

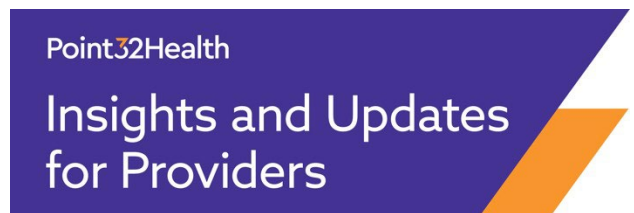
Streamlining provider communications: Introducing new newsletter and website

All products

We want to make it as easy as possible for you to get updated news and information about Point32Health and our legacy brands, Harvard Pilgrim Health Care and Tufts Health Plan. That’s why this month marks the launch of a combined monthly provider newsletter, *Insights and Updates for Providers*.

You’ll still get the same news and information, including policy updates, pharmacy news, billing and coding guidance, coverage updates, information on corporate initiatives and more — but now you can find it all in one handy spot rather than two separate newsletters.

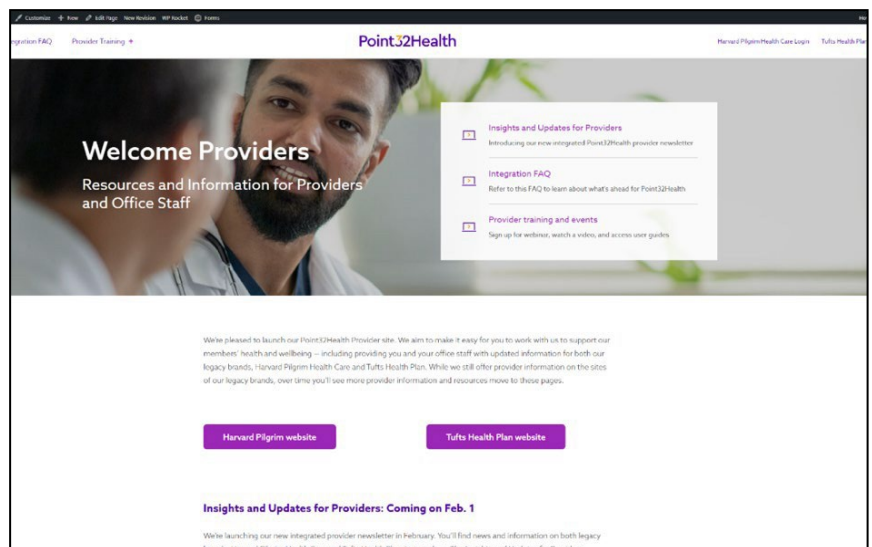
The newsletter will continue to be posted online on the first of the month, or if the first falls on a holiday or weekend it will be posted on the business day prior. If you have registered to receive the newsletter by email, you will continue to receive it in your inbox. If you don’t currently receive the newsletter by email, we encourage you to [register for email delivery today](#).



You’ll find *Insights and Updates for Providers*, as well as a year of past *Network Matters* and *Provider Update* issues, posted on our new [Point32Health provider landing page](#). That site will also include our Integration FAQ and a Training and Events page.

While our existing Harvard Pilgrim Health Care and Tufts Health Plan provider websites will continue to operate, and you’ll find policy, quality, pharmacy and other information there, over time we hope to move information that applies to both our legacy brands onto the Point32Health provider website. We’ll be sure to let you know as new information is developed or moved via articles in the newsletter and links on the legacy sites.

Meanwhile, we hope you find that the newly combined newsletter and the new Point32Health provider landing page offer greater convenience. We look forward to hearing your feedback and will share a brief survey with you in future issues. ▲



Pharmacy and medical drug authorization reminders

All products

Point32Health began utilizing Optum RX as the pharmacy benefit manager for all lines of business as of Jan. 1, 2023. Please note the following:

For Harvard Pilgrim Health Care members

- Authorization requests for pharmacy drugs — and medical benefit drugs used for non-oncology purposes — should be made directly to Point32Health. If you are utilizing a medical drug for oncology purposes, prior authorization is necessary through OncoHealth. As of April 1, 2023, for Harvard Pilgrim members, radiation oncology will no longer require prior authorization from OncoHealth (see related article in this issue). For more information, please refer to these resources: the Oncology/OncoHealth link on the Harvard Pilgrim [Medical/Clinical Policies webpage](#) and the [vendor programs resource page](#).
- Any open pharmacy authorizations — obtained prior to Jan. 1, 2023 — will be honored for the length of the approval and you do not need to request a new authorization.
- Any approved authorizations for medical benefit drugs will also be honored and remain active through the end date of the authorization. For existing Harvard Pilgrim Health Care Commercial members this means that any authorizations that were reviewed and approved by CVS Health-Novologix will be uploaded into Harvard Pilgrim Health Care's systems and will be honored.

For Tufts Health Plan members

- Authorization requests for pharmacy drugs and all medical benefit drugs should be made directly to Point32Health.
- Any open pharmacy authorizations — obtained prior to Jan. 1, 2023 — will be honored for the length of the approval and you do not need to request a new authorization.
- Any approved authorizations for medical benefit drugs will also be honored and remain active through the end date of the authorization.
- For members moving from Tufts Health Plan Commercial plans to Harvard Pilgrim Health Care Commercial plans, any open medical drug benefit authorizations will also continue to be valid through the end date identified on the authorization.

For all members

Authorization for pharmacy benefit and medical benefit drugs (other than those used for oncology purposes for Harvard Pilgrim Health Care) can be requested in one of the following ways:

- **PromptPA** – View drug-specific criteria, attach clinical information, check the status of requests made through PromptPA, and receive a response more quickly. Submit your request at point32health.promptpa.com.
- **Electronic PA (ePA)** – Utilize ePA through EMR, CoverMyMeds (for both pharmacy and medical benefit drugs), or Surescripts (for pharmacy drugs only)
- **FAX** – Submit your request using the corresponding form (found on Harvard Pilgrim's [pharmacy medical necessity guideline page](#) and Tufts Health Plan's [Resource Center](#)) and fax to the number indicated on the form.
- **Mail prior authorization form to:** Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan)
Attn: Pharmacy Utilization Management Department
1 Wellness Way, Canton, MA 02021-1166 ▲

Update: Preferred product strategy for oncology drugs

Harvard Pilgrim Health Care Commercial

Harvard Pilgrim Health Care and OncoHealth, our vendor for medical necessity and utilization review for certain oncology medical drugs, are implementing a step therapy/preferred product strategy for a number of drug classes, effective for dates of service beginning April 1, 2023 for Harvard Pilgrim Commercial members. This implementation has been delayed from an initial Jan. 1, 2023 date.

Beginning April 1, 2023, members will be required to have first tried and failed, or have a documented contraindication, or intolerance to a preferred product prior to approval of a non-preferred product for the drugs noted below. This is similar to the step therapy requirement already in place for Harvard Pilgrim's StrideSM (HMO)/(HMO-POS) Medicare Advantage plans.

As part of this change, Harvard Pilgrim Health Care and OncoHealth removed the prior authorization requirement for the following medications for Commercial members, effective Jan. 1, 2023: Zarxio (Q5101), Mvasi (Q5107), Zirabev (Q5118), Ogivri (Q5114), Kanjinti (Q5117), and Trazimera (Q5116).

The following preferred product strategy will be put in place on April 1:

- **Bevacizumab products** – Mvasi (Q5107) and Zirabev (Q5118) will be preferred products and will not require prior authorization, while Avastin (J9035) Almsys (Q5126), and Vegzelma (J3590) will be non-preferred and will continue to require prior authorization.
- **Long-Acting Colony Stimulating Factor products** – Neulasta (J2506), Neulasta Onpro (J2506), and Fulphila (Q5108) will be preferred products, while Flyneta (J3590), Udenyca (Q5111), Nyvepria (Q5122), and Ziextenzo (Q5120) will be non-preferred. All Long-Acting Colony Stimulating Factor agents will continue to require prior authorization.
- **Rituximab products** – Truxima (Q5115) and Ruxience (Q5119) will be preferred, while Rituxan (J9312), Rituxan Hycela (J9311), and Riabni (Q5123) will be non-preferred. All Rituximab agents will continue to require prior authorization.
- **Short Acting Colony Stimulating Factor products** – Zarxio (Q5101) will be preferred and does not require prior authorization, while Neupogen (J1442), Granix (J1447), Leukine (J2820), Releuko (Q5125), and Nivestym (Q5110) will be non-preferred and will continue to require prior authorization.
- **Trastuzumab products** – Ogivri (Q5115), Kanjinti (Q5117), and Trazimera (Q5116) will be preferred products and do not require prior authorization, while Herceptin (J9355), Herceptin Hylecta (J9356), Ontruzant (Q5112), and Herzuma (Q5113) will be non-preferred and will continue to require prior authorization.

For more information, visit the [Harvard Pilgrim OncoHealth page](#). ▲

Change to OncoHealth radiation program on April 1

Harvard Pilgrim Health Care Commercial, Harvard Pilgrim Stride (HMO) Medicare Advantage, Tufts Health Plan Commercial, Tufts Health Public Plans

Point32Health would like to make providers who serve Harvard Pilgrim Health Care members aware that as of April 1, 2023, Harvard Pilgrim's Commercial and StrideSM (HMO)/(HMO-POS) Medicare Advantage plans will no longer use OncoHealth for radiation oncology medical management.

While OncoHealth will continue to be Harvard Pilgrim's vendor partner for medical review of chemotherapeutic protocols (chemotherapy, support and symptom management drugs), the prior authorization process for radiation therapy is changing.

For Harvard Pilgrim Commercial plans

Some codes will no longer require prior authorization, others will newly require it, and some codes will continue to require prior authorization — but this review will be conducted in-house by Point32Health in accordance with the standard [Harvard Pilgrim prior authorization process](#) instead of by OncoHealth. You can find more detailed information about these Commercial coding changes below.

Prior authorization will continue to be required for the following codes related to proton beam therapy (PBT), stereotactic radiosurgery (SRS), and stereotactic body radiotherapy (SBRT), but authorization review will be managed internally by Point32Health:

Prior authorization will continue to be required for the following codes related to proton beam therapy (PBT), stereotactic radiosurgery (SRS), and stereotactic body radiotherapy (SBRT), but authorization review will be managed internally by Point32Health:

77371	77372	77373
77520	77522	77523
77525	G0339	G0340

The following SRS/SBRT codes will newly require prior authorization for Harvard Pilgrim Commercial members to align with the existing Tufts Health Plan coverage:

61796	61797	61798
77432	77435	63620
63621		

The codes identified below (for various services) will continue to be covered for Harvard Pilgrim Commercial members and will no longer require prior authorization through OncoHealth or through Point32Health, which aligns with the current Tufts Health Plan coverage:

77014	77387	77401	77402	77407
77412	77417	77424	77600	77605
77610	77615	77620	77761	77762
77763	77767	77768	77770	77771
77772	77778	G6001	G6002	G6003
G6004	G6005	G6006	G6007	G6008
G6009	G6010	G6011	G6012	G6013
G6014	E0766	A4555		

For the intensity-modulated radiation therapy codes 77385, 77386, G6015, and G6016, prior authorization will no longer be required for coverage for Harvard Pilgrim Commercial members. A new coverage guideline is being developed in relation to these services for all Point32Health lines of business, and will be available in advance of the April 1, 2023, effective date.

For Tufts Health Plan Commercial and Public Plans members

For Tufts Health Plan members, providers should continue to request prior authorization for radiation oncology services as they do today.

However, in alignment with Harvard Pilgrim's current coverage, codes 61800, 61799, and 32701 will no longer require prior authorization for Tufts Health Plan Commercial and Tufts Health Public Plans members.

For Harvard Pilgrim StrideSM (HMO)/(HMO-POS) Medicare Advantage members

For Stride plans, prior authorization will no longer be required for any covered codes related to radiation therapy treatment plans for members with a cancer diagnosis who require such care. ▲

Register for upcoming provider trainings

All products

We value our provider network and want to support you and your practice staff in working with us. Our webinars and trainings offer an opportunity to hear about new updates and programs and get your questions answered. To make seeing these offerings and signing up for a training as quick and easy as possible, we're pleased to launch our new integrated Provider Training and Events webpage.

This page is your one-stop shop for viewing training opportunities and registering for session, accessing training videos and user guides, and learning more about our Mindfulness program for clinicians or support of cultural competency. The page replaces the training pages on our legacy provider websites (Harvard Pilgrim Health Care and Tufts Health Plan) so you can view all our sessions and resources in one handy spot.

Visit our [Provider Training and Events](#) page today!

February offerings

This February, Point32Health will offer webinars and trainings to ensure you have the most-up-to-date information on working with us. Register for any of the following events by selecting the links below.

What's ahead at Point32 Health: Integration updates

Please join us for one of the following sessions to hear more about key changes for 2023, including product changes and continuity of care, our new pharmacy benefit manager, medical benefit drug prior authorization, behavioral health, and more:

[Tuesday, Feb. 7, 10-11 a.m.](#)

[Tuesday, Feb. 21, 1-2 p.m.](#)

Harvard Pilgrim Health Care

Office Managers Meeting: [Thursday, Feb. 16, 10:30-11:30 a.m.](#)

Product Overview: [Tuesday, Feb. 28, 10-11 a.m.](#)

Tufts Health Plan

Navigating the Provider Website: [Thursday, Feb. 2, 1-2 p.m.](#)

Provider Payment Dispute Overview: [Wednesday, Feb. 8, 10-11 a.m.](#)

Tufts Health Public Plans Overview: [Tuesday, Feb. 14, 11 a.m.-noon](#)

Tufts Medicare Preferred Overview: [Thursday, Feb. 23, 1-2 p.m.](#)

Monogram Health

Point32Health is collaborating with Monogram Health for in-home chronic kidney disease (CKD stages 3b-5) and end-stage renal disease (ESRD) care management services for Commercial fully insured members. Monogram Health will be offering webinars to provide an overview of the program on:

[Thursday, Feb. 9 at 12:30 p.m.](#)

[Tuesday, Feb. 21 at 5 p.m.](#) ▲

Obtaining oral formulas

Harvard Pilgrim Health Care Commercial, Tufts Health Direct, Tufts Health Plan Commercial

Effective for dates of service beginning April 1, 2023 for members of Harvard Pilgrim's Commercial and StrideSM (HMO)/(HMO-POS) plans, oral enteral formulas must be obtained through a contracted durable medical equipment (DME) provider, rather than at a retail pharmacy in order for them to be covered — similar to Tufts Health Plan's current policy. Oral formulas currently require prior authorization for these Harvard Pilgrim members and will continue to do so.

Member cost share for medical supplies applies to each supply of oral enteral formula dispensed by a DME supplier. Ordering providers should send a formula prescription to a Harvard Pilgrim-contracted DME formula supplier, who will in turn submit the prior authorization request to Harvard Pilgrim.

For information on in-network contracted DME providers, refer to the Harvard Pilgrim Provider Directory.

Updates to oral formula policies

In conjunction with this change, also effective April 1, 2023, we are integrating and updating our formulas and enteral nutrition medical necessity guidelines for members of our Commercial products, Tufts Health Direct, and Harvard Pilgrim Medicare Advantage. Changes include the following.

Commercial members (both Harvard Pilgrim and Tufts Health Plan) and Tufts Health Direct

Relizorb, a digestive enzyme cartridge (B4105—In-line cartridge containing digestive enzymes for enteral feeding, each), will be covered with prior authorization for Commercial Harvard Pilgrim members and Commercial Tufts Health Plan members with cystic fibrosis who require formulas.

Changes applicable to Tufts Health Plan Commercial products and Tufts Health Direct

Prior authorization will be required for tube administration of formulas.

Changes applicable to Harvard Pilgrim

- Criteria was updated to include more detailed information about covered indications for oral administration
- Criteria for tube administration was streamlined, with coverage indicated when:
 - Formula provides 50% of the member's nutritional intake
 - Member has a contraindication to oral administration of formula
 - Treating physician prescribed tube administration and is supervising the member's treatment

In addition, please note the following reminders for Harvard Pilgrim members:

- As a reminder, the supply codes B4034, B4035, and B4036 require prior authorization
- Tube administration requires prior authorization

For further details, please refer to the [Harvard Pilgrim Oral Formula and Enteral Nutrition Medical Necessity Guidelines](#) and [Durable Medical Equipment Payment Policy](#). ▲

Home infusion claims update

Tufts Health Plan Commercial, Tufts Health Plan SCO, Tufts Medicare Preferred

Effective for dates of service beginning April 1, 2023, Tufts Health Plan is insourcing claims pricing and processing for home infusion services for Tufts Health Plan Commercial, Tufts Medicare Preferred and Tufts Health Plan Senior Care Options. Tufts Health Plan will apply edits in our processing systems in accordance with our policies and procedures, and industry standard edits. Currently, home infusion claims for the products noted above are submitted to CVS Health-Novologix.

- **For home infusion services with dates of service prior to April 1, 2023:**
Providers may continue to submit these claims to Novologix until June 30, 2023. You will have viewing access with Novologix to check the status of claims through July 1, 2023.
- **For home infusion services with dates of service of April 1, 2023 and beyond:**
Providers should submit these claims to Tufts Health Plan and should bill using industry standard HCPCS codes to ensure claims are processed accurately.

Claims filing limits still apply (typically 60 days after date of service for Medicare claims and 90 days after date of service for Commercial claims).

For the fastest processing, we encourage electronic claims submission; alternatively, you can mail claims directly to Tufts Health Plan at:

Tufts Health Plan Commercial
P.O. Box 178, Canton, MA 02021

Tufts Medicare Preferred or Senior Care Options
P.O. Box 518, Canton, MA 02021

The Tufts Health Plan [Home Infusion Payment Policy](#) has been updated to reflect this change. ▲

MassHealth unified formulary eff. 4/1

Tufts Health Together

Effective April 1, 2023, Tufts Health Together–MassHealth MCO Plan and ACPPs, in conjunction with the other Medicaid managed care organizations (MCOs) in the Commonwealth, will be utilizing MassHealth’s Unified Formulary for pharmacy medications and for select medical benefit drugs.

As of that date, pharmacy coverage and criteria for Tufts Health Together consequently will mirror that of MassHealth. Tufts Health Together will maintain its own coverage policies for select scenarios as granted by MassHealth when appropriate, including but not limited to, quantity limit exceptions. Please note that MassHealth will be updating its opioid management strategy in April to require prior authorization of opioids exceeding 180 milligram of morphine equivalents (MME) per day when two or more opioids are being prescribed.

For medical drug benefit coverage, in some cases we will utilize the Unified Formulary coverage and criteria, while in others Point32Health criteria will apply. Our website will specify when MassHealth coverage will be followed. If MassHealth coverage is not followed, Point32Health criteria applies and can also be accessed on our provider website.

Members and providers are encouraged to review the [MassHealth Drug List](#) for pharmacy drug coverage and criteria, as well as the medical necessity guidelines found in the [Resource Center](#) on the [Tufts Health Plan provider website](#). ▲

AIM Specialty Health name changing

Harvard Pilgrim Health Care Commercial, Harvard Pilgrim Stride (HMO) Medicare Advantage, Tufts Health Public Plans

Beginning March 1, 2023, AIM Specialty Health® (AIM) — the vendor who conducts medical necessity review of genetic/genomic and molecular diagnostic testing services on behalf of Harvard Pilgrim Health Care Commercial and StrideSM (HMO)/(HMO-POS) Medicare Advantage members and Tufts Health Public Plans members — will be known by a new name: **Carelon Medical Benefits Management**.

You can expect to see a transition over time to the new name and branding throughout documents and webpages that currently reference AIM. Keep in mind, however, that this will occur gradually in accordance with regularly scheduled content update cycles, so you may continue to see the old AIM company name for some time.

While the name is changing, there will be no change to the services they offer or the way they work with providers. Ordering providers will still submit prior authorization requests the same way they do now:

- Online at www.providerportal.com, which is the preferred method for quick, convenient service
- By telephone (toll-free, Monday through Friday, 8 a.m. to 5 p.m.):
 - **855-574-6476** for Harvard Pilgrim members
 - **833-342-1255** for Tufts Health Public Plans members

Various URLs and email addresses associated with AIM will migrate on March 1 to reflect the change to the Carelon Medical Benefits Management name. For example, the corporate website URL will migrate from www.aimspecialtyhealth.com to www.carelon.com, the [clinical guidelines](#) will migrate to a new Carelon URL, and the [Point32Health provider microsite](#) will adopt a Carelon web address.

The previous AIM addresses will automatically redirect, but we recommend that you bookmark the new URLs after you are redirected and use those updated web addresses going forward. ▲

Billing reminders for vision services

All products

Point32Health would like to offer some reminders to provide clarity around the correct billing practices for vision claims for Harvard Pilgrim Health Care and Tufts Health Plan members, to help ensure that these claims are reimbursed appropriately.

When billing for **Harvard Pilgrim Commercial or StrideSM (HMO)/(HMO-POS) Medicare Advantage** members, all claims for routine or nonroutine medical services provided by an optometrist or ophthalmologist should be submitted directly to Harvard Pilgrim via the typical claim submission processes.

However, the vision claim billing practices for Tufts Health Plan members vary depending on the member's plan, the type of vision service, and the type of encounter.

When billing for **Tufts Health Plan Commercial, Medicare Preferred, and Senior Care Options** members:

- Submit claims for routine eye and optometry medical services to [EyeMed Vision Care](#), our vision benefit administration vendor.
- Submit claims for ophthalmology medical services and imaging services directly to Tufts Health Plan via the typical claim submission process.

When billing for **Tufts Health Direct, Tufts Health RITogether, and Tufts Health Unify** members:

- Ophthalmologists and optometrists providing routine eye services or dispensing eyewear to these members should submit claims to EyeMed.

- Ophthalmologists and optometrists providing nonroutine medical eye services should submit claims directly to Tufts Health Plan.

For **Tufts Health Together** members, **Tufts Health Plan** provides reimbursement for eye examinations and MassHealth reimburses for eyeglasses, contact lenses, and other visual aids. Call MassHealth at 800.841.2900 for more information.

For additional information, refer to the following payment policies, which vary by product:

- [Harvard Pilgrim's Vision Services Payment Policy for Commercial and StrideSM \(HMO\)/\(HMO-POS\) Medicare Advantage products](#)
- Tufts Health Plan's [Vision Services Professional Payment Policy](#) for Commercial, Medicare Preferred, and Senior Care Options products
- Tufts Health Plan's [Vision Services Payment Policy](#) for Public Plans products ▲

Enrollment/screening process for Medicaid providers

Tufts Health RITogether, Tufts Health Together, Tufts Health Unify

As a reminder, federal regulations require that providers who render services for Medicaid members are screened by and enrolled with the appropriate state Medicaid agency. This requirement applies to providers who participate in Tufts Health RITogether, Tufts Health Together–MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) and Tufts Health Unify. Tufts Health Plan has been mailing letters to providers who have yet to complete this enrollment/screening process throughout the year.

Tufts Health RITogether providers may complete this process via the Rhode Island Executive Office of Health and Human Services (EOHHS) [provider portal](#). For additional information, please [refer to this FAQ](#) and the [EOHHS website](#).

For Tufts Health Together and Tufts Health Unify, complete this screening and enrollment process via the [MassHealth website](#). In addition, [this FAQ](#) offers more information.

The [Credentialing and Contracting Overview page](#) on our provider website also includes information on this requirement. ▲

Psychiatric Collaborative Model of Care billing reminder

All products

As a reminder, when billing Tufts Health Plan and Harvard Pilgrim Health Care members for services that are delivered through the Psychiatric Collaborative Model of Care, also referred to as Collaborative Care Model (CoCM), it's important to use the following procedure codes:

99492: Initial psychiatric collaborative care management, in the first calendar month first 70 minutes.

99493: Subsequent psychiatric collaborative care management, in a subsequent month first 60 minutes in a subsequent month.

99492: Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month.

G2214: Initial or subsequent psychiatric collaborative care management, in a month first 30 minutes in a month.

Psychiatric Collaborative Model of Care is an integrated behavioral health service delivery method in which a primary care provider and a care manager provide structured care management to a patient, while working in collaboration with a psychiatric consultant who reviews the clinical status and care of the patient and makes recommendations. It is expected that this service will be billed by a Primary Care Provider. ▲

Notification for acute behavioral health services for Tufts Health Plan

Tufts Health Direct, Tufts Health Plan Massachusetts Commercial products, Tufts Health Plan SCO, Tufts Health Together, Tufts Health Unify

In response to recent changes made under Massachusetts law, Tufts Health Plan has updated the notification requirement for acute behavioral health (BH) services for Massachusetts Commercial products, Tufts Health Together, Tufts Health Unify and Tufts Health SCO. The timeline for urgent/emergent admission notification has been updated from two business days to three business days. For definitions of acute BH services please refer to [Massachusetts Division of Insurance Bulletin 2023-07](#). Through June 30, 2023, Optum will continue to coordinate behavioral health services for Harvard Pilgrim Health Care.

Additionally, for more information, please refer to the [Inpatient and Intermediate Behavioral Health/Substance Use Disorder Facility Payment Policy](#) for Tufts Health Plan Commercial products and [Inpatient and Intermediate Behavioral Health/Substance Use Disorder Facility Payment Program](#) for Tufts Health Public Plans. ▲

Pharmacy coverage changes

Harvard Pilgrim and Tufts Commercial, Tufts Health Direct. Tufts Health RITogether

Updates to Prior Authorization Programs			
Drug	Plan	Eff. date	Policy & additional information
Adlyxin, Byetta, Bydureon, Mounjaro, Ozempic, Rybelsus, Tanzeum, Trulicity, Victoza	Tufts Health RITogether	4/1/2023	Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists
Zubsolv (buprenorphine/naloxone) sublingual tabs	Harvard Pilgrim Health Care Commercial; Tufts Health Commercial; Tufts Health Direct	4/1/23	Pharmacy Medical Necessity Guidelines: Opioid Dependence Medications (Harvard Pilgrim and Tufts Health Plan)



Point32Health Medical Necessity Guideline updates

All products

Updates to Medical Necessity Guidelines (MNG)			
MNG title	Products affected	Effective date	Summary
Surgical Procedures for the Treatment of Obstructive Sleep Apnea (Harvard Pilgrim and Tufts Health Plan)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	April 1, 2023	<p>Updating Harvard Pilgrim's Obstructive Sleep Apnea Surgeries MNG and Tufts Health Plan's Uvulopalatopharyngoplasty (UPPP) and Other Procedures for Obstructive Sleep Apnea MNG to align more closely. MNGs will be renamed Surgical Procedures for the Treatment of Obstructive Sleep Apnea. Existing Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea MNGs will be retired, and the InterQual criteria for hypoglossal nerve stimulation will be added to this MNG.</p> <p>Updates to the Harvard Pilgrim MNG will include:</p> <ul style="list-style-type: none"> Some coverage exclusions added to align with Tufts Health Plan <p>Updates to the Tufts Health Plan MNG will include:</p> <ul style="list-style-type: none"> Criteria for Maxillomandibular Advancement, Mandibular Advancement, and Genioglossus Advancement and Hyoid Myotomy and Suspension will be added to this overarching MNG, and the MNGs specific to those services will be retired. Prior authorization will be required for the following codes when submitted for Tufts Health Public Plans members: 21193, 21194, 21195, 64582, 64583, and 64584.
Hematopoietic Stem-Cell Transplantation (HSCT) (Harvard Pilgrim and Tufts Health Plan)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	April 1, 2023	<p>Prior authorization will be required for Harvard Pilgrim members, which aligns with Tufts Health Plan's existing policy, and specific clinical coverage criteria for have been added per indication to the Harvard Pilgrim MNG (refer to the updated MNG for the codes requiring prior authorization). New criteria added to Tufts Health Plan MNG for paroxysmal nocturnal hemoglobinuria, thalassemia, and repeat allogeneic stem cell transplant. All limitations removed for:</p> <ul style="list-style-type: none"> Advanced age defined as greater than 65 years old (allogeneic HSCT only) Active disease (autologous HSCT only)
Oral Formula and Enteral Nutrition (Harvard Pilgrim and Tufts Health Plan)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	April 1, 2023	<p>New integrated Point32Health MNG. For details on the changes, including prior authorization updates, please refer to the related article in this issue, Obtaining oral formulas.</p>

Updates to Medical Necessity Guidelines (MNG)

MNG title	Products affected	Effective date	Summary
<p>OncoHealth's Bevacizumab MNG (for Harvard Pilgrim Commercial)</p> <p>OncoHealth Harvard Pilgrim Medicare Part B Step Therapy MNG</p> <p>Bevacizumab Products MNG</p> <ul style="list-style-type: none"> • Tufts Health Together • Tufts Health Plan Commercial products, Tufts Health Direct, Tufts Health RITogether • Tufts Health Plan Senior Products, Tufts Health Unify <p>Medicare Part B Step Therapy MNG (Harvard Pilgrim and Tufts Health Plan)</p>	All Point32 Health lines of business	<p>Harvard Pilgrim Commercial: April 1, 2023</p> <p>All other lines of business: Feb. 1, 2023</p>	<p>Vegzelma, a biosimilar of Avastin approved by the FDA in September 2022, has been added as a non-preferred drug and now requires prior authorization for all Point32Health lines of business.</p> <p>Patients are required to have first tried one of the preferred products (Mvasi or Zirabev) before coverage will be approved for Vegzelma.</p>
<p>Cochlear Implants (Harvard Pilgrim and Tufts Health Plan)</p>	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	Feb. 1, 2023	<p>New integrated Point32Health MNG created as a coverage guideline. Prior authorization is not required. The previous Cochlear Implants Medical Policy specific to Harvard Pilgrim has been retired, and this new integrated MNG now applies for both legacy organizations.</p> <p>The codes identified on the MNG may be covered when the patient has a diagnosis of bilateral or unilateral hearing loss and the necessary criteria are met.</p>
<p>Transcatheter Mitral Valve Repair</p>	Harvard Pilgrim Commercial	Feb. 1, 2023	<p>New MNG created as a coverage guideline for Harvard Pilgrim Commercial plans, in alignment with the existing Tufts Health Plan MNG. CPT codes 33418, 33419, and 0345T are covered, and prior authorization is not required.</p>
<p>OncoHealth Radiation Therapy Review Criteria</p>	Harvard Pilgrim Commercial, Harvard Pilgrim Stride SM (HMO)/ (HMO-POS) Medicare Advantage	Feb. 1, 2023	<p>Minor criteria updates related to Centers for Medicare and Medicaid Services (CMS) National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). Keep in mind that Harvard Pilgrim's Commercial and StrideSM (HMO)/(HMO-POS) Medicare Advantage plans will no longer use OncoHealth for radiation oncology medical management as of April 1, 2023. Refer to this article for more information.</p>

Updates to Medical Necessity Guidelines (MNG)			
MNG title	Products affected	Effective date	Summary
Genetic Testing: BRCA1 and BRCA2; Hereditary Breast, Ovarian and Pancreatic Cancer	Tufts Health Plan Commercial	Feb. 1, 2023	Point32Health MNG developed for Tufts Health Plan Commercial products, in alignment with criteria used by AIM Specialty Health® (our molecular diagnostic testing utilization management vendor for Harvard Pilgrim Commercial plans and Tufts Health Public Plans). New MNG contains information from Tufts Health Plan's previous Genetic Testing: BRCA-Related Breast and/or Ovarian Cancer Syndrome MNG. Criteria updated to align with current National Comprehensive Cancer Network guidelines.
Genetic Testing: Gene Expression for Cancer of Unknown Primary (CUP)	Tufts Health Plan Commercial	Feb. 1, 2023	Annual review, minimal changes. CPT code 84999 (Unlisted chemistry procedure [when used to describe a gene expression assay for cancer of unknown origin]) removed from the MNG. Refer to Tufts Health Plan's Unlisted and Not Otherwise Classified Codes Payment Policy .
Preimplantation Genetic Testing	Tufts Health Plan Commercial	Feb. 1, 2023	MNG title changed from Preimplantation Genetic Diagnosis to Preimplantation Genetic Testing. Removed genetic counseling requirement and added screening for polygenic risk as a coverage limitation for preimplantation genetic testing. Limitations section refers to Massachusetts and Rhode Island Assisted Reproductive Technology Services MNGs for any applicable limitation related to assisted reproductive technology services.



Pediatric services rate increase

Tufts Health RITogether

The Rhode Island Executive Office of Health and Human Services (EOHSS) has implemented a rate increase for physicians billing for pediatric services for members under 21 years of age. The rate increase is retroactive for dates of service on or after July 1, 2022, and Tufts Health Plan is automatically reprocessing applicable claims to ensure eligible providers receive the appropriate reimbursement.

The rate increase applies the following provider types (but is not applicable for specialists) when billing for pediatric services for Tufts Health RITogether members under 21 years of age:

- Pediatricians
- Internal medicine
- Family medicine
- General practitioners
- Nurse practitioners
- Physician assistants

Please refer to the chart below for applicable codes and rates.

Applicable codes and rates for pediatric services for Tufts Health RITogether Members					
Code	Rate	Code	Rate	Code	Rate
99202	\$76.53	99213	\$95.02	99384	\$141.33
99203	\$117.43	99214	\$133.93	99385	\$137.08
99204	\$174.72	99215	\$188.75	99391	\$103.64
99205	\$231.00	99381	\$114.76	99392	\$110.05
99211	\$24.47	99382	\$119.72	99393	\$109.68
99212	\$59.39	99383	\$124.34		

Claims submitted for pediatric services with a date of service on or after July 1, 2022 will automatically be reprocessed by Tufts Health Plan to be reimbursed at the applicable rate. “Lesser of” language in the contract will not apply to retro processing claims only. Retroactively processed claims will reimburse at the higher rate, even if the lower rate was billed for this specific timeframe of July 1, 2022 through January 5, 2023. Effective January 5, 2023 “Lesser of” language shall apply. ▲

Personal care services rate increase

Tufts Health RITogether

The Rhode Island Executive Office of Health and Human Services (EOHHS) has implemented a rate increase of \$.19 per 15 minutes for personal care services (S5125 and S5125 U1) that were provided on nights, weekends or holidays, effective for dates of service on or after July 1, 2022. Please use the modifiers listed below to indicate evening, night, weekends, and holidays:

- UH: Services provided in the evening (3-11 p.m.)
- UJ: Services provided at night (11 p.m.-7 a.m.)
- TV: Services provided on weekends and holidays

Tufts Health Plan will automatically reprocess any claims submitted for personal care services between July 1, 2022 and Jan. 25, 2023 with a shift modifier to provide the reimbursement at the applicable rate. To allow providers to resubmit claims for services rendered during the date range listed above that did not previously include a shift modifier, we will waive the timely filing limit for these claims. ▲

***Insights and Updates for Providers* is a monthly newsletter for the network of Point32Health, the parent company of Harvard Pilgrim Health Care and Tufts Health Plan.**

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