

PROVIDER UPDATE

FEBRUARY 1, 2022

NEWS FOR THE NETWORK



Provider Update includes information for all Tufts Health Plan products: Commercial products, 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). 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.

Provider Update is a monthly, online provider newsletter. We encourage you to [register](#) to receive *Provider Update* by email. (If you have registered for email distribution but aren't receiving *Provider Update* at the beginning of each month, look in 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* from providerupdate@email-tuftshealth.com.)

60-DAY NOTIFICATIONS

Telehealth Services Billing

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

[MassHealth's Managed Care Entity Bulletin 74](#) and [MassHealth All Provider Bulletin 327](#) provide guidance on health services available via telehealth, including information on services that are ineligible for telehealth delivery and coding. Consistent with these bulletins, effective for dates of service on or after April 1, 2022, Tufts Health Plan will deny telehealth claims that are inappropriately billed for services that are considered ineligible for delivery via any telehealth modality.

In addition, the following coding requirements also apply:

- Providers must include modifier GT when submitting a facility claim for services provided via telehealth.
- Providers must use Place of Service (POS) 02 or POS 10 when submitting a professional claim for services provided via telehealth and must append the appropriate modifier below to indicate the type of modality. For dates of service beginning April 16, 2022, professional telehealth claims that are missing one of the following modifiers will be denied:
 - Modifier 95 to indicate services rendered via audio-video telehealth
 - Modifier V3 to indicate services rendered via audio-only telehealth
 - Modifier GQ to indicate services rendered via asynchronous telehealth

About POS 02 and POS 10

The Centers for Medicare and Medicaid Services (CMS) instituted POS 10 and revised the description of the existing POS code 02 to better meet overall industry needs through greater specificity, effective Jan. 1, 2022.. The updated/new descriptions are as follows:

- **POS 02: Telehealth Provided Other Than in Patient's Home**
The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
- **POS 10: Telehealth Provided in Patient's Home**
The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

For more information, please refer to the [Temporary COVID-19 Telehealth Payment Policy](#).

Pharmacy Coverage Changes

Commercial products, Tufts Health Direct

The following changes apply to [Commercial](#) products and [Tufts Health Direct](#), unless otherwise noted.

Prior Authorization

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after April 1, 2022, Tufts Health Plan will update its prior authorization criteria for the following medications:

- Acthar® (corticotropin)
- Bylvay™ (odevixibat)
- Dupixent (dupilumab)
- Growth Hormone Replacement Therapy
- Xolair® (omalizumab)

For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines.

Changes to Existing Billing Codes for Spravato® (esketamine) Nasal Spray

Effective for billing dates on or after April 1, 2022, Tufts Health Plan will require prior authorization for coverage of the following combination drug and service HCPCS codes associated with Spravato (esketamine): G2082 and G2083. Spravato nasal spray currently requires prior authorization. This coverage change applies to providers billing a new course of treatment. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines.

Providers requesting the use of Spravato (esketamine) nasal spray are encouraged to use the following billing codes when requesting prior authorization for the provision of the drug and professional services associated with Spravato therapy:

- G2082 is associated with office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation.
- G2083 is associated with office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation.

Drug Status Changes

The following changes apply to Commercial products and Tufts Health Direct, and are effective for fill dates on or after April 1, 2022:

Drugs Moving to Noncovered Status

- Afinitor® Disperz™
- Dexilant capsules

Commercial Large Groups

The following changes apply to large group Commercial products formularies and are effective for fill dates on or after April 1, 2022:

Drugs Moving to Tier 3 Status

- Carbaglu® (carglumic acid)

Commercial 3-Tier Formularies

The following changes apply to only 3-Tier Commercial products and are effective for fill dates on or after April 1, 2022:

Drugs Moving to Tier 3 Status

- Zortress 1mg tablet

Commercial 4-Tier Formularies

The following changes apply to only 4-Tier Commercial products and are effective for fill dates on or after April 1, 2022:

Drugs Moving to Tier 4 Status

- Zortress 1mg tablet

Commercial Products

The following changes apply to small group Commercial products and Tufts Health Direct formularies and are effective for fill dates on or after April 1, 2022:

Prior Authorization

New Prior Authorization Programs

Effective for fill dates on or after April 1, 2022, Tufts Health Plan will require prior authorization for coverage of dextroamphetamine tablets for members 25 years of age and older. This coverage change applies to members initiating a new course of treatment. Existing utilizers will be allowed to continue with the drug. For these requests, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Attention Deficit Hyperactivity Disorder (ADHD) Medications.

Drug Status Changes

The following changes apply to Commercial small group products and Tufts Health Direct, and are effective for fill dates on or after April 1, 2022:

Drugs Moving to Noncovered Status

- Carbaglu® (carglumic acid)
- Lomaira™ capsules
- Zortress® 1mg tablet

Pharmacy Coverage Changes

Tufts Medicare Preferred HMO, Tufts Medicare Preferred PDP, Tufts Health Plan SCO, Tufts Health Unify

Changes to Existing Billing Codes for Spravato® (esketamine) Nasal Spray

Effective for billing dates on or after April 1, 2022, Tufts Health Plan will require prior authorization for the combination drug and service G codes associated with Spravato (esketamine): G2082 and G2083 for Tufts Medicare Preferred HMO, Tufts Health Plan SCO and Tufts Health Unify. Spravato nasal spray currently requires prior authorization. For more information, refer to the [Medical Drugs Requiring Prior Authorization policy](#) on or after April 1, 2022.

Providers requesting the use of Spravato (esketamine) nasal spray are encouraged to use the following billing codes when requesting prior authorization for the provision of the drug and professional services associated with Spravato (esketamine) therapy:

- G2082 is associated with office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation.
- G2083 is associated with office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation.

Pharmacy Coverage Changes

Tufts Health RITogether, Tufts Health Together

The following changes apply to [Tufts Health RITogether](#) and [Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans \(ACPPs\)](#) unless otherwise noted.

Prior Authorization

New Prior Authorization Programs

Vemlidy® (tenofovir alafenamide): Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs

Effective for fill dates on or after April 1, 2022, Tufts Health Plan will require prior authorization for coverage of Vemlidy (tenofovir alafenamide). This coverage change applies to members initiating a new course of treatment. Existing utilizers will be allowed to continue taking this drug. For these requests, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Vemlidy (tenofovir alafenamide).

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after April 1, 2022, Tufts Health Plan will update its prior authorization criteria for the medications and programs listed below. These changes will apply to new requests for prior authorization for one of these medications. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines.

Tufts Health Together – MassHealth MCO Plan and ACPPs

- Acthar® (corticotropin) Bylvay™ (odevixibat)
- Daliresp (roflumilast)
- Gabapentin Medications (Gralise®, Horizant®, gabapentin immediate-release)
- Medications for the Treatment of Hepatitis C
- Oral Cancer Medications
- Spravato® (esketamine) nasal spray
- Tobi Podhaler
- Vigabatrin

Tufts Health RITogether

- Acthar (corticotropin)
- Bylvay (odevixibat)
- Dupixent® (dupilumab)
- Gabapentin medications (Gralise, Horizant)
- Growth Hormone Replacement Therapy
- Spravato (esketamine) nasal spray
- Xolair® (omalizumab)

Changes to Existing Billing Codes for Spravato (esketamine) Nasal Spray

Effective for billing dates on or after April 1, 2022, Tufts Health Plan will require prior authorization for coverage of the following combination drug and service HCPCS codes associated with Spravato (esketamine): G2082 and G2083 for Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and (ACPPs). Spravato nasal spray currently requires prior authorization. This coverage change applies to providers billing a new course of treatment. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines.

Providers requesting the use of Spravato (esketamine) nasal spray are encouraged to use the following billing codes when requesting prior authorization for the provision of the drug and professional services associated with Spravato therapy:

- **G2082** is associated with office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation.
- **G2083** is associated with Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post- administration observation.

Quantity Limitations

Effective for fill dates on or after April 1, 2022, Tufts Health Plan will update its quantity limitations for the medications listed below. For a member to receive coverage for quantities above the new quantity limits, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Products with Quantity Limitations for [Tufts Health RITogether](#) and [Tufts Health Together – MassHealth MCO Plan and ACPPs](#).

Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs

- Adefovir dipivoxil tablet
- Baraclude® (entecavir) oral solution
- Entecavir tablet

- Epivir-HBV® (lamivudine) oral solution
- Lamivudine tablet
- Tenofovir disoproxil fumarate 300 mg tablet
- Vemlidy (tenofovir alafenamide) tablet
- Viread® (tenofovir disoproxil fumarate) tablet

Tufts Health Together – MassHealth MCO Plan and ACPPs

- Epclusa® (sofosbuvir/velpatasvir)
- Harvoni® (ledipasvir/sofosbuvir)
- ledipasvir/sofosbuvir 90/400 mg tablet
- Mavyret® (glecaprevir/pibrentasvir)
- sofosbuvir/velpatasvir 400/100 mg tablet
- Sovaldi® (sofosbuvir) 400 mg tablet
- Vosevi® (sofosbuvir/velpatasvir/voxilaprevir)
- Zepatier® (elbasvir/grazoprevir)

Drugs Status Changes

Drugs Moving to Noncovered Status

Baraclude (entecavir) oral solution: Tufts Health RITogether

Effective for fill dates on or after April 1, 2022, Baraclude (entecavir) oral solution will be moved to noncovered status for Tufts Health RITogether. Members currently being treated with Baraclude will be allowed to continue with these drugs. For a member to initiate treatment for Baraclude, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Pharmacy Products Without Specific Criteria for Tufts Health RITogether.

Jantoven® (warfarin): Tufts Health Together – MassHealth MCO Plan and ACPPs

Effective for fill dates on or after April 1, 2022, Jantoven (warfarin) will be moved to noncovered status for Tufts Health Together – MassHealth MCO Plan and ACPPs. For a member to continue taking Jantoven, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Non-Covered Pharmacy Products.

Sabril® (vigabatrin): Tufts Health Together – MassHealth MCO Plan and ACPPs

Effective for fill dates on or after April 1, 2022, Sabril (vigabatrin) will be moved to noncovered status for Tufts Health Together – MassHealth MCO Plan and ACPPs. Effective for fill dates on or after April 1, 2022, the generic formulation, vigabatrin, will be covered with prior authorization subject to the Pharmacy Medical Necessity Guidelines for Vigabatrin for Tufts Health Together – MassHealth MCO Plan and ACPPs. Vigabatrin will remain in the specialty pharmacy program for Tufts Health Together. For a member to continue taking brand name Sabril, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Non-Covered Pharmacy Products.

Rapid-Acting Insulins: Tufts Health Together – MassHealth MCO Plan and ACPPs

[As previously communicated](#) and effective for fill dates on or after Feb. 1, 2022, the following brand name insulin formulations are noncovered for Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnerships Plans (ACPPs):

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

Effective Jan. 1, 2022, the authorized generics for the products listed above are covered without prior authorization. It is recommended that providers specify the generic version 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.

Updates to Noncovered Investigational Services

All products

For dates of service beginning April 1, 2022, Tufts Health Plan will add the following services to the Medical Necessity Guidelines for Noncovered Investigational Services:

- Juvederm for vocal cord paralysis
- Oncotype DX AR-V7 Nucleus Detect Test
- Erector spinae lock for treatment of chronic pain
- EndoBarrier Endoluminal Liner
- Gastric Plication Surgery
- USGI Primary Obesity Surgery Endolumenal (POSE)
- Transoral Gastric Volume Reduction (TVGR)
- Endoscopic Sleeve Gastroplasty
- Full Sense Bariatric Device from BFKW LLC
- Gastric Vest System (ReShape)
- Abiliti Gastric Stimulation

HCPCS code C9757 (Spine/lumbar disk surgery) will also be added and will no longer be covered for commercial and Public Plans products as of April 1.

In addition, effective immediately, the following codes are now covered, and prior authorization is not required:

- C9756 [Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (ICG) (List separately in addition to code for primary procedure)]
- 91037 [Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation]
- 91038 [Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)]

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

Vitamins B12 and D Screening and Testing Medical Necessity Guidelines

Commercial products, Tufts Health Public Plans products

As part of our integration work as a combined organization, Tufts Health Plan is reviewing Harvard Pilgrim Health Care and Tufts Health Plan medical necessity guidelines to assess opportunities for consistency. As a result, Tufts Health Plan has developed guidelines for Vitamin B12 Screening and Testing, as well as for Vitamin D Screening and Testing, which will be effective as of April 1, 2022.

Screening and testing for Vitamin B12 and Vitamin D are considered medically necessary and covered without prior authorization for certain indications or medical conditions, when the criteria outlined on their respective policies are met. For more information, please refer to the [Medical Necessity Guidelines for Vitamin B12 Screening and Testing](#) and the [Medical Necessity Guidelines for Vitamin D Screening and Testing](#).

Scanning Ophthalmic Diagnostic Imaging (SCODI) Coverage

Commercial products, Tufts Health Public Plans products

Effective for dates of service on or after April 1, 2022, Tufts Health Plan will use new medical necessity guideline criteria for the evaluation of scanning computerized ophthalmic diagnostic imaging (SCODI) services.

With the new criteria, CPT code 92132 (Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral) will be covered without prior authorization when submitted for certain medically necessary diagnoses. Additionally, CPT codes 92133 (Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve) and 92134 (Scanning computerized ophthalmic diagnostic imaging, posterior segment,

with interpretation and report, unilateral or bilateral; retina) will only be covered when submitted for one of the medically necessary diagnoses.

For more information, including the list of diagnoses for which these CPT codes will be accepted, please refer to the [Medical Necessity Guidelines for Scanning Ophthalmic Diagnostic Imaging](#).

Other Coverage Updates

Gender Affirming Services Medical Necessity Guidelines

Commercial products, Tufts Health Public Plans products

Tufts Health Plan updated the Transgender Surgical Procedures Medical Necessity Guidelines, which have been renamed to the Gender Affirming Services Medical Necessity Guidelines. The updates include expanded coverage of services with prior authorization.

For complete details, please refer to the [Gender Affirming Services Medical Necessity Guidelines](#).

Tumor Treating Fields

All products

Effective for dates of service on or after March 1, 2022, Tufts Health Plan has added additional coverage criteria for tumor treating fields for all products. The updated policy is consistent with Harvard Pilgrim Health Care's Tumor Treating Fields Medical Policy. For complete criteria, please refer to the updated [Medical Necessity Guideless for Tumor Treating Fields \(TTF\)](#).

Commercial Physician and Outpatient Hospital Fee Schedules to Be Updated

Commercial products

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.

Changes will occur on April 1, 2022, and may involve both new and existing CPT and HCPCS codes as well as the planned quarterly update to physician immune globulin, vaccine and toxoid fees. These changes do not apply to allied health providers.

Detailed information about changes to existing fee schedules will be distributed to provider organizations 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.

ADMINISTRATIVE UPDATES

New Corporate Address and P.O. Box Changes

All products

Point32Health, the parent company of Harvard Pilgrim Health Care and Tufts Health Plan, now has a new corporate address:

1 Wellness Way
Canton, MA 02021-1166

Our Watertown office (705 Mount Auburn St.) has since closed, and mail correspondence that was previously sent to our Watertown address should now be directed to our Canton mailing address.

Mail forwarding will be available until December 1, 2022 to give you time to update your notes and systems accordingly.

P.O. Box Addresses

Additionally, all Tufts Health Plan P.O. Box mailing addresses have been updated. Here's a look at some of the PO Box addresses that provider may use:

Department	New PO Box
Claims (Commercial)	PO Box 178 Canton, MA 02021-0178
Claims (Senior Products)	PO Box 518 Canton, MA 02021-0518
Claims (USFHP)	PO Box 495 Canton, MA 02021-0495
Provider Payment Disputes (Commercial, USFHP)	PO Box 251 Canton, MA 02021-0251
Provider Payment Disputes (Senior Products)	PO Box 478 Canton, MA 02021-0478
Provider Payment Disputes (Public Plans)	PO Box 524 Canton, MA 02021-0524

There are no changes to the claims mailing address for Tufts Health Public Plans, and providers may continue to submit initial claims for Tufts Health Public Plans to: PO Box 8115, Park Ridge, IL 60068-8115. For more information, please refer to the Claims Requirements sections in our [Provider Manuals](#) and the [Request for Claim Review Form webpage](#).

REMINDERS

COVID-19 Updates

All products

As a reminder, please refer to our [COVID-19 Information for Providers webpage](#) for the most up-to-date information on COVID-19, including coverage of home tests, diagnostic testing and treatment, vaccines, and telehealth/telemedicine, as well as billing and coding guidance and other information. Please note that in order for cost share to be waived for monoclonal antibody treatment COVID-19 diagnosis code U07.1 (billed in any position on an inpatient claim) or code z20.822 must be present on the claim. For additional coding information, please refer to [COVID-19 Vaccine, Testing and Treatment Codes](#).

Be sure to refer to these resources regularly for the latest updates.

Submitting Newborn Claims Appropriately

Tufts Health Together, Tufts Health Unify

As a reminder, MassHealth requires that providers bill for services for newborn children of MassHealth members separately and not under the mother's member ID number. This requirement applies to Tufts Health Together and Unify plans.

Inpatient hospital providers should use MassHealth's Eligibility Verification System (EVS) to determine newborn eligibility status and submit claims to the appropriate payer with the newborn's ID number. If providers are unable to find eligibility information for the newborn in the EVS system, claims for the newborn should be submitted directly to MassHealth.

It's important to note that newborn claims billed under the mother's ID number when the mother is covered by Tufts Health Together or Tufts Health Unify will be denied. For other plans, if the newborn has not yet been added to the plan, claims may be submitted under the mother's ID number as outlined in the [Newborn Payment Policy](#).

Please keep in mind as well that MassHealth All Provider Bulletin 305 requires acute inpatient hospitals to submit an updated paper or electronic Notification of Birth ([NOB-1 form](#) and eNOB, respectively) to MassHealth within 10 days of the birth of a newborn of MassHealth enrollees. Upon receiving notification of a birth, MassHealth evaluates the information to determine the newborn's eligibility for MassHealth coverage.

For complete details, refer to the [MassHealth All Provider Bulletin 305](#).

Join Us for Upcoming Provider Webinars & Office Manager Meetings

All products

As part of our commitment that provider offices have the information that they need to work efficiently with us, Tufts Health Plan regularly offers webinars and trainings on a variety of topics. You're invited to register for any of the following upcoming training events:

- Medicare Preferred HMO Overview
 - [Tuesday, Feb. 1 from 1-2 p.m.](#)
 - [Thursday, Feb. 17 from 11 a.m.-noon](#)
- COVID-19 Updates for Providers
 - [Tuesday Feb. 8, 2022 from 11a.m.-noon](#)
- Medical Management System Overview
 - [Thursday, Feb. 10 from 1-2 p.m.](#)
- Secure Provider Portal Overview
 - [Tuesday, Feb. 15 from 10-11 a.m.](#)
- Maintaining Accurate Provider Directory Information
 - [Wednesday, Feb. 16 from 11 a.m.-noon](#)
- Provider Payment Dispute Overview
 - [Wednesday, Feb. 23 from 11 a.m. to noon](#)

In addition, we are offering livestreamed Office Managers Meetings in March. These interactive sessions are designed to assist providers and office staff in doing business with Tufts Health Plan and are customized to fit each audience. They will include the latest COVID-19 updates for providers, information on new policies or procedures, and an overview of products and self-service tools. We encourage you to register for the appropriate Office Manager meeting:

- Office Managers meeting
 - [Thursday, March 24 from 10:30-11:30 a.m.](#)
- Behavioral Health Office Managers meeting
 - [Tuesday, March 29 from 10:30-11:30 a.m.](#)

In addition, visit the [Training](#) section of our Provider website for a variety of self-service resources, including training videos and printable guides.

Social Determinants of Health for Improved Outcomes

All products

Social Determinants of Health (SDoH), socioeconomic and environmental factors that can impede or improve health, have always been a reality, but the trend of payers and providers factoring them into the impact on patients' overall health is more recent.

Recently, the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) updated ICD-10-CM code set with 11 new diagnosis codes describing SDOH. The new Z codes were created to provide additional information regarding SDOH data such as housing, food insecurity, or transportation.

Addressing a patient's health-related social needs can lead to better health outcomes and lower total health care costs. Tufts Health Plan encourages providers to use the specialized SDoH ICD-10 codes whenever possible, as they help to provide a more complete picture of the member. Below is a list of the new Z codes that have been added to the diagnosis classification:

- **Under category Z55 (Problems related to education and literacy)**
 - 5 – Less than a high school diploma
- **Under category Z58 (Problems related to physical environment)**
 - 6 – Inadequate drinking-water supply
- **Under category Z59 (Problems related to housing and economic circumstances)**
 - 00 – Homelessness unspecified
 - 01 – Sheltered homelessness
 - 02 – Unsheltered homelessness
 - 41 – Food insecurity
 - 48 – Other specified lack of adequate food
 - 811 – Housing instability, housed, with risk of homelessness

- 812 – Housing instability, housed, homelessness in past 12 months
- 819 – Housing instability, housed unspecified
- 89 – Other problems related to housing and economic circumstances

For more information, refer to this [CMS article on SDoH](#).

Correct Billing for Mid-Level Practitioners

All products

To help ensure appropriate provider reimbursement, it is important claims include the appropriate provider taxonomy coding for care rendered by mid-level practitioners, such as physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists.

For the appropriate taxonomy codes, refer to the Physician Assistants and Advanced Practice Nursing Provider section of the [National Uniform Claim Committee’s Health Care Provider Taxonomy Code Set](#). Please be aware that claims for services rendered by mid-level practitioners that do not include the necessary provider information (as noted below) may be denied.

When Using the CMS-1500 Form

When completing professional claims form (CMS-1500), please note the following:

- **Field 24J (Rendering Provider ID #):** This field is mandatory and should include the appropriate taxonomy code* for the provider rendering care.
- **Field 24I (ID Qualifier):** Enter ZZ. This code is used to denote that the provider has an NPI and is providing taxonomy information.

*If you are unsure about the rendering provider’s taxonomy code, enter the rendering provider’s NPI in field 24J and leave Field 24I blank.

For Electronic Claims Submission

When submitting claims electronically (HIPAA 837 Professional files), please provide the following information:

Loop ID	2310B PRV
PRV01 (Code identifying the type of provider)	PE
PRV02 (Code qualifying the reference identification)	PXC
PRV03 (Reference Identification)	Rendering Provider’s Taxonomy Code

For more information on submitting 837 professional claims, please refer to the [Tufts Health Plan Standard 837 Companion Guide](#).

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 WEBSITE

- [Tufts Health Plan](#)

SECURE PROVIDER PORTAL

- [All Tufts Health Plan Products](#)

CONTACT INFORMATION

- [Tufts Health Plan](#)

PROVIDER
UPDATE

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Health Plan