

PROVIDER UPDATE

APRIL 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

Inpatient Facility Payment Policy Update

Commercial products

Tufts Health Plan's current Inpatient Facility Payment Policy indicates that, for facilities with a diagnosis related group (DRG) payment arrangement, we may deny payment for readmission to the same acute facility within 14 days if it is determined that the readmission was due to a premature discharge or related to the previous admission, or that the readmission was for services that should have been rendered during the previous admission.

Effective for dates of service beginning June 1, 2022 for DRG facilities, Tufts Health Plan is expanding that timeframe to include readmission to the same acute facility **within 30 days** for Commercial products.

For more information, please refer to the updated [Inpatient Facility Payment Policy](#).

Reimbursement Change for Venipuncture Services

Commercial Products, Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options, Tufts Health Direct, Tufts Health RITogether, Tufts Health Unify

Effective for dates of service beginning June 1, 2022, Tufts Health Plan will no longer reimburse venipuncture services when they are billed along with an evaluation and management (E/M) or lab service, on the same day and for the same member and provider group/tax identification number.

The collection of blood is considered an integral component of the E/M professional or lab service and should not be separately reimbursed. However, if venipuncture is performed as the sole service in these settings, Tufts Health Plan will continue to reimburse for it, for the products mentioned above.

Tufts Health Plan will not separately reimburse venipuncture services performed in a facility, as they are considered an integral component of all facility fees — regardless of which other services are billed.

For more information, refer to Tufts Health Plan's updated [Evaluation and Management Professional Payment Policy](#) and [Laboratory and Pathology Payment Policy](#).

Please note the above update does not pertain to Tufts Health Together. As you may recall, since Nov. 1, 2021, the venipuncture procedure code has been considered non-payable according to Subchapter 6 of the MassHealth Physician Manual. For your reference, here is a link to the [related article from the Sept 2021 newsletter](#).

Payment Policy Update: Pelvic and Transvaginal Ultrasounds

Commercial products, Tufts Health Public Plans products

Effective for dates of service beginning June 1, 2022, Tufts Health Plan will no longer separately reimburse pelvic ultrasounds (CPT codes 76856, 76857) when performed during the same session as a transvaginal ultrasound (CPT code 76830) for our commercial and Tufts Health Public Plans products.

If a provider performs a pelvic ultrasound and determines that the resulting image is not adequately clear and that a transvaginal ultrasound is necessary, Tufts Health Plan considers the initial pelvic ultrasound to be a redundant service, and only the subsequent transvaginal ultrasound will be eligible for reimbursement. For more information, please refer to the updated [Obstetrics/Gynecology Professional Payment Policy](#) and [Imaging Services Payment Policy](#).

ADMINISTRATIVE UPDATES

Utilization and Care Management Change

Tufts Medicare Preferred HMO, Tufts Health Plan SCO

For Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO), for dates of service beginning April 11, 2022, extended care admissions will be managed by Tufts Health Plan's Utilization Management team. For further information, practices should refer to the following Care Management lists, which provide contact information for the appropriate utilization review manager, care manager and/or transition manager by practice:

- [Tufts Health Plan SCO Care Management List](#)
- [Tufts Medicare Preferred HMO Care Management List](#)

New Email Box for Provider Appeals

Tufts Medicare Preferred HMO, Tufts Health Plan SCO

As part of our ongoing efforts to improve efficiency and improve provider experience, the claims team has established a new email box for providers to submit their appeals for certain claim denials for Senior Products. Providers should email the [Request for Claim Review Form](#) to SP_Provider_Appeals@point32health.org to appeal claims which were denied for lack of prior authorization or notification and for compensation/reimbursement appeals.

For all other disputes, providers should continue to mail to the appropriate address listed on the [Claim Review Form and Mailing Information](#) page.

For additional information, refer to the [Claims Requirements, Coordination of Benefits and Payment Disputes](#) chapter of the [Senior Products Provider Manual](#) and the [Provider Payment Dispute Policy](#).

Hematopoietic Stem-Cell Transportation Updates

Commercial products, Tufts Health Public Plans products

Tufts Health Plan has updated our Medical Necessity Guidelines for Hematopoietic Stem-Cell Transportation (HSCT) to include criteria for the administration of donor CD34(+) stem cell boost.

CD34(+) stem cell boost is a therapeutic option that may be used for individuals who have poor graft function following allogeneic HSCT, and prior authorization is required.

For complete information, please refer to the updated [Medical Necessity Guidelines for Hematopoietic Stem-Cell Transplantation \(HSCT\)](#).

Bariatric Surgery Updates

Commercial products, Tufts Health Public Plans products

Tufts Health Plan has retired our Medical Necessity Guidelines for Bariatric Reoperation for Complications, and the pertinent information from this policy can now be found in our Medical Necessity Guidelines for Bariatric Surgery. This consolidation included adopting the following InterQual SmartSheets for prior authorization review:

- Revisional Procedures
- Laparoscopic Adjustable Gastric Band (Repair, Revision)
- Laparoscopic Adjustable Gastric Band (Removal)

For more information, please refer to the updated [Medical Necessity Guidelines for Bariatric Surgery](#).

Hyperbaric Oxygen Treatment Updates

Commercial products, Tufts Health Public Plans products

Tufts Health Plan has updated our Medical Necessity Guidelines for Hyperbaric Oxygen Treatment.

Updates include expanding the information provided in the overview section and adding criteria for non-emergent conditions including sudden sensorineural hearing loss, skin grafts/flaps, and diabetic

ulcerations/wounds of the lower extremities. (As a reminder, while hyperbaric oxygen treatment is covered without prior authorization for certain emergency conditions, prior authorization is required for non-emergent conditions.)

Tufts Health Plan has also added the following to the list of indications for which hyperbaric oxygen treatment is considered not medically necessary: aerobic septicemia, acute cerebral edema, brown recluse spider bite, intraabdominal abscess, and acute osteomyelitis.

For more information, including complete criteria, please refer to the updated Medical Necessity Guidelines for [Hyperbaric Oxygen Treatment](#).

Zolgensma Clinical Criteria Updates

Commercial products, Tufts Health Direct

Tufts Health Plan has updated our Medical Necessity Guidelines for Zolgensma (onasemnogene abeparvovec) Gene Therapy for Treatment of Spinal Muscular Atrophy (SMA).

With the update, authorization for administration of Zolgensma will be valid for 6 months from the date of approval, not to exceed the date of the member's second birthday. Tufts Health Plan will not cover Zolgensma infusion for the treatment of SMA type 0 or SMA type 4, as the safety and efficacy for use in these conditions in unproven and considered investigational.

In addition, we have added the following to the list of criteria that must be met at the time of infusion:

- The member has SMA diagnosed by a board-certified neurologist with special qualification in child neurology and the treatment of SMA
- Genetic testing/newborn screening confirms biallelic mutations (chromosome 5q related deletion or point mutations) in the survival motor neuron 1 (SMN1) gene and at least 2, but no more than 3, copies of the SMN2 gene
- If the member is currently receiving an alternative SMA therapy (e.g., Spinraza, Evrysdi), treatment must be discontinued prior to infusion of Zolgensma

For more information, including complete clinical coverage criteria, please refer to the updated [Medical Necessity Guidelines for Zolgensma \(onasemnogene abeparvovec\) Gene Therapy for Treatment of Spinal Muscular Atrophy \(SMA\)](#).

BEHAVIORAL HEALTH

Behavioral Health Emergency Plan for Youth and Families

Tufts Health RITogether

The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals has introduced a new resource to help manage crises related to the following:

- Substance use
- Alcohol and drug addiction
- Psychological distress
- Suicide
- Other behavioral health conditions

The [Behavioral Health Emergency Plan for Youth and Families](#) is a printable booklet intended to help families living with a behavioral health condition effectively manage a crisis. Having a plan, with all the necessary information in one place, has proven useful in these situations.

The Emergency Plan includes crisis contact information, safety tips, a list of items to pack for a medical or behavioral health emergency, and prompts for patients and their families to document personalized plans for providing care and self-care; inform school, other healthcare providers and family members; and note other helpful information about the child.

We encourage you to discuss this resource with members and their families and encourage them to create a plan.

To download the crisis plan [document](#), visit the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals website.

REMINDERS

Reminder: Telehealth Services Billing

Tufts Health Together (MA), Tufts Health Unify, Tufts Health Plan SCO

As we noted in the February issue of *Provider Update*, [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
- 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 Commercial products: When billing for telehealth services, providers should also use the POS 02 or POS 10 codes when submitting a professional claim for services provider via telehealth. Use of the modifiers noted above is also encouraged.

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

Non-Emergency Ambulance Transportation

Tufts Health Unify

We would like to remind providers about best practices for requesting non-emergency ambulance transportation for Tufts Health Unify members.

To request non-emergency transportation for Tufts Health Unify members, please call Coordinated Transportation Solutions (CTS) Inc. at 833-242-3331. CTS has a large pool of contracted ambulance providers available to provide non-emergency transportation. Prior authorization is not required when organizing service through CTS.

Prior authorization is required for the following:

- Non-emergency transportation by ambulance providers that are not in the Tufts Health Unify network. Please refer to the [Medical Necessity Guidelines for Out-of-Network Coverage at the In-Network Level of Benefits](#).
- Non-emergency transportation by ambulance providers that are in the Tufts Health Unify network to non-emergency medical service that is more than 50 miles from the member's home or pick-up location. This is documented in the [Medical Necessity Guidelines for Non-emergency Ambulance Transportation-Ground](#).

For more information, refer to the updated [Ambulance and Transportation Services Payment Policy](#).

Providers may also contact Tufts Health Unify Provider Service Center at 888-257-1985 for additional information about the non-emergency medical transportation benefit or to be connected to CTS.

Submitting Returned Funds to Tufts Health Plan

All products

As a reminder, when returning funds due to overpayment and/or incorrect payments, providers must complete and submit the [Returned Funds Form](#) and supporting documentation to the Finance Services Team. Submitting funds without the form and supporting documentation can delay the process of having the funds allocated back to the appropriate provider's account.

Refer to the Claims Requirements, Coordination of Benefits and Payment Disputes chapter of the applicable [provider manual](#) for additional information.

COVID-19 Updates

All products

As a reminder, please refer to our [COVID-19 Updates 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.

To streamline information for providers, we have published the Medical Necessity Guidelines for [COVID-19 Monoclonal Antibody Therapy](#) for the treatment of mild to moderate COVID-19 in adult and pediatric patients with positive COVID-19 test results who are at high risk for progressing to severe COVID-19 and/or hospitalization.

Additionally, our prior authorization and concurrent review flexibilities have been extended for Massachusetts Commercial products in accordance with Massachusetts Division of Insurance [Bulletin 2022-03](#).

Please note, that for Tufts Health Public Plans in Massachusetts, we reimburse for the administration of COVID-19 vaccines and services associated with vaccine administration for all products at the designated State rate. When the vaccine is provided by the government at no charge to the provider, no additional reimbursement will be paid. For more information, please refer to our [COVID-19 page for providers](#) and [the COVID-19 Vaccine, Testing, and Treatment Code list](#).

Be sure to check these resources regularly for updates.

Register for an April 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 April training events, click the links below:

- Tufts Medicare Preferred HMO Overview: [Wednesday, April 6 from 1-2 p.m.](#)
- Coronavirus (COVID-19 Updates for Providers): [Thursday, April 7 from 10-11 a.m.](#)
- Telehealth Overview: [Wednesday, April 13 from 11 a.m.-noon.](#)
- Tufts Medicare Preferred HMO Overview: [Tuesday, April 19 from 10-11 a.m.](#)
- Secure Provider Portal Overview: [Tuesday, April 26 from 11 a.m.-noon.](#)
- Behavioral Health Overview: [Thursday, April 28 from 10-11 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.

Collaboration with Cityblock Health

Tufts Health Unify

Tufts Health Plan has been collaborating with Cityblock Health to provide comprehensive care management services to Tufts Health Unify members since early 2020. Cityblock Health provides Tufts Health Unify members with care management and a range of additional services that address medical, behavioral health, and social needs.

The Cityblock Health team is eager to partner with our provider network for Tufts Health Unify patients. Please call 508-217-9030 to speak with your patient's care manager.

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](#)

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