

Connection

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Important updates

Home health care prior authorization reminders and updates

Effective July 1, 2023, Fallon Health will enforce the following requirements:

- Skilled nursing services prior authorization requests may be submitted for up to 30 days per episode with supporting documentation.
- Skilled occupational therapy, physical therapy, and speech therapy prior authorization requests may be submitted for up to 30 days per episode with supporting documentation.
- Medication assistance visits require prior authorization (covered benefit for MassHealth ACO and NaviCare®).

Please note:

- Speech Therapy and Medical Social Worker services do not stand alone, and a member must be receiving skilled nursing or physical therapy services for these requests to be submitted with supporting documentation.
- Homemaker services are not a covered skilled service.

Please see the [Home Health Care Payment Policy](#) and [Home Health Care Services Medical Policy](#) for additional details. ■



New legislation concerning mental health coverage

Last summer, the state of Massachusetts enacted new legislation concerning mental health—Chapter 177 of the Acts of 2022, An Act Addressing Barriers to Care for Mental Health, or the “ABC Act”. This legislation includes several provisions affecting health insurance coverage for both commercial and MassHealth plans. This includes Fallon Health’s Community Care and MassHealth ACO plans (Berkshire Fallon Health Collaborative, Fallon 365 Care, and Fallon Health-Atrius Health Care Collaborative). Topics covered by the law include new benefits, recognition of new behavioral health provider types, and new mental health parity enforcement and reporting requirements.

The Massachusetts Division of Insurance, which regulates commercial plans (like Community Care), recently released a series of bulletins explaining several aspects of the new law:

- Establishing that a clinician, working towards licensure and practicing under the supervision of a licensed mental health professional, can provide treatment to patients under the state’s mental health coverage mandate.
- Mandating coverage for mental health or substance use disorder services provided under the Psychiatric Collaborative Care model. The Psychiatric Collaborative Care model is an evidence-based, integrated behavioral health care service delivery method in which a primary care team, consisting of a primary care provider and a care manager, provides structured care management to a patient, working in collaboration with a psychiatric consultant who provides regular consultations to the primary care team to review the clinical status of patients and make recommendations. Billing for this service includes, but is not limited to, the following CPT codes: 99492, 99493, 99494.
- Forbidding insurers from placing prior authorization on three types of behavioral health services: inpatient mental health acute treatment, community based acute treatment (CBAT), and intensive community-based acute treatment (ICBAT). Insurers may require providers delivering these services to notify the insurer within 72 hours of the patient’s admission and may conduct a concurrent or retrospective review for care that is provided after the post-admission notification period—or any time—in case of suspected fraud or abuse.
- Laying the groundwork for coverage of a new mandated benefit—an annual mental health wellness examination—with no member cost-sharing. Additional regulatory activity will be necessary before this benefit can be implemented.

For more information on these topics, contact your Provider Relations Representative. We will continue to provide updates as further aspects of the law are rolled out by regulators. ■

New state law concerning abortion and abortion-related services

The State of Massachusetts enacted new legislation concerning abortion in the summer of 2022 (Chapter 127 of the Acts of 2022). This legislation features several provisions affecting health insurance coverage for both commercial and MassHealth plans, including Fallon Health’s Community Care and MassHealth ACO plans (Berkshire Fallon Health Collaborative, Fallon 365 Care, and Fallon Health-Atrius Health Care Collaborative). The Massachusetts Division of Insurance, which regulates commercial plans (like Community Care), recently released a bulletin on the new law.

Under the law, commercial and MassHealth plans are required to provide coverage for abortion and abortion-related services, with no member cost-sharing, effective with a plan's first renewal on or after January 1, 2023. For commercial plans, the new law makes two exceptions to the mandate. First, qualified high deductible plans (QHDPs) are required to comply with the coverage mandate, but are allowed to include member cost-sharing. This exception was made because federal requirements governing QHDPs mandate that QHDPs apply most services to the plan deductible. Second, plans sponsored by employers who are churches or qualified church-controlled organizations are exempt from the mandate.

Abortion is defined as *"any medical treatment intended to induce the termination of, or terminate, a clinically diagnosable pregnancy except for the purpose of producing a live birth; provided, however, that 'abortion' shall not include providing care related to a miscarriage"*. The Division of Insurance bulletin defines abortion-related care to include the following when provided in conjunction with a covered surgical or medication-assisted abortion:

- Pre-operative/abortion evaluation and examination
- Pre-operative counseling
- Laboratory services, including pregnancy testing, blood type, and RH factor
- Rh (D) immune globulin (human)
- Anesthesia (general or local)
- Post-operative/abortion care and follow-up
- Advice on contraception or referral to family planning services
- Ultrasounds

Even before this legislation was passed, most commercial plans in Massachusetts covered abortion. Coverage of elective abortions was not legally required, and was typically subject to member cost sharing. Consistent with this new legislation, Fallon Health will cover abortion and abortion-related services with no member cost-sharing for all Community Care plans—effective January 1, 2023. For members of the Community Care Connector Low Silver HSA plan (QHDP), abortion and abortion-related care will be covered in full after the member meets their deductible. For more information, contact your Provider Relations Representative. ■

Return to Referral Requirements Post Federal Public Health Emergency

As the Public Health Emergency comes to an end, we are preparing to return to PCP referral requirements for specialty care for **Fallon Medicare Plus™**, **Fallon Medicare Plus Central**, and **NaviCare**—effective July 1, 2023. These referrals need to be submitted into our Proauth referral and authorization system. Please ensure your access to Proauth is still active. If you need to sign up, please visit our [website](#).

If you wish to attend a Proauth training session, please visit fallonhealth.org/providers/resources for a list of available dates and times.

Referral requirements for our MassHealth ACO plans (Berkshire Fallon Health Collaborative, Fallon 365 Care, and Fallon Health–Atrius Health Care Collaborative) remain paused. PCP referrals for specialty care for Community Care continue to be required using the NPI number of the PCP. Out-of-network care continues to require a plan prior authorization request submitted in Proauth. ■

MassHealth Accountable Care Organization Plan Update

As we announced in January, Fallon Health has formed a MassHealth Accountable Care Organization Partnership Plan with Atrius Health—effective April 1, 2023—called Fallon Health–Atrius Health Care Collaborative. We are also excited to renew two of our existing Accountable Care Organization Partnership Plans—Fallon 365 Care with Reliant Medical Group, and Berkshire Fallon Health Collaborative (BFHC) with 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. The goals of each ACO are to improve care delivery and to support integration of care. The partnerships allow for additional support, increased capacity, and improved analytics for population health management. ■

What's new

MassHealth redetermination begins April 1

Beginning April 1, 2023, MassHealth members will need to renew their health coverage. Here's some helpful information to help them stay covered.

Why is this so important?

- Due to continuous coverage requirements that started during the COVID-19 emergency, MassHealth has been maintaining members' coverage and benefits, but will soon return to normal renewal operations. All MassHealth members will have to renew their coverage. If MassHealth has enough information to confirm eligibility, coverage will be renewed automatically. If MassHealth is not able to confirm eligibility automatically, they will send a renewal form in a blue envelope to the mailing address they have on file.

What can your patients do now?

- Make sure MassHealth has their current address, phone number, and email so they don't miss important information and notices from MassHealth.
- Report any household changes to MassHealth. These changes could include a new job, address, changes to income, disability status, or pregnancy.

MassHealth members under 65 years old can update their information with MassHealth online at mahix.org/individual. If they don't already have a MA Login Account, they can visit mass.gov/masshealthlogin or call the MassHealth Customer Service Center at 1-800-841-2900 (TDD/TTY: 711).

MassHealth members aged 65 and older can renew by mail or fax, or by scheduling an in-person appointment with a MassHealth representative or Enrollment Assister. Appointments can be scheduled online [here](#).

What happens next?

- Over the next 12 months, people with MassHealth should watch their mail for a blue envelope.
- If someone receives a blue envelope, they must be sure to open it and follow the instructions provided by MassHealth.
- People should be on the lookout for scams! Scammers might pretend to be from a legitimate organization or a government agency.

If individuals with MassHealth coverage don't respond to MassHealth when they get the request to renew—or if they no longer qualify for MassHealth—they'll lose their MassHealth coverage. ■

Beacon Health Options is now Carelon Behavioral Health

On March 1, 2023, Beacon Health Options, Fallon Health's behavioral health management partner, changed its name to Carelon Behavioral Health, Inc. This is a name change only and will not have an impact on care or services being provided to Fallon Health members.

What this means for your patients.

Your patients do not need to take any action and will still be able to see all their previous doctors and health professionals. All Beacon Health phone numbers, e-mails, websites, and apps will redirect members to the right place.

What this means for you.

There will be no disruptions in service. All contracts, policies, and procedures will remain unchanged. Additionally, all existing phone numbers, emails, websites, and portals will redirect with no new reregistration required. ■

Fully unified ACO formulary beginning April 1, 2023

Beginning April 1, 2023, Fallon Health's ACO population will transition from a partially unified formulary to a fully unified formulary with MassHealth and all the other MCO organizations across Massachusetts. Pharmacy drug criteria will now be available for Fallon Health ACO members on the [MassHealth drug list website](#). The link will be on the Fallon Health [website](#) as of April 1, 2023.

Implementation of adult prescription stimulant restrictions

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

90-day supply program change

Also effective April 1, 2023, the ACO 90-day supply program will be following the MassHealth 90-day supply program. Please see the following links for more details:

- [MassHealth 90-Day Supply \(conduent.com\)](https://www.mass.gov/doc/all-provider-bulletin)
- [mass.gov/doc/all-provider-bulletin](https://www.mass.gov/doc/all-provider-bulletin) ■

Product spotlight

NaviCare® – Model of Care training

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

NaviCare benefits that all members receive, include:

- Unlimited transportation to medical appointments.
- 140 one-way trips per calendar year to places including grocery stores, gyms, and churches, within a 30-mile radius of the member's home. Transportation may be arranged 2 business days in advance by calling our transportation vendor, CTS at 1-833-824-9440. The member/caregiver can arrange transportation and/or Fallon Health Navigators are also available to assist. Members' friends and family can also qualify for mileage reimbursement for covered trips.
- Members receive up to \$400 per year in fitness reimbursements for new fitness trackers, like a Fitbit or Apple Watch, and/or a membership in a qualified health club or fitness facility. They also have a Silver Sneakers™ gym membership.
- Members receive \$600 per year (\$150 per calendar quarter) on the Save Now card, to purchase certain health-related items like toothbrushes, cold/allergy medicine, diabetic care, first-aid products, sunscreen, pain relievers, probiotics, incontinence products, and more. Purchases can be made over the phone, at stores like CVS Pharmacy, Family Dollar, and Walmart, or online with free home delivery.

- The Healthy Food Card gives members the ability to earn up to \$100 annually for completing healthy activities like:
 - 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 such as, but not limited to: canned vegetables, beans, rice and pastas, fresh vegetables and fruits, frozen and fresh meat, fish and poultry, refrigerated dairy and non-dairy products at participating retailers.

- **New for 2023—Self-Care Card.** Members get \$50 each calendar quarter (\$200 annually) to buy personal care items and groceries. Members can buy items like soap, deodorant, and shampoo. They can also use the card to buy food products like rice, beans, meat, fish, and vegetables.
- **New for 2023—Papa Pals program.** The program provides in-home support services to help members with their day-to-day needs, like light housekeeping and grocery shopping, plus assistance with technology, and even companionship. Members who decide to be a part of the program will receive a Papa Pal who lives in the member’s area. The people who become Papa Pals are thoughtfully selected, screened, and trained.
- **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 coordinated care plans 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 Service Coordinator employed by local Aging Service Access Points (ASAPs)

(if patient is living in own home)

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

Behavioral Health Case Manager *(as needed)*

- Identifies and coordinates services to support patients' emotional health and well-being
- Supports your patients through transition to older adulthood
- Helps connect patients with their Care Team and 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, call 1-877-255-7108. ■

NaviCare Model of Care accomplishments

Social determinants of health

Studies show that up to 80% of patients' overall health is determined by social determinants of health, such as education access and quality; health care access; economic stability; housing and environmental concerns. We recognize how these issues can negatively impact our members' health care literacy, economic stability, access to healthcare, physical safety, housing, and food availability.

Our unique model of care helps address these issues by creating individualized care plans to meet these needs and reduce the impacts of social determinants of health with positive health optimization. NaviCare uses enhanced member assessments to capture data related to food insecurity, transportation issues, and housing concerns. To increase staff knowledge on this issue, all staff are trained on the impacts of social determinants of health annually.

Behavioral health needs continue to rise

As we enter the third year of the COVID-19 pandemic, we continue to see the prevalence of anxiety, depression, substance use, and other mental health issues increase in our membership. Loneliness, fear of infection, loss of loved ones, grief, and financial worries have been noted as stressors linked to these increases. Concerns about increases in mental health conditions prompted the NaviCare team to enhance behavioral health supports for our members.

Our Behavioral Health team expanded during the pandemic to meet the growing need. We added two additional Behavioral Health Case Managers, two Behavioral Health Care Coordinators and one additional Social Care Manager in 2022.

- Our **Behavioral Health Case Managers** are assigned by geography and are aware of services and mental health supports specific to our members' locations. Once a need is identified, the Behavioral Health Case Managers coordinate essential mental health and substance use benefits as well as supports, consultations, and care planning with Carelon representatives and the member's care team. Also, Behavioral Health Case Managers monitor inpatient psychiatric census logs and will contact the appropriate hospital staff to provide care coordination and follow up with members post-discharge from psychiatric admissions.
- Our **Memory Specialist** is a dementia expert who serves as the Fallon Health team lead on the Alzheimer's Association Memory Specialist team. The Memory Specialist creates individualized care plans designed to keep members safe and supported in the community. Additionally, they work closely with caregivers/family members to prevent caregiver burnout and provide resources and education to members, families, and/or caregivers through the Alzheimer's Association.
- **Social Care Managers** connect and refer members to various local, state, and federal agencies, and assist members with prescription co-pays, fuel assistance, food pantries, transportation, and housing.
- **Behavioral Health Care Coordinators** assist both the Behavioral Health Case Managers and the Social Care Managers in identifying providers in the community and scheduling appointments for members.

The goal of our Behavioral Health program is to provide much needed social supports and clinical care to members and families struggling with mental health and substance use related issues. ■

Important reminders

Magellan Rx Management program

Fallon Health partners with Magellan Rx Management for prior authorizations for:

- Physician administered medical pharmacy drugs
- Post service claim edits
- Voluntary site of service infusion therapy program

Please [register](#) to join us for a refresher webinar to review this program on April 11, 2023 at 12:00 p.m. ■

Doing business with us

Utilization Management update

As of June 1, 2023, Fallon Health will be expanding our use of InterQual® criteria to include the following modules:

- InterQual CP Procedures
- InterQual CP Durable Medical Equipment
- InterQual Medicare Durable Medical Equipment
- InterQual Medicare Procedures
- InterQual Medicare Molecular Diagnostics and Labs

These criteria will be used by our authorization team to determine coverage for procedures—including surgeries, invasive procedures, equipment, and molecular diagnostic testing. Fallon Health chose InterQual CP criteria to ensure decision-making consistency and medical necessity, allowing us to further automate the prior authorizations process.

Providers will be able to access these criteria in the provider section of our [website](#) on June 1, 2023.

These criteria will be reviewed and approved annually by the medical director and the Technology Assessment Committee. ■

Lesser of Contract language for ACO contracts

Effective April 1, 2023, a system update will be made to remove lesser of language for MassHealth ACO provider (non-hospital) agreements. Claims adjudicated on or after April 1 will not be processed at lesser of the MassHealth rate. Upon contract renewal, contract language will be updated. ■

Top five tips for mastering patient risk reporting

For value-based payment programs, accurately capturing hierarchical condition categories (HCC), is a must. These five tips can help safeguard the reporting process and help improve quality of care.

- 1. Report and address active chronic conditions at least once annually**, but the more the better. Patient risk scores reset annually, and many chronic conditions are HCC codes. Make sure to address them at least annually. Wellness visits are a prime time for this.
- 2. Report secondary diagnoses with chronic conditions**, even if not the primary reason for the visit. If a condition is addressed, then it should be reported.
- 3. Report any complications in addition to condition.** Underlying conditions with complications, e.g., diabetes with cataracts, generally impact risk scores more than uncomplicated conditions do.
- 4. Always provide documentation.** Undocumented conditions affect reimbursement and audit results—and can also impact patient outcomes.
- 5. Take full advantage of diagnosis code specificity tools.** Capturing the correct ICD-10 codes is essential to reflect the accuracy of a member's health profile. IT's imperative is to be specific with ICD-10 codes. Some electronic health records have diagnosis code calculators to assist providers in choosing the highest level of specificity via ICD-10 code. ■

Quality Focus

MHQP Patient Experience Awards

Fallon Health would like to congratulate the winners of the 2022 Massachusetts Health Quality Partners (MHQP) Patient Experience Awards. With a mission of improving health and inspiring hope, Fallon appreciates your commitment to delivering best-in-class patient experiences to our members each and every day. For the full listing of the winners in all categories please visit the MHQP [website](#). ■

Clinical Practice Guideline update

Our Clinical Practice Guidelines are available [here](#). For a paper copy, please contact Robin Byrne at 1-508-368-9103.

Fallon Health's Clinical Quality Improvement Committee endorsed and approved the following evidence based Clinical Practice Guidelines:

- 2022 ACC/AHA HFSA Guideline for the Management of Heart Failure
- GOLD Initiative for Chronic Obstructive Lung Disease Pocket Guide to COPD Diagnosis, Management, and Prevention
- 2020 Asthma Management Guidelines At-A-Glance
- 2020 Asthma Management Guidelines
- Standards of Care in Diabetes-2023
- Massachusetts Health Quality Partners 2023 Pediatric and Adult Preventive Care Guidelines
- Massachusetts Health Quality Partners 2023 Perinatal Care Guidelines ■

Osteoporosis Management in older women

Fallon Health's Health Promotions department is conducting provider outreach to encourage bone mineral density (BMD) screenings for identified female NaviCare and Fallon Medicare Plus members between the ages of 67-85 who have had a bone fracture within the past six months. BMD testing within six months for older women who have had a fracture is a HEDIS measure under the National Committee for Quality Assurance (NCQA)*. The population is identified from a monthly claims file created by our data analysts. Provider offices may receive phone calls, faxes, or letters in the mail from us, notifying you that your patient has recently sustained a fracture and to assist in the coordination of any follow-up care, at your direction.

If you have any questions, please call Chris Emmi in Health Promotions at 1-508-368-9144.

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

Transitions of Care (TRC) HEDIS® measure

HEDIS® measures are widely used. These best practices are intended to help identify opportunities to improve and standardize processes for capturing the following information necessary to improve patient outcomes. The TRC measure assesses the percentage of discharges for Medicare members 18 years of age and older who experienced each of the following:

- 1. Notification of inpatient admission.** Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).
 - Documentation in the outpatient medical record must include evidence of receipt of notification of inpatient admission that includes evidence of the date when the documentation was received.
- 2. Receipt of discharge information.** Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days). The outpatient medical record at a minimum must include:
 - The practitioner responsible for the member's care during the inpatient stay
 - Procedures or treatment provided
 - Diagnoses at discharge
 - Current medication list
 - Testing results, or documentation of pending tests or no tests pending
 - Instructions for patient care post-discharge
- 3. Patient engagement after inpatient discharge.** Documentation in the outpatient medical record of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.
- 4. Medication reconciliation post-discharge.** Documentation in the outpatient medical record of medication reconciliation on the date of discharge through 30 days after discharge (31 total days). Or CPT code 1111F. ■

Coding Corner

Please note the lengthy list of codes changing coverage for our MassHealth ACO plans as we align our fee schedule with MassHealth. To obtain an Excel spreadsheet detailing the changes, please reach out to your Provider Relations Representative.

Coding updates

Effective February 1, 2022, the following code was changed to *deny vendor liable* for MassHealth ACO. All other lines of business *will require plan prior authorization*:

Code	Description
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)

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

Code	Description
J7296	Kylena, 19.5mg

Effective January 1, 2023, the following codes have been configured as *deny member liable* for the Medicare HMO lines of business.

The codes remain *covered* for Medicaid ACO and NaviCare lines of business. Codes are reflected in the *Non-Covered Services Payment Policy*.

Code	Description
A6530	Gradient compression stocking, below knee, 18-30 mmHg, each
A6533	Gradient compression stocking, thigh length, 18-30 mmHg, each
A6534	Gradient compression stocking, thigh length, 30-40 mmHg, each
A6535	Gradient compression stocking, thigh length, 40-50 mmHg, each
A6536	Gradient compression stocking, full length/chap style, 18-30 mmHg, each
A6537	Gradient compression stocking, full length/chap style, 30-40 mmHg, each
A6538	Gradient compression stocking, full length/chap style, 40-50 mmHg, each
A6539	Gradient compression stocking, waist length, 18-30 mmHg, each
A6540	Gradient compression stocking, waist length, 30-40 mmHg, each
A6541	Gradient compression stocking, waist length, 40-50 mmHg, each
A6544	Gradient compression stocking, garter belt
A6549	Gradient compression stocking/sleeve, not otherwise specified

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

Code	Description
E1905	Virtual reality cognitive behavioral therapy device (CBT), including pre-programmed therapy software
K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, FDA-approved, authorized or cleared
M0010	Enhancing oncology model (EOM) monthly enhanced oncology services (MEOS) payment for eom enhanced services

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

Code	Description
A2019	Kerecis omega3 marigen shield, per square centimeter
A2020	Ac5 advanced wound system (ac5)
A2021	Neomatrix, per square centimeter
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each
A4560	Neuromuscular electrical stimulator (NMES), disposable, replacement only
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month
A6591	External urinary catheter; non-disposable, for use with suction pump, per month
A7049	Expiratory positive airway pressure intranasal resistance valve
E0677	Non-pneumatic sequential compression garment, trunk
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month
Q4265	Neostim tl, per square centimeter
Q4266	Neostim membrane, per square centimeter
Q4267	Neostim dl, per square centimeter
Q4268	Surgraft ft, per square centimeter
Q4269	Surgraft xt, per square centimeter
Q4270	Complete sl, per square centimeter
Q4271	Complete ft, per square centimeter

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

Code	Description
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate
0365U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of bladder cancer
0366U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer
0367U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer
0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique
0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab
0371U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score
0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen
0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine
0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score
0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate

Code	Description
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype
0381U	Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)
0382U	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)
0383U	Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (LC-MS/MS)
0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease
0385U	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease
0386U	Gastroenterology (Barrett's esophagus), P16, RUNX3, HPP1, and FBN1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer

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

Code	Description
J0208	Injsodiumthiosulfate 100mg
J0218	Injolipudasealfa-rpcp 1mg
J1449	Injeflapagrastim-xns t0.1mg
J1747	Inj,spesolimab-sbzo,1mg
Q5127	Inj,stimufend, 0.5mg
Q5128	Inj,cimerli, 0.1mg
Q5129	Inj,vezzelma,10mg

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

Code	Description
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image guidance based on fluoroscopic images
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image guidance based on CT/MRI images
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral

Effective June 1, 2023, the following codes will be *deny vendor liable* for MassHealth ACO:

Code	Description
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes

Effective June 1, 2023, the following codes will be *deny vendor liable* for MassHealth ACO:

Code	Description
99190	ASSEMBLY & OPERJ PUMP OXYGENATOR/HEAT EXCH EA HR
99191	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes
99192	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes
99242	OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES
99243	OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES
99244	OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES
99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES
99252	IP/OBS CONSLTJ NEW/EST PT SF MDM 35 MINUTES
99253	IP/OBS CONSLTJ NEW/EST PT LOW MDM 45 MINUTES
99254	IP/OBS CONSLTJ NEW/EST PT MOD MDM 60 MINUTES
99255	IP/OBS CONSLTJ NEW/EST PT HIGH MDM 80 MINUTES
99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support

Code	Description
99315	NURSING FACILITY DSCHRG MGMT 30 MIN/< TOT TIME
99316	NURSING FACILITY DSCHRG MGMT 30 MIN+ TOT TIME
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour
99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional
99374	SUPVJ PT HOME HEALTH AGENCY MO 15-29 MINUTES
99375	SUPERVISION PT HOME HEALTH AGENCY MONTH 30 MIN/>
99377	SUPERVISION HOSPICE PATIENT/MONTH 15-29 MIN
99378	SUPERVISION HOSPICE PATIENT/MONTH 30 MINUTES/>
99379	SUPERVISION NURS FACILITY PATIENT MO 15-29 MIN
99380	SUPERVISION NURS FACILITY PATIENT MONTH 30 MIN/>
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
99439	CHRONIC CARE MGMT SVC STAF EA ADDL 20 MIN CAL MO
99450	BASIC LIFE AND/OR DISABILITY EXAMINATION
99453	REM MNTR PHYSIOL PARAM 1ST SET UP PT EDUCAJ EQP
99454	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
99455	WORK RELATED/MED DBLT XM TREATING PHYS
99457	REMOTE PHYSIOLOGIC MONITORING 1ST 20 MIN MONTH
99458	REMOTE PHYSIOLOGIC MONITORING EA ADDL 20 MIN MO
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
99474	SELF-MEAS BP 2 READG 1 MIN APART BID 30 DAY PD
99485	SUPERVISION INTERFACILITY TRANSPORT INIT 30 MIN
99487	COMPLEX CHRONIC CARE MGMT SVC 1ST 60 MIN CAL MO

Code	Description
99489	CPLX CHRONIC CARE MGMT SVC EA ADDL 30 MIN CAL MO
99490	CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO
99491	CHRONIC CARE MGMT SVC PHYS 1ST 30 MIN CAL MONTH
99495	TRANSJ CARE MGMT MOD MDM F2F 14 CAL D DISCHARGE
99496	TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE
99497	ADVANCE CARE PLANNING FIRST 30 MINS
99510	Home visit for individual, family, or marriage counseling

Effective June 1, 2023, the following codes will be *deny vendor liable* for MassHealth ACO:

Code	Description
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
97755	Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients
98970	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
98971	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
98972	QNHP OL DIGITAL ASSMT&MGMT EST PT <7 D 21+ MIN
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)
99002	HANDLE/CONVEY/ANY OTH SVC DEVICE FIT PHYS/QHP
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX
99053	Service(s) provided between 10:00 PM and 00 AM at 24-hour facility, in addition to basic service

Code	Description
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional
99075	Medical testimony
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
99082	Unusual travel (e.g., transportation and escort of patient)
99091	COLLJ & INTERPJ PHYSIOL DATA MIN 30 MIN EA 30 D
99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure.)
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure.)
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure.)
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure.)
99151	MOD SED SAME PHYS/QHP INITIAL 15 MINS <5 YRS
99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS
99153	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS
99155	MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS
99156	MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS
99157	MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS
99172	VISUAL FUNCT SCRNG AUTO SEMI-AUTO BI QUAN DETERM

Effective June 1, 2023, the following codes will be *deny vendor liable* for MassHealth ACO:

Code	Description
96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC
96567	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ PER DAY
96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN
96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN

Code	Description
96573	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ BY PHYS/QHP
96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT
96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES
97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/ caregiver(s), each 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN
97170	ATHLETIC TRAINING EVAL MOD COMPLEX 30 MINS
97172	ATHLETIC TRAINING RE-EVAL EST PLAN CARE 20 MINS

Effective June 1, 2023, the following codes will be *deny vendor liable* for MassHealth ACO:

Code	Description
93770	Determination of venous pressure
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral
93985	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD
93986	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD
94005	HOME VENTILATOR MGMT CARE OVERSIGHT 30 MIN/>

Code	Description
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)
94644	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour
94645	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)
95012	Nitric oxide expired gas determination
95052	Photo patch test(s) (specify number of tests)
95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection
95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom
95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms
95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms
95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms
95824	Electroencephalogram (EEG); cerebral death evaluation only
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
96105	ASSESSMENT APHASIA W/INTERP & REPORT PER HOUR
96112	DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR
96113	DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN
96146	PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT
96156	HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT
96158	HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN
96159	HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN
96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM

Code	Description
96161	CAREGIVER HLTH RISK ASSMT SCORE DOC STND INSTRM
96167	HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN
96168	HEALTH BEHAVIOR IVNTJ FAM W/PT F2F EA ADD 15 MIN
96170	HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F 1ST 30 MIN
96171	HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F EA ADDL 15

Effective June 1, 2023, the following codes will change from payable to deny vendor liable for MassHealth ACO:

Code	Description
89250	Culture of oocyte(s)/embryo(s), less than 4 days
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos
89253	Assisted embryo hatching, microtechniques (any method)
89254	Oocyte identification from follicular fluid
89255	Preparation of embryo for transfer (any method)
89257	Sperm identification from aspiration (other than seminal fluid)
89258	Cryopreservation; embryo(s)
89259	Cryopreservation; sperm
89260	Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis
89261	Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis
89268	Insemination of oocytes
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes

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

Code	Description
81261	IGH@ (Immunoglobulin heavy chain locus) (e.g., leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (e.g., polymerase chain reaction)
81262	IGH@ (Immunoglobulin heavy chain locus) (e.g., leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (e.g., Southern blot)

Code	Description
81263	IGH@ (Immunoglobulin heavy chain locus) (e.g., leukemia and lymphoma, B-cell), variable region somatic mutation analysis
81264	IGK@ (Immunoglobulin kappa light chain locus) (e.g., leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)
81267	Chimerism (engraftment) analysis, post transplantation specimen (e.g., hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection
81270	JAK2 (Janus kinase 2) (e.g., myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant
81271	HTT (huntingtin) (e.g., Huntington disease) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
81274	HTT (huntingtin) (e.g., Huntington disease) gene analysis; characterization of alleles (e.g., expanded size)
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
81279	JAK2 (Janus kinase 2) (e.g., myeloproliferative disorder) targeted sequence analysis (e.g., exons 12 and 13)
81284	FXN (frataxin) (e.g., Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles
81285	FXN (frataxin) (e.g., Friedreich ataxia) gene analysis; characterization of alleles (e.g., expanded size)
81286	FXN (frataxin) (e.g., Friedreich ataxia) gene analysis; full gene sequence
81289	FXN (frataxin) (e.g., Friedreich ataxia) gene analysis; known familial variant(s)
81290	MCOLN1 (mucolipin 1) (e.g., Mucopolipidosis, type IV) gene analysis, common variants (e.g., IVS3-2A>G, del6.4kb)
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (e.g., hereditary hypercoagulability) gene analysis, common variants (e.g., 677T, 1298C)
81305	MYD88 (myeloid differentiation primary response 88) (e.g., Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant
81306	NUDT15 (nudix hydrolase 15) (e.g., drug metabolism) gene analysis, common variant(s) (e.g., *2, *3, *4, *5, *6)
81312	PABPN1 (poly[A] binding protein nuclear 1) (e.g., oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81320	PLCG2 (phospholipase C gamma 2) (e.g., chronic lymphocytic leukemia) gene analysis, common variants (e.g., R665W, S707F, L845F)
81327	SEPT9 (Septin9) (e.g., colorectal cancer) promoter methylation analysis
81333	TGFBI (transforming growth factor beta-induced) (e.g., corneal dystrophy) gene analysis, common variants (e.g., R124H, R124C, R124L, R555W, R555Q)
81336	SMN1 (survival of motor neuron 1, telomeric) (e.g., spinal muscular atrophy) gene analysis; full gene sequence
81337	SMN1 (survival of motor neuron 1, telomeric) (e.g., spinal muscular atrophy) gene analysis; known familial sequence variant(s)

Code	Description
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (e.g., myeloproliferative disorder) gene analysis; common variants (e.g., W515A, W515K, W515L, W515R)
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (e.g., myeloproliferative disorder) gene analysis; sequence analysis, exon 10
81340	TRB@ (T cell antigen receptor, beta) (e.g., leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (e.g., polymerase chain reaction)
81341	TRB@ (T cell antigen receptor, beta) (e.g., leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (e.g., Southern blot)
81342	TRG@ (T cell antigen receptor, gamma) (e.g., leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81344	TBP (TATA box binding protein) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81345	TERT (telomerase reverse transcriptase) (e.g., thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (e.g., promoter region)
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)
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (e.g., drug irinotecan metabolism), hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (e.g., *28, *36, *37)
81351	TP53 (tumor protein 53) (e.g., Li-Fraumeni syndrome) gene analysis; full gene sequence
81352	TP53 (tumor protein 53) (e.g., Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (e.g., 4 oncology)
81353	TP53 (tumor protein 53) (e.g., Li-Fraumeni syndrome) gene analysis; known familial variant
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (e.g., warfarin metabolism), gene analysis, common variant(s) (e.g., -1639G>A, c.173+1000C>T)
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) (e.g., myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (e.g., E65fs, E122fs, R448fs)
81370	HLA Class I and II typing, low resolution (e.g., antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1
81371	HLA Class I and II typing, low resolution (e.g., antigen equivalents); HLA-A, -B, and -DRB1 (e.g., verification typing)
81372	HLA Class I typing, low resolution (e.g., antigen equivalents); complete (i.e., HLA-A, -B, and -C)
81373	HLA Class I typing, low resolution (e.g., antigen equivalents); one locus (e.g., HLA-A, -B, or -C), each

Code	Description
81374	HLA Class I typing, low resolution (e.g., antigen equivalents); one antigen equivalent (e.g., B*27), each
81375	HLA Class II typing, low resolution (e.g., antigen equivalents); HLA-DRB1/3/4/5 and -DQB1
81376	HLA Class II typing, low resolution (e.g., antigen equivalents); one locus (e.g., HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each
81377	HLA Class II typing, low resolution (e.g., antigen equivalents); one antigen equivalent, each
81378	HLA Class I and II typing, high resolution (i.e., alleles or allele groups), HLA-A, -B, -C, and -DRB1
81379	HLA Class I typing, high resolution (i.e., alleles or allele groups); complete (i.e., HLA-A, -B, and -C)
81380	HLA Class I typing, high resolution (i.e., alleles or allele groups); one locus (e.g., HLA-A, -B, or -C), each
81381	HLA Class I typing, high resolution (i.e., alleles or allele groups); one allele or allele group (e.g., B*57:01P), each
81382	HLA Class II typing, high resolution (i.e., alleles or allele groups); one locus (e.g., HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each
81383	HLA Class II typing, high resolution (i.e., alleles or allele groups); one allele or allele group (e.g., HLA-DQB1*06:02P), each

Effective June 1, 2023, the following codes will be *deny vendor liable* for MassHealth ACO:

Code	Description
55870	Electroejaculation
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure.)
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58350	Chromotubation of oviduct, including materials
58752	Tubouterine implantation
58760	Fimbrioplasty
59070	Transabdominal amnioinfusion, including ultrasound guidance
59072	Fetal umbilical cord occlusion, including ultrasound guidance
59412	External cephalic version, with or without tocolysis
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed
61630	Balloon angioplasty, intracranial (e.g., atherosclerotic stenosis), percutaneous
61635	Transcatheter placement of intravascular stent(s), intracranial (e.g., atherosclerotic stenosis), including balloon angioplasty, if performed

Effective June 1, 2023, the following codes (8000 series) will be changed from covered to deny vendor liable for MassHealth ACO:

Code	Description
80143	Acetaminophen
80151	AMIODARONE
80161	Carbamazepine; -10,11-epoxide
80167	Felbamate
80181	Flecainide
80189	Itraconazole
80193	Leflunomide
80204	Methotrexate
80210	Rufinamide
80320	Alcohols
80321	Alcohol biomarkers; 1 or 2
80322	Alcohol biomarkers; 3 or more
80323	Alkaloids, not otherwise specified
80324	Amphetamines; 1 or 2
80325	Amphetamines; 3 or 4
80326	Amphetamines; 5 or more
80327	Anabolic steroids; 1 or 2
80328	Anabolic steroids; 3 or more
80329	Analgesics, non-opioid; 1 or 2
80330	Analgesics, non-opioid; 3-5
80331	Analgesics, non-opioid; 6 or more
80332	Antidepressants, serotonergic class; 1 or 2
80333	Antidepressants, serotonergic class; 3-5
80334	Antidepressants, serotonergic class; 6 or more
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2
80336	Antidepressants, tricyclic and other cyclicals; 3-5
80337	Antidepressants, tricyclic and other cyclicals; 6 or more
80338	Antidepressants, not otherwise specified

Code	Description
80339	Antiepileptics, not otherwise specified; 1-3
80340	Antiepileptics, not otherwise specified; 4-6
80341	Antiepileptics, not otherwise specified; 7 or more
80342	Antipsychotics, not otherwise specified; 1-3
80343	Antipsychotics, not otherwise specified; 4-6
80344	Antipsychotics, not otherwise specified; 7 or more
80345	Barbiturates
80346	Benzodiazepines; 1-12
80347	Benzodiazepines; 13 or more
80348	Buprenorphine
80349	Cannabinoids, natural
80350	Cannabinoids, synthetic; 1-3
80351	Cannabinoids, synthetic; 4-6
80352	Cannabinoids, synthetic; 7 or more
80353	Cocaine
80354	Fentanyl
80355	Gabapentin, non-blood
80356	Heroin metabolite
80357	Ketamine and norketamine
80358	Methadone
80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)
80360	Methylphenidate
80361	Opiates, 1 or more
80362	Opioids and opiate analogs; 1 or 2
80363	Opioids and Opiate analogs; 3 or 4
80364	Opioids and Opiate analogs; 5 or more
80365	Oxycodone
80366	Pregabalin
80367	Propoxyphene
80368	Sedative hypnotics (non-benzodiazepines)

Code	Description
80369	Skeletal muscle relaxants; 1 or 2
80370	Skeletal muscle relaxants; 3 or more
80371	Stimulants, synthetic
80372	Tapentadol
80373	Tramadol
80374	Stereoisomer (enantiomer) analysis, single drug class
80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3
80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6
80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more

Effective June 1, 2023, the following codes will be changed from payable to deny vendor liable for MassHealth ACO:

Code	Description
90875	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MI
90876	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN
90880	Hypnotherapy
90901	Biofeedback training by any modality
90912	BFB TRAINING W/EMG &/MANOMETRY 1ST 15 MIN CNTCT
90913	BFB TRAINING W/EMG&/MANOMETRY EA ADDL 15 MIN CNTCT
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method
90997	Hemoperfusion (e.g., with activated charcoal or resin)
91112	GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP
91132	Electrogastrography, diagnostic, transcutaneous
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia
92548	CDP-SOT 6 CONDITIONS W/INTERPRETATION & REPORT
92562	Loudness balance test, alternate binaural or monaural
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech

Code	Description
92613	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only
92615	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only
92617	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only
93356	MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH
93660	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR
93668	Peripheral arterial disease (PAD) rehabilitation, per session
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)

Effective June 1, 2023, the following codes will be changed from non-covered to deny vendor liable for MassHealth ACO:

Code	Description
88000	Necropsy (autopsy), gross examination only; without CNS
88005	Necropsy (autopsy), gross examination only; with brain
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord
88012	Necropsy (autopsy), gross examination only; infant with brain
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain
88016	Necropsy (autopsy), gross examination only; macerated stillborn
88020	Necropsy (autopsy), gross and microscopic; without CNS
88025	Necropsy (autopsy), gross and microscopic; with brain
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord
88028	Necropsy (autopsy), gross and microscopic; infant with brain
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ
88040	Necropsy (autopsy); forensic examination
88045	Necropsy (autopsy); coroner's call
88099	Unlisted necropsy (autopsy) procedure

Effective June 1, 2023, the following codes will be changed from covered to deny vendor liable for MassHealth ACO:

Code	Description
90377	Rabies immune globulin, heat- and solvent/detergent-treated (Rlg-HT S/D), human, for intramuscular and/or subcutaneous use
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use
90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
90689	Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use
90697	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR
90698	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
90748	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use
90845	Psychoanalysis

Code	Description
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (e.g., sodium amobarbital (Amytal) interview)

Effective June 1, 2023, the following codes *will be changed from covered to deny vendor liable* for MassHealth ACO:

Code	Description
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos
89321	Semen analysis; sperm presence and motility of sperm, if performed
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (e.g., Kruger)
89325	Sperm antibodies
89329	Sperm evaluation; hamster penetration test
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test
89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)
89335	Cryopreservation, reproductive tissue, testicular
89342	Storage (per year); embryo(s)
89343	Storage (per year); sperm/semens
89344	Storage (per year); reproductive tissue, testicular/ovarian
89346	Storage (per year); oocyte(s)
89352	Thawing of cryopreserved; embryo(s)
89353	Thawing of cryopreserved; sperm/semens, each aliquot
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
89356	Thawing of cryopreserved; oocytes, each aliquot
89398	Unlisted reproductive medicine laboratory procedure

Effective June 1, 2023, the following codes will be changed from covered to deny vendor liable for MassHealth ACO:

Code	Description
86945	Irradiation of blood product, each unit
86950	Leukocyte transfusion
86960	Volume reduction of blood or blood product (e.g., red blood cells or platelets), each unit
86965	Pooling of platelets or other blood product
86985	Splitting of blood or blood products, each unit
87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed
87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (e.g., sequencing of the 16S rRNA gene)
87493	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique
88125	Cytopathology, forensic (e.g., sperm)
88333	Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), initial site
88334	Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)
88738	Hemoglobin (Hgb), quantitative, transcutaneous
88749	Unlisted in vivo (e.g., transcutaneous) laboratory service
89264	Sperm identification from testis tissue, fresh or cryopreserved

Effective June 1, 2023, the following codes will be changed from covered to deny vendor liable for MassHealth ACO:

Code	Description
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
81414	Cardiac ion channelopathies (e.g., Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (e.g., DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood

Code	Description
81439	Hereditary Inherited cardiomyopathy (e.g., hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (e.g., including DSGT, MYBPC2, MYHV, PKP2, and TTN)
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITION
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis
81514	NFCT DS BCT VAGINOSIS & VAGINITIS DNA VAG FLU ALG
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (e.g., benign or suspicious)
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy
81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG
81596	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR
81599	Unlisted multianalyte assay with algorithmic analysis
82075	Alcohol (ethanol), breath
82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (e.g., IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)
82681	Estradiol; free, direct measurement (e.g., equilibrium dialysis)

Code	Description
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
83987	pH; exhaled breath condensate
84145	Procalcitonin (PCT)
84410	Testosterone; bioavailable, direct measurement (e.g., differential precipitation)
84431	Thromboxane metabolite(s), including thromboxane if performed, urine
84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone
86079	Blood bank physician services; authorization for deviation from standard blood banking procedures (e.g., use of outdated blood, transfusion of Rh incompatible units), with written report
86305	Human epididymis protein 4 (HE4)
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN
86911	Blood typing, for paternity testing, per individual; each additional antigen system
86927	Fresh frozen plasma, thawing, each unit
86930	Frozen blood, each unit; freezing (includes preparation)
86931	Frozen blood, each unit; thawing

Effective June 1, 2023, the following codes *will be changed from covered to deny vendor liable* for MassHealth ACO:

Code	Description
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)
81168	CCND1/IGH (t(11;14)) (e.g., mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (e.g., fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (e.g., fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (e.g., expanded size and methylation status)
81173	AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence
81174	AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant
81177	ATN1 (atrophin 1) (e.g., dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles

Code	Description
81178	ATXN1 (ataxin 1) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81179	ATXN2 (ataxin 2) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81180	ATXN3 (ataxin 3) (e.g., spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81181	ATXN7 (ataxin 7) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81183	ATXN10 (ataxin 10) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (e.g., spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (e.g., spinocerebellar ataxia) gene analysis; full gene sequence
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (e.g., spinocerebellar ataxia) gene analysis; known familial variant
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (e.g., myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles
81188	CSTB (cystatin B) (e.g., Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
81189	CSTB (cystatin B) (e.g., Unverricht-Lundborg disease) gene analysis; full gene sequence
81190	CSTB (cystatin B) (e.g., Unverricht-Lundborg disease) gene analysis; known familial variant(s)
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (e.g., solid tumors) translocation analysis
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (e.g., solid tumors) translocation analysis
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (e.g., solid tumors) translocation analysis
81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (e.g., solid tumors) translocation analysis
81204	AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (e.g., expanded size or methylation status)
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; duplication/deletion variants
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; full gene sequence
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; intron 8 poly-T analysis (e.g., male infertility)
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (e.g., drug metabolism), gene analysis, common variants (e.g., *2, *3, *4, *8, *17)

Code	Description
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism), gene analysis, common variants (e.g., *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (e.g., drug metabolism), gene analysis, common variants (e.g., *2, *3, *5, *6)
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (e.g., drug metabolism), gene analysis, common variants (e.g., *2, *3, *4, *5, *6, *7)
81232	DPYD (dihydropyrimidine dehydrogenase) (e.g., 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (e.g., *2A, *4, *5, *6)
81233	BTK (Bruton's tyrosine kinase) (e.g., chronic lymphocytic leukemia) gene analysis, common variants (e.g., C481S, C481R, C481F)
81234	DMPK (DM1 protein kinase) (e.g., myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles
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)
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (e.g., myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (e.g., diffuse large B-cell lymphoma) gene analysis, common variant(s) (e.g., codon 646)
81239	DMPK (DM1 protein kinase) (e.g., myotonic dystrophy type 1) gene analysis; characterization of alleles (e.g., expanded size)

Effective June 1, 2023, the following codes *will be changed from covered to deny vendor liable* for MassHealth ACO:

Code	Description
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)
77790	Supervision, handling, loading of radiation source
78267	Urea breath test, C-14 (isotopic); acquisition for analysis
78268	Urea breath test, C-14 (isotopic); analysis
78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites

Effective June 1, 2023, the following codes *will be changed from covered to deny vendor liable* for MassHealth ACO:

Code	Description
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery
49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration
49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral
50323	PREP CADAVER RENAL ALLOGRAFT
50325	PREP DONOR RENAL GRAFT
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral

Effective June 1, 2023, the following code *will be changed from deny vendor liable to covered with prior authorization* for MassHealth ACO:

Code	Description
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection

Effective June 1, 2023, the following codes *will be changed from covered to deny vendor liable* for MassHealth ACO:

Code	Description
43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
44132	Donor enterectomy (including cold preservation), open; from cadaver donor

Code	Description
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection
45350	Sigmoidoscopy, flexible; with band ligation(s) (e.g., hemorrhoids)
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (e.g., volvulus, megacolon), including placement of decompression tube, when performed
45398	Colonoscopy, flexible; with band ligation(s) (e.g., hemorrhoids)

Effective June 1, 2023, the following codes will be *changed from covered to deny vendor liable* for MassHealth ACO:

Code	Description
99437	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure.)
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)
42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic

Effective June 1, 2023, the following codes will be changed from *covered* to *deny vendor liable* for MassHealth ACO:

Code	Description
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed
47133	Donor hepatectomy (including cold preservation), from cadaver donor
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (i.e., left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (i.e., left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells

Effective June 1, 2023, the following codes will be changed from *not covered* to *covered without plan authorization* for MassHealth ACO, NaviCare, PACE, and Community Care, and will remain *not covered* for Fallon Medicare Plus:

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 June 1, 2023, the following codes will be changed from *covered* to *deny vendor liable* for MassHealth ACO:

Code	Description
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)
32491	LUNG VOLUME REDUCTION
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor
32855	PREPARE DONOR LUNG SINGLE
32856	PREPARE DONOR LUNG DOUBLE

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

Code	Description
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (e.g., Rashkind, Sang-Park, balloon, cutting balloon, blade)
33745	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL 1ST SHUNT
33746	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL EA ADDL

Effective June 1, 2023, the following code will be configured as *covered with prior authorization* for all lines of business:

Code	Description
K0005	ULTRALIGHTWEIGHT WHEELCHAIR

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

Code	Description
33930	Donor cardiectomy-pneumonectomy (including cold preservation)
33940	Donor cardiectomy (including cold preservation)

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

Code	Description
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation

Effective June 1, 2023, the following code will be changed from *covered* to *deny vendor liable* for Medicare and Community Care:

Code	Description
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor

Effective June 1, 2023, the following codes will be changed from *covered to deny vendor liable* for MassHealth ACO:

Code	Description
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
41870	Periodontal mucosal grafting
41872	Gingivoplasty, each quadrant (specify)

Effective June 1, 2023, the following codes will be changed from *covered to deny vendor liable* for MassHealth ACO:

Code	Description
34717	EVASC RPR ILIAC ART TM OF A-ILIAC ART NDGFT UNI
34718	EVASC RPR ILIAC ART N/A A-ILIAC ART NDGFT UNI
36415	Collection of venous blood by venipuncture
36591	Collection of blood specimen from a completely implantable venous access device
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report

Effective June 1, 2023, the following codes will be changed from *covered to deny vendor liable* for MassHealth ACO:

Code	Description
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion

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

Code	Description
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)

Effective June 1, 2023, the following code will be changed from *covered without prior authorization to covered with prior authorization* for all lines of business:

Code	Description
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s).

Effective June 1, 2023, the following codes will be changed from *covered to deny vendor liable* for MassHealth ACO:

Code	Description
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
61641	PERQ BALO DILA IC VSPSM EA VSL SM VASC TER
61642	ERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER
62287	DCMPRN PX PERQ NUCLEUS PULPOSUS 1/MLT LVL LUMBAR
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography)
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed

Code	Description
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography)
65760	REVISION OF CORNEA
65765	Keratophakia
65767	CORNEAL TISSUE TRANSPLANT
65771	RADIAL KERATOTOMY
66987	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX W/ECP
66988	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/ECP
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); unilateral
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); bilateral

Effective June 1, 2023, the following codes will be changed from *covered* to *deny vendor liable* for MassHealth ACO:

Code	Description
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
76140	Consultation on X-ray examination made elsewhere, written report
76496	Unlisted fluoroscopic procedure (e.g., diagnostic, interventional)
76497	Unlisted computed tomography procedure (e.g., diagnostic, interventional)
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)

Effective June 1, 2023, the following codes will be changed from *covered* to *deny vendor liable* for MassHealth ACO:

Code	Description
10040	Acne surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (e.g., tattoo removal)

Code	Description
15786	Abrasion; single lesion (e.g., keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
17340	Cryotherapy (CO2 slush, liquid N2) for acne
17360	Chemical exfoliation for acne (e.g., acne paste, acid)
19355	Correction of inverted nipples
19396	Preparation of mouldage for custom breast implant
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete

Effective June 30, 2023, the following codes will be removed from *the Fallon Health and Fallon Health Weinberg Auxiliary fee schedules*:

Code	Description	Reason
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose, up to 40 millicuries (Removed effective 3/1/23)	Medicare has rate
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply	Deny Vendor Liable as of 1/1/23

Payment Policies

Revised policies – Effective June 1, 2023

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

Non-Covered Services – Updated code report (generated 04/02/2023).

Serious Reportable Events – MassHealth ACO required elements updated throughout.

Laboratory and Pathology – Added documentation related to sunset of reimbursement for COVID-19 specimen collection for commercial and Medicare members.

Preventive Services – Updated HIV PrEP list of reimbursable CPT codes to include CPT 87535, 84703 and 84705; updated HIV Screening section.

Inpatient Medical Review and Payment Policy – Added new section: Serious Reportable Events & Provider Preventable Conditions under Reimbursement. ■

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

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