward this reminder to them.

Important: Participating status accuracy
Be mindful of the participating status selected at each practice location. Incorrect attestations can lead to:
- **Unintended terminations:** For example, attesting that you *do not* accept Fallon Health at a location where you *do*.
- **Unnecessary emails:** Attesting that you *do* accept Fallon Health at a **non-participating location** can trigger auto-generated emails from CAQH.

These emails are sent to any email address listed in the provider's CAQH profile, so it's important to keep contact information up to date.

Large group option
If you are part of a **large group** and prefer to complete the attestation process via a roster rather than individually, you can contact **CAQH** directly to explore this option. Maintaining accurate provider data is a shared responsibility—and a critical one. Thank you for your assistance. ◼

Doing business with us

New hours for Provider Services phone line
Effective immediately, the hours of operation for the Fallon Health Provider Services phone line have changed. The new hours of operation are Monday, Tuesday, Thursday, and Friday, 8 a.m. to 5 p.m, and Wednesday, 9 a.m. to 5 p.m. ◼

Change to provider payment vendor in 2026
Fallon Health will be introducing a new partner for provider payments in 2026 that will increase payment options for our provider partners. As this will be a 2026 initiative, more information will follow in upcoming issues of the *Connection* newsletter. ◼

Coming soon! eviCore portal platform
The management of Fallon Health prior authorizations through eviCore will transition from the MedSolutions portal platform to the CareCore National portal platform. The User ID and password will remain the same. ◼

Quality focus

Year-end HEDIS gap closure—let's close HEDIS gaps together

As we approach the end of the measurement year, Fallon Health is committed to working with you to close care gaps and improve patient outcomes. ■

Some top priority measures include:
- Diabetes care: HbA1c control, retinal eye exam, nephropathy screening
- Hypertension: Blood pressure control
- Cancer screenings: Breast, colorectal, and cervical

Your participation in closing HEDIS gaps supports our shared roadmap for improving healthcare. Together, we are advancing better outcomes, healthier populations, affordable healthcare, and a supported care team. Fallon Health has developed several targeted interventions to assist with this. You may receive one or more of the following:
- Request for your patients' most recent results including:
  - HbA1c test results in 2025
  - Blood pressure reading in 2025
  - Colorectal cancer screening completed within timeframe per method of screening
- Gaps in care report that includes your patients who may need cancer screenings, diabetes care, or hypertension care
- Results from Quest Diagnostics as Fallon Health is conducting a free and voluntary colorectal cancer screening program and HbA1c testing program provided by Quest Diagnostics.

Thank you for your continued commitment to high-quality, patient-centered care! ■

Access complex case management

Another program we offer to your patients who need a lot of care and resources is the Complex Case Management Program. You may refer a patient to this program if they have a "critical event or diagnosis"—for example, a car accident, a fall that results in serious injury, cancer, or serious health decline. We'll do a brief assessment to confirm eligibility. Our nurse case managers and social workers coordinate their care in collaboration with caregivers and you.

We want to help ensure that your patients receive all the appropriate services and have access to all the resources needed to resolve their health issues in the best way possible. For more information, or to ask about enrolling in the program, you may call us at 1-800-333-2535, ext. 78002 (TRS 711), Monday–Friday, 8:30 a.m.–5:00 p.m. Or you may use our Case Management Referral Form

Thank you for your referrals. ■

Important links to information about care

Our Clinical Practice Guidelines are available here. We hope you'll take the time to explore the guidelines on fallonhealth.org to learn how we work with you and your patients to ensure the quality and safety of clinical care. If you'd like to receive a copy of this information, please call Provider Services at 1-866-275-3247, option 4. ■

Clinical criteria for utilization care services

Fallon Health uses national, evidence-based criteria reviewed annually by a committee of health plan and community-based physicians to determine the medical appropriateness of selected services requested by physicians. These criteria are approved as being consistent with generally accepted standards of medical practice, including prudent layperson standards for emergency room care. Criteria are available here, or as a paper copy upon request. ■

Quality Program

Fallon Health is proud of its long history of quality accomplishments, including our accreditation from the National Committee for Quality Assurance. We also welcome suggestions from our physicians about specific goals or projects that may further improve the quality of our care and services. ■

Know our members' rights and responsibilities

Fallon Health members have the right to receive information about an illness, the course of treatment, and prospects for recovery in terms that they can understand. They have the right to actively participate in decisions regarding their own health and treatment options, including the right to refuse treatment. View a complete list of Fallon Health members' rights and responsibilities. ■

Utilization Management (UM) incentives

Fallon Health affirms the following:

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

Practitioner rights

Practitioners have the right to review information submitted to support their credentialing application unless the disclosure of certain information or the source of information is prohibited by law, contract, or agreement with the entity that provided the information to Fallon Health. They also have the right to correct erroneous information submitted by another party for use in the credentialing process and receive the status of their credentialing or recredentialing. ■

Coding Corner

Claims processing updates

In 2024, Fallon Health aligned its claims processing with CMS's National Correct Coding Initiative (NCCI) edits.

In 2025, Fallon Health implemented new claims processing protocols in strict accordance with the CMS Processing Manual across all our plans, including Fallon Medicare Plus, NaviCare, Summit ElderCare, and Community Care. These edits are designed to ensure billing accuracy and prevent improper payments by evaluating code combinations that shouldn't be reported together.

Additionally, Fallon Health conducts periodic reviews of CMS's claims processing manual for consistency and to prevent payment inaccuracies.

Fallon Health has customized its claims editing software to incorporate the following updates and continues to refine it based on evolving policies and guidelines.

- **Critical Care and E&M codes:** Evaluation and Management Billed with Critical Care on Same DOS by Same Provider – these services are not separately payable.

- **COVID testing codes:** Multiple nucleic acid-based COVID Tests Billed by Same Provider on Same DOS and Multiple Nucleic Acid-Based COVID Tests Billed by Same Provider on Same DOS for facilities – per NCCI these tests shall not be reported separately. ◼

Medicare MS-DRG annual update

Medicare MS-DRG V34 fee schedule of weights is effective October 1, 2025. For a list of new and invalid MS-DRG codes, effective for dates of service on or after October 1, 2025, visit CMS.gov. ◼

ICD-10-CM and ICD-10-PCS annual code update

The annual update of the ICD-10-CM diagnosis and ICD-10-PCS procedure codes is effective October 1, 2025. An ICD-10-CM diagnosis code is required on all paper and electronic claims billed to Fallon Health.

For a list of new and invalid ICD-10-CM and ICD-10-PCS codes, effective for dates of service on or after October 1, 2025, visit CMS.gov. ◼

Coding updates

Effective March 19, 2025, the following codes are *covered* for all lines of business, except MassHealth ACO (Berkshire Fallon Health Collaborative, Fallon 365 Care, Fallon Health-Atrius Health Care Collaborative):

Code	Description
0646T-TTVR	Treatment of symptomatic TR under CED according to the criteria outline in the NCD manual, Chapter 1, Section 20.37. https://www.cms.gov/files/document/r13343ncd.pdf

Effective December 1, 2025, the following code will *require prior authorization* for all lines of business, except MassHealth ACO (Berkshire Fallon Health Collaborative, Fallon 365 Care, Fallon Health-Atrius Health Care Collaborative):

Code	Description
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion

Effective December 1, 2025, the following codes will *require prior authorization* for all lines of business:

Code	Description
21049	Excision of benign tumor or cyst of maxilla, requiring extra-oral osteotomy and partial maxillectomy [e.g., locally aggressive or destructive lesion(s)]
31225	Maxillectomy; without orbital exenteration
31230	Maxillectomy; with orbital exenteration (en bloc)
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidotomy and/or maxillectomy
21348	Open treatment on nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21215	Graft, bone; mandible (includes obtaining graft)
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159	Reconstruction midface forehead advance; LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	Reconstruction midface forehead advance; with/LeFort I
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
29804	Arthroscopy, temporomandibular joint, surgical

Effective December 1, 2025, the following codes will be *deny vendor liable* for all lines of business:

Code	Description
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer

Effective July 1, 2025, the following codes are *payable with prior authorization* for MassHealth ACO (Berkshire Fallon Health Collaborative, Fallon 365 Care, Fallon Health-Atrius Health Care Collaborative):

Code	Description
81174	AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant
81188	CSTB (cystatin B) (e.g., Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
81189	CSTB (cystatin B) (e.g., Unverricht-Lundborg disease) gene analysis; full gene sequence
81235	EGFR (epidermal growth factor receptor) (e.g., non-small cell lung cancer) gene analysis, common variants (e.g., exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
81278	IGH@/BCL2 (t(14;18)) (e.g., follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative
81305	MYD88 (myeloid differentiation primary response 88) (e.g., Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant
81312	PABPN1 (poly[A] binding protein nuclear 1) (e.g., oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (e.g., myeloproliferative disorder) gene analysis; common variants (e.g., W515A, W515K, W515L, W515R)
81345	TERT (telomerase reverse transcriptase) (e.g., thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (e.g., promoter region)

Code	Description
81347	SF3B1 (splicing factor [3b] subunit B1) (e.g., myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (e.g., A672T, E622D, L833F, R625C, R625L)
81348	SRSF2 (serine and arginine-rich splicing factor 2) (e.g., myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (e.g., P95H, P95L)
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (e.g., myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (e.g., S34F, S34Y, Q157R, Q157P)
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (e.g., E65fs, E122fs, R448fs)
81413	Cardiac ion channelopathies (e.g., Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A

Effective December 1, 2025, the following code will *be deny vendor liable* for Community Care:

Code	Description
S0013	Esketamine, nasal spray, 12 mg

Effective October 1, 2025, the following codes will be configured as *covered with prior authorization* for all lines of business, except MassHealth ACO, which will be *deny vendor liable*:

Code	Description
0575U	Transplantation medicine (liver allograft rejection), miRNA gene expression profiling by RT-PCR of 4 genes (miR-122, miR-885, miR-23a housekeeping, spike-in control), serum, algorithm reported as risk of liver allograft rejection
0576U	Transplantation medicine (liver allograft rejection), quantitative donor-derived cell-free DNA (cfDNA) by whole genome next-generation sequencing, plasma and mRNA gene expression profiling by multiplex real-time PCR of 56 genes, whole blood, combined algorithm reported as a rejection risk score
0577U	Oncology (ovarian), serum, analysis of 39 glycoproteins by liquid chromatography with tandem mass spectrometry (LC-MS/MS) in multiple reaction monitoring mode, reported as likelihood of malignancy
0578U	Oncology (cutaneous melanoma), RNA, gene expression profiling by real-time qPCR of 10 genes (8 content and 2 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reports a binary result, either low-risk or high-risk for sentinel lymph node metastasis and recurrence
0579U	Nephrology (diabetic chronic kidney disease), enzyme-linked immunosorbent assay (ELISA) of apolipoprotein A4 (APOA4), CD5 antigen-like (CD5L) combined with estimated glomerular filtration rate (GFR), age, plasma, algorithm reported as a risk score for kidney function decline

Code	Description
0580U	Borrelia burgdorferi, antibody detection of 24 recombinant protein groups, by immunoassay, IgG
0581U	Transplantation medicine, antibody to non-human leukocyte antigens (non-HLA), blood specimen, flow cytometry, single-antigen bead technology, 39 targets, individual positive antibodies reported
0582U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported
0583U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome comparator DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported with proband results (List separately in addition to code for primary procedure.)
0584U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative
0585U	Targeted genomic sequence analysis panel, solid organ neoplasm, circulating cell-free DNA (cfDNA) analysis from plasma of 521 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, and microsatellite instability, report shows identified mutations, including variants with clinical actionability
0586U	Oncology, mRNA, gene expression profiling of 216 genes (204 targeted and 12 housekeeping genes), RNA expression analysis, formalin-fixed paraffin-embedded (FFPE) tissue, quantitative, reported as log2 ratio per gene
0587U	Therapeutic drug monitoring, 60-150 drugs and metabolites, urine, saliva, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), specimen validity, and algorithmic analyses for presence or absence of drug or metabolite, risk score predicted for adverse drug effects
0588U	Infectious disease (bacterial or viral), 32 genes (29 informative and 3 housekeeping), immune response mRNA, gene expression profiling by split-well multiplex reverse transcription loop-mediated isothermal amplification (RT-LAMP), whole blood, reported as continuous risk scores for likelihood of bacterial and viral infection and likelihood of severe illness within the next 7 days
0589U	Perfluoroalkyl substances (PFAS) (e.g., perfluorooctanoic acid, perfluorooctane sulfonic acid), 24 PFAS compounds by high-performance liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative
0590U	Infectious disease (bacterial and fungal), DNA of 44 organisms (34 bacteria, 10 fungi), urine, next-generation sequencing, reported as positive or negative for each organism
0591U	Oncology (prostate cancer), biochemical analysis of 3 proteins (total PSA, free PSA, and HE4), plasma, serum, prognostic algorithm incorporating 3 proteins and digital rectal examination, results reported as a probability score for clinically significant prostate cancer
0592U	Oncology (hematolymphoid neoplasms), DNA, targeted genomic sequence of 417 genes, interrogation for gene fusions, translocations, rearrangements, utilizing formalin-fixed paraffin-embedded (FFPE) tumor tissue, results report clinically significant variant(s)

Code	Description
0593U	Infectious disease (genitourinary pathogens), DNA, 46 targets (28 pathogens, 18 resistance genes), RT-PCR amplified probe technique, urine, each analyte reported as detected or not detected
0594U	Infectious disease (sepsis), semiquantitative measurement of pancreatic stone protein concentration, whole blood, reported as risk of sepsis
0595U	Infectious disease (tropical fever pathogens), vector-borne and zoonotic pathogens, including 2 viruses (Chikungunya virus and Dengue virus serotypes 1, 2, 3, and 4), 1 bacterium (Leptospira species), and 1 parasite with species differentiation (Plasmodium species, Plasmodium falciparum, and Plasmodium vivax/ovale), real-time RT-PCR, whole blood, each pathogen reported as detected or not detected
0596U	Neurology (Alzheimers disease), plasma, 3 distinct isoform-specific peptides (APOE2, APOE3, and APOE4) by liquid chromatography with tandem mass spectrometry (LC-MS/MS), reported as an APOE prototype
0597U	Oncology (breast), RNA expression profiling of 329 genes by targeted next-generation sequencing and 20 proteins by multiplex immunofluorescence, formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic analyses to determine tumor-recurrence risk score
0598U	Gastroenterology (irritable bowel syndrome), IgG antibodies to 18 food items by microarray-based immunoassay, whole blood or serum, report as elevated (positive) or normal (negative) antibody levels
0599U	Oncology (pancreatic cancer), multiplex immunoassay of ICAM1, TIMP1, CTSD, THBS1, and CA 19-9, serum, diagnostic algorithm reported as positive or negative
A2036	Cohealyx collagen dermal matrix, per square centimeter
A2037	G4derm plus, per milliliter
A2038	Marigen pacto, per square centimeter
A2039	Innovamatrix fd, per square centimeter
A4288	Valve for breast pump, replacement
A9612	Injection, fluorescein, 1 mg
A9616	Gallium ga-68 gozetotide (gozellix), diagnostic, 1 millicurie
C1740	Leadless electrode, transmitter, battery (all implantable), for sequential left ventricular pacing
C1741	Anchor/screw for bone fixation, absorbable (implantable)
C1742	Pressure monitoring system, compartmental intramuscular (implantable), continuous, including all components (e.g., introducer, sensor), excludes mobile (wireless) software application
C8006	Insertion of pleural-peritoneal shunt with intercostal pump chamber, including imaging, injection(s) of contrast with radiological supervision and interpretation, when performed
E0150	Combination wheeled walker with seat and transport chair, folding, adjustable or fixed height
E0658	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest
E0659	Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest

Code	Description
L1007	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla, to trochanter, includes all accessory pads, straps, and interface, custom fabricated
L5657	Addition to lower extremity prosthesis, manual/automated adjustable air, fluid, gel, or equal socket insert for limb volume management, any materials
L6034	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at transmetacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by l6692
L6035	Single prosthetic digit, mechanical, can include metacarpophalangeal (mcp), proximal interphalangeal (pip), and/or distal interphalangeal (dip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement
L6036	Prosthetic thumb, mechanical, can include metacarpophalangeal (mcp), interphalangeal (ip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement
L6038	Addition to single prosthetic digit or thumb, mechanical, attachment, multiaxial and/or internal/external rotation/abduction/adduction mechanism, with or without locking feature, any material
L6039	Passive prosthetic digit or thumb prosthesis not including hand restoration partial hand, full or partial, custom made, any material, initial or replacement, per single passive prosthetic digit or thumb
M0235	Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, not otherwise classified, first dose
M0236	Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, not otherwise classified, second dose
Q0235	Injection, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, not otherwise classified, 1 mg
Q4383	Axolotl graft ultra, per square centimeter
Q4384	Axolotl dualgraft ultra, per square centimeter
Q4385	Apollo ft, per square centimeter
Q4386	Acesso trifaca, per square centimeter

Code	Description
Q4387	Neothelium ft, per square centimeter
Q4388	Neothelium 4l, per square centimeter
Q4389	Neothelium 4l+, per square centimeter
Q4390	Ascendion, per square centimeter
Q4391	Amnioplast double, per square centimeter
Q4392	Grafix duo, per square centimeter
Q4393	Surgraft ac, per square centimeter
Q4394	Surgraft aca, per square centimeter
Q4395	Acelagraft, per square centimeter
Q4396	Natalin, per square centimeter
Q4397	Summit aaa, per square centimeter ■

Payment policies

Revised policies – Effective December 1, 2025

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

- **Non-Covered Services** – Updated code report (generated 12/02/2025).

- **Assistant Surgeon** – Under Reimbursement, added new section for reimbursement for assistant surgeons for MassHealth ACO effective 12/01/2025; under Billing/coding guidelines, clarified that each assistant surgeon must bill under their own name and NPI as the rendering provider, claims with the AS modifier submitted by physicians will be denied.

- **Modifier** – Under Reimbursement, updated information for modifier 62 and modifiers 80, 81, 82 and AS in the Level I CPT Modifier table.

- **Observation Services** – Under Policy, added new section for Reporting Hours of Observation; under Billing/coding guidelines, updated CPT codes for professional observation services.

- **Drugs and Biologicals** – Under Reimbursement, added new section for Acute Outpatient Hospitals Reimbursed Under MassHealth Payment Methodology; under Billing/coding guidelines, added new section for Physician Administered Drugs Reimbursed under MassHealth Payment Methodologies, and updated Spravato® (Esketamine) Nasal Spray Billing and Coding Update section to include Community Care effective 12/01/2025.

- **Aging Services Access Point (ASAP)** – Referral/notification/prior authorization requirements updated to indicate that prior authorization will be required for services provided by the ASAP or by a vendor under contract with the ASAP (Purchased Services) effective for dates of service on or after January 1, 2026, also, added T1020 and T2025 to the Billing/coding guidelines table and removed 99058.
  Note: Policy will be posted 11/1/2025.

New policy – Effective January 1, 2026

- **Short Term Custodial (STC) and Long Term Care (LTC) –** policy origination. ■

Medical policies

Revised policies – Effective September 1, 2025

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

- **Orthognathic Surgery**
- **Autologous Stem Cell Transplantation**
- **Deep Brain Stimulation**
- **Hyperbaric Oxygen Therapy**
- **Spinal Cord Stimulation**
- **Cosmetic, Reconstructive and Restorative Services**
- **Infertility Services**
- **Vagus Nerve Stimulation**
- **Yescarta (axicabtagene ciloleucel)**
- **Tecartus (brexucabtagene autoleucel)**
- **Ventricular Assist Devices**

Revised policies – Effective October 1, 2025

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

- **Cochlear Implantation**
- **Intensity Modulated Radiation Therapy (IMRT)**
- **Proton Beam Therapy**
- **Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy**

Retired policies – Effective June 1, 2025

Neuropsychological Testing For Non-Behavioral Health Diagnoses

Retired policies – Effective July 1, 2025

Bone Growth Stimulators

New policy – Effective January 1, 2026

- **Long-Term Services and Supports (LTSS) for NaviCare**
- **Personal Care Attendant Services**
- **Group Adult Foster Care**
- **Adult Foster Care** ■

Our products*

Medicare Advantage

Fallon Medicare Plus HMO – for Medicare beneficiaries across the state—from Boston to the Berkshires*. 4 plans to choose from:

- FMP Orange, Green, and Blue HMO plans
- FMP Saver No Rx HMO

Service area includes all of Massachusetts except Dukes and Nantucket counties.

Fallon Medicare Plus Central Premier HMO – for Medicare beneficiaries who receive coverage through an employer group or union.

- Exclusively for Medicare members who live in Worcester County

Fallon Medicare Plus Premier HMO – for Medicare beneficiaries who receive coverage through an employer group or union.

- Service area includes Massachusetts as well as some cities and towns outside of the state

Medicare Supplement

Fallon Medicare Plus Supplement – for individual consumers who are Medicare-eligible. Can see any provider they choose who accepts Medicare. Three plans to choose from:

- FMP Supplement Core, FMP Supplement 1A, and FMP Supplement 1

Individual and small group

Community Care – for the subsidized and unsubsidized individual and small group markets. Available on the Massachusetts Health Connector.

- Service area includes Berkshire, Bristol, Hampden, Middlesex, Plymouth, Suffolk, and Worcester counties, and part of Norfolk County

MassHealth ACO

Berkshire Fallon Health Collaborative – for MassHealth-eligible individuals who live in the Berkshire County service area.

- Partnership between Fallon Health and Partnership for Health in the Berkshires PHO, which includes Berkshire Health Systems, Inc., Community Health Programs, Inc., and the majority of Berkshire County community physician practices

Fallon 365 Care – for MassHealth-eligible individuals who live in the service area that includes cities and towns in Worcester, Middlesex, Hampden, and Norfolk counties.

- Partnership between Reliant Medical Group, plus a small affiliate network of providers

Fallon Health-Atrius Health Care Collaborative – for MassHealth-eligible individuals who live in the service area that includes cities and towns in Worcester, Middlesex, Essex, Suffolk, Norfolk, and Plymouth counties.

- Provider network consists of all Atrius Health, in addition to a small affiliate network of providers

Our products* *(continued)*

PACE program

Summit ElderCare – Fallon Health's PACE (Program of All-Inclusive Care for the Elderly) provides medical care, social supports, adult day health, in-home services, transportation, and health insurance in one program—for people age 55 and older, who qualify for a nursing home level of care.

- Allows participants to stay in their homes and have social ties to their communities.
- Participants must live in the Summit ElderCare service area, available at fallonhealth.org/summit.

Senior Care Options program and Special Needs Plan

NaviCare SCO – Fallon Health's Senior Care Options (SCO) program for people aged 65 and older, who live in our service area—which includes all of the cities and towns in Massachusetts, except those in Nantucket and Dukes counties—and who have MassHealth Standard.

NaviCare HMO SNP – Fallon's Medicare Advantage Special Needs Plan SNP for people who have MassHealth Standard and Medicare Parts A and B.

Both NaviCare plans combine MassHealth (Medicaid) and Medicare benefits, including Medicare Part D prescription drug coverage. NaviCare members can't be enrolled in another health insurance plan, except Medicare and MassHealth.

*These are the products Fallon Health currently offers and they are not necessarily indicative of what you are contracted for with Fallon Health. Products may change for 2026. If you have questions regarding products you are contracted for, please contact your Provider Relations Representative.

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

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Questions?

1-866-275-3247

fallonhealth

care. It's what we believe in.