Insights and Updates for Providers

August 2024

Provider Service Center email update

All products

We are continually evaluating our business practices on the basis of efficiency and value. While the Provider Service Center currently operates an email box, usage information has shown that this is not an efficient mechanism for resolving provider inquiries. In most cases, these inquiries are moved to the electronic portal or telephone contact to enable the team to gather the necessary secure information to resolve an issue.

As a result, effective beginning Oct. 1, 2024 for all lines of business, the Provider Service Center is discontinuing use of the email provider callcenter@point32health.org.

The good news is that our electronic options offer greater speed, consistency, and operational efficiency! We encourage providers to use our secure portals to conduct a variety of self-service transactions, including sending and receiving referrals, requesting authorization, verifying eligibility and benefits, and more. On our Harvard Pilgrim secure provider portal, HPHConnect, you'll still have the option of reaching the Provider Service Center directly via our Message Center.

We are also available to assist you by phone and are pleased to share that we recently increased our Provider Service Center staffing, which has already resulted in decreased wait times. You'll find contact information for our Provider Service Center on the Contact Us page of our provider website.

You can access our secure portals through our provider website as well, or directly here for HPHConnect and here for Tufts Health Plan.

If you are new to our secure portals, we have a variety of resources available to assist you, including portal user guides and guick training videos.

Reminder on home infusion administration

Harvard Pilgrim Health Care Commercial

As a reminder, Harvard Pilgrim Health Care does not require prior authorization for home infusion administration for Commercial members. (As we originally announced in the August 2023 provider newsletter, this aligned Harvard Pilgrim Commercial with Tufts Health Plan's existing prior authorization policies for home infusion administration.)

Home infusion therapy involves the intravenous or subcutaneous administration of drugs or biologicals to a member at home. While authorization is not required for the administration of home infusion drugs, authorization is still required for the home infusion drugs themselves.

You can refer to our Medical Benefit Drug Medical Necessity Guidelines for details on drugs requiring prior authorization, but keep in mind that home infusion providers do not need to request prior authorization for any home infusion drug administration codes.

For more information, please refer to the updated Home Health Care Services Medical Necessity Guidelines.



Administrative termination of inactive providers

All products

Point32Health has developed policies regarding the administrative termination of providers in our network who have not provided services to our members for two years or longer, which you can find in our respective Harvard Pilgrim Health Care and Tufts Health Plan Provider Manuals.

Up-to-date provider data, including but not limited to the information displayed in directories, is of vital importance for health care consumers, health plans, and other providers — and we rely on providers to support maintaining information that accurately reflects network availability. We view lack of services rendered to our members by participating providers as an indicator of a potential data inaccuracy. As a result, we systematically review our Harvard Pilgrim and Tufts Health Plan provider network information on an annual basis, and may administratively terminate providers who have not provided services to our members for the immediate prior two years.

Prior to termination, Point32Health will use our best efforts to contact the provider and/or the provider organization the provider is affiliated with, to request confirmation of whether the provider would like to remain a participating provider despite their inactivity. If we're unable to verify the provider's network information, we may proceed with termination.

Please contact <u>directory inaccuracy research@point32health.org</u> if you receive a termination notice for inactivity but wish to remain a participating provider. A provider that is terminated through this process, but later would like to participate in the Harvard Pilgrim Health Care and/or Tufts Health Plan network may reapply to become a participating provider through our standard credentialing and enrollment process.

Please refer to the "Provider inactivity and administrative termination of network providers" sections of the following Provider Manuals for complete information:

- Harvard Pilgrim Commercial
- Harvard Pilgrim StrideSM (HMO)/(HMO-POS) Medicare Advantage
- Tufts Health Plan Commercial (<u>Providers</u> chapter)
- Tufts Health Public Plans (<u>Providers</u> chapter)
- Tufts Health Plan Senior Products (<u>Providers</u> chapter)

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Reminder: Correct coding and claims edits

All products

As a reminder, as part of our commitment to ensuring accurate claims processing, claims submitted to Point32Health are subject to edits that are maintained and updated at regular intervals and are generally based on the Centers for Medicare and Medicaid's guidelines, national and state regulatory requirements, medical society recommendations, drug manufacturers' package label inserts, and the Plan's clinical, administrative, and payment policies.

SCO Home- and Community-Based Services Payment Policy

Tufts Health Plan Senior Care Options

Point32Health covers medically necessary home- and community-based services (HCBS), including adult day health, adult foster care, and personal care services, in accordance with members' benefits and applicable state regulations.

We've developed a payment policy for Tufts Health Plan Senior Care Options (SCO), effective for dates of service beginning Oct. 1, 2024 for the review of HCBS and to outline referral/authorization/notification requirements, billing instructions, and coding. Please be aware that as of that date, Point32Health will deny any claim lines submitted for SCO members that do not match the authorized number of days and level of care.

For complete information, please refer to the Home- and Community-Based Services (HCBS) Payment Policy.



Claims editing platform updates

Tufts Medicare Preferred

Point32Health is making updates to align our claims editing platforms in an effort to consistently apply industry standard claims edits and national correct coding. This update is applicable for claims with dates of service on or after Oct. 1, 2024 for our Tufts Medicare Preferred members.

For this effort we'll be leveraging existing tools, and you'll continue to submit claims the same way you do today. This work is part of our ongoing commitment to ensuring accurate claims processing and consistency with correct coding standards.

Prior authorization required for noninvasive prenatal testing

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Public Plans

As a reminder, Point32Health requires prior authorization for coverage of all prenatal testing, including noninvasive prenatal testing (NIPT).

When requesting authorization, keep in mind the following process distinctions depending on the member's product:

- For Harvard Pilgrim Health Care (Commercial and StrideSM [HMO]/[HMO-POS] Medicare Advantage) and Tufts Health Public Plans products, our genetic testing and molecular diagnostic management authorization program is managed through an arrangement with Carelon. You can find their clinical criteria and other resources on this Point32Health-specific microsite. (Criteria for NIPT are included under the "Carrier screening in the reproductive setting" guideline.)
 - To request prior authorization for genetic testing such as NIPT or other prenatal testing for Harvard Pilgrim and Tufts Health Public Plans members, providers should use Carelon's online provider portal or call the applicable number below:
 - Harvard Pilgrim: 855-574-6476 Tufts Health Plan: 833-342-1255
- For Tufts Health Plan Commercial members, you can request authorization directly through Point32Health the way you usually do, and clinical criteria can be found in our Genetic Testing - Prenatal Diagnosis and Carrier Screening Medical Necessity Guidelines. A

Psychiatric Collaborative Model of Care billing reminder

All products

As a reminder, when billing Point32Health members for services that are delivered through the Psychiatric Collaborative Model of Care, also referred to as Collaborative Care Model (CoCM), it's important to use the following procedure codes:

- 99492: Initial psychiatric collaborative care management, in the first calendar month first 70 minutes
- 99493: Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month.

- 99492: Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month
- G2214: Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month

Psychiatric Collaborative Model of Care is an integrated behavioral health service delivery method in which a health care provider and a care manager provide structured care management to a patient, while working in collaboration with a psychiatric consultant who reviews the clinical status and care of the patient and makes recommendations. While Collaborative Model of Care codes are typically billed by the patient's primary care physician, they can also be billed by providers with other specialties.

You can find information about the Psychiatric Collaborative Model of Care, including coding, in our <u>Harvard Pilgrim</u> and <u>Tufts Health Plan</u> Evaluation & Management Payment Policies.

Behavioral Health and substance use disorder tools and resources

Tufts Health RITogether

If you are a Tufts Health RITogether provider of behavioral health services, you can find everything you need to facilitate care for your patients on Point32Health's dedicated web pages. The following resources can help you in working with us and in supporting patients with behavioral health care:

- Behavioral Health homepage Our dedicated Behavioral Health homepage is a hub for accessing a
 multitude of resources, including behavioral health-related newsletter articles, information on submitting
 claims, and links to our portals and electronic tools, policies and forms, clinical guidelines, and more.
- <u>Tufts Health Public Plans Provider Manual</u> Refer to the <u>Behavioral Health section</u> for information on behavioral health programs including details on policies and procedures, provider responsibilities, patient care coordination, treatment and discharge planning, and Rhode Island-specific programs and services for members of all ages in need of varying levels of care.
- <u>Performance Specifications</u> View the performance specifications that Point32Health maintains for a variety of behavioral health services.
- Our Policies & Manuals page Our Policies and Manuals page provides access to Payment Policies,
 Medical Necessity Guidelines, pharmacy information, and more.

Behavioral health service navigation program for members

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Medicare Preferred | Tufts Health Plan Senior Care Options (SCO) | Tufts Health Direct | Tufts Health One Care | Tufts Health RITogether | Tufts Health Together

If you have patients seeking information on, or access to, routine in-person and telehealth behavioral health care, Point32Health can help. Our behavioral health service navigation program was recently launched to provide personalized guidance and assistance for members of the health plans noted above.

Connecting with the program is easy. Eligible members simply call the Member Services telephone number (located on the back of their member ID card) and ask to speak with someone on the behavioral health service navigation team. Members of the team are available during Harvard Pilgrim Health Care and Tufts Health Plan regular hours of operation. Tufts Health Plan SCO and Tufts Health One Care members can discuss being connected to these services directly with their assigned case manager, bypassing a call to member services.

Once paired, the member and navigator discuss the member's individualized behavioral health care needs and requests, enabling the navigator to determine and recommend next steps. Whether it's scheduling them for a routine

appointment to meet with a contracted behavioral health practitioner, providing behavioral health education, or following up post-appointment to make sure that the provider was a good fit, our navigators are dedicated to supporting the behavioral health needs of our members.

We encourage you to communicate this valuable resource to your staff and share these brochures with the <u>Tufts</u> <u>Health Plan</u> and <u>Harvard Pilgrim Health Care</u> members in your care.

Reminder when updating portal access for users

All Tufts Health Plan Products

Planning to make an update to your user and access information in the Tufts Health Plan secure portal? Our portal makes it simple for senior access administrators and access administrators to add or remove users and update permissions and roles — and it includes a bulk update feature to enable you to make multiple updates quickly.

When using this handy feature, we encourage you to carefully review the summary page (at right) that confirms the changes that you'll be making to users' accounts. We have found that users sometimes inadvertently apply their bulk changes to more providers/users than intended. The summary screens offer an opportunity to review the changes being made — including for number of users, providers, and permissions — prior to submitting the updates.

Our Tufts Health Plan <u>Senior Access Administrator (SAA) and Access Administrator (AA) Guide to User Management Tools</u> provides step-by-step instructions on how to complete routine actions including:

- Adding new users
- Reviewing pending access requests
- · Editing user permissions and roles
- Reviewing and removing inactive users
- Performing bulk updates



This is just one of many user guides that we offer for both the Tufts Health Plan and Harvard Pilgrim Health Care secure portals. You can find these materials on the <u>Provider Training Guides</u> page of the Point32Health website.

At Point32Health, we appreciate your commitment to utilizing the electronic tools and resources we've made available to assist you with your practice. The ability to access member and benefit information and perform daily transactions through our secure portals not only facilitates administrative tasks, but also plays a key role in the timely and efficient delivery of health care services.

Correct coding edits effective Oct. 1, 2024

All products

Effective for dates of service beginning Oct. 1, 2024, Point32Health is making the updates outlined below to our General Coding and Claims Editing Payment Policy, to align with industry standard correct coding practices.

• Factors Influencing Health Status and Contact with Health Services Diagnoses and Non-Routine Examinations: Point32Health will deny any services billed with an ICD-10 diagnosis code in the Z53.1–Z53.20 range, indicating that the patient decided not to receive the procedure or treatment.

- Interprofessional Telephone/Internet Consultations: Any of the following services will be denied if an evaluation and management (E/M) service denoted by CPT codes 99202-99439, 99446-99499, or 99091 has also been billed with the same primary diagnosis on the same day, previous seven days, or following day:
 - telephone E/M services 99441-99443
 - remote evaluation of recorded video and/or image (G2010)
 - brief check in by a physician or other qualified health care professional (G2012, G2252)
- Stem Cell Transplantation and Bone Marrow Transplantation: The procedure code CPT 38240 (Bone marrow or blood-derived peripheral stem-cell transplantation; allogeneic) will be reimbursed only when submitted with the ICD-10 diagnosis code Z00.6 to indicate that the patient is participating in an approved clinical trial.
- Transesophageal Echocardiography (TEE): Point32Health will deny any TEE service (CPT codes 93312-93318, 93355, or C8925–C8927) when they are billed with any of the following as the first listed or principal diagnosis:
 - Encounter for aftercare following heart or lung transplant (ICD-10 Z48.21, Z48.280)
 - Heart and lungs transplant status (ICD-10 Z94.1, Z94.3)
 - Presence of prosthetic or other heart valve replacement (Z95.2–Z95.4)

These changes are documented in Point32Health's updated General Coding and Claims Editing Payment Policy.



Point32Health Medical Necessity Guideline updates

All products

The chart below identifies updates to our Medical Necessity Guidelines. For additional details, refer to the Medical Necessity Guidelines page on our Point32Health provider website, where you can find coverage and prior authorization criteria for our Harvard Pilgrim and Tufts Health Plan lines of business.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
Psychological Testing	Tufts Health Direct, Tufts Health Together	10/1/2024	Prior authorization will be required for CPT codes 96130 (psychological testing evaluation services [first hour]) and 96131 (psychological testing evaluation services [each additional hour]) for Tufts Health Direct and Tufts Health Together.
Assisted Reproductive Technology Services – Massachusetts Products Assisted Reproductive Technology Services – Maine Products	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	10/1/2024	Minor criteria updates for further clarity. In addition, prior authorization will be required for CPT code 89272 (extended culture of oocyte[s]/embryo[s], 4-7 Days) for Tufts Health Direct.
Assisted Reproductive Technology Services – New Hampshire Products			

Updates to Medical Necessity Guidelines (MNG)				
MNG Title	Products Affected	Eff. Date	Summary	
Assisted Reproductive Technology Services – Rhode Island Products				
Transcranial Magnetic Stimulation	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	10/1/2024	Annual review of 2024 InterQual criteria. Prior authorization will be required for CPT codes 90867, 90868, and 90869 for Tufts Health Direct, Tufts Health Together, and Tufts Health RITogether.	
Gender Affirming Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	8/1/2024	Criteria updated to note that for transmasculine or gender diverse members requesting surgical chest procedures, hormone therapy is not required. When criteria are met, the following breast/chest surgical procedures to treat gender dysphoria are considered medically necessary: • Mastectomy (bilateral) and/or creation of a male chest, with or without body contouring for transmasculine or gender diverse members • Mammoplasty (breast augmentation), with or without body contouring for transfeminine members	
Noncovered Investigational Services	Tufts Health One Care	8/1/2024	A number of codes associated with the following specialties will be newly covered with no prior authorization for Tufts Health One Care, to more closely align with Centers for Medicare and Medicaid Services (CMS) coverage: Radiology Ear, Nose, and Throat Plastics Dermatology PCP Oral Surgery Assisted Reproductive Technology Endocrinology Infectious Disease Urology Surgery Surgery Nephrology	

Updates to Medical Necessity Guidelines (MNG)				
MNG Title	Products Affected	Eff. Date	Summary	
			 Transplants Sleep Ophthalmology For more information, refer to the code list identified on our Noncovered Investigational Services Medical Necessity Guidelines. 	
Lymphedema Surgery Continuous Glucose Monitors and Diabetes Devices Continuous Glucose Monitors and Diabetes Devices for Tufts Health Together	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	8/1/2024	Annual review, no changes.	
Neuropsychological Testing	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	8/1/2024	Annual review of 2024 InterQual criteria, no changes.	
Bariatric Surgery	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	8/1/2024	Annual review of 2024 InterQual criteria, certain 2024 subsets adopted. Of note, under the 2024 InterQual criteria members of Asian descent are eligible for bariatric surgery at a BMI of 27 in conjunction with metabolic syndrome or diabetes, based on guidance from the American Association for Bariatric Surgery. Tufts Health One care will newly utilize InterQual criteria for prior authorization review.	
Surgical Procedures for the Treatment of Obstructive Sleep Apnea	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	8/1/2024	Criteria updated to align with new FDA guidelines. For adults: • Hypoglossal nerve stimulation implantation procedures will be covered for members 18 years of age or older (minimum age was previously 22) • Member's body mass index must be less than or equal to 40 (maximum was previously 32) • Covered apnea hypopnea index range increased from 15-60 to 15-100	

Updates to Medical Necessity Guidelines (MNG)				
MNG Title	Products Affected	Eff. Date	Summary	
			In addition, new dedicated criteria added for coverage of hypoglossal nerve stimulation for members with pediatric down syndrome.	
Fertility Services for Harvard Pilgrim Health Care Commercial Massachusetts Products (Large Group and Merged Markets)	Harvard Pilgrim Commercial	8/1/2024	MNG updated to clarify eligibility and the intent of the benefit.	
Out-of-Network Coverage at the In-Network Level of Benefits and Continuity of Care (All Plans)	All products	7/9/2024	The MNG has been renamed from Out-of- Network Coverage at the In-Network Level of Benefits (All Plans) to Out-of-Network Coverage at the In-Network Level of Benefits and Continuity of Care (All Plans).	
			Applicability of the MNG has been expanded to include Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage, Tufts Health Plan Senior Care Options (SCO), and Tufts Medicare Preferred.	
			New criteria language added regarding continuity of care for Tufts Health Together, Tufts Health RITogether, Senior Products, and Dual Eligible Plans, as well as coverage and service area for SCO and Medicare HMO plans.	



Point32Health medical drug program updates

All products

The chart below identifies updates to our medical benefit drug program. For additional details, refer to the Medical Necessity Guidelines associated with the medical drug in question, which you can find on our Point32Health Medical Benefit Drug Medical Necessity Guidelines page. Point32Health is the parent company of Harvard Pilgrim Health Care and Tufts Health Plan.

Alternatively, some medical drugs are managed through an arrangement with OncoHealth when utilized for oncology purposes for Harvard Pilgrim Commercial and Harvard Pilgrim StrideSM (HMO)/(HMO-POS) Medicare Advantage members. You can find information about this program on the OncoHealth page in the Vendor Programs section of the Harvard Pilgrim provider website and you can access the prior authorization policies for these drugs directly on OncoHealth's webpage for Harvard Pilgrim.

Tufts Health Together utilizes MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs; for drug coverage and criteria refer to the MassHealth Drug List.

Visit our new Medical Drug Medical Necessity Guidelines page to access these policies (unless otherwise noted).

New prior authorization programs for OncoHealth drugs			
MNG/Drug(s)	Plan & additional information	Eff. date	
Docivyx (docetaxel)	Harvard Pilgrim Commercial Prior authorization is now required (HCPCS code J9999).	8/1/2024	
Generic eribulin mesylate	Harvard Pilgrim Commercial Prior authorization is now required (HCPCS code J9999).	8/1/2024	
Imdelltra (tarlatamab-dlle)	Harvard Pilgrim Commercial Prior authorization is now required (HCPCS code J9999).	8/1/2024	
Tevimbra	Harvard Pilgrim Commercial, Harvard Pilgrim Stride SM (HMO)/ (HMO-POS) Medicare Advantage Prior authorization is now required (HCPCS code J9999).	8/1/2024	

Medications being added to prior authorization			
MNG/Drug(s)	Plan & additional information	Eff. date	
Alyglo (immune globulin intravenous, human-stwk, 10% liquid)	Tufts Health RITogether, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	10/1/2024	
Intravenous Immune Globulin (IVIG) and Subcutaneous Immune Globulin (SCIG) Products	Prior authorization will be required for members 18 years of age or older for Alyglo (HCPCS J1599), approved by the FDA in Dec. 2023 for the treatment of adults with primary humoral immunodeficiency.		
Part B Step Therapy (will be available as of 10/1/2024) Focinvez (fosaprepitant)	Harvard Pilgrim Commercial, Harvard Pilgrim Stride SM (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care	10/1/2024	
	Focinvez (HCPCS J1434) will be added to the Part B Step Therapy Policy as a non-preferred agent and will now require prior authorization.		

Updates to existing prior authorization programs			
MNG/Drug(s)	Plan & additional information		
Part B Step Therapy (will be available as of 10/1/2024)	Harvard Pilgrim Commercial, Harvard Pilgrim Stride SM (HMO)/ (HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care		
Syfovre (pegcetacoplan)	Tufts Health RITogether, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	10/1/2024	
Xgeva (denosumab)	Tufts Health RITogether, Tufts Health Plan Commercial, Tufts Health Direct	10/1/2024	
Prolia (denosumab)	Tufts Health RITogether, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	10/1/2024	
Amtagvi	Harvard Pilgrim Commercial, Harvard Pilgrim Stride SM (HMO)/ (HMO-POS) Medicare Advantage, Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options Point32Health will now use MassHealth criteria for prior authorization review of Amtagvi.	9/1/2024	
Leqembi (lecanemab-irmb) Unified Medical Policies	Tufts Health Together Coverage criteria for Leqembi will now be unified with MassHealth.	8/14/2024	



Pharmacy coverage changes

Harvard Pilgrim Health Care | Tufts Health Direct | Tufts Health Plan Commercial | Tufts Health RITogether

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
Sirturo (bedaquiline)	Harvard Pilgrim Health Care commercial, Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether	10/1/2024	Sirturo (bedaquiline)
Victoza (liraglutide)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	10/1/2024	Incretin Mimetics Step Therapy



MassHealth updates to Unified Formulary

Tufts Health Together — MassHealth MCO Plan and ACPPs

MassHealth recently announced updates to the MassHealth Unified Formulary, which will take effect on Oct. 1, 2024. Tufts Health Together-MassHealth MCO Plan and ACPPs utilizes MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs, and providers should be aware that updated coverage and criteria will be available on the MassHealth Drug List on or after the effective date.

Insights and Updates for Providers is a monthly newsletter for the network of Point32Health, the parent company of Harvard Pilgrim Health Care and Tufts Health Plan.

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