

Important behavioral health insourcing information

Harvard Pilgrim Health Care Commercial

We're here to support our provider network — including behavioral health providers who are newly contracted to see Harvard Pilgrim Health Care commercial members, effective Nov. 1, 2023. We're pleased to be moving ahead with behavioral health insourcing and have a number of resources to ensure behavioral health providers have all the information they need to begin caring for Harvard Pilgrim commercial members.

Training events

- **In-person training events** — We're offering events at our Canton headquarters on Preparing for Behavioral Health Insourcing. The session will guide behavioral health providers through our behavioral health model, accessing resources, and using our secure portal HPHConnect for common transactions. It will also include an opportunity to ask questions. We're offering events from 11:30 a.m.–1 p.m. on Monday, Sept. 18; Monday, Oct. 2; and Monday, Nov. 13. Refreshments will be served. Registration is required; you can register by emailing provider_education@point32health.org. For [more information on behavioral health trainings](#), please refer to the Training section of our provider website.
- **Virtual training events** — Can't attend a live session? We invite you to attend one of our virtual behavioral health insourcing updates sessions. [Sign up today!](#)

Getting off to a smooth start

- **Register for HPHConnect** — Harvard Pilgrim's secure portal, [HPHConnect](#), supports a full range of transactions, such as verifying patient eligibility; sending authorization and specialty referral requests and receiving a timely response; and submitting and tracking claims. [Registration instructions](#) are found in the HPHConnect section of our provider website. If you need assistance call 800-708-4414 (option 1, then press 6), or email Provider_eBusiness_Services@point32health.org.
- **Sign up for the Provider Newsletter** — You can view this [monthly provider newsletter](#) on our Point32Health provider website or register to have [a copy delivered straight to your inbox](#).
- **Enroll in EFT** — [Electronic payment](#) is fast, secure, and easy. Through our partnership with Payspan, you can deposit your payments electronically to a bank account, receive electronic 835 ERAs and EOPs directly, and review current or past payments. Visit the [Electronic Payment section of our website](#) for more information.
- **Check out our website** — begin at www.harvardpilgrim.org/provider to access a wealth of resources to support your practice, including Provider Manuals, user guides, medical necessity guidelines, pharmacy information, a behavioral health section, payment policies, disease management information, product pages, and more. We also encourage you to visit www.point32health.org/provider, where you can find additional resources.

Submitting Claims

For dates of service beginning Nov. 1st, Harvard Pilgrim contracted providers should bill Harvard Pilgrim directly for behavioral health services for commercial members, rather than billing Optum/UBH. (Please note: If a commercial

member is admitted prior to the Nov 1st insourcing and stays until or beyond Nov 1st, the provider will continue to work with Optum for utilization management and should bill Optum directly for payment of the full admission episode.)

We encourage electronic submission of claims through EDI channels or HPHConnect for the greatest speed and efficiency. Harvard Pilgrim's electronic payer ID number is 04271. If you opt to submit paper claims, you can send them to Harvard Pilgrim Health Care, P.O. Box 699183, Quincy, MA 02269-9183.

You'll find more information in the [Billing and Reimbursement section of our Provider Manual](#), including information on claims submission, replacement claim billing, standard filing limits and more.

Requesting prior authorization

When insourcing occurs on Nov. 1, 2023, open authorizations obtained from Optum/UBH will be honored through their expiration date. To request a new prior authorization, we encourage use of [HPHConnect](#). Our handy [user guides](#) and reference materials offer step-by-step instructions to help you with e-transactions. You may also request authorization by FAX (800-232-0816) or by calling the Referral/Authorization unit of our Provider Service Center (800-708-4414).

Policies and forms

We are updating our forms and policies in anticipation of behavioral health insourcing. Many items are already posted for the Nov. 1, 2023 effective date, and we will continue to post materials in the coming weeks. We encourage you to refer to the following policies and materials applicable for commercial members:

- [Medical Necessity Guidelines](#) and [Medical Benefit Drug Medical Necessity Guidelines](#)
- [Payment policies](#) (including the [Behavioral Health and Substance Use Disorder Payment Policy](#) and the [Autism Professional Payment Policy](#))
- [Forms](#)
- [Pharmacy resources](#)
- [Commercial Provider Manual](#)

Contracting reminders

We are committed to offering a robust behavioral health network. If you already signed a contract to provide care for Harvard Pilgrim commercial members, the effective date of your contract is Nov. 1, 2023. Point32Health fee schedules were recently mailed to contracted behavioral health providers; if you did not receive one or have questions, please contact AHCBehavioralHealth@point32health.org.

If you are a behavioral health provider and received a contracting packet or a contract amendment from us, we encourage you to complete any remaining steps as soon as possible. If you have any questions about your contracting packet or you didn't receive a packet and would like to be part of our Harvard Pilgrim behavioral health network, please contact us by email at AHCBehavioralHealth@point32health.org or by phone at 617-972-9400 x43145.

Additional information

Harvard Pilgrim Health Care Medicare Advantage StrideSM (HMO)/(HMO-POS) will not be insourcing and will continue to be serviced by Optum Behavioral Health.

Please look to future issues of the newsletter for more information on behavioral health. The newsletter is [posted online](#) and you can register to receive it [directly to your inbox](#). ▲

Supporting Medicaid patients with redetermination

Tufts Health Public Plans

We want to ensure that our Medicaid members are aware that they must take action to renew their coverage — and you and your practice play an important role in assisting with these efforts. Medicaid renewals impact several Point32Health plans, including Tufts Health Together (MassHealth ACO/MCO), Tufts Health RI Together (Rhode Island Medicaid), Tufts Health Unify (Medicare-Medicaid), Tufts Health Plan Senior Care Options (65+ Medicare-Medicaid plan).

Please remind your Medicaid patients to complete the renewal process and to respond to any requests for information they receive from the state. In addition, to avoid any coverage issues, your staff may want to call patients before their appointments to ensure their coverage will still be active at the time of their appointment.

Point32Health has developed materials for provider offices to use to help remind patients to renew their Medicaid coverage including: a handy member flyer in English and Spanish, digital signage, and posters. All materials can be cobranded with your practice's logo. To request those materials, email marketing_memberservices@point32health.org.

If a patient has missed a renewal deadline, they can contact the state and submit their application. Individuals who take action within 90 days of their term date can be retro-enrolled back to their term date without a gap in coverage if they still qualify.

If a member has questions, here are a few resources you can direct them to:

Massachusetts

- Call MassHealth at 800-841-2900 (TTY:711), Monday–Friday, 8 a.m. to 5 p.m. or the MA Health Connector at 1-877-MA-ENROLL (1-877-623-6765, TTY: 1-877-623-7773), Monday-Friday, 8 a.m. to 6 p.m.
- Look online for an enrollment assister in their area.
- Visit one of the MassHealth Enrollment Centers (MECs). Appointments can be made online.

The [Mass.Gov website](#) includes details on renewing MassHealth coverage, including renewal instructions and contact information. Members who are deemed ineligible may still qualify for subsidized Connector Care plans and should visit the Massachusetts Health Connector website or call 1-877-MA-ENROLL (1-877-623-6765, TTY: 1-877-623-7773) to learn more. The Health Connector can help individuals apply and enroll.

Rhode Island

- Call HealthSource RI at 1-855-840-4774, Monday-Friday, from 8 a.m. to 6 p.m. or DHS at 1-855-MY-RIDHS Monday-Friday, from 8 a.m. to 5 p.m.
- Visit the [StayCoveredRI.gov](#) or online educational materials including frequently asked questions and [contact information](#).
- Receive help from a [certified application counselor and navigator](#).

Rhode Island providers who need assistance with a member's eligibility can call the Gainwell provider support line at 401-784-8100. Members who are deemed ineligible may still qualify for subsidized coverage and should visit the HealthSource RI website or call 1-855-840-4774, Monday-Friday, from 8 a.m. to 6 p.m. to learn more. HealthSource RI can help individuals apply and enroll. ▲

Claims consultation events coming near you!

All products

After the resounding success of the July claims consultation event we hosted at our Canton, MA headquarters, Point32Health is delighted to share that we're expanding the series beyond Massachusetts as part of our ongoing commitment to collaborating with our valued provider partners throughout our service area.

In addition to the [Oct. 16 event in Canton](#), we're offering the following claims consultation events:

- Tuesday, Oct. 10 from 10 a.m.– 2 p.m. at the [Providence Marriott Downtown](#) located at 1 Orms Street, **Providence, RI 02904** (parking will be validated)
- Wednesday, Oct. 25 from 11 a.m.– 3 p.m. at the [Puritan Backroom conference center](#) located at 245 Hooksett Road, **Manchester, NH 03104**
- Thursday, Nov. 16, 2023 from 11 a.m.– 3 p.m. at the [Lincoln Hotel](#), 17 Lincoln Street, **Biddeford, ME 04005**

The events will present an opportunity for providers to meet with our Provider Relations team, who will be available as a resource to support you by answering questions you may have about claims — from submission, to adjudication, to processing, and more.

Appointments will be scheduled in 30-minute increments and registration is required. Refreshments and Wi-Fi access will be available.

To reserve your space, please complete a [claims consultation registration form](#) and submit it by email to Claims_Consultations@Point32Health.org. The form is due by Tuesday, October 3 for the Providence event, by Friday, October 20 for the Manchester event, and by Friday, November 10 for the Biddeford event.

We hope to see you there!

Please note that you should continue to submit corrected claims and provider payment disputes per your normal process, and claims should not be held until your consultation. Paper claims should not be brought to these consultation appointments. ▲

ChoiceNet: no tiering changes for 2024

Harvard Pilgrim Health Care Commercial

Each year, Point32Health assesses provider network tiers for Harvard Pilgrim's ChoiceNet HMO and PPO plans and notifies physician groups and hospitals whose tiers changed of their new tier assignments for these products.

For 2024, we will not be refreshing tier assignments for the ChoiceNet products; all provider tier classifications will remain consistent with classifications for the 2023 plan year.

ChoiceNet HMO and PPO are tiered network plans for which member cost sharing falls into one of three tiers, as determined by the provider's tier assignment. Point32Health determines network tier assignments based on quality and cost performance, as measured by health status adjusted total medical expenses and relative prices. To develop the quality score used to determine tier placement, Point32Health utilizes measures endorsed in the Standard Quality Measurement Set (SQMS), introduced by the Massachusetts Statewide Quality Advisory Committee to provide a standardized quality measurement system. If applicable quality measures are unavailable, tiers are based solely on health status adjusted total medical expenses or relative prices, or both.

Harvard Pilgrim's [Provider Directory](#) currently reflects 2023 tier assignments, and these will remain unchanged for 2024. For more information, please see the Tiered Network Plans section of the [Learn About Our Products](#) page on Harvard Pilgrim's provider website. ▲

Responding to requests for more information

All products

Prior authorizations are sometimes submitted without all the relevant information needed to conduct a complete review. When this happens, Point32Health will reach out to the provider to obtain the missing information. Because we're required to make a determination within certain regulatory timeframes using the information that's available, these requests are often denied if the missing information is not received.

In many cases, these denials are overturned when the missing information is provided through appeals. However, going through the appeals process when the request could be approved initially is an unnecessary administrative burden for providers and may cause a delay in patient care. To avoid these denials, please respond back timely to requests for more information. Additional information can be submitted through the [Harvard Pilgrim](#) and [Tufts Health Plan](#) provider portals, or by fax.

Visit the [Harvard Pilgrim](#) and [Tufts Health Plan](#) websites to access more information and resources including fax numbers and prior authorization request forms.

Extending the response timeframe for inpatient concurrent reviews

The timeframe for providers to respond back to requests for additional information on inpatient concurrent reviews varies by product line. To ensure consistency and allow more time for providers to respond, the required response time will be extended to 48 hours for all lines of business. Over the next several weeks, we will update our systems and notifications to reflect this change. ▲

Reminders and update: billing for PrEP and HIV services

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

As you're likely aware, the prescribing of HIV PrEP medication, as well as ongoing follow-up and monitoring and other related services, are considered preventive services and are required under the Patient Protection and Affordable Care Act to be covered with no cost sharing responsibility for the member when rendered by an in-network provider.

Related services include:

- HIV testing
- Hepatitis B and C testing
- Creatinine testing and calculated estimated creatine clearance (eCrCl) or glomerular filtration rate (eGFR)
- Pregnancy testing
- Sexually transmitted infection (STI) screening and counseling
- Adherence counseling
- Office visits

When submitting claims for these services, it's important to bill in accordance with our Harvard Pilgrim [Patient Protection and Affordable Care Act \(Federal Health Care Reform\) policy](#) and Tufts Health Plan [Preventive Services Payment Policy](#) to ensure that no member cost sharing is inappropriately applied.

When billing for PrEP and other HIV services for Tufts Health Plan members, providers should bill the appropriate CPT procedure code with the correct ICD-10 diagnosis code — or, for procedure codes not listed on the policy, if the claim is for an evidence-based service with a United States Preventive Services Task Force (USPSTF) A or B rating, the service may be identified by adding modifier 33 to the procedure code.

Nov. 1, 2023 billing update for Harvard Pilgrim

Currently, Harvard Pilgrim requires providers to append CPT modifier 33 (preventive service) when billing a procedure code for HIV PrEP, screening, or related services, and no specific ICD-10 diagnosis code is required.

However, **effective for dates of service beginning Nov. 1, 2023** for Harvard Pilgrim Health Care commercial plans, modifier 33 will no longer be required, but these services must be billed with the appropriate ICD-10 diagnosis code in addition to the procedure code in order to be reimbursed.

For more information, please refer to the updated Harvard Pilgrim [Patient Protection and Affordable Care Act \(Federal Health Care Reform\) policy](#) and the Tufts Health Plan [Preventive Services Payment Policy](#). ▲

MassHealth billing reminders

Tufts Health Plan Senior Care Options | Tufts Health Together | Tufts Health Unify

While MassHealth is working to renew member eligibility, there may be several eligibility updates occurring at this time. In [MassHealth All Provider Bulletin 372](#), MassHealth shared important reminders of billing responsibilities and billing for retroactively reinstated members. This includes the following:

- Providers are responsible for checking Electronic Verification System (EVS) through the Provider Online Service Center, and other sources for MassHealth eligibility, to determine whether a patient was insured on the date a service was provided.
- Providers who participate in MassHealth must accept payment from MassHealth as payment in full.
- Providers may not solicit, charge, receive, or accept payment from MassHealth members for any services payable by MassHealth.
- As soon as a provider learns an individual was a MassHealth member at the time a service was provided, the provider must immediately return any sums solicited, charged, received, or accepted from the member and must bill MassHealth.
- Some patients may not appear to be eligible for MassHealth at the time of service but may be retroactively reinstated at a later date. Remember to also check eligibility in EVS prior to billing the member for services or sending a bill to collections.

For more information, please refer to MassHealth's [MassHealth All Provider Bulletin 372](#). ▲

Promoting the flu vaccine

All products

The flu season runs from October through April each year, and given the ongoing COVID pandemic, it's particularly important to emphasize the importance of getting the 2023-2024 flu vaccine to your patients.

The Centers for Disease Control and Prevention (CDC) notes that September and October are good times for patients to vaccinate against the flu. Providers play a vital role in informing patients about protecting themselves against the flu and making healthy decisions about scheduled vaccinations. You are trusted to address widespread disinformation, dispel misconceptions, and engage patients in their health, including vaccination safety and efficacy.

Because members who are eligible for a COVID-19 booster may not be aware that they can receive it at the same time as their flu shot, providers may wish to emphasize the convenience and efficiency of doing so.

The CDC continues to recommend that patients ages six months and older, including pregnant women, receive a flu vaccine every year, with rare exceptions. Flu vaccination provides important protection from influenza and its complications, with the [CDC reporting](#) that in the 2019-2020 flu season alone, the flu vaccine prevented an

estimated 7.5 million illnesses, 3.7 million medical visits, 105,000 hospitalizations and 6,300 influenza-related deaths in the United States.

Harvard Pilgrim covers flu vaccines at retail pharmacies for a \$0 cost share for commercial members age 3 years and older.

For most Tufts Health Plan products, 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 Member Services at the number on their Tufts Health Plan member ID card.

For members of Harvard Pilgrim's StrideSM (HMO)/(HMO-POS) Medicare Advantage plans and Tufts Health Plan Senior Products, flu vaccines are covered at 0\$ cost share (billed under Part B) at retail pharmacies or in doctors' offices.

The Centers for Disease Control and Prevention has a robust [Influenza website](#) that provides valuable information about vaccination, infection control, prevention, treatment, and diagnosis of seasonal influenza — including [Information for Health Professionals](#) and [Influenza ACIP Vaccine Recommendations](#) pages. ▲

Reducing 30-day readmissions

All products

Reducing hospital readmissions within 30 days is a considerable priority in health care, leading to increased patient satisfaction and improved outcomes.

To do this, it's essential to identify patients who may not understand their discharge instructions, including necessary follow-up care and changes to their medication regimens, and to provide targeted post-discharge transitions of care interventions.

Effective post-discharge interventions should prioritize timely follow-up and patient education.

Timely follow-up

Follow-up that is absent or delayed too far beyond the window immediately following discharge can be a significant factor in the occurrence of 30-day readmissions. Some examples of timely follow-up that can help avoid these early readmissions include:

- Communication from the patient's primary care physician, such as reaching out to schedule a follow-up appointment
- Follow-up phone calls from any member of the patient's care team
- Home visits
- Medication reconciliation/review to ensure that the patient's medications are being used and monitored appropriately

Patient education

It's critical to make sure the patient has a solid understanding of their discharge plan so they can take the correct steps to avoid adverse events and readmissions. An integral component of post-discharge patient education is medication management; Point32Health strongly encourages providers to review these patients' medication lists with them to ensure that the lists are accurate and they have the correct prescriptions. ▲

Metabolic monitoring for patients on antipsychotic medications

All products

Patients taking antipsychotic medications are at increased risk of developing health conditions including diabetes, high blood pressure, abnormal cholesterol and triglyceride levels, and obesity. Given these risks, yearly screening and regular metabolic monitoring is vital to the proper management of antipsychotics for children, adolescents, and adults.

Primary care physicians, behavioral health providers, and prescribers can help ensure that patients taking antipsychotic medications are receiving annual screenings by ordering HbA1c or fasting glucose tests for diabetes, along with regular cholesterol monitoring. For additional best practices in managing the care of patients on antipsychotic medications, refer to Point32Health's [Metabolic Monitoring for Children and Adolescents on Antipsychotics \(APM\)](#) and [Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications \(SSD\)](#) HEDIS Tips Sheets.

The following approved CPT codes can be used to bill for screenings:

Test	CPT Code
Glucose	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c	83036, 83037
LDL-C	80061, 83700, 83701, 83704, 83721
Cholesterol tests other than LDL	82465, 83718, 84478, 83722

Providers with Tufts Health Together members who are at least 18 years old are encouraged to refer them to the Behavioral Health (BH) Community Partners Program by forwarding patient name, date of birth, ID number or MassHealth ID number, along with a short summary of the patient's needs to CPPProgram@point32health.org. The BH Community Partners Program provides enhanced care coordination to individuals with Serious Mental Illness (SMI). ▲

IET measure — tips to keep in mind

All products

As a follow-up to our [July 2023 communication](#) regarding the [Initiation and Engagement of Substance Use Disorder Treatment \(IET\) HEDIS measure](#), which assesses the follow-up care patients receive after a new episode of substance use disorder (SUD), we'd like to offer some additional tips to keep in mind:

- When a primary care provider (PCP) submits a claim with an initial diagnosis of an SUD, the PCP should schedule a follow-up visit with that patient within 2 weeks. To meet the parameters of the IET measure, the patient needs to have one visit within 14 days of the initial diagnosis and two additional visits within 34 days of the initial diagnosis and claims for a follow-up visit with the patient's PCP or a behavioral health (BH) provider must document the same diagnosis as the initial diagnosis.
- If a patient is not interested in being referred to a BH provider, ongoing follow-up visits by the PCP office will count as appropriate engagement for the IET measure.
- **Telehealth and virtual visits are acceptable** as long as the SUD diagnosis is on the claim.
- For providers working in offices with an integrated care model, referral to a BH practitioner within your office may help the patient feel more comfortable receiving the initial evaluation — just note that the diagnosis on claim must be the same as the diagnosis submitted by the PCP.

- Please be aware that an SUD diagnosis code, such as F11.20 (opioid dependence), should **not** be reported on claims for patients who are “dependent” on pain meds, but not considered to have an SUD. Instead, these claims should include code **Z79.891 (long-term current use of opiate analgesic)**, which indicates that the patient is using long-term medication for pain but does not denote the presence of an SUD.
- If a patient has a history of alcohol dependence that is not currently active, please remember to use diagnosis code **F10.21** to denote that the condition is **in remission**. ▲

Point32Health Medical Necessity Guideline updates

All products

MNG Title	Products Affected	Eff. Date	Summary
Fractional Flow Reserve CT (FFRCT) – NIA	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Public Plans	Nov. 1, 2023	CPT codes 0501T, 0502T, 0503T, and 0504T will be covered, and prior authorization will be required through National Imaging Associates.
Solid Organ Transplant: Pancreatic Kidney Transplant, Pancreas Transplant, Pancreas Islet Cell Transplant (Harvard Pilgrim) Solid Organ Transplant: Pancreatic Kidney Transplant, Pancreas Transplant, Pancreas Islet Cell Transplant (Tufts Health Plan)	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Public Plans	Nov. 1, 2023	Some coverage criteria language updates regarding smoking cessation, alcohol use disorder, and substance use disorder. In addition, codes 0584T, 0585T, and 0586T will require prior authorization for Harvard Pilgrim commercial (prior authorization already required for Tufts Health Plan commercial and Public Plans).
New Technology Assessment and Non-Covered Services (Harvard Pilgrim) Noncovered Investigational Services (Tufts Health Plan)	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Public Plans	Nov. 1, 2023	A number of codes related to red blood cell antigen testing have been added to the non-covered lists and will no longer be covered.
Solid Organ Transplant: Intestinal (Small Bowel, Simultaneous Small Bowel-Liver) and Multivisceral (Harvard Pilgrim) Solid Organ Transplants: Heart (Harvard Pilgrim) Solid Organ Transplants: Kidney (Harvard Pilgrim) Solid Organ Transplants: Liver (Harvard Pilgrim) Solid Organ Transplants: Lung (Harvard Pilgrim)	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Public Plans	Sept. 1, 2023	Some coverage criteria language updates regarding smoking cessation, inhaled substance use, alcohol use disorder, and substance use disorder, as applicable.

MNG Title	Products Affected	Eff. Date	Summary
<p>Solid Organ Transplant: Intestinal (Small Bowel, Simultaneous Small Bowel-Liver) and Multivisceral (Tufts Health Plan)</p> <p>Solid Organ Transplants: Heart (Tufts Health Plan)</p> <p>Solid Organ Transplants: Kidney (Tufts Health Plan)</p> <p>Solid Organ Transplants: Liver (Tufts Health Plan)</p> <p>Solid Organ Transplants: Lung (Tufts Health Plan)</p>			
<p>Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (Harvard Pilgrim)</p> <p>Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (Tufts Health Plan)</p>	<p>Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Public Plans</p>	<p>Sept. 1, 2023</p>	<p>Removing coverage limitations from the following services, as they are considered medically necessary and may be covered when all applicable criteria are met:</p> <ul style="list-style-type: none"> • B-scan • Fundus photography with interpretation and report • Ophthalmoscopy extended with retinal drawings with interpretation and report initial • Subsequent ophthalmoscopy
<p>Assisted Reproductive Technology Services – Massachusetts Products (Harvard Pilgrim)</p> <p>Assisted Reproductive Technology Services – Massachusetts Products (Tufts Health Plan)</p> <p>Assisted Reproductive Technology Services – New Hampshire Products (Harvard Pilgrim)</p> <p>Assisted Reproductive Technology Services – Rhode Island Products (Tufts Health Plan)</p>	<p>Harvard Pilgrim commercial, Tufts Health Plan commercial, and Tufts Health Direct</p>	<p>Sept. 1, 2023</p>	<p>Removed low oocyte yield criteria for ICSI, clarified assisted hatching criteria, and added the following language to the Limitations section for clarity purposes:</p> <ul style="list-style-type: none"> • ART/fertility services when clinical documentation indicates a member or member’s partner has active or uncontrolled alcohol use disorder or substance use disorder. Results of serum or urine drug screening may be requested before ART services are authorized
<p>Breast Cancer Gene Expression Tests</p>	<p>Tufts Health Plan commercial</p>	<p>Sept. 1, 2023</p>	<p>MNG title changed from Breast Cancer Index to Breast Cancer Gene Expression Tests. The EndoPredict and Prosigna BCE tests are now covered, and prior authorization is required.</p>
<p>Cardiovascular Disease Risk Tests (Harvard Pilgrim)</p>	<p>Harvard Pilgrim</p>	<p>July 6, 2023</p>	<p>Integrated Point32Health MNG.</p>

MNG Title	Products Affected	Eff. Date	Summary
Cardiovascular Disease Risk Tests (Tufts Health Plan)	commercial, Tufts Health Plan commercial, Tufts Health Public Plans		Prior authorization is not required, and the MNG is intended as a coverage guideline to offer guidance on medical necessity for cardiovascular disease risk tests.



Billing requirements updated for Spravato nasal spray

Harvard Pilgrim Health Care Commercial

Effective for dates of service beginning Nov. 1, 2023, Point32Health will require that providers billing for Spravato (esketamine) nasal spray for Harvard Pilgrim commercial members include HCPCS code G2082 or G2083 on the medical claim, in addition to HCPCS code S0013, which will also continue to be required.

While HCPCS S0013 identifies that the claim is for esketamine nasal spray, the following are used to indicate the quantity administered and must be included alongside S0013 for further clarity:

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

As a reminder, prior authorization is required for coverage of Spravato nasal spray. ▲

Pharmacy coverage changes

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial | Tufts Health RITogether

Updates to Existing Prior Authorization Programs

Drug	Plan	Eff. date	Policy & Additional Information
Doptelet, Mulpleta, Tavalisse	Harvard Pilgrim Health Care commercial, Tufts Health Plan commercial, Tufts Health Direct	Nov. 1, 2023	Thrombocytopenia Agents (Doptelet, Mulpleta, Tavalisse) (Harvard Pilgrim , Tufts Health Plan)
Doptelet, Mulpleta, Tavalisse	Tufts Health RITogether	Nov. 1, 2023	Thrombopoietin Receptor Agonists
Alocril, Alomide, azelastine, bepotasine, emedastine, epinastine, Lastacaft, olopatadine	Tufts Health RITogether	Nov. 1, 2023	Anti-Allergy Medications, Ophthalmic
Firdapse	Harvard Pilgrim Health Care commercial, Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether	Nov. 1, 2023	Firdapse (amifampridine) (Harvard Pilgrim , Tufts Health Plan)

Drug	Plan	Eff. date	Policy & Additional Information
Livtency (maribavir)	Harvard Pilgrim Health Care commercial, Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether	Nov. 1, 2023	Livtency (maribavir)(Harvard Pilgrim, Tufts Health Plan, Tufts Health RITogether)
Non-covered pharmacy products	Tufts Health RITogether	Nov. 1, 2023	Pharmacy Products Without Specific Criteria
Opioids (short- and long-acting opioids without drug-specific criteria, fentanyl patch, morphine sulfate extended-release [MS Contin], Oxycodone extended-release [Oxycontin], benzhydrocodone/APAP, Belbuca, buprenorphine transdermal, fentanyl immediate-release, methadone, tramadol ER)	Tufts Health RITogether	Nov. 1, 2023	Opioid Analgesics
Products with Quantity Limitations	Tufts Health RITogether	Nov. 1, 2023	Products with Quantity Limitations
RI Opioid Prescribing Limits	Tufts Health RITogether	Nov. 1, 2023	RI Opioid Prescribing Limits
Winlevi	Tufts Health RITogether	Nov. 1, 2023	Acne and Rosacea Medications

Drug Status Changes

Drug	Plan	Eff. date	Policy & Additional Information
Tavalisse (fostamatinib disodium hexahydrate)	Tufts Health RITogether	Nov. 1, 2023	Tavalisse will require prior authorization.



Reminder: prior authorization for long-acting opioids

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

Harvard Pilgrim Health Care commercial, Tufts Health Plan commercial, and Tufts Health Direct require prior authorization for select long-acting opioids.

As we noted in the [Dec. 2022 newsletter](#), prior authorization for long-acting opioids took effect for Harvard Pilgrim commercial members initiating a new course of treatment on or after Jan. 1, 2023, and members who were already taking a long-acting opioid would require authorization at a later date.

As a reminder, Harvard Pilgrim commercial members who are currently taking a long-acting opioid and who have not had a clinical review completed will require authorization on or after Nov. 1, 2023.

For more information, please refer to the [Pharmacy Medical Necessity Guidelines for Opioid Analgesics](#). ▲

New Stride payment policy

Harvard Pilgrim Stride (HMO) Medicare Advantage

We've developed a payment policy illustrating reimbursement, reporting, and billing policies and requirements for services related to serious reportable events (SREs) and provider preventable conditions (PPC) for our Harvard Pilgrim Health Care StrideSM (HMO)/(HMO-POS) Medicare Advantage products.

As a reminder, Point32Health does not reimburse for services associated with SREs and PPCs for members of any of our products, and providers are not permitted to bill members for these services.

SREs and PPCs defined

The new Stride policy provides more detail on what constitutes an SRE or a PPC, which are defined as follows:

- An **SRE** is an event that is clearly identifiable and measurable, usually preventable, and which is serious in its consequences (e.g., resulting in death or loss of a body part, an injury more than transient loss of a body function). SREs are also categorized as adverse in nature, represent a clear indication of a health care provider's lack of safety systems, and/or are events that are important measures for public credibility or public accountability.
- A **PPC** is a condition that meets the definition of a "Health Care Acquired Condition (HCAC)" or an "Other Provider Preventable Condition (OPPC)" as defined by the Centers for Medicare and Medicaid Services (CMS).

You'll also find clarity around other services and scenarios connected to SREs and PPCs that are not considered reimbursable. As a caveat, we will reimburse providers who provide follow-up care necessitated by the occurrence of an SRE or PPC when they were not responsible for it.

Provider billing and reporting requirements

Providers are required to notify us of SREs and PPCs that occur when they are providing services to our members, within 30 calendar days of the date the event occurred.

The policy illustrates how these events should be reported, as well as specific billing instructions for different related services and procedures.

Compensation will be adjusted according to present on admission (POA) indicator guidelines and CMS requirements. When provider payments are denied or retracted in accordance with SREs and PPCs, an explanatory notification will be included on the claim explanation of payment.

For complete information, please refer to the [Stride Serious Reportable Events and Provider Preventable Conditions Payment Policy](#). ▲

New integrated Point32Health payment policies

All products

As part of our overarching integration work as a combined company, Point32Health has been continuously reviewing and assessing Payment Policies for each of our legacy organizations (Harvard Pilgrim Health Care and Tufts Health Plan), with the intent to align them for greater ease and efficiency.

In connection with this work, we've developed the following new, integrated Point32Health Payment Policies:

- **Chiropractic Services:** This policy is replacing the previous Harvard Pilgrim Chiropractic and/or Manipulative Services Payment Policy and Tufts Health Plan Chiropractic Services Payment Policy, which we have archived, and the relevant information from those policies can now be found on this aligned Point32Health version.
- **Cardiac Services:** This aligned Point32Health policy outlines the relevant information from the now-archived Harvard Pilgrim Cardiology and Cardiovascular Surgery Payment Policy and Tufts Health Plan Cardiology Services Professional Payment Policy.

For complete information, please refer to the Point32Health Chiropractic Services Payment Policy ([Harvard Pilgrim, Tufts Health Plan](#)) and Cardiac Services Payment Policy ([Harvard Pilgrim, Tufts Health Plan](#)). ▲

CMS billing update for home health services using telehealth

Tufts Health Plan Senior Care Options | Tufts Medicare Preferred HMO/PPO

In keeping with [a bulletin](#) from the Centers for Medicare and Medicaid Services (CMS), Point32Health now requires providers to report one of the following remote patient monitoring codes, as applicable, when billing for home health services administered via telehealth to our Tufts Health Medicare Preferred or Tufts Health Plan Senior Care Options members:

- **G0320:** Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system
- **G0321:** Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system
- **G0322:** The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (for example, remote patient monitoring)

As a reminder, you should report the use of remote patient monitoring that spans a number of days as a single line item showing the start date of monitoring and the number of days of monitoring in the units field.

We've updated our [Home Health Care Services Payment Policy](#) for Tufts Health Plan Senior Products to reflect this new requirement. ▲

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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