

# PROVIDER UPDATE

February 2017

NEWS FOR THE NETWORK



This issue of *Provider Update* includes information for Tufts Health Plan Commercial (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options products.

For information pertaining to Tufts Health Public Plans products (including Tufts Health Direct, Tufts Health Together and Tufts Health Unify), refer to the *Tufts Health Public Plans Provider Update* newsletter.

## 60-DAY NOTIFICATIONS

### Coverage Updates for Commercial Products

The following changes apply to Commercial products (including Tufts Health Freedom Plan) and are effective for dates of service on or after April 1, 2017:

#### Therapeutic Lenses

Tufts Health Plan will require a change in prescription for therapeutic lenses to be covered with the current listed qualifying conditions. Clarifying language for coverage frequency of therapeutic lenses has also been added to the Coverage Guidelines section of the Medical Necessity Guidelines for Therapeutic Lenses.

#### Laser Vision Correction Surgery

Tufts Health Plan will no longer routinely cover laser vision correction surgery for convenience. This change is documented in the Limitations section of the Medical Necessity Guidelines for Laser Vision Correction Surgery.

#### Manual Wheelchairs

Tufts Health Plan does not routinely cover purchase of a manual wheelchair for use as a backup mobility device when the member's primary mobility device is in need of repair or when the manual wheelchair is needed for convenience purposes of the member and/or the member's caregiver(s). This exclusion is documented in the Medical Necessity Guidelines for Manual Wheelchairs.

#### Power Operated Vehicles (POV)

Tufts Health Plan will allow seating and home evaluations to be performed by an occupational therapist, physical therapist and/or assistive technology professional. The ability to transport the POV will no longer be required. In addition, Tufts Health Plan will no longer routinely cover Group 2 (K0806, K0807, K0808) POVs and will not cover POVs in addition to the member's primary mobility device. This change is documented in the Medical Necessity Guidelines for Power Operated Vehicles (POV).

#### Power Wheelchairs

Tufts Health Plan will:

- ▶ Require prior authorization for coverage of a power mobility device that is not coded by DME PDAC or does not meet criteria (K0899).
- ▶ Allow seating and home evaluations to be performed by an occupational therapist, physical therapist and/or assistive technology professional. The ability to transport the power wheelchair will no longer be required.
- ▶ No longer cover Group 4 (K0868-K0886) power wheelchairs and will not cover power wheelchairs in addition to the member's primary mobility device.

This change is documented in the Medical Necessity Guidelines for Power Wheelchairs.

*Continued on page 2*



#### Browser Note

If you are using an outdated or unsupported browser, certain features on Tufts Health Plan's public website may be unavailable. For an improved user experience, we recommend upgrading your browser to the latest version of Mozilla Firefox or Google Chrome.



tuftshealthplan.com/provider

### **Transgender Surgical Procedures**

Tufts Health Plan has added clarifying language regarding hair removal to the Limitations section of the Medical Necessity Guidelines for Transgender Surgical Procedures. A link to the Medical Necessity Guidelines for Reconstructive and Cosmetic Surgery has also been added.

### **Reconstructive and Cosmetic Surgery**

Tufts Health Plan has added additional criteria regarding hair removal by laser or electrolysis for members who meet criteria for planned transgender surgery. A link to the Medical Necessity Guidelines for Transgender Surgical Procedures has also been added. This change is documented in the Medical Necessity Guidelines for Reconstructive and Cosmetic Surgery.

### **Lower Limb Prosthesis – Micro Knee**

Tufts Health Plan will no longer routinely cover adjustable lower limb sockets.

### **Psychological and Neuropsychological Testing**

Tufts Health Plan will update its medical necessity guidelines used to review requests for psychological and neuropsychological testing and assessment. In addition, the existing Medical Necessity Guidelines for Psychological/Neuropsychological Testing will be split into two separate documents, in which coverage guidelines for both psychological and neuropsychological testing will also change.

These changes are documented in the medical necessity guidelines for both Psychological Testing and Assessment and Neuropsychological Testing and Assessment.

### **Tomosynthesis**

As previously announced and effective for dates of service on or after April 1, 2016, Tufts Health Plan added coverage of 3D breast tomosynthesis (CPT 77063), when combined with a digital mammography, for breast cancer screening and has added this code to the Preventive Services List.

Effective for dates of service on or after April 1, 2017, Tufts Health Plan will apply a multiple-procedure payment reduction to 3D breast tomosynthesis.

This change is documented in both the Imaging Services Professional and the Imaging Services Facility payment policies.

### **Frequency Limitation – Nitric Oxide Expired Gas Determination**

Tufts Health Plan will no longer routinely cover nitric oxide expired gas determination (CPT 95012) when billed more than six times in a 365-day period by an allergist or pulmonologist.

## **Other Coverage Updates**

### **ThyroSeq®**

Tufts Health Plan now covers ThyroSeq, subject to obtaining prior authorization. This change is documented in the Medical Necessity Guidelines for Genetic and Molecular Diagnostic Testing.

### **Noncovered Investigational Services**

V-Go Disposable Insulin Delivery System (no specific code available) has been added to the Medical Necessity Guidelines for Noncovered Investigational Services. V-Go is also excluded under the pharmacy benefit.

## **Directing Members to In-Network Providers**

Providers are reminded to direct members to providers who both contract with Tufts Health Plan, and also participate in the plan in which the member is enrolled. This includes physicians, specialists and other health care providers, such as labs and imaging centers. Tufts Health Plan does not routinely cover services performed by noncontracting and nonparticipating providers with respect to members enrolled in HMO and point of service (POS) plans.

Before directing members to a provider, refer to Tufts Health Plan's Provider Directory in the Find a Doctor search on Tufts Health Plan's public Provider website, and verify that the provider is participating in the Tufts Health Plan provider network and in the plan in which the member is enrolled. Providers rendering services to members of Tufts Health Freedom Plan products can also use the Find a Doctor search on the Tufts Health Freedom Plan website.

**Note:** When referencing the Find a Doctor search, ordering providers are reminded to first select a division in order to narrow search results to return only those providers who are eligible to treat that specific member.

Directing members to seek services from out-of-network providers may result in significant additional costs to the member, provider group and/or Tufts Health Plan. In such circumstances, Tufts Health Plan reserves the right to hold the referring or directing provider accountable for the consequences of such referrals.

As a reminder, before services are rendered, providers should check member benefit and cost-share amounts using Tufts Health Plan's secure Provider website or other self-service channels, even for members seen on a regular basis.

For more information, refer to the Use of Out-of-Network Providers Policy, which applies to Commercial products (including Tufts Health Freedom Plan). Providers may begin to see additional changes to Tufts Health Plan payment policies in respect to out-of-network services and referrals.

## **Bone Density Claim Edits Effective April 1**

Effective for dates of service on or after April 1, 2017, Tufts Health Plan will deny coverage of DXA (bone density study) when the only diagnosis on the claim is osteoporosis screening and the member is either a female less than 65 years of age or a male less than 70 years of age.

This change applies to Commercial (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options products, and is documented in the Imaging Services Professional and Imaging Services Facility payment policies for Commercial and Senior Products.

## Notice of Observation Treatment and Implication for Care Eligibility Act

As previously communicated by letter and beginning August 6, 2016, CMS implemented requirements associated with the Notice of Observation Treatment and Implication for Care Eligibility (NOTICE) Act, which requires hospitals and critical access hospitals (CAHs) to provide written notification and a verbal explanation to individuals receiving observation services in an outpatient setting for more than 24 hours.

Effective for dates of service on or after March 8, 2017 and as part of this act, hospitals and CAHs must use the standard CMS form, Medicare Outpatient Observation Notice (MOON), to provide notification to affected individuals. Providers must submit the form no later than 36 hours after observation services are initiated, and the notification must be signed by the individual or proxy to acknowledge receipt.

For more information about the NOTICE Act and for the current version of the MOON form, refer to the CMS website.

## Custom Fabricated Oral Appliances for Obstructive Sleep Apnea

The following change applies to Commercial products (including Tufts Health Freedom Plan) in Massachusetts, New Hampshire and Rhode Island.

Effective for dates of service on or after March 15, 2017, SomnoMed® is Tufts Health Plan's designated vendor and provider network for the manufacturing and fitting of custom fabricated oral appliances (CFOA) for the treatment of obstructive sleep apnea (OSA). Providers prescribing CFOAs must refer members to SomnoMed in order for the services to be covered at the in-network level of benefits.

Sleep providers should fax SomnoMed a prescription for an oral appliance, along with a copy of the sleep study and chart notes, to 214.436.4198. On behalf of the referring provider and Tufts Health Plan member, SomnoMed will obtain prior authorization for the CFOA for OSA directly from Tufts Health Plan's Precertification Department. Once SomnoMed has received the authorization from Tufts Health Plan, they will connect the member with one of their dental sleep providers for treatment. Medical necessity criteria and authorization requirements are not changing. Refer to the Medical Necessity Guidelines for Oral Appliances for Obstructive Sleep Apnea (OSA) and the Sleep Studies and PAP Therapy Prior Authorization Program for more information.

**Note:** Members enrolled in one of Tufts Health Plan's PPO and POS plans may opt to seek services from providers outside the SomnoMed network; however, in such instances, members would be utilizing their out-of-network level of benefits.

For information on SomnoMed's provider network, including how dentists can become a part of the network, please contact SomnoMed at 888.447.6673 (option 6). For questions regarding Tufts Health Plan's medical necessity criteria and/or authorization process, please contact Provider Services at 888.884.2404.

## Standardized Prior Authorization Forms – Hepatitis C and Synagis®

Chapter 176O section 25 of the Massachusetts General Laws requires that health insurance carriers use standard prior authorization forms when reviewing requests for Hepatitis C and Synagis for Commercial products.

Based on the work of the Mass Collaborative, an organization of health plans, provider organizations and professional associations, these standard prior authorization request forms are being developed and approved by the Massachusetts Division of Insurance (DOI). These forms will be accepted by all health plans and will standardize the prior authorization process for providers. The effective date of these forms and other pertinent details are dependent upon the DOI's bulletin release.

At this time, no action is required on your part. More information will become available in the coming months.

## Commercial Pharmacy Coverage Changes

The following changes apply to Commercial products (including Tufts Health Freedom Plan):

### Drugs Moving to Noncovered Status

Effective for fill dates on or after April 1, 2017, Tufts Health Plan will no longer routinely cover Asacol® HD (mesalamine delayed-release tablets), Nuvigil® (armodafinil), and Tamiflu® (oseltamivir) capsules. For a member to continue taking any of these medications, the prescribing provider must submit an exception request for coverage through the medical review process. Requests for approval cannot be reviewed until the effective date of April 1, 2017.

### Drugs Moving to Tier 2

Effective for fill dates on or after April 1, 2017, the following topical corticosteroids will be covered on Tier 2: amcinonide 0.1% cream and lotion; betamethasone dipropionate 0.05% ointment; betamethasone valerate 0.12% foam; clobetasol 0.05% cream, foam, gel, lotion, ointment, shampoo, and solution; desonide 0.05% cream, lotion, ointment; clocortolone 0.1% cream; desoximetasone 0.05% cream, gel, and ointment; desoximetasone 0.25% cream and ointment; diflorasone 0.05% cream and ointment; fluocinonide 0.05% gel, ointment, and solution; fluocinonide 0.1% cream; fluocinolone 0.1% oil (body and scalp) and solution; fluticasone 0.05% lotion; halobetasol 0.05% cream and ointment; hydrocortisone butyrate 0.01% cream and solution; hydrocortisone valerate 0.2% cream and ointment; prednicarbate 0.1% cream; triamcinolone 0.147 mg/g spray.

### Non-preferred Topical Corticosteroids

Effective for fill dates on or after April 1, 2017, Tufts Health Plan will require prior authorization for coverage of non-preferred topical corticosteroids. The prior authorization criteria will apply to new prescriptions. In order for a member to start treatment with a non-preferred topical corticosteroid, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Topical Corticosteroids.

### Drugs Moving to Excluded Status

Effective April 1, 2017, Ultravate X (halbetasol 0.05% cream and lactic acid 10% cream kit) will be excluded from the pharmacy benefit. Exclusion from coverage means that Tufts Health Plan will no longer consider medical review requests, and coverage will not be available for Ultravate X (halbetasol 0.05% cream and lactic acid 10% cream kit).

## Commercial Physician, Outpatient Hospital Fee Schedules to Be Updated

Tufts Health Plan reviews its Commercial physician and outpatient hospital fee schedules quarterly to ensure that they are current, comprehensive and consistent with industry standards to the extent supported by its systems. In most cases, changes involve adding fees for new or existing codes to supplement the fees already on the fee schedule.

The next update will occur on April 1, 2017. Changes may involve both new and existing CPT and HCPCS codes, and will include the planned quarterly update to physician immune globulin, vaccine and toxoid fees.

**Note:** These changes do not apply to Allied Health providers.

Detailed information about changes to existing fee schedules will be distributed to provider organization and hospital leadership. Independent physicians who have questions about fee schedule changes should contact Tufts Health Plan's Network Contracting Department at 888.880.8699, ext. 52169.

## Reminder: Out-of-Network Dialysis

As previously communicated and effective for dates of service on or after January 1, 2017, Tufts Health Plan now requires prior authorization for coverage of outpatient dialysis services by out-of-network providers. This change applies to Commercial products (including Tufts Health Freedom Plan).

Prior authorization requests will be considered by an authorized reviewer at Tufts Health Plan. A referral signed by an IPA reviewer will no longer be sufficient. For a list of dialysis providers in Tufts Health Plan's network, refer to the Find a Doctor search available on the public Provider website.

## Submitting the Standard Form for Medication Prior Authorization Requests

As previously communicated and effective for dates of service on or after February 1, 2017, Tufts Health Plan will no longer accept the Universal Pharmacy Programs Request Form for Commercial members in Massachusetts, Rhode Island and New Hampshire, and will accept only the Standard Form for Medication Prior Authorization Requests for these members beginning on that date.

**Note:** This change does not apply to Tufts Health Freedom Plan products. Providers submitting prior authorization requests for members of Tufts Health Freedom Plan products should continue to use Tufts Health Plan's Universal Pharmacy Programs Request Form until the New Hampshire standard form becomes available later this year for members of Tufts Health Freedom Plan products.

Prior to submitting the standard form to Tufts Health Plan, providers should refer to Tufts Health Plan's coverage policies, member benefits and pharmacy medical necessity guidelines, available in the Resource Center of Tufts Health Plan's public Provider website.

Providers may attach any additional supporting documentation relevant to the medical necessity criteria to the standard form, as indicated on the form, and should submit the form using the existing mail and fax channels, as indicated on the Standard Form for Medication Prior Authorization Requests landing page in the Forms section of Tufts Health Plan's Provider Resource Center:

**Fax:** 617.673.0988

**Mail:** Tufts Health Plan  
705 Mount Auburn Street  
Watertown, MA 02472  
Attn: Pharmacy Utilization Management Department

Prior to submitting prior authorization requests to Tufts Health Plan and prior to services being rendered, providers are reminded to check the member's ID card to identify the plan in which the member is enrolled. Providers should also check member benefits and cost-share amounts using Tufts Health Plan's secure Provider website or other self-service channels, even for members seen on a regular basis.

For questions, please contact Provider Services at 888.884.2404.

## Correct Coding Reminder

As a routine business practice, claims are subject to payment edits that are updated from time to time and generally based on CMS guidelines, specialty society guidelines, evaluation of drug manufacturers' package label inserts and the National Correct Coding Initiative (NCCI).

Procedure and diagnosis codes undergo periodic revision by CMS, the American Medical Association and NCCI. As these revisions are made public, Tufts Health Plan will update its systems to reflect these changes.

Payment policies will be updated to reflect the addition and replacement of procedure codes, where applicable.

## Clarification of Changes to High-Tech Imaging and Cardiac Prior Authorization Programs

On January 1, 2017, Tufts Health Plan expanded its High-Tech Imaging Program and added a Therapeutic Cardiac Program. We would like to clarify that prior authorization is not required for members under 18 years of age, for coverage of the following nonemergent diagnostic imaging and therapeutic cardiac services:

- ▶ Echocardiography
- ▶ Stress echocardiography
- ▶ Implantable cardiac devices
- ▶ Cardiac catheterization

As previously communicated and effective for dates of service on or after January 1, 2017 for members 18 years of age and older, prior authorization will be required for coverage of certain nonemergent diagnostic imaging and cardiac services performed in an outpatient setting. Providers should request prior authorization through National Imaging Associates, Inc. (NIA), for these services.

This change applies to Commercial products (including Tufts Health Freedom Plan), with the exception of Tufts Medicare Complement, Tufts Medicare Supplement Plan, USFHP, Carelink<sup>SM</sup> and Commercial PPO out-of-area plans with the Cigna and PHCS networks. Tufts Health Public Plans, Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options plans are also excluded.

For questions about high-tech imaging or cardiac services, please contact Provider Services at 888.884.2404.

## ADMINISTRATIVE UPDATES

### Update Your Practice Information

Providers are reminded to notify Tufts Health Plan of any changes to their contact or panel information, such as a change in the provider's ability to accept new patients, a change of street address (including suite number, if applicable), phone number (including direct department line and extension, if applicable), and any other change that affects their availability to patients. For Tufts Health Plan to remain compliant with the CMS regulatory requirements, changes must be communicated in writing as soon as possible so that members have access to the most current information in the Provider Directory.

### How to Update Your Information

**Commercial (Including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options**  
You can check your current practice information by looking it up in the Find a Doctor search. If the information listed is incorrect, please update it as soon as possible by completing either the Standardized Provider Information Change Form or Tufts Health Plan's Provider Information Change Form (available in the Provider Forms section of the Resource Center) and returning it by fax or mail, as noted on the form.

#### Tufts Health Public Plans

You can check your current practice information by looking it up in the Find a Doctor search. If the information listed is incorrect, please update it as soon as possible by completing the Provider Information Form either for Medical Providers or for Behavioral Health Providers (available in the Provider Forms section of the Resource Center) and returning it by fax or mail, as noted on the form.

### Your Action Required: Get Updates Faster Online

As previously announced, beginning August 1, 2016, Tufts Health Plan began a transition to distribute its *Provider Update* newsletter by email. If you have not yet registered to receive *Provider Update* by email, providers must complete the online registration form, available in the News\* section of Tufts Health Plan's public Provider website at [tuftshealthplan.com/provider/news](http://tuftshealthplan.com/provider/news).

Providers who routinely visit the public Provider website for updates and who prefer not to receive *Provider Update* by email are given the opportunity to indicate that preference on the online registration form.

**Note:** Providers are responsible for keeping their contact information up to date. To make updates to information that was previously submitted through the online registration form, providers should resubmit the form with the updated information.

Please let all providers in your organization know about this change and encourage each provider to register to receive future issues by email. Office staff may also register a provider

on his or her behalf by using the provider's name, email address and NPI, and indicating the divisions of Tufts Health Plan with which the provider contracts.

**Note:** If you have registered to receive *Provider Update* by email but are still not receiving the email blast, please check your spam folder or check with your system administrator to ensure your firewall is not preventing *Provider Update* from being delivered to your inbox.

The complete February 1, 2017 issue is also available in printable format in the News section of Tufts Health Plan's public Provider website.

\*If you do not register to receive *Provider Update* by email, copies of this issue can be mailed upon request by calling 888.884.2404 for Tufts Health Plan Commercial (including Tufts Health Freedom Plan) and 800.279.9022 for Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options products.

## Tufts Health Plan Web Resources

For the most current pharmacy benefit information, including tier changes, online formularies and descriptions of pharmacy management programs, refer to the Pharmacy section of Tufts Health Plan's public Provider website at [tuftshealthplan.com/provider](http://tuftshealthplan.com/provider). For Pharmacy information pertaining to Tufts Health Freedom Plan products, refer to the Tufts Health Freedom Plan Pharmacy section at [thfp.com/providers](http://thfp.com/providers). Pharmacy information on our website is updated regularly. Check pharmacy updates for postings of formulary changes, notification of new pharmacy programs and important information about drug recalls and alerts from the FDA or drug manufacturers.

Also available on our website is other important business information, such as updates to our Quality Improvement Program and progress to meeting goals; complex case management (CCM) information including access to CCM, disease management programs and services; clinical practice guidelines; utilization management criteria/guidelines; Provider Manuals; and member's rights and responsibilities.

Copies of the above information can also be mailed upon request by calling Provider Services at 888.884.2404 for Commercial products, or Provider Relations at 800.279.9022 for Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options.

## Tufts Health Plan Adopts Clinical Practice and Preventive Health Guidelines

Tufts Health Plan encourages providers to review the following clinical practice and preventive health guidelines that were recently reviewed and approved:

- ▶ Osteoporosis
- ▶ Focused update on new pharmacological therapy for heart failure
- ▶ Neonatal
- ▶ Opioid prescribing
- ▶ Preventive health guidelines (USPSTF and Bright Futures)
- ▶ Human immunodeficiency virus (HIV)

These guidelines apply to Commercial (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options products, and are based on the review of clinical evidence developed by nationally recognized organizations.

For additional information about these and Tufts Health Plan's other clinical practice and preventive health guidelines, refer to **Guidelines | Clinical Practice Guidelines** in the Provider Resource Center.

# PROVIDER UPDATE

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## For More Information

- ▶ [tuftshealthplan.com/provider](http://tuftshealthplan.com/provider)
- ▶ Provider Services Department:  
888.884.2404
- ▶ Provider Relations:  
800.279.9022

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