

# PROVIDER UPDATE

May 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](mailto:providerupdate@email-tuftshealth.com).

## 60-DAY NOTIFICATIONS

### Pharmacy Coverage Changes

#### Commercial products, Tufts Health Direct

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

#### Prior Authorization

##### New Prior Authorization Programs

Effective for fill dates on or after July 1, 2022, Tufts Health Plan will add prior authorization criteria for Thalomid. These coverage changes will apply to members initiating a new course of treatment. Members who are already taking Thalomid will be able to continue to do so without prior authorization. For these requests the prescribing physician must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines.

##### Changes to Existing Prior Authorization Programs

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

- Medications for the Treatment of Hypoactive Sexual Desire Disorder (HSDD)
- Repository Corticotropin Injection (Acthar, Cortrophin)
- Spinraza (nusinersen)

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

## Drug Status Changes

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

### Drugs Moving to Noncovered Status

- Apokyn solution
- Combigan ophthalmic solution
- Ferriprox 1,000mg tablets
- Restasis ophthalmic emulsion
- Revlimid 5, 10, 15, 25mg (lenalidomide) capsules
- Selzentry tablets
- Vimpat tablets

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## Pharmacy Coverage Changes

### Tufts Health RITogether, Tufts Health Together

For prior authorization, to request quantities above quantity limits, and/or to request an exception for a noncovered drug, the prescribing provider must request coverage through the pharmacy medical review process and should refer to the applicable pharmacy medical necessity guidelines and policies for further guidance.

### Prior Authorization

#### New Prior Authorization Programs

##### **Vyvanse chewable tablet: Tufts Health Together – MassHealth MCO Plan and ACPPs**

Effective for fill dates on or after July 1, 2022, Tufts Health Plan will require prior authorization for coverage of Vyvanse (lisdexamfetamine) chewable tablet for Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs). This coverage applies to members currently taking Vyvanse chewable tablet as well as those initiating a new course of treatment.

##### **Carisoprodol and carisoprodol/aspirin/codeine: Tufts Health Together – MassHealth MCO Plan and ACPPs**

Effective for fill dates on or after July 1, 2022, Tufts Health Plan will require prior authorization for coverage of carisoprodol and carisoprodol/aspirin/codeine for Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs). This coverage applies to members currently taking carisoprodol or carisoprodol/aspirin/codeine as well as those initiating a new course of treatment.

Carisoprodol (Soma) is a schedule IV centrally-acting skeletal muscle relaxant approved by the Food and Drug Administration (FDA) for the relief of discomfort associated with acute, painful musculoskeletal conditions in adults. Carisoprodol is only approved for two or three weeks of use and is metabolized to meprobamate, which is considered to be habit-forming. Similar to benzodiazepines, meprobamate acts on GABA<sub>A</sub> receptors, causing sedative effects. Using carisoprodol chronically can result in physical and psychological dependence as well as withdrawal symptoms including insomnia, anxiety and tremors.

Please consider evaluating the therapeutic regimen for any patients who have been taking carisoprodol long-term. A taper schedule is recommended when discontinuing carisoprodol to mitigate withdrawal symptoms.

#### Changes to Existing Prior Authorization Programs

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

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

- Inbrija (levodopa)
- Spinraza (nusinersen)

##### **Tufts Health Together – MassHealth MCO Plan and ACPPs**

- ADHD CNS Stimulant Medications
- Anticoagulants

- Antipsychotic Medications
- Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) Potentiators
- Dupixent (dupilumab)
- Growth Hormone Agents
- Migraine Medications: CGRP Receptor Antagonists, Serotonin (5-HT) 1F Receptor Agonists, and Triptans
- Products with Quantity Limitations
- Respiratory Inhalers
- Targeted Immunomodulators – Biological Agents
- Tezspire (Tezepelumab-ekko)
- Xolair (omalizumab)

#### **Tufts Health RITogether**

- Repository Corticotropin Injection (Acthar, Cortrophin)
- Suprax (cefixime)

### **Quantity Limitations**

Effective for fill dates on or after July 1, 2022, Tufts Health Plan will update its quantity limitations for the medications listed below.

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

- Carisoprodol tablet
- Carisoprodol/aspirin/codeine

#### **Tufts Health Together – MassHealth MCO Plan and ACPPs**

- Invega Hayfera (paliperidone extended-release)
- Nurtec ODT (rimegepant)
- Xarelto (rivaroxaban) suspension

### **Drugs Status Changes**

#### Drugs Moving to Noncovered Status

#### **Carisoprodol, carisoprodol/aspirin, and carisoprodol/aspirin/codeine: Tufts Health RITogether**

Effective for fill dates on or after July 1, 2022, carisoprodol, carisoprodol/aspirin, and carisoprodol/aspirin/codeine will be moved to noncovered status for Tufts Health RITogether.

#### **Carisoprodol/aspirin: Tufts Health Together – MCO Plan and ACPPs**

Effective for fill dates on or after July 1, 2022, carisoprodol/aspirin will be moved to noncovered status for Tufts Health Together – MCO Plan and ACPPs.

Carisoprodol (Soma) is a schedule IV centrally-acting skeletal muscle relaxant approved by the Food and Drug Administration (FDA) for the relief of discomfort associated with acute, painful musculoskeletal conditions in adults. Carisoprodol is only approved for two or three weeks of use and is metabolized to meprobamate, which is considered to be habit-forming. Similar to benzodiazepines, meprobamate acts on GABA<sub>A</sub> receptors, causing sedative effects. Using carisoprodol chronically can result in physical and psychological dependence as well as withdrawal symptoms including insomnia, anxiety and tremors.

Please consider evaluating the therapeutic regimen for any patients who have been taking carisoprodol long-term. A taper schedule is recommended when discontinuing carisoprodol to mitigate withdrawal symptoms.

### **Coverage Changes**

Effective for fill dates on or after July 1, 2022, coverage changes and/or changes in prior authorization requirements may occur for select medications within the following therapeutic categories based on requirements provided by MassHealth as part of the MassHealth MCO/ACPPs Unified Pharmacy Product List (UPPL) for Tufts Health Together – MassHealth MCO Plan and ACPPs.

- Anticoagulants
  - Antiretrovirals
  - Asthma and allergy monoclonal antibodies
  - Growth Hormone Agents
  - Long-acting injectable antipsychotics
  - Migraine medications
  - Multiple sclerosis agents
  - Respiratory agents
  - Targeted immunomodulators
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## 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. 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 July 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.

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.

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## Coverage Change for COVID-19 Testing Codes

### All products

Effective for dates of service beginning July 1, 2022, Tufts Health Plan will no longer cover the following CPT codes for COVID-19 testing:

- 0202U – Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
- 0223U – Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
- 0225U – Proprietary laboratory analyses to detect SARS-CoV-2

Tufts Health Plan's [COVID-19 Vaccine, Testing and Treatment Codes list](#) and Medical Necessity Guidelines for [Noncovered Investigational Services](#) will be updated to reflect this change.

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## Coverage Change for myRisk Hereditary Cancer Testing

### Commercial products, Tufts Health Public Plans products

Effective for dates of service beginning July 1, 2022, the myRisk Hereditary Cancer Test (CPT 81479) and myRisk Update Test (CPT 81406) will no longer be covered for Tufts Health Plan Commercial and Public Plans products.

These multi-gene panels are being added to the Medical Necessity Guidelines for [Noncovered Investigational Services](#).

## BEHAVIORAL HEALTH

### Access to Behavioral Health Services

#### All products

As you know, there is a heightened demand for access to behavioral health treatment in the United States, with the lingering impact of the COVID-19 pandemic driving increased rates of behavioral health concerns amid a general [shortage of behavioral health professionals](#).

Tufts Health Plan offers your patients access to critical behavioral health services through multiple avenues of care, both in-person and virtual.

For help finding a behavioral health provider, members or primary care providers can visit Tufts Health Plan's provider website and click on "Find a Doctor or Hospital" to use the [search feature](#), or call the Member Services phone number listed on the member's ID card.

Tufts Health Plan does not require referrals for behavioral health 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, including [behavioral health integrated care management services](#).

#### Telebehavioral Health Care and Teladoc

Telebehavioral health services can also fit seamlessly into a holistic approach to coordinated patient care. Any behavioral health provider in Tufts Health Plan's Commercial network who has virtual capabilities can administer services via telehealth, and members can find these providers using our [Find a Doctor](#) tool.

In addition, Commercial members have convenient access to assessment and treatment (including urgent care, dermatology services and behavioral health) through [Teladoc's](#) virtual network of providers, who are available to work collaboratively with Tufts Health Plan providers in the comprehensive treatment of their patients. Using the Teladoc app or website, your patients have access to non-emergency behavioral health care, including confidential therapy, 7 days a week from 7 a.m. to 9 p.m. local time, by web, app, or phone. Teladoc is also accessible via the [Tufts Health Plan mobile app](#) or [our secure member portal](#).

Teladoc confirms appointments for behavioral health within 72 hours. Your patients can schedule sessions at times that work for them with a licensed, board-certified Teladoc psychiatrist, psychologist, social worker, or therapist who can help with concerns such as anxiety, depression, grief, family issues, addiction, trauma, PTSD, and more.

Patients who require multiple virtual behavioral health visits have the choice to schedule them with the same Teladoc provider to build an ongoing relationship, and they may opt to share electronic medical records from these visits with their PCP for optimal coordination of care.

## ADMINISTRATIVE UPDATES

### Coding Advisor Program Offers Guidance for E&M Services

#### Commercial products

Beginning in June, Tufts Health Plan will partner with Change Healthcare to implement the Coding Advisor Program for Commercial plans. The Coding Advisor Program is intended to provide practices with information

about how their billing of various E&M services compares with that of their peers, based on specialty and geographic area.

The program is intended to be informative and does not include claim adjustments or recoveries.

For the program, Change Healthcare will analyze claims and will send a letter and claims data information to practices that are identified as high utilizers of evaluation and management (E&M) services. Change Healthcare will continue to review billing trends, sending periodic reports and offering practices the opportunity to engage with Change Healthcare's mastery-level professional coders for further education on claim submission practices.

In addition, contacted providers will receive information related to other services, such as emergency room E&Ms, hospital observation care, initial and subsequent inpatient care, same day admit/discharges and nursing home facility care.

If subsequent analyses reveal billing patterns that are inconsistent with peers, Change Healthcare may contact the practice to request medical records for the purpose of further validation and education.

Any letters sent as part of this program will include contact information for Change Healthcare's Coding Advisor Customer Service team in the event that a practice has questions.

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## Tufts Health Public Plans Archiving Select Payment Policies

### Tufts Health Public Plans products

Tufts Health Plan has retired our Hospital Hierarchy Payment Policy and our Obstetric Anesthesia Services Payment Policy for Tufts Health Public Plans products. The relevant billing information from the Obstetric Anesthesia Services Payment Policy is now included in the [Anesthesia Services Payment Policy](#), and the pertinent information from the Hospital Hierarchy Payment Policy can be found in the following payment policies:

- [Inpatient Facility Payment Policy](#)
- [Outpatient Facility Payment Policy](#)
- [Ambulatory Surgical Center Payment Policy](#)
- [Observation Services Facility Payment Policy](#)
- [Emergency Department Services Payment Policy](#)

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## MassHealth's Intensive Hospital Diversion Program

### Tufts Health Together

Tufts Health Plan would like to inform our providers of a new Children's Behavioral Health Initiative (CBHI) program known as [Intensive Hospital Diversion \(IHD\)](#), which is available to youth (under 21) members of our Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs).

IHD is a specialized in-home therapy service that was developed by MassHealth to help address the emergency department (ED) boarding crisis by diverting members from inpatient psychiatric placement. The rise in the number of individuals needing inpatient psychiatric treatment coupled with limited inpatient bed capacity has led to long delays for patients awaiting inpatient psychiatric admission — with some waiting in the ED for many hours, or even days.

The IHD program provides intensive short-term (on average, 4-6 weeks) in-home crisis stabilization and treatment to eligible youth who are boarding in an ED while awaiting acute inpatient hospitalization, and their

families, to support diversion from psychiatric hospitalization and other out-of-home placements. The goal is to provide these youth and their parents/caregivers with intensive short-term treatment and support needed to maintain them at home safely and connect/reconnect them to ongoing outpatient and/or community-based services.

The emergency services provider crisis team, or the ED that evaluates the member and determines the inpatient hospitalization is needed, is responsible for contacting the IHD rendering provider for a referral to the service. The IHD provider is in turn responsible for notifying Tufts Health Plan at 888-257-1985.

The program is currently available on a limited basis at select hospitals, but Tufts Health Plan will expand it to other facilities in the state in the coming months and will be reaching out to their respective emergency services provider crisis teams to notify them.

For more information, please refer to Tufts Health Plan's updated [Inpatient and Intermediate Behavioral Health/Substance Use Disorder Facility Payment Policy](#), as well as our new Medical Necessity Guidelines for [Intensive Hospital Diversion \(IHD\)](#). In addition, you can find the [medical necessity criteria from MassHealth](#) regarding IHD and other programs on their CBHI Services Information for Providers webpage.

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## Medical Necessity Guidelines: Anterior Vertebral Body Tethering

### Commercial products, Tufts Health Public Plans products

Tufts Health Plan has developed medical necessity guidelines for the review of anterior vertebral body tethering (VBT) procedures, which are a non-fusion surgical option for the treatment of idiopathic scoliosis.

The guidelines outline the clinical criteria that must be met for coverage of VBT procedures, as well as coverage limitations. The following CPT codes will be covered with prior authorization:

- 0656T – Vertebral body tethering, anterior; up to 7 vertebral segments
- 0657T – Vertebral body tethering, anterior; up to 8 or more vertebral segments

For more information, please refer to the Medical Necessity Guidelines for [Anterior Vertebral Body Tethering](#).

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## Medical Necessity Guideline: Criteria Updates

### Commercial products, Tufts Health Public Plans products

Tufts Health Plan has updated our Medical Necessity Guidelines for [Reconstructive and Cosmetic Surgery](#). For the most up-to-date and complete information, please refer to the updated guideline.

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## Updates to Noncovered Investigational Services

### All products

Tufts Health Plan has added the following services to the Medical Necessity Guidelines for Noncovered Investigational Services:

- Guardant Reveal
- RhinAer Procedure for the treatment of chronic rhinitis
- AlzoSure Predict – Alzheimer's early prediction blood test

The [Medical Necessity Guidelines for Investigational Services](#) has been updated to reflect these changes.

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## Update on iRhythm Cardiac Monitors for MassHealth Members

### Tufts Health Together, Tufts Health Unify

To deliver in-network covered services to patients enrolled in MassHealth, the Centers for Medicare and Medicaid Services (CMS) requires that a provider become a MassHealth participating provider and obtain a MassHealth provider ID. Providers who are not MassHealth participating are not eligible to provide care for MassHealth members, including Tufts Health Together and Tufts Health Unify members.

iRhythm Technologies is not enrolled in MassHealth, and therefore they are ineligible to provide care, including ambulatory cardiac monitors, for our Tufts Health Together and Tufts Health Unify members.

Because iRhythm is contracted for our Commercial and Senior Products, they are eligible to provide services for members of these lines of business.

If you are currently using iRhythm devices for your Tufts Health Together and Tufts Health Unify patients, please switch to an in-network cardiac monitoring device provider for these patients. You can find a list of in-network providers on our [Provider Directory](#).

To allow time to switch to an in-network provider, we will no longer approve new requests for iRhythm cardiac monitoring devices for Tufts Health Together and Tufts Health Unify members beginning June 1, 2022. To avoid disruption to patient care, we will honor all iRhythm requests that have already been approved or have been submitted for review prior to June 1.

## REMINDERS

### Register for Upcoming Provider Trainings

#### 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 May training events, click the links below:

- Coronavirus (COVID-19 Updates for Providers): [Tuesday, May 3 from 1-2 p.m.](#)
- Tufts Medicare Preferred HMO Overview: [Wednesday, May 4 from 11 a.m.-12 p.m.](#)
- MHK Medical Management System Overview: [Wednesday, May 11 from 1-2 p.m.](#)
- Secure Provider Portal Overview: [Thursday, May 12 from 10-11 a.m.](#)
- Tufts Medicare Preferred HMO Overview: [Thursday, May 19 from 12- 1 p.m.](#)
- Provider Payment Dispute Overview: [Tuesday, May 24 from 11 a.m.- 12 p.m.](#)
- Behavioral Health Overview: [Wednesday, May 25 from 11 a.m.- 12 pm](#)

In June we are offering livestreamed Office Managers Meetings. These interactive meetings 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 updates on new policies and procedures as well as an overview of products and self-service tools. To register to attend a meeting, click a link below:

- Office Managers Meeting: [Wednesday, June 8 from 10:30-11:30 a.m.](#)
- Behavioral Health Office Managers Meeting: [Thursday, June 16 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.



# Update on MassHealth’s Managed Care Entity Bulletins 71 & 72

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

The Massachusetts Executive Office of Health and Human Services (EOHHS) has updated some key deadlines related to time-limited rate enhancements to support Home and Community-Based Services (HCBS) and behavioral health (BH) workforce development.

As we noted in the December issue of the newsletter, the EOHHS announced these time-limited rate enhancements from July 2021 through December 2021, as outlined in MassHealth Managed Care Entity (MCE) Bulletins [71](#) & [72](#) and has extended these enhancements from Jan. 1, 2022 through June 30, 2022 in recently released MCE Bulletins [86](#) & [87](#). These investments are aimed at strengthening and stabilizing Massachusetts’ HCBS and BH workforce in response to the COVID-19 pandemic.

Certain MassHealth requirements apply and recently the EOHHS extended some of the deadlines, as noted below. To receive the limited rate enhancement, providers must meet the following requirements:

- Providers must use at least 90% of the enhanced funds to support HCBS and BH direct care and support staff.
- Providers must expend these funds for these purposes by [Sept. 30, 2022](#).
- Providers must attest to EOHHS that they will use at least 90% of the funds for HCBS and BH workforce development, as described, and submit a spending report outlining how they used the funds by [Dec. 31, 2022](#).
- Failure to comply with the attestation and spending plan requirement may subject a provider to financial penalty. For more information, including a sample spending report and attestation form, refer to the [Massachusetts EOHHS Strengthening Home and Community Based Services and Behavioral Health Services Using American Rescue Plan \(ARP\) Funding page](#). Providers can also submit questions related to this topic to [ARPAMEDicaidHCBS@mass.gov](mailto:ARPAMEDicaidHCBS@mass.gov).

Tufts Health Plan has updated our claims systems accordingly and has begun processing retroactive claim adjustments for applicable July 2021–Jan. 2022 claims.

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## Integra’s Network for DMEPOS Services

### Tufts Health Public Plans products

As a reminder, Integra Partners Holdings, Inc. is the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) benefit manager for Tufts Health Public Plans. Going forward, Tufts Health Plan and Integra have decided to move all DMEPOS providers servicing Tufts Health Public Plans Massachusetts members onto Integra’s network, and Integra will coordinate network management. (This change does not apply to Tufts Health RITogether members at this time).

We contacted affected DMEPOS providers by letter to inform them that they have the option to join the new Integra DMEPOS network, and must do so in order to continue servicing Tufts Health Public Plans members. Any member whose DMEPOS provider elects not to join the Integra network, or does not meet the network’s credentialing and participation requirements, will be transitioned to an in-network provider. If one or more of your patients are transitioned to an Integra provider as a result of their previous DMEPOS provider opting not to join the network, you may receive a call from the new Integra provider to request copies of clinical documentation.

Whenever you are referring a patient for DMEPOS services, please review Tufts Health Plan’s [Find a Doctor search tool](#), which will be updated regularly as providers are contracted into Integra’s network, to ensure that you are referring the patient to an in-network provider.

If you are a DMEPOS provider and you wish to join Integra’s network, we encourage you to do so by contacting Integra at [Network@accessintegra.com](mailto:Network@accessintegra.com).

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## Supporting Our Members Through Transitions of Care

### Tufts Health Together

Transferring patient care from one setting or level of care to another, such as from the hospital to the home or hospital to a skilled nursing facility, is a particularly vulnerable point in the healthcare continuum. To support our members, the Transition of Care (ToC) program is designed to address the need for patient-centered, interdisciplinary interventions to ensure the continuity of care across health settings. These care transitions are improved by providing members with knowledge and support that promotes self-management of their condition.

Once a member is identified as a candidate for our ToC program, a care manager will contact the member to assess and identify needs through the transition. The ToC assessment includes determining the member/caregiver's understanding of the discharge instructions, as well as the ability to verbalize specific instructions using the teach-back method. For those members or caregivers who may need additional support, the care manager will provide more education and confirm their understanding.

To ensure comprehensive discharge planning and timely communication, care managers also act as a liaison between providers and entities across multiple settings including medical, behavioral health, and community supports. With member consent, care managers may refer members who are homeless or at risk for homelessness in Massachusetts to a community support program such as the Program of Assertive Community Treatment (PACT), Assertive Community Treatment (ACT), Community Based Flexible Supports (CBFS), and Behavioral Health Community Partners (BHCP).

You can learn more about our ToC program in the [Tufts Health Public Plans Provider Manual](#).

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## Correct Billing for Audiologists

### All products

To help ensure appropriate provider reimbursement, it is important for claims to include provider taxonomy coding for care rendered by an audiologist.

For the appropriate taxonomy codes, refer to the Audiologist section of the [National Uniform Claim Committee's Health Care Provider Taxonomy Code Set](#). Please be aware that claims for services rendered by an audiologist that do not include the necessary provider information (as noted below) may be denied.

When completing the **professional CMS-1500 form**, 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.

### 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)	Render Provider's Taxonomy Code

For more information on submitting 837 professional claims, please refer to the [Tufts Health Plan Standard 837 Companion Guide](#). In addition, please refer to Tufts Health Plan's updated [Audiology Professional Payment Policy](#), which has been updated for clarity related to these billing practices.

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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 WEBSITE

- [Tufts Health Plan](#)

### SECURE PROVIDER PORTAL

- [All Tufts Health Plan Products](#)

### CONTACT INFORMATION

- [Tufts Health Plan](#)

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