

PROVIDER UPDATE

MARCH 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 RITogether

The Rhode Island Executive of Health and Human Services (EOHHS) will add Place of Service (POS) code 10 (Telehealth Provided in Patient's Home) as a telehealth POS. Providers rendering services to Tufts Health RITogether members should submit telehealth claims with POS 10 and POS 02 (Telehealth Provided Other Than in Patient's Home) as applicable. POS 02 is required for claims submitted on or after Feb. 1, 2022 and POS 10 is required for claims submitted on or after April 30, 2022.

- **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](#).

Medical Record Review Program Beginning in May 2022

Commercial products, Tufts Health Public Plans products

Tufts Health Plan would like to notify our provider network of a medical record review program, which will begin on May 1, 2022 and apply to claims for members of Tufts Health Plan Commercial products and Tufts Health Public Plans products.

We have contracted with Optum to perform prospective and retrospective review of processed claims with the purpose of ensuring that claims, from Jan. 1, 2021 forward, are accurately billed, coded, and documented appropriately given the extent and nature of the services rendered for the patient's condition, and correctly paid.

As part of this program, you may receive a letter from Optum identifying one or more claims for which Tufts Health Plan is requesting medical record information. The letter will provide instructions on how to submit the requested medical records.

We appreciate your assistance in providing these records for our review. You can be assured that Tufts Health Plan and Optum staff will maintain confidentiality of all medical information as required by HIPAA regulations.

Pharmacy Coverage Changes

Tufts Health Together

Changes to Existing Prior Authorization Programs

Effective May 1, 2022, Tufts Health Plan will update its prior authorization criteria for the following medications and programs for Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs):

- Antipsychotic Medications
- Pediatric Behavioral Health Medication Initiative (PBHMI) - Polypharmacy

These changes will apply to new requests for prior authorization. Please refer to the applicable pharmacy medical necessity guidelines for complete details.

Coverage of Sabril (vigabatrin)

MassHealth has reversed its decision to move brand name Sabril (vigabatrin) to noncovered status. As a result, brand name Sabril (vigabatrin) will continue to be covered with prior authorization for Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) members and the generic formulation will continue to be noncovered.

Updates to Noncovered Investigational Services

Commercial products, Tufts Health Public Plans products

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

- VivAer nasal airway remodeling with radiofrequency to treat nasal obstruction
- Autologous serum eye drops
- StabiLink MIS Interlaminar Spinal Fixation System for spinal fusion
- Pulsed radiofrequency treatment of chronic shoulder pain

For more information, refer to the updated [guidelines](#).

ADMINISTRATIVE UPDATES

Correction: P.O. Box Changes

All products

In the February issue of *Provider Update*, we announced several changes to our P.O. Box mailing addresses. However, the article included incorrect P.O. Box information for US Family Health Plan (USFHP).

The following is a corrected table of the P.O. Box mailing address changes for providers:

Department	New P.O. Box
Claims (Commercial)	P.O. Box 178 Canton, MA 02021-0178
Claims (Senior Products)	P.O. Box 518 Canton, MA 02021-0518
Claims (USFHP)	P.O. Box 495 Canton, MA 02021-0495
Provider Payment Disputes (Commercial, USFHP)	P.O. Box 251 Canton, MA 02021-0251

Provider Payment Disputes (Senior Products)	P.O. Box 478 Canton, MA 02021-0478
Provider Payment Disputes (Public Plans)	P.O. 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](#).

Supported Web Browsers

All products

We want you to have the best experience possible when visiting our public website and our secure provider portal — and your browser plays a key role in your web experience. For the best user experience, please use one of the following supported browsers:

- Firefox Version 94.0 or higher
- Chrome 96.0.4664.45 or higher
- Microsoft Edge 96 or later

As of March 18, 2022, Tufts Health Plan will no longer support Internet Explorer, as it will be retired by Microsoft in June.

Enrollment/Screening Process for Providers

Tufts Health RITogether

Providers who render services to our Tufts Health RITogether members must complete an enrollment/screening process via the Rhode Island Executive Office of Health and Human Services (EOHHS) provider [portal](#) to avoid a disruption in claims payment (per the 21st Century Cures Act 114 P.L. 255).

In cooperation with the EOHHS, Tufts Health Plan will mail affected contracted providers more information. Providers will receive a letter from Tufts Health Plan following a mailing batch process defined by EOHHS based on provider specialty. The first batch was mailed in February and subsequent batches will be mailed quarterly with the last batch mailed in December 2022.

For more information about the enrollment/screening process, including a link to the application, a user guide, and an FAQ on the 21st Century Cures Act, please refer to the EOHHS [website](#).

Rhode Island State-Supplied Vaccine Enrollment

Tufts Health RITogether

As you may know, providers practicing in the state of Rhode Island need to enroll as state-supplied vaccine providers in order to administer the COVID-19 vaccine — and Tufts Health Plan recommends doing so to increase access to this invaluable vaccine.

The Rhode Island Department of Health (RIDOH) and Executive Office of Health and Human Services (EOHHS) provide information, training, and other key resources on their respective websites to help you through this process.

On the [RIDOH website](#), you'll find the State-Supplied Vaccine Enrollment Form (for the COVID-19 vaccine and other vaccines), instructions on how to enroll as a state- or federally supplied vaccine provider, as well as information and trainings about vaccine storage and handling, vaccine schedules and requirements, and much more.

The ["Enroll as a COVID-19 Vaccine Provider" page](#) on the EOHHS website offers resources to help you prepare to receive, administer, and recommend COVID-19 vaccines, including the State-Supplied Vaccine Enrollment Form and the Centers for Disease Control and Prevention's [COVID-19 Vaccine Training Modules](#).

Contact Provider Services at 844.301.4093 with any questions about this initiative or to find out how Tufts Health Plan may be able to assist you in preparing to become a state-supplied vaccine provider.

Refer to Tufts Health Plan's [Coronavirus \(COVID-19\) Updates for Providers page](#), which is updated regularly, for the latest COVID-19 information.

BEHAVIORAL HEALTH

Substance Use Disorders in the Primary Care Setting

All products

Substance use disorders (SUDs) are prevalent and far-reaching, but screening and early detection in the primary care setting and a comprehensive treatment plan including behavioral health (BH) specialty services can set patients on the path to wellness. Tufts Health Plan appreciates the continued support of our providers in screening for SUDs.

NCQA's Initiation and Engagement of Alcohol and Other Drug Dependence treatment (IET) HEDIS measure assesses adults and adolescents with a new episode of alcohol or other drug (AOD) dependence who initiated treatment within two weeks of diagnosis, as well as those who initiated treatment and had two or more additional related services or treatments within 34 days of the initiation visit.

Behavioral Health

Tufts Health Plan does not require referrals for BH specialists, unless the referral is for Tufts Medicare Preferred HMO members, and we make resources available to support providers and their patients in coordinating an effective treatment plan:

- For providers working in offices with an integrated care model, referral to the BH provider for an evaluation could be an important first step. Your patient may feel more comfortable having an initial evaluation with a provider within your office. The dx on the claim must be the same as the dx the PCP submitted to be compliant for this HEDIS measure.
- If a patient is not interested in being referred to a BH provider, ongoing follow up visits by the PCP office, even by telehealth, will continue to satisfy compliance for the HEDIS measure. Telehealth and virtual visits count as compliant for the HEDIS measure as long as SUD diagnosis is on the claim.

Additional Resources

- Members and providers can use Tufts Health Plan's [Find a Doctor](#) search to find a BH provider.
- Tufts Health Plan's BH case management programs support patients, including assisting with engaging in and adhering to a BH plan of care or a substance use recovery plan.
- Providers may direct members to call the Member Services phone number on their ID card.

Claims Coding Tips for Alcohol and SUDs

- Providers who diagnosis patients with SUDs should continue to document the same diagnosis code on follow-up claims to denote that follow-up has occurred.
- For patients who are using long-term medication for pain, use code Z79.891 (long-term current use of opiate analgesic). This code does not denote an SUD.
- Use a "1" at the end of a substance use diagnosis code to document that the condition is in remission, e.g., F10.11, (Alcohol Use Disorder, Mild, In early or sustained remission).

Please refer to the following payment policies for more information:

- [Outpatient Behavioral Health \(Mental Health & Substance Use Disorder\) Professional Payment Policy](#) (Tufts Health Public Plans products)
- [Outpatient Behavioral Health/Substance Use Disorder Professional Payment Policy](#) (Commercial products)
- [Outpatient Behavioral Health/Substance Use Disorder Professional Payment Policy](#) (Senior Products)

We also encourage you to share our Alcohol and Substance Abuse [brochure](#) as a resource for your patients who may benefit from it.

Timely Follow-Up Critical After Behavioral Health Discharge

All products

Because patients hospitalized for behavioral health issues are vulnerable after discharge, follow-up care by trained behavioral health clinicians, and coordination of care between primary care physicians (PCPs) and behavioral health practitioners, are critical for their health and well-being.

According to [the National Institute of Mental Health](#), about one in five U.S. adults live with a mental illness of some kind, and 24.3 million received mental health services in 2020. Research suggests that follow-up care for people with mental illness is linked to fewer repeat emergency department visits and avoidable readmissions, improved physical and mental function, and increased compliance with follow-up instructions. Among other benefits, close follow-up:

- Reduces incidents of suicidal ideation, suicide attempts, and completed suicide
- Reduces substance abuse and improves entry into recovery
- Reduces emergency department use and hospital admissions, and lengths of stay
- Leads to better identification and treatment of behavioral and physical health issues

HEDIS measure supports follow-up

The NCQA's [Follow-Up After Hospitalization for Mental Illness \(FUH\)](#) HEDIS measure assesses adults and children 6 years of age and older who were hospitalized for treatment of mental illness or intentional self-harm and had an outpatient visit, an intensive outpatient encounter, or a partial hospitalization with a mental health practitioner. The measure identifies the percentage of members who received follow-up within 7 days and 30 days of discharge.

Coordination of care: PCP and other outpatient providers

Follow-up for members hospitalized for behavioral health reasons should occur within 7 days of discharge (but not on the same day as discharge), and again within 30 days of discharge. Follow-up may include an outpatient visit, intensive outpatient visit, or partial hospital visit, and must be with a behavioral health provider, i.e., a psychiatrist, psychologist, clinical social worker, or other therapist. Telemedicine visits with the appropriate principal diagnosis also meet the follow-up criteria.

PCPs can play an integral role in helping to increase compliance with behavioral health outpatient follow-up care and to provide ongoing support that helps to improve treatment outcomes. Ways they can help include:

- Educating patients and families about the importance of a behavioral health follow up appointment within 7 days after an inpatient behavioral health hospitalization
- Scheduling a phone call or telemedicine appointment with the patient following discharge to ensure that the patient has a follow up appointment scheduled with a behavioral health provider
- If necessary, helping to facilitate the scheduling of in person or telemedicine appointment with a behavioral health provider

For help finding a behavioral health provider, the member or PCP office can navigate to Tufts Health Plan's [provider website](#) and click on "Find a Doctor or Hospital" to use the search feature, or call the member services number on a member's ID card.

As a reminder, for Tufts Medicare Preferred HMO members only, a PCP referral is necessary to be seen by a behavioral health provider.

Behavioral Health Urgent Care Providers

Tufts Health Together

To support the Baker-Polito Administration's [Roadmap for Behavioral Health Reform](#), and their goal to provide the right behavioral health care where and when people need it, MassHealth established a new process for MassHealth-enrolled mental health centers to qualify as Behavioral Health Urgent Care providers.

Behavioral Health Urgent Care providers offer increased access to behavioral health treatment for MassHealth members, including same-day or next-day appointments, and nights and weekend hours. Members enrolled in Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) are eligible for this new increased access.

To qualify as a Behavioral Health Urgent Care provider, MassHealth requires that the mental health center attest to meeting specific access and reporting requirements. The Executive Office of Health and Human Services (EOHHS) has implemented a process to collect and review these attestations. The attestations will be collected by MassHealth's behavioral health vendor (MBHP). Once approved by MassHealth, Behavioral Health Urgent Care providers will be eligible to receive an enhanced rate over the current minimum rates for specified services.

Refer to the [Managed Care Entity Bulletin 76](#) for a full list of the requirements to becoming a Behavioral Health Urgent Care provider, information about the attestation process including the attestation form, and contact information for questions about the Behavioral Health Urgent Care Program and attestation process.

To access a list of in-network Behavioral Health Urgent Care providers available to Tufts Health Together members, contact our Provider Service team at 888.257.1985.

REMINDERS

Clinical Trials Payment Policy Update

Senior Products

Effective for dates of service beginning May 1, 2022, in accordance with guidance from the Centers for Medicare and Medicaid Services, Tufts Health Plan will deny CPT codes 33274 (transcatheter insertion or replacement of permanent leadless pacemaker) and 33275 (Transcatheter removal of permanent leadless pacemaker) when they are billed without modifier Q0 (Investigational clinical service provided in a clinical research study that is in an approved clinical research study) for members of our Senior Products.

CMS Inpatient Only List

Commercial products

In late 2020, CMS announced plans to phase out its Inpatient Only (IPO) list over a three-year period, but has since reversed the decision and reinstated the 298 policies previously removed from the list in calendar year 2021.

Tufts Health Plan maintains an [Inpatient-Only \(IPO\) List](#) that defines services that, due to the medical complexity involved, are reimbursed only when performed in an inpatient setting. While this list was developed based on the Centers for Medicare and Medicaid's (CMS) IPO list, the Tufts Health Plan list contains fewer codes than the CMS IPO list, enabling providers to determine the most appropriate setting for certain procedures based on medical necessity.

For procedures listed on the Tufts Health Plan IPO list, existing prior authorization and/or inpatient notification processes continue to apply. Please refer to the [Referrals, Prior Authorizations, and Inpatient Notifications](#) chapter of the Commercial Provider Manual for specific information on requesting authorization and providing notification.

Help Us Keep Directory Information Up to Date

All products

The Centers for Medicare & Medicaid Services and other regulatory bodies, as well as the federal No Surprises Act of 2021, require health plans to maintain and update data in provider directories — and we rely on providers to review their data and notify us of changes as they happen to ensure that members have access to accurate information.

All Tufts Health Plan Massachusetts, New Hampshire, Rhode Island, Maine and Vermont providers have been enrolled in the directory section of [CAQH ProView](#).

On at least a quarterly basis, providers (or their designee) should log into [CAQH ProView](#) and review and verify the accuracy of their demographic data (including, but not limited to, availability to see new patients, phone number and practice location) displayed in our Provider Directory and provide updates in ProView as needed.

Consistent with provisions related to the [federal No Surprises Act of 2021](#), failure to review and update demographic information at least quarterly may result in suppression from Tufts Health Plan's Provider Directory until the information is validated. In addition, if Tufts Health Plan identifies potentially inaccurate provider information in the directory, we may outreach to your practice to validate or obtain accurate information. If we are unable to obtain a timely response, the provider's applicable location may be subject to suppression in the directory until up-to-date information is received.

In addition, please keep the following in mind:

- **Practice location** — As new providers join your practice, it is important that only practice locations where the provider regularly administers direct patient care are submitted for inclusion in the Tufts Health Plan provider directory. Locations in which a provider may occasionally render indirect care — such as interpretation of tests or inpatient-only care — should be specified to ensure the location information is included in the provider’s profile, but not in the provider directory.
- **Timely notice** — As a reminder, notification of address, acceptance of new patients, provider terminations, and other demographic information changes should be submitted at least 30 days in advance.
- **CAQH information** — For more information about CAQH ProView DirectAssure, including benefits, how the process works, and a demonstration video on how to use it, visit the DirectAssure [page](#) on CAQH’s website.

The grid below indicates which types of information should be maintained in [CAQH ProView](#) and which types of information should be communicated directly to Tufts Health Plan.

Information to be updated in CAQH ProView	Information to be submitted directly to Tufts Health Plan
Practice locations where members may make an appointment to be seen	Tax ID information
Practice phone numbers to call to make an appointment/digital contact information	Affiliation additions or terminations
Practice hours	Terminations
Handicapped accessibility	Panel status
ADA Compliance	Billing information
Specialty information for the practice location	Contract changes

Please note 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 contracted. For example, a provider contracted in the Tufts Health RITogether network and listed in the provider directory as accepting new patients is obligated to accept Tufts Health RITogether patients.

Notification requirements do not apply to providers working exclusively within the Association for Behavioral Healthcare (ABH) or any individual provider who is not listed in the directory.

For questions, call the appropriate Providers Services number listed on the Contact US page on Tufts Health Plan’s [website](#).

Anatomical Modifiers Required When Applicable

All products

As a reminder, for appropriate reimbursement, it is important to include one of the following modifiers when billing for a procedure defined as requiring an anatomical modifier (used to indicate the specific area or part of the body on which a procedure was performed):

- E1-E4 – Eyelids
- FA, F1-F9 – Fingers
- TA, T1-T9 – Toes
- LC – Left circumflex, coronary artery
- LD – Left anterior descending coronary artery
- LM – Left main coronary artery
- RI – Ramus intermedius
- RC – Right coronary artery
- LT- Left
- RT- Right
- 50- Bilateral procedure

Tufts Health Plan may deny claims that do not include the necessary anatomical modifiers. For more information, please refer to the [Modifier Payment Policy](#).

News for US Family Health Plan Providers

US Family Health Plan

Be sure you are getting the latest news from US Family Health Plan, a TRICARE Prime health plan for eligible military families for which Tufts Health Plan provides administrative services. Providers rendering services for US Family Health Plan are encouraged to register to receive news and updates directly from the plan. View the latest issue of *Heart to Heart*, the US Family Health Plan provider newsletter, and learn how to sign up for future issues on the plan's [website](#). We'll also continue to include important network updates, such as 60-day notifications and changes to key processes and procedures, for the US Family Health Plan network in the Tufts Health Plan provider newsletter, *Provider Update*.

Register for a March Provider Training

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. To register for any of the following upcoming training events, click the links below:

- Behavioral Health Overview: [Tuesday, March 1 from 1-2 p.m.](#)
- Tufts Medicare Preferred HMO Overview: [Wednesday, March 2 from 10-11 a.m.](#)
- COVID-19 Updates for Providers: [Wednesday, March 9 from 1-2 p.m.](#)
- Telehealth Overview: [Thursday, March 10 from 10-11 a.m.](#)
- Tufts Health Public Plans Overview: [Tuesday, March 15 from 11 a.m.-12 p.m.](#)
- Pharmacy Overview: [Wednesday, March 23 from 10-11 a.m.](#)
- Provider Payment Dispute Overview: [Thursday, March 31 from 10-11 a.m.](#)

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.](#)

Be sure to visit [the Training section of our provider website](#) for a variety of self-service resources, including training videos and printable guides.

Flu Shot Reminder

All products

It's not too late for your patients to receive their annual flu shot. With a few months of flu season left, there is still time to emphasize the importance of getting the flu vaccine to your patients. As states, and potentially the Centers for Disease Control and Prevention (CDC), loosen masking and social distancing guidelines it's possible that a late surge of influenza cases occurs in March and April.

Flu vaccinations play a vital role in lessening the total burden of respiratory illnesses to allow for protection of not only those who are at risk for severe illness, but also the healthcare system. The CDC recommends that patients ages six months and older, including pregnant women, receive a flu vaccine every year, with rare exceptions. 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.

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 the Member Services phone number on their member ID card.

COVID-19 Reminders

All products

As a reminder, Tufts Health Plan maintains a [COVID-19 information page](#) with updates for providers on our COVID-19 policies and procedures. Be sure to visit regularly for the latest updates, including information on our coverage of at-home COVID-19 tests for members of the following products: Tufts Health Medicare Preferred HMO, Tufts Health Plan Senior Care Options (SCO), Tufts Health Plan Commercial products, and Tufts Health Public Plans products.

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
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NEWS FOR THE NETWORK |  TUFTS Health Plan