This issue 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 October 1, 2016:

**Autologous Chondrocyte Implant**

Prior authorization is required for autologous chondrocyte implant (ACI) of the knee for members ages ≥18 and <65. Tufts Health Plan will now cover ACI as a first-line procedure for femoral condyle lesions >4 cm². This change is documented in the Medical Necessity Guidelines for Autologous Chondrocyte Implant of the Knee.

**Ambulatory Blood Pressure Monitoring**

Tufts Health Plan will no longer require prior authorization for coverage of ambulatory blood pressure monitoring (ABPM) (procedure codes 93784, 93786, 93788 and 93790). These codes will be covered when ordered to confirm a diagnosis of hypertension, indicated by ICD-10 code R03.0 (elevated blood pressure reading without diagnosis of hypertension). These codes will also be added to the Preventive Service list when used for this indication.

**Watchman™**

Tufts Health Plan has added coverage of a percutaneous left atrial appendage closure to reduce stroke risk in patients with atrial fibrillation (Watchman device). This change is documented in the Coverage Guideline for Percutaneous Left Atrial Appendage Closure for the Reduction of Stroke Risk in Patients With Atrial Fibrillation (Watchman™ Device).

**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 October 1, 2016. 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.

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**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.
Correct Coding Reminder
As a routine business practice, claims are subject to payment edits that are updated at regular intervals 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 annual and quarterly revision by CMS, the American Medical Association and NCCI. As these revisions are made public, Tufts Health Plan will update its system to reflect these changes.

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

Claim Requirements Effective October 1
Effective for dates of service on or after October 1, 2016, Tufts Medicare Preferred HMO claims submitted with modifiers HQ, TD and SV will be rejected per CMS guidelines, as they are not accepted by Medicare.

Drugs and Biologicals Claim Edits Effective October 1
Effective for dates of service on or after October 1, 2016, Tufts Health Plan will implement additional claim edits for drugs and biologicals. These edits will apply to Commercial (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options products.

Tufts Health Plan’s policies regarding drugs and biologicals are derived from evaluation of drug manufacturers’ prescribing information and the following sources:

- AMA’s CPT Manual
- National Comprehensive Cancer Network Drugs & Biologics Compendium™
- National Government Services Inc. Medicare articles
- Micromedex® and DRUGDEX®

These policies support appropriate diagnosis codes, indications, dosages and frequencies. In some instances, off-label indications will also be allowed where there is evidence of efficacy.

This information is documented in the Drugs and Biologicals Payment Policy.

Claim Edits Effective October 1
The following claim edits are effective for dates of service on or after October 1, 2016. These policies are derived from CMS, the AMA CPT Manual, American Society for Radiation Oncology, U.S. Preventive Services Task Force, American Academy of Ophthalmology, American College of Obstetricians and Gynecologists, and Tufts Health Plan policy.

Commercial (Including Tufts Health Freedom Plan) and Senior Products
The following claim edits apply to Commercial (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO) products:

- **Radiation Oncology**
  Tufts Health Plan will not compensate for special dosimetry (77331) for more than six units billed in eight weeks. This edit is documented in the Radiation Oncology Payment Policy.

- **Duplex Scans and Doppler Studies**
  Tufts Health Plan will cover duplex scans of the neck and transcranial dopplers only when billed with the appropriate diagnosis code. These edits are documented in the Imaging Professional and Imaging Facility payment policies for both Commercial and Tufts Medicare Preferred HMO/Tufts Health Plan SCO.

- **Radiology**
  Tufts Health Plan will implement additional claim edits for radiology. These edits are documented in the Imaging Professional and Imaging Facility payment policies for both Commercial and Tufts Medicare Preferred HMO/Tufts Health Plan SCO.

- **Ophthalmology**
  Tufts Health Plan will implement additional claim edits for ophthalmology. These edits are documented in both the Commercial and Tufts Medicare Preferred HMO/Tufts Health Plan Senior Care Options Vision Services Professional payment policies.

- **Evaluation and Management**
  Tufts Health Plan will not separately compensate for evaluation and management services when billed with a diagnosis of postpartum care, contraceptive management or family planning advice when a delivery-care-only service has been provided in the past 42 days (six weeks) by the same provider, or another provider of the same specialty who belongs to the same group practice (same tax ID number).

  This edit is documented in both the Commercial and the Tufts Medicare Preferred HMO/Tufts Health Plan Senior Care Options Evaluation and Management Professional payment policies.

- **Care Management**
  Tufts Health Plan will not compensate for care management services (99487 and 99489–99490) when billed more than once during the same calendar month by any provider. This edit is documented in both the Commercial and the Tufts Medicare Preferred HMO/Tufts Health Plan Senior Care Options Evaluation and Management Professional payment policies.

- **Abrasion Arthroplasty**
  Tufts Health Plan will not separately compensate for procedure code 29879 (arthroscopy of knee with abrasion arthroplasty) when billed with procedure codes 29880–29881 (arthroscopy of knee with meniscectomy). This edit is documented in the Outpatient Payment Policy as well as the Ambulatory Surgical Center payment policies for both Commercial and Tufts Medicare Preferred HMO/Tufts Health Plan SCO.

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Claim Edits Effective October 1
Commercial (Including Tufts Health Freedom Plan) Products Only

The following claim edit applies to Commercial products (including Tufts Health Freedom Plan):

Ambulatory Blood Pressure Monitoring
Tufts Health Plan will not compensate for procedure codes 93784–93790 (ambulatory blood pressure monitoring; recording analysis or review/report blood pressure recording) when billed without ICD-10 code R03.0 (diagnosis of elevated blood pressure reading without a diagnosis of hypertension). This edit is documented in the Outpatient Payment Policy.

Senior Products Only

The following claim edit applies to Tufts Medicare Preferred HMO and Tufts Health Plan SCO products:

Cardiology
Tufts Health Plan will implement additional claim edits for cardiology. These edits are documented in the Tufts Medicare Preferred HMO/Tufts Health Plan Senior Care Options Cardiology Services Professional Payment Policy.

Pharmacy Coverage Changes

Commercial

Prior Authorization Required for Ibrance® (palbociclib) and Sprycel® (dasatinib)
Effective for fill dates on or after October 1, 2016, Tufts Health Plan will update its prior authorization requirements for Ibrance (palbociclib) and Sprycel (dasatinib). This change applies to Commercial products (including Tufts Health Freedom Plan).

The prior authorization criteria will apply to all new prescriptions. The prescribing provider must request coverage through the medical review process subject to the pharmacy medical necessity guidelines for Ibrance (palbociclib) or Sprycel (dasatinib).

Tufts Medicare Preferred HMO

CMS-Approved Formulary Changes
Effective for fill dates on or after July 1, 2016, and per the direction of CMS, Tufts Health Plan has made the following changes to its formulary for Tufts Medicare Preferred HMO:

Evzio®
Evzio has moved to Tier 5, and prior authorization is required for members initiating a new course of treatment on this medication.

Narcan® Nasal Liquid
Narcan nasal liquid has been added to the formulary on Tier 4. Prior authorization is not required for this medication. Currently, the generic naloxone injection, which can be used with an atomizer, is covered on Tier 2 without restriction.

These changes were requested and approved by CMS in response to an average wholesale price increase of over 650% per package since July 2014.

Tufts Health Plan Senior Care Options

Expanded Vitamin Coverage
Effective for fill dates on or after June 1, 2016, Tufts Health Plan has expanded its vitamin coverage for Tufts Health Plan Senior Care Options members by adding the following prescription vitamins to the existing covered over-the-counter (OTC) vitamins list:

- Fluoritab
- Folic Acid 1mg
- Foltrate
- Mephyton
- Nascobal
- Vitamin B-12
- Vitamin C tablets, capsules, solution
- Vitamin D tablets, capsules, solution

Modifier SQ and Duplicate Modifiers

Senior Products

Duplicate Modifiers
Effective for dates of service on or after October 1, 2016, and per the direction of CMS, claim lines submitted with duplicate or repeating modifiers will be denied.

For more information, refer to the Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates (July 2016) on the CMS website.

Tufts Medicare Preferred HMO Only

Modifier SQ
Effective for dates of service on or after October 1, 2016, and per CMS guidelines, durable medical equipment (DME) claim lines for surgical dressings and related home health services that are billed with modifier SQ will be denied.

For guidance on submitting DME claims, refer to the DME Supplier Manual.

Serious Reportable Events, Serious Reportable Adverse Events and Provider Preventable Conditions

Effective for dates of service on or after October 1, 2016, Tufts Health Plan will implement a Serious Reportable Events, Serious Reportable Adverse Events and Provider Preventable Conditions Payment Policy applicable to Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options products.

Tufts Health Plan is not responsible to reimburse providers for services associated with serious reportable events (SREs), serious reportable adverse events (SRAEs) or provider preventable conditions (PPCs).

If an SRE, SRAE or PPC claim is submitted without a diagnosis-specific present on admission (POA) indicator in accordance with applicable federal and state requirements, Tufts Health Plan will deny the claim and return it to the provider for resubmission with the POA information.

Tufts Health Plan will adjust reimbursement according to POA indicator guidelines and federal and state requirements. This policy applies to all hospitals and the sites covered by their hospital license, ambulatory surgery centers and providers performing the procedures associated with SREs, SRAEs and PPCs.

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Serious Reportable Events, Serious Reportable Adverse Events and Provider Preventable Conditions continued from page 3

Providers are reminded that the member, member’s next of kin, member’s authorized representative or any other payer may not be billed for care directly related to, for correction or remediation of, or for subsequent complications arising from an SRE, SRAE or PPC. Providers may not prevent a member’s access to care and continued services due to the non-payment of an SRE, SRAE or PPC.

Tufts Health Plan will compensate eligible providers who accept patients injured by an SRE that occurred at another facility or under another provider’s care, subject to all billing and payment guidelines and policies.

Refer to the Serious Reportable Events, Serious Reportable Adverse Events and Provider Preventable Conditions Payment Policy for more information.

Administrative Updates

Reminder: Submitting Provider Payment Disputes

Tufts Health Plan encourages providers to use the Online Claim Adjustment Tool, available on Tufts Health Plan’s secure Provider website, as their primary means of submitting claim adjustment requests to Tufts Health Plan; however, some claims may not be adjustable online.

Note: Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO) claims cannot be adjusted online at this time.

Tufts Health Plan has adopted the Request for Claim Review Form (v1.1) as our standard form for submitting a payment dispute via mail. This form can be found in the Resource Center on Tufts Health Plan’s public Provider website as well as on the Mass Collaborative website.

Tufts Health Plan would like to remind providers submitting payment disputes of the following guidelines:

- Appeals for denials resulting from the billing of an unlisted procedure code must include operative notes that identify the service(s) performed associated with the unlisted code. The portion of the operative notes that identifies the unlisted service must be underlined. Operative notes that are not underlined to indicate the service performed may delay consideration of payment. (Note: For Commercial products, if the services performed are not underlined, the submitter will be notified by letter that the appeal will not be reviewed.)
- Do not include new/original (i.e., previously unprocessed) claims with your payment dispute forms. Only documentation that supports the claims being disputed should be enclosed. Refer to the Claims Submission Policy for information related to the submission of new/original claims.
- Disputes of claims denied for receipt past the filing deadline must include acceptable proof of timely submission.

For acceptable forms of proof of timely submission and additional information about submitting payment disputes, refer to the Provider Payment Dispute policies for both Commercial and Tufts Medicare Preferred HMO/Tufts Health Plan SCO, available in the Resource Center at tuftshealthplan.com/provider.

Reminder: Provider Update Email Registration

As previously announced and beginning August 1, 2016, Tufts Health Plan intends to distribute its Provider Update newsletter by email. To receive Provider Update delivered directly to your inbox, be sure to complete the online registration form, available in the News* section of the public Provider website.

Please let all providers in your organization know about this change and encourage each provider to register to receive future issues. 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.

Providers who routinely visit our website for updates and who prefer not to receive Provider Update by email should indicate that preference in the online registration form.

*If you do not register to receive Provider Update by email, copies of this information can also be mailed upon request by calling 888.884.2404 for Tufts Health Plan Commercial (including Tufts Health Freedom Plan), 800.279.9022 for Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options, or 888.257.1985 for Tufts Health Public Plans products.
Fraud, Waste and Abuse Hotline

Have you ever seen indications that a patient might be using a Tufts Health Plan ID card fraudulently? Have patients ever given you information about questionable billing practices by other providers? Have you been made aware or do you suspect that a patient may be seeking a prescription for a non-legitimate medical purpose or abusing his or her pharmacy benefit?

If you have concerns such as these, Tufts Health Plan has a hotline for you to report concerns about possible health care fraud. The hotline was established to help Tufts Health Plan’s members, providers and vendors who have questions, concerns and/or complaints related to possible wasteful, fraudulent or abusive activity.

You can call the Tufts Health Plan Fraud Hotline to report your concerns 24 hours a day, seven days a week at 877.824.7123. You may identify yourself or report anonymously. The information you provide will be forwarded within one business day to the Tufts Health Plan Compliance Department to address your concerns.

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 their ability to accept new patients, a change of street address or phone number, or 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 going to the Find a Doctor search. If that information is not correct, please update it as soon as possible by completing 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 going to the Find a Doctor search. If that information is not correct, please update it as soon as possible by completing the Provider Information Form 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.

Tufts Health Plan Travel Networks

Travel networks are networks of providers who are not contracted with Tufts Health Plan but are available to Tufts Health Plan members when they receive services outside the Tufts Health Plan service area.

Tufts Health Plan currently offers two different travel networks for members:

- Cigna PPO is the travel network for HMO, POS and PPO (Tufts Health Plan network) plans based in MA and RI.
- PHCS Healthy Directions (also known as Multiplan Travel) is the travel network for EPO, POS and PPO (Tufts Health Plan network) plans based in NH, including Tufts Health Freedom Plan.

As of January 1, 2016, Tufts Health Plan members with a travel network have either the Cigna logo (MA and RI plans) or PHCS logo (NH plans) on their member ID cards.

Providers located in MA, RI or NH who render services to these members should submit claims to Tufts Health Plan at the address on the back of the member’s ID card. When prior authorization is required, providers should submit prior authorization requests to Tufts Health Plan as they currently do. For a complete list of services requiring prior authorization, refer to Tufts Health Plan’s medical necessity guidelines.

If you have questions about providing services to Tufts Health Plan or Tufts Health Freedom Plan members with a travel network, please call Provider Services at 888.884.2404.
**2016-2017 Seasonal Flu Vaccine**

**Who Should Be Vaccinated?**
The Advisory Committee on Immunization Practices (ACIP) recommends universal seasonal flu vaccination for anyone age six months and older.

**Timing of Flu Vaccination**
It is recommended that providers begin vaccinating as soon as the vaccine is available, if possible by October, and continue vaccinating as long as the flu is circulating in the community. Flu season in the United States can start as early as October and continue through May.

**Coverage for Seasonal Flu Vaccine**
Administration of the seasonal flu vaccine is covered for members of Tufts Health Plan Commercial (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options plans.

For most plans, there is no cost to the member and copayment and deductible do not apply. If a member pays out of pocket for the flu vaccine, he or she can submit for reimbursement from Tufts Health Plan. If members are unsure whether their plan covers flu vaccination in full and where they can get a flu vaccination, they may call a member services representative at the number on their member ID card.

**Palliative Care Services**
Effective for dates of service on or after October 1, 2016, Tufts Health Plan will expand its home care coverage for members who receive palliative care services in the home. As part of this expanded coverage, Tufts Health Plan will cover up to 90 days of consecutive treatment per authorization, if approved, and will no longer require evidence of homebound status in order for the member’s in-home palliative care services to be covered.

Providers should include the following with the prior authorization request in order for Tufts Health Plan to identify palliative care services from home health care services:
- Z51.5 diagnosis code
- Documentation of a discussion between the member and his or her provider during which palliative care was discussed and agreed upon (documentation of a new discussion should be submitted every six months with the prior authorization request); please note that discussions with home care agency staff do not fulfill this requirement.

These changes will apply to Commercial products (including Tufts Health Freedom Plan), and will be documented in the appropriate medical necessity guidelines and payment policy for Palliative Care Services.

**Important Information Regarding Substance Use Disorders**

**Substance Use Disorder Survey for Providers**
Tufts Health Plan’s Behavioral Health Department has started a case management program for members and their families who are dealing with issues related to substance use disorder (SUD).

Providers who work with the population affected by SUD are encouraged to complete Tufts Health Plan’s Substance Use Disorder survey in order to be included in Tufts Health Plan’s database of providers who address these issues.

**SUD Resources for Your Members**
Tufts Health Plan has updated its online resources available to members and their families dealing with SUD. Providers who work with this population are encouraged to refer members and their families to the Behavioral Health section of Tufts Health Plan’s public Member website for information about the disease of SUD, a symptom checklist, treatment options and services, and a list of online resources related to SUD. Providers who render services to members of Tufts Health Freedom Plan products can refer members and their families to the Behavioral Health section of Tufts Health Freedom Plan’s public Member website.

**Find Current Pharmacy Information on the Web**

For the most current information regarding the Tufts Health Plan pharmacy benefit — including tier changes, online formularies and descriptions of pharmacy management programs — refer to the Pharmacy section at tuftshealthplan.com/provider. For pharmacy information pertaining to Tufts Health Freedom Plan products, providers can refer to the Pharmacy section at 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.

Copies of information regarding our pharmacy management programs can also be provided upon request by calling Provider Services at 888.884.2404.
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