

# PROVIDER UPDATE

DECEMBER 1, 2021

NEWS FOR THE NETWORK



*Provider Update* includes information for all Tufts Health Plan products: Commercial\* products (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO,\* Tufts Health Plan Senior Care Options (SCO)\* and Tufts Health Public Plans\* products (Tufts Health Direct, Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans [ACPPs], and Tufts Health Unify).

Effective with the August 1, 2021 issue of *Provider Update*, providers no longer receive a quarterly *Provider Update* paper mailing. Tufts Health Plan encourages all providers who have not yet registered for *Provider Update* to [register](#) to receive the same important content and updates in the monthly, online-only format. Failure to register to receive the monthly newsletter by email may result in providers missing important updates, including those related to payment policies.

**Note:** If you have registered to receive *Provider Update* by email but are still not receiving it, check your spam folder or check with your organization's system administrator to ensure the organization's firewall is adjusted to allow for receipt of *Provider Update* (SENDER: [providerupdate@email-tuftshealth.com](mailto:providerupdate@email-tuftshealth.com)).

Current and recent past issues of *Provider Update* are also available in printable format in the News section of the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites. **Note:** Providers can filter by product in the News section by selecting the appropriate product from the navigation options on the left-hand side.

\*If you do not register to receive *Provider Update* by email, copies of the full issue can be mailed upon request by calling the applicable number located on the Contact Us pages on the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites.

**Note:** As of January 1, 2021, UnitedHealthcare owns Tufts Health Freedom Plan. Tufts Health Plan will continue to administer Tufts Health Freedom Plan products for a period of time, during which Tufts Health Plan administration policies will continue to apply. Refer to the news [article](#) and [FAQs](#) for more information.

\*Throughout *Provider Update*, you will see products referenced as Commercial products (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO, Tufts Health Plan SCO and Tufts Health Public Plans products. You will also see these products referenced as "All products." Changes will apply to all those specified products unless product exclusions are specified for that particular change.

## 60-DAY NOTIFICATIONS

### Coverage Updates

All products

#### 60-Day Notifications

##### DynaSplint

Effective for dates of service on or after February 1, 2022, DynaSplint codes E1800, E1802, E1805, E1810, E1812, E1815, E1820, E1830 and E1840 will no longer be covered for Commercial products and Tufts Health Direct. The Medical Necessity Guidelines for [Noncovered Investigational Services](#) will be updated to reflect this change.

##### Coverage of Percutaneous Peripheral Nerve Stimulation (PNS)

Effective for dates of service on or after February 1, 2021, Tufts Health Plan will no longer cover PNS for the management of back pain in adults (CPT code 64561: Percutaneous implantation of neurostimulator electrode array; sacral nerve [transforaminal placement], including image guidance if performed) for

Commercial products and Tufts Health Public Plans products. The Medical Necessity Guidelines for [Noncovered Investigational Services will be updated to reflect this change](#).

## Other Coverage Updates

### Out of Network Coverage at the In-Network Level of Benefits

Tufts Health Plan has updated its clinical criteria for the Medical Necessity Guidelines for [Out-of-Network Coverage at the In-Network Level of Benefits](#) for all products. Transition visits for continuity of care will not be restricted to new members. Effective for dates of service on or after January 1, 2022, all members may be allowed transition visits in specific continuity of care scenarios. For more information, refer to the Medical Necessity Guidelines [Out-of-Network Coverage at the In-Network Level of Benefits](#).

### High Cost DME

Effective for dates of service on or after January 1, 2022, Tufts Health Plan will retire the Medical Necessity Guidelines for [Durable Medical Equipment \(DME\) and Supplies Costing Over \\$1,000 for Tufts Health Unify](#). For more information, refer to the Medical Necessity Guidelines for [High Cost Durable Medical Equipment \(DME\), Adaptive Strollers and Speech Generating Devices](#).

### Behavioral Health: Outpatient Treatment Level of Care

Effective for dates of service on or after January 1, 2022, Tufts Health Plan will retire the Medical Necessity Guidelines for [Behavioral Health – Outpatient Treatment Level of Care](#) for Tufts Health Unify. For more information, refer to the Medical Necessity Guidelines for [Outpatient Psychotherapy](#).

### Long Term Services and Supports (LTSS)

Effective for dates of service on or after January 1, 2022, Tufts Health Plan will no longer require prior authorization for HCPCS codes T1028, T2014 and S5125 for long term services and supports for Tufts Health Unify. For more information, refer to the Medical Necessity Guidelines for [Long-Term Services & Supports \(LTSS\) for Tufts Health Unify](#).

### Noncovered Investigational Services

Tufts Health Plan added the following services to the Medical Necessity Guidelines for [Noncovered Investigational Services](#):

- Multi-cancer early detection test
- JACO assistive robotic arm for use by patients with neuromuscular disease
- The JETi Thrombectomy System
- The TenJet System for plantar fasciitis
- Insulia<sup>®</sup> Diabetes Management Companion (voluntis) for management of diabetes mellitus

For more information, refer to the Medical Necessity Guidelines for [Noncovered Investigational Services](#).

## Pharmacy Coverage Changes

### Tufts Health Together

#### Drugs Moving to Noncovered Status

Effective for fill dates on or after February 1, 2022, the following the brand name insulin formulations listed will be noncovered and authorized generics for these insulin products will be covered without prior authorization for Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnerships Plans (ACPPs):

- Humalog<sup>®</sup> (insulin lispro) vial
- Humalog<sup>®</sup> (insulin lispro) U-100 KwikPen<sup>®</sup>
- Humalog<sup>®</sup> (insulin lispro) Junior KwikPen<sup>®</sup>
- Humalog<sup>®</sup> Mix75/25<sup>™</sup> (insulin lispro protamine/insulin lispro) KwikPen<sup>®</sup>
- NovoLog<sup>®</sup> (insulin aspart) vial
- NovoLog<sup>®</sup> (insulin aspart) FlexPen<sup>®</sup>
- NovoLog<sup>®</sup> (insulin aspart) PenFill cartridge
- NovoLog<sup>®</sup> Mix 70/30 (insulin aspart protamine/insulin aspart) vial
- NovoLog<sup>®</sup> Mix 70/30 (insulin aspart protamine/insulin apart) FlexPen<sup>®</sup>

Because authorized generics may not be automatically substituted for the brand agents at the pharmacy, providers should specify the generic on the prescription.

For a member to continue take any of the brand name insulins listed above, the prescribing provider must request coverage through the medical review process subject to the Pharmacy

Medical Necessity Guidelines for [Non-Covered Pharmacy Products](#) for Tufts Health Together – MassHealth MCO Plan and ACPPs.

### Unified Pharmacy Product List (UPPL) Changes

Effective for fill dates on or after January 1, 2022, Daytrana® (methylphenidate transdermal) will be preferred on the MassHealth Unified Pharmacy Product List (UPPL) for Tufts Health Together – MassHealth MCO Plan and ACPPs.

Effective for fill dates on or are February 1, 2022, any members currently taking any of the following nonpreferred long-acting stimulants will need prior authorization to continue filling their prescription for these medications:

- Adhansia XR® (methylphenidate extended-release)
- Aptensio XR™ (methylphenidate extended-release)
- Cotempla XR-ODT® (methylphenidate extended-release)
- Jornay PM® (methylphenidate extended-release)
- Methylphenidate extended release (CD) (generic Metadate CD®)
- Methylphenidate extended-release (LA) (generic Ritalin LA®)
- Methylphenidate extended-release (XR) (generic Aptensio XR™)
- Methylphenidate extended-release 72 mg tablet
- Quillichew ER® (methylphenidate extended-release)
- Quillivant XR® (methylphenidate extended-release)
- Ritalin LA® (methylphenidate extended-release)

Members with existing authorizations will not be grandfathered and will require a new authorization on or after February 1, 2022. For a member to continue taking any of these nonpreferred stimulants, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [ADHD CNS Stimulant Medications](#) for Tufts Health Together – MassHealth MCO Plan and ACPPs. In addition to existing criteria, a clinical rationale must be provided explaining why a member cannot take Daytrana. Requests for brand name Ritalin LA and brand name Aptensio XR will also be subject to the Pharmacy Medical Necessity Guidelines for [Non-Covered Pharmacy Products](#) for Tufts Health Together – MassHealth MCO Plan and ACPPs.

Pediatric Behavioral Health Medication (PBHMI) age and polypharmacy restrictions continue to apply for all stimulant medications for members under age 18. Additionally, Tufts Health Together requires prior authorization for all stimulants for members age 25 and older.

## **Provider Billing Reminder: Occurrence Code 55**

### **Tufts Health Public Plans products**

Effective for dates of service on or after February 1, 2022, any facility claims noting the death of a patient with status codes 20 (expired), 40 (expired at home), 41 (expired in a medical facility) or 42 (expired – place unknown) must also include occurrence code 55. If the claims do not include occurrence code 55 and the member's date of death, Tufts Health Plan will deny the claims, and the provider will need to resubmit them.

## **Correct Coding Reminder**

### **All products**

As a routine business practice, claims are subject to payment edits that are updated at regular intervals and are generally based on CMS (including the National Correct Coding Initiative [NCCI] edits) specialty society guidelines and drug manufacturers' package label inserts.

Procedure and diagnosis codes undergo periodic revision by CMS (including NCCI edits) and the AMA. As these revisions are made public, Tufts Health Plan will update its systems to reflect these changes. Documentation is updated to reflect the addition and replacement of procedure codes where applicable.

## **BEHAVIORAL HEALTH**

### **Update for Recovery Centers of America**

**All products**

Please be aware that as of January 1, 2022, the Recovery Centers of America (RCA), which operates drug and alcohol addiction treatment programs in Danvers and Westminster, Massachusetts, will no longer participate in the Tufts Health Plan network.

Tufts Health Plan's clinical team has developed transition of care plans, and members who have received services from the RCA in the last year are being notified of this change by mail.

Members and providers should be aware that as of January 1, health services from RCA will not be covered and reimbursed by Tufts Health Plan, and members may be financially responsible for services provided by RCA. However, members who are receiving Acute Treatment Services (ATS 3.7) or Clinical Stabilization Services (CSS) with RCA as of January 1 will be able to complete the program with RCA before transitioning to another provider for follow up care.

To identify in-network addiction treatment programs, please refer to the [Find a Doctor or Hospital tool](#) on our public Provider website.

**Screening Practices in the Primary Care Setting****Tufts Health Direct, Tufts Health RITogether, Tufts Health Together**

As part of Early Periodic Screening, Diagnosis and Treatment (EPSDT), PCPs routinely screen members for behavioral health (BH) conditions. An analysis of Tufts Health Plan's population revealed members 13-17 years of age are a vulnerable population. Adolescent males 13-17 years of age, with a language preference other than English are a particularly vulnerable group. Tufts Health Plan is working to make a difference by focusing on adolescent members.

PCPs play an essential role in improving screening rates for all members and develop collaborative relationships with network BH providers in their geographic area to ensure timeliness of follow-up, particularly for adolescent members and those who have experienced increased isolation during the COVID-19 pandemic. Additionally, Tufts Health Plan encourages contracting BH providers to outreach to PCPs to provide contact information and availability for referrals of members who have positive screenings.

For more information, refer to the Behavioral Health (BH) Screening for Members Frequently Asked Questions (FAQ) Adolescent (ages 13-17) for [Tufts Health RITogether](#) and [Tufts Health Together](#).

**Updated CBHI and ABA Performance Specifications****Tufts Health Together**

As directed by EOHHS, Office of Behavioral Health, the following CBHI and ABA performance specifications will be updated effective January 1, 2022:

- Applied Behavioral Analysis
- Family Support and Training
- In Home Behavioral Services
- In Home Therapy Services
- Intensive Care Coordination
- Mobile Crisis Intervention
- Therapeutic Mentoring Services

Refer to the [Resource Center](#) on Tufts Health Plan's public Provider website to access the updated performance specifications on or after January 1, 2022.

**REMINDERS****COVID-19 Updates****All products**

Please keep the following COVID-19 policies and procedures in mind:

- **Prior Authorization Updates:** Tufts Health Plan has updated our prior authorization requirements to be consistent with bulletins issued in November by [Massachusetts Division of Insurance Bulletin](#)

[2021-15](#) and [MassHealth](#). For complete details, please refer to the COVID-19 Updates for Providers [page](#).

- **Tufts Health Medicare Preferred HMO, Tufts Health Plan Senior Care Options (SCO) (HMO-SNP), Tufts Health Unify and coverage of COVID-19 vaccine:** Through the end of 2021, the Centers for Medicare & Medicaid Services reimburses providers for the COVID-19 vaccine and its administration, with providers submitting claims to the appropriate CMS [Medicare Administrative Contractor \(MAC\)](#) for payment. However, beginning January 1, 2022, providers should bill Medicare Advantage plans for the vaccine and its administration.
- **COVID-19 vaccine for children ages 5-11:** On November 2, the Centers for Disease Control [announced](#) that the Pfizer-BioNTech pediatric COVID-19 vaccine is recommended for children ages 5 to 11. For billing purposes, please use the following CPT codes:
  - **91307:** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
  - **0071A:** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose
  - **Second dose, 0072A:** Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose

For additional coding guidance, please refer to the [COVID-19 Vaccination Payment Policy](#).

## QMB Members Exempt From Part A/B Cost-Sharing

### Tufts Medicare Preferred HMO, Tufts Health Plan SCO

The Qualified Medicare Beneficiary (QMB) program put in place by the Centers for Medicare and Medicaid Services (CMS) assists low-income Medicare beneficiaries with Medicare Part A and Part B premiums and cost-sharing, including deductibles, coinsurance and copayments. As a reminder, under the QMB program enrollees are exempt from cost-sharing liability, so all providers are prohibited from charging QMB members for Medicare cost-sharing for covered Parts A and B services.

### Identifying Members with QMB Status

CMS's [HIPAA Eligibility Transaction System \(HETS\)](#) provides Medicare eligibility data to providers and their authorized billing agents (including clearinghouses and third-party vendors) to help verify a patient's QMB status and exemption from cost-sharing charges. Contact your third-party eligibility verification vendor to ask how their products reflect the new QMB information from HETS.

The Explanations of Payment that Tufts Health Plan sends to providers include an alert that the notice may contain claims covered by the QMB program and reminding providers to review their records for any wrongfully collected cost-sharing, which may be billed to a subsequent payer.

For more detailed information about CMS's QMB program, please refer to this [document](#) from the Medicare Learning Network.

## Coverage of Gender-Affirming Care

### Tufts Health Together, Tufts Health Plan SCO, Tufts Health Unify

[As previously communicated](#), effective for dates of service on or after September 1, 2021, and per [MassHealth All Provider Bulletin 323](#), Tufts Health Plan covers additional medically necessary gender-affirming care. This includes, but is not limited to, breast reduction surgery, bilateral mastectomy, and/or chest reconstruction for all members who satisfy the medical criteria (including those under 18 years of age) as well as speech therapy for members with a communication disorder related to gender dysphoria. For genital surgeries, evaluations are needed from one behavioral health provider and a second provider familiar with the member's care.

For more information, refer to the MassHealth Medical Necessity Determinations for [Gender-Affirming Surgery](#), [Speech and Language Therapy](#) and [Hair Removal](#).

For questions, call Provider Services at 800.279.9022 for Senior Products or 888.257.1985 for Tufts Health Public Plans products.

## NICU Utilization and Care Management Change

### Tufts Health Direct, Tufts Health Together

Effective January 1, 2022, utilization management and care management services for premature and medically complex infants requiring NICU care will no longer be rendered by ProgenyHealth for Tufts Health Direct and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans. Moving forward, these services will be provided directly by Tufts Health Plan.

## New Annual Visit Limits for Physical Therapy and Occupational Therapy

### US Family Health Plan (USFHP)

US Family Health Plan covers rehabilitative physical therapy (PT) and occupational therapy (OT). Effective for dates of service on or after January 1, 2022, there will be a limit of 30 visits per year each for PT and OT.

Only those members who are part of the Extended Health Care Option (ECHO) program are covered for rehabilitative PT and OT. A 30-visit limit per year each for rehabilitative PT and OT also takes effect January 1, 2022.

A PCP referral is required for an initial evaluation. Prior authorization is required after the initial evaluation and first eight visits.

## Transgender Awareness

### All products

Tufts Health Plan would like to make providers aware of resources surrounding transgender awareness. Beginning in January 2022, Rural TransECHO is a 12-month program specifically for health centers that are located in or serve predominantly rural communities of the United States. The purpose of this program is to increase the availability of culturally-responsible, comprehensive primary care for transgender and gender diverse patients. You can access more than 100 on-demand webinars and earn CME/CEU and HRC HEI credits. Visit the [Rural TransEcho application page](#) for more information or to apply.

## Provider Training and Survey

### Tufts Health Plan SCO

#### Model of Care Training

Tufts Health Plan Senior Care Options (SCO) PCPs and high-volume specialists are required by the Commonwealth of Massachusetts and CMS to complete the [Annual SCO Model of Care Training](#) by January 15, 2022. This training, which is available on Tufts Health Plan's public Provider [website](#), provides updates on Tufts Health Plan SCO's Care Management Program, care coordination policies and procedures and the role PCPs and specialists play within them. At the end of the training, you will be asked to attest that you have reviewed the information to document your participation.

#### Provider Satisfaction Survey

Providers' opinions matter and feedback helps Tufts Health Plan improve services administered to providers and members. Following the Annual SCO Model of Care Training, please take a moment to confirm your participation in the training and complete our satisfaction [survey](#).

#### Continuing Education Topics

Tufts Health Plan SCO PCPs are expected to have continued annual education in the following areas:

- Depression



- Alcohol and substance abuse
- Dementia, including Alzheimer's Disease
- Identification and treatment of incontinence
- Preventing falls
- Identification and mandatory reporting of abuse, neglect and exploitation of elderly individuals

You will find continuing education topics on Tufts Health Plan's public Provider [website](#).

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## Promoting the Flu Vaccine

### All products

The flu season runs from October through April each year, and given the ongoing COVID pandemic, it's more important than ever to emphasize the importance of getting the flu vaccine to your patients. Lessening the total burden of respiratory illnesses is vital to allow for protection of not only those who are at risk for severe illness, but also the health care system. Providers play a vital role in supplying patients with the information needed to protect themselves against the flu and in helping a patient decide to receive vaccinations.

The CDC continues to recommend that patients ages six months and older, including pregnant women, receive a flu vaccine every year, with rare exceptions. Flu vaccination provides important protection from influenza and its complications, with the [CDC reporting](#) that in 2019-2020 flu season alone, the flu vaccine prevented an estimated 7.5 million illnesses, 3.7 million medical visits, 105,000 hospitalizations and 6,300 influenza-related deaths in the United States.

While some people who get vaccinated may still develop influenza, vaccination may make their illness milder, as [a 2017 study published in Clinical Infectious Diseases \(CID\)](#) found, reporting that influenza vaccination reduced deaths, intensive care unit (ICU) admissions, ICU length of stay, and overall duration of hospitalization among hospitalized influenza patients.

For most plans, flu shots are covered at no cost. If members pay out-of-pocket for their flu vaccine, they can submit for reimbursement from Tufts Health Plan. If members are unsure about their plan's benefit or where they can get a flu shot, please advise them to call Member Services at the number on their Tufts Health Plan member ID card.

The Centers for Disease Control and Prevention website provides valuable information about vaccination, infection control, prevention, treatment, and diagnosis of seasonal influenza on the [Information for Health Professionals](#) and [Influenza ACIP Vaccine Recommendations](#) pages.

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## Member ID Cards to Be Updated

### Massachusetts and Rhode Island Commercial products, Tufts Health Direct

[As previously communicated](#), and as part of the [Consolidated Appropriations Act: No Surprises Act](#) and, Tufts Health Plan will be updating member ID cards.

Members will be able to receive their physical ID card or may access the updated digital ID card prior to their plan's renewal date on or after January 1, 2022. The new cards will display major in-network and out-of-network deductibles and out-of-pocket maximums.

For Commercial products, physical member ID cards will be mailed to new members and to existing members with benefit, product, or member information changes only. For Tufts Health Direct, all members will be mailed new cards.

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## Help Us Keep the Provider Directory Up to Date

### All products

The Centers for Medicare & Medicaid Services and other regulatory bodies require health plans to maintain and update provider data in provider directories, and we rely on providers to review their data and notify us of any changes as they happen to ensure that members have access to accurate information. directories up to date.

All Tufts Health Plan Massachusetts, New Hampshire, Rhode Island, Maine and Vermont providers have been enrolled in the directory section of [CAQH ProView®](#). On a quarterly basis, providers (or their designee) should log into [CAQH ProView](#) and review all their individual provider information to

validate and provide updates in ProView as needed. Information that should be validated includes, but is not limited to:

- Availability to see new patients
- Phone number
- Practice locations (where members may make an appointment to see the individual provider at that location)

Keep in mind that providers who are listed in the directory as accepting new members must accept members from any of the Tufts Health Plan products for which they are contracting. For example, a provider contracting in the Tufts Health RITogether network and listed in the provider directory as accepting new patients is obligated to accept Tufts Health RITogether patients.

Tufts Health Plan requires that providers attest to the accuracy of their provider directory information every 90 days. **It's important to note that Tufts Health Plan may suppress any provider who has not re-attested to their information within the required timeframe.** A provider's directory information will be reinstated upon that provider's confirmation of the accuracy of their information or by the submission of updated information.

CAQH will transmit demographic data directly to Tufts Health Plan, so providers will no longer need to notify Tufts Health Plan of these changes directly. Please be aware that this change applies to directory information only. It also does not apply to providers working exclusively within the Association for Behavioral Healthcare (ABH) or any individual provider who is not listed in the directory.

Other updates, such as adding or removing an affiliation or completely terminating from Tufts Health Plan, are considered contractual and must still be sent directly to Tufts Health Plan with the appropriate documentation.

Providers can update billing addresses by completing the appropriate Provider Information Change form and selecting "billing" as the address type. For more information on which form to use, refer to the Reminder: Update Your Billing and Contract Information [article](#).

For more information about the provider directory, including a brief demonstration video by CAQH of how the system works, visit the CAQH [website](#).

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## Helpful Reminders for Providers

- **Avoid Printing:** For the most current information, providers should view all documentation [online](#) and avoid printing.
- **Browser Note:** For the best experience in accessing the newsletter, we recommend upgrading your browser to the latest version of Mozilla Firefox or Google Chrome.
- **Secure Provider Portal Self-Service Tools:** We encourage providers and office staff to use our secure Provider portal to perform a variety of transactions quickly and easily — electronically submit transactions and access information related to claims submission, claims status, referrals, prior authorizations, electronic remittance advice, member eligibility, panel information and more. For more information, log on to the secure Provider [portal](#) or refer to the [Electronic Services](#).

## FOR MORE INFORMATION

### PUBLIC PROVIDER WEBSITES

- [Tufts Health Plan](#)
- [Tufts Health Freedom Plan](#)

### SECURE PROVIDER PORTAL

- [All Tufts Health Plan Products](#)

### CONTACT INFORMATION

- [Tufts Health Plan](#)
- [Tufts Health Freedom Plan](#)

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