

# Insights and Updates for Providers December 2023

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## Resources for behavioral health providers

### All products

Have you visited our new [behavioral health webpage](#) yet? If not, we encourage you to do so today. It's your one-stop shop for information to support you and your practice, including:

- **Policies and forms** — You'll find links to payment policies, medical necessity guidelines, forms, and pharmacy information.
- **Quick Reference Guide** — If you are new to the Harvard Pilgrim Health Care network our handy 2-page [Quick Reference Guide](#) can guide you on recognizing members and verifying eligibility, submitting claims, requesting authorizations, accessing e-tools, and more.
- **Portal and electronic tools** — You can quickly access our secure provider portals from this page and access user guides.
- **Recommended articles** — You'll find behavioral-health-specific articles from this provider newsletter highlighted on the page, too.

### New provider training video and ongoing training sessions

We developed [a new, short video](#) to guide providers who are new to our Harvard Pilgrim network in navigating our online provider portal, HPHConnect, for electronic claims submission. This video walks you through submitting a claim on HPHConnect, step-by-step. Visit the [training video page](#) for more helpful videos.

We're also continuing to offer online, interactive trainings tailored for behavioral health providers. Be sure to check out our [Behavioral Health Training page](#) for all the latest offerings and to register for a session.

### Reminders on BH insourcing

As a reminder, we have now integrated and insourced our behavioral health program. This change impacts Harvard Pilgrim Health Care commercial members only, and the transition from Optum/United Behavioral Health services to this new insourced model occurred on Nov. 1, 2023.

- For these members, providers in our service area should work directly with Harvard Pilgrim for behavioral health services, including obtaining prior authorizations, submitting claims, coordinating with care managers, and contacting the Harvard Pilgrim Provider Service Center (800-708-4414) with questions. Refer to the [Quick Reference Guide](#) for details on where to submit claims, how to request authorization, and more.
- Until further notice, as a transitional measure, providers who participate in the UnitedHealthcare network will continue to be eligible to provide services to Harvard Pilgrim commercial members and will be considered in-network providers. As noted above, Harvard Pilgrim Health Care policies apply as of Nov. 1, 2023, and claims should be submitted directly to Harvard Pilgrim Health Care. Providers contracted with Harvard Pilgrim will receive our rates, while non-contracted providers who are part of the UnitedHealthcare network will be paid at UnitedHealthcare rates.

- Optum will continue to provide behavioral health services for Harvard Pilgrim Health Care’s Medicare Advantage Stride<sup>SM</sup> (HMO)/(HMO-POS) plan in New Hampshire through Dec. 31, 2024. For Stride<sup>SM</sup> members, please continue to work directly with Optum as you do today.

The best way to ensure you can continue to care for your Harvard Pilgrim commercial members is to contract directly with Harvard Pilgrim Health Care. To contract with Harvard Pilgrim Health Care, contact [AHCBehavioralHealth@point32health.org](mailto:AHCBehavioralHealth@point32health.org). ▲

## Connecticut market exit reminder

### Harvard Pilgrim Health Care Commercial

As we’ve announced previously, Point32Health has made the difficult decision to withdraw Harvard Pilgrim Health Care fully insured commercial products in Connecticut, and these products will no longer be active as of Jan. 1, 2024.

We will continue selling and servicing fully insured and self-insured Harvard Pilgrim plans in the rest of our service area of Maine, Massachusetts, New Hampshire, and Rhode Island, including those who have members living in and/or accessing care in Connecticut (as defined by their 2024 plan designs and coverage options). In Connecticut, we will continue to expand our growing Medicare Advantage business through [CarePartners of Connecticut](#), a not-for-profit company.

### Impact to providers

- The majority of Connecticut-based providers who are contracted directly with Harvard Pilgrim will be impacted by this change.
- Connecticut providers who are affected by this change have received written notification that they will no longer be a Harvard Pilgrim contracted provider as of Jan. 1, 2024.
- Connecticut providers who participate in the UnitedHealthcare network, Harvard Pilgrim’s national network partner, may continue to provide care to members whose health plans support access to UnitedHealthcare providers.

### Impact to members

Member impact will be dependent on plan type:

- Members on HMO plans will no longer have access to the majority of Connecticut-based providers. Harvard Pilgrim commercial members who are seeking care from Connecticut-based providers have also been notified of these changes, and their options for seeking future care.
- Members on PPO/POS plans will have access to CT-based providers through our partnership with UnitedHealthcare.

As a reminder, when making referrals for Point32Health members, please continue to review our [Harvard Pilgrim](#) and [Tufts Health Plan](#) provider directories to ensure that you are referring the member to an in-network provider. ▲

## HEDIS MY2023 medical record requests

### All products

Each year, the National Committee for Quality Assurance (NCQA) measures the clinical quality performance of health plans across the nation through a standardized set of quality measures. This measure set — known as the Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) — evaluates important dimensions of care and service

including effectiveness of patient care, access and availability of care, patient experience, and management of health conditions. The clinical components are measured using data from claims and medical record reviews.

As required by NCQA and CMS, Point32Health will send HEDIS MY2023 medical record requests via mail to providers for all Point32Health (Harvard Pilgrim and Tufts Health Plan) products beginning in February 2024. While this was historically done separately by Harvard Pilgrim and Tufts Health Plan, it has been unified under one integrated Point32Health process in the interest of delivering a more seamless provider experience.

Using a systematic process, NCQA selects a sample of providers to receive these requests. Providers should follow the submission instructions as outlined in the mailing.

Your help is crucial to the project, as every medical record counts, and your prompt response will ensure that Point32Health's HEDIS measures accurately represent the high quality of care you provide to our members. You can be assured that our staff will maintain confidentiality of all medical information as required by HIPAA regulations. Please note that you may receive more than one mailing packet from us; we appreciate your cooperation in addressing all members and requests for medical records that you receive.

Providers must electronically submit the necessary information to the Provider Quality Performance Department via fax at 617-673-0754 or secure email at [HEDIS@point32health.org](mailto:HEDIS@point32health.org) by Feb. 28, 2024. For questions, contact the Provider Quality Performance HEDIS® Help Line at 888-766-9818, option 1, ext. 52809.

On Point32Health's [HEDIS Tip Sheets for Your Practice](#) page, you can find tip sheets we've developed to offer insight into specific measures and aid your practice in optimizing performance, including our newest two offerings related to the Adult Immunization Status (AIS-E) and Colorectal Cancer Screening (COL) measures. You'll also find this [tip sheet presentation](#) providing information pertaining to HEDIS hybrid measures that require medical record review each year.

Point32Health values your continued participation with our clinical quality improvement efforts to meet regulatory and accreditation requirements for the NCQA and CMS HEDIS medical record review.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). ▲*

## Register for upcoming trainings

### All products

Point32Health offers a host of training sessions and resources for you and your office staff. Join an interactive webinar or watch an educational video on demand. We have plenty of engaging offerings in December — just click the links below to register!

### Point32Health

#### Tools and Resources for Behavioral Health Providers webinars

- [Wednesday, Dec. 6 from 5–6 p.m. ET](#)
- [Thursday, Dec. 14 from 8:30 a.m.–9:30 a.m. ET](#)
- [Monday, Dec. 18 from noon–1 p.m. ET](#)

#### Navigating the Provider Websites

- [Tuesday, Dec. 5 from 10–11 a.m. ET](#)

#### Ocean State Access America Overview for Rhode Island Providers

- [Tuesday, Dec. 19 from 10–11 a.m. ET](#)

## Tufts Health Plan

### Tufts Medicare Preferred Overview

- [Thursday, Dec. 7, from 11 a.m.–noon ET](#)

## 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 and Tufts Health Direct members. Monogram Health will be offering webinars to provide an overview of the program on:

- [Wednesday, December 6 from 4:30-5 p.m.](#)
- [Tuesday, December 12 from noon-12:30 p.m.](#)

If you have questions or feedback on any of the trainings or webinars we offer, email us at [provider\\_education@point32health.org](mailto:provider_education@point32health.org). ▲

## Coverage for services provided by LMFTs/LMHCs

[Harvard Pilgrim Stride \(HMO\) Medicare Advantage](#) | [Tufts Health One Care](#) | [Tufts Health Plan Senior Care Options](#) | [Tufts Medicare Preferred](#)

Point32Health wants to make sure our provider network is aware of an exciting change implemented by the Centers for Medicare and Medicaid Services (CMS) as part of its Final Rule for 2024, which will expand access to important behavioral health services.

Currently, licensed marriage and family therapist (LMFT) and licensed mental health counselor (LMHC) services are reimbursed through “incident to” billing under general supervision. Effective Jan. 1, 2024, however, CMS will recognize LMFTs and LMHCs as Medicare-eligible providers. As a result, Medicare-enrolled LMFTs/LMHCs will be able to bill independently when credentialed and receive reimbursement for covered services.

For more information on how to join our network, visit our [Credentialing and Contracting Overview webpage](#).

### Submitting behavioral health claims

For Harvard Pilgrim Stride<sup>SM</sup> (HMO/HMO-POS) members, Optum/United Behavioral Health’s electronic payer ID number is 87726. The mailing address for paper claims submission is P.O. Box 30602, Salt Lake City, UT 84130-0760.

For Tufts Health Plan members, Tufts Health Plan’s electronic payer ID number is 04298. Mailing addresses for paper claims submission are as follows:

- **Senior Products:** Tufts Health Plan, P.O. Box 518, Canton, MA 02021-0518
- **Public Plans:** Tufts Health Plan, P.O. Box 189, Canton, MA 02021-0189



## Reminder: Tufts Health Unify becomes Tufts Health One Care

### Tufts Health One Care

As a reminder, Tufts Health Unify is changing its name to Tufts Health One Care on Jan. 1, 2024. By aligning the name with the Massachusetts One Care Program, we aim to make it easier to determine which population this plan serves. With a One Care plan, members get the benefits of both Medicare and MassHealth (Medicaid) programs through one health plan.

Current Tufts Health Unify members will receive a new member ID card in December to reflect the new product name. The member ID number will remain the same.

There are no other changes as a result of this name change. Please continue to follow the same requirements for claims and utilization management as you do today.

We will be updating Tufts Health Unify references in our policies and other documents beginning in January. You may see the Tufts Health Unify name on some materials until the completion of this work. ▲

## Crisis resource reminder for Massachusetts members

**Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Public Plans**

In support of the goal to connect members to behavioral health services close to home, school, and work, we're reminding providers that Massachusetts members of Harvard Pilgrim Health Care commercial, Tufts Health Plan commercial, and Tufts Health Public Plans can access the state-wide network of Community Behavioral Health Center's (CBCH's) Mobile Crisis Intervention (MCI) and Community Crisis Stabilization (CCS) programs.

Available through the Massachusetts Roadmap to Behavioral Health Reform initiative, both CBHC programs serve adults and youth, with MCI providing access to 24/7 site- and community-based mobile crisis assessment, intervention, and stabilization. Through CCS, members are eligible for 24/7, staff-secure crisis care that encompasses safe, short-term, medically necessary treatment in a voluntary, community-based environment that is less restrictive than inpatient psychiatric hospitalization.

As we've noted in past communications, neither MCI nor CCS require prior authorization. However, [notification of admission to a CCS](#) within a CBHC must be provided within 72 hours of admission. You can provide notification through our secure [HPHConnect](#) and [Tufts Health Plan](#) provider portals or by contacting your Behavioral Health utilization manager. Billing requirements for MCI services (H2011) and CCS services (S9485) can be found in the [Behavioral Health and Substance Use Disorder Payment Policy](#).

For patients needing urgent assistance, the Massachusetts Behavioral Health Help Line (BHHL) is also available around the clock to help individuals who are struggling find the appropriate level of behavioral health care. Another of the Roadmap to Behavioral Health Reform's programs, the BHHL provides clinical assessment, treatment recommendations, and assistance connecting callers in real time to providers within their communities. The BHHL team can be reached by phone or text at **833-773-BHHL (2445)**, by chat at [masshelpline.com/chat](https://masshelpline.com/chat), and via TTY at [MassRelay at 711](#).

We encourage all providers to share information on these key behavioral health resources with your patients. Downloadable fact sheets detailing the CBHC's MCI, CCS, and BHHL programs can be found on the Mass.gov website at <https://www.mass.gov/info-details/fact-sheets-behavioral-health-roadmap>. ▲

## Reminder: Redetermination for Medicaid patients

**Tufts Health Public Plans**

As the Medicaid redetermination process continues, we once again remind our provider partners of the important role they play in ensuring that some of our most vulnerable members and their families do not lose coverage. Medicaid renewals impact several Point32Health plans, including Tufts Health Together (MassHealth ACO/MCO), Tufts Health RITogether (Rhode Island Medicaid), Tufts Health Unify (Medicare-Medicaid), and Tufts Health Plan Senior Care Options (65+ Medicare-Medicaid plan).

Please remind your Medicaid patients that they must take action to renew coverage for themselves and their families, including responding to requests for information from the state and returning renewal forms by the date specified. 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.

In Rhode Island, state redetermination of eligibility for Rite Care members (families with children, pregnant women, and children under 19) begins for the first time as of Jan. 1, 2024. We encourage pediatricians and OB providers to discuss renewal with parents/caregivers of Medicaid patients. During this conversation, remind patients to check addresses and contact information they have on file with the state and make updates as necessary. If you need assistance regarding member's eligibility, contact the Gainwell provider support line at 401-784-8100.

To increase patient awareness, we've created flyers, posters, and digital signage for provider use. To request these materials — cobranded with your practice's logo — email [marketing\\_memberservices@point32health.org](mailto:marketing_memberservices@point32health.org).

If a patient has missed a renewal deadline, they can contact the state to 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.

## Resources for Massachusetts members

The [Mass.gov website](#) includes details on renewing MassHealth coverage, including instructions and contact information. Helpful sections include the [MassHealth Enrollment Assister](#) and [MassHealth Enrollment Centers \(MECs\)](#).

Members who are deemed ineligible for MassHealth may still qualify for subsidized Connector Care plans and should call the Massachusetts Health Connector at 877-MA-ENROLL (877-623-6765, TTY: 877-623-7773), or [visit the website](#).

## Resources for Rhode Island members

At [StayCoveredRI.gov](#), members can check and update their contact information, learn more about the Medicaid renewal process, and sign up to receive text messages about their coverage. Resources include sample Medicaid notices, [contact information](#), and certified application counselors and navigators to assist patients.

Members who are deemed ineligible may still qualify for subsidized coverage and should call HealthSource RI at 855-840-4774 or visit the [website](#). ▲

# Reminder: Public Plans initial paper claims address change

## Tufts Health Public Plans

As a reminder, the address for Tufts Health Public Plans initial paper claim submissions changed on Aug. 1, 2023. Initial paper claims for both Massachusetts and Rhode Island Public Plans should be sent to:

Tufts Health Public Plans – Paper Claims Submissions  
P.O. Box 189  
Canton, MA 02021-0189

Mail forwarding ceases on Dec. 31, 2023. If you have not yet updated your notes and systems, please update now to ensure your claims are sent to the correct address. Claims that are mailed to addresses in Foothill Ranch, CA on or after Jan. 1, 2024 will not be processed.

For the quickest way to get your claims processed, we encourage you to send your claims electronically using the direct EDI claim submission, clearinghouse claim submission, or online claim submission options outlined on Tufts Health Plan's [Electronic Services](#) webpage. ▲

# Child and Adolescent Needs and Strengths (CANS) assessment timeline update

## Tufts Health Together – MassHealth MCO Plan and ACPPs

If your practice administers Child and Adolescent Needs and Strengths (CANS) assessments to members under the age of 21, please be aware that as outlined in [MCE Bulletin 106](#), the Massachusetts Executive Office of Health and Human Services (EOHHS) has changed the timeline for re-assessment from 90 to 180 days.

The CANS behavioral health assessment is a resource of the Massachusetts Children’s Behavioral Health Initiative (CBHI) that assists providers with understanding the strengths and needs of the children and families in their care.

While CANS-certified providers will continue to conduct an initial CANS assessment during a patient’s first behavioral health evaluation (prior to beginning treatment), effective Oct. 31, 2023, practitioners are required to update the CANS assessment at least every **180 days** following the initial assessment — or more often as clinically appropriate or as prompted by significant changes in the patient’s life.

Providers are required to report data for each CANS assessment to EOHHS. For CANS program details, visit the [MassHealth CANS webpage](#). Prior authorization is not required for CANS assessments administered by in-network providers. For more information on billing, please refer to the [Child and Adolescent Needs and Strengths \(CANS\) Payment Policy](#) and for performance specifications, refer to Tufts Health Plan’s [General Behavioral Health Performance Specifications](#). ▲

## Upgrades to HPI platforms and impact on website access

### Health Plans Inc

We are pleased to share that Health Plans, Inc. (HPI), a third-party administrator of self-funded plans and a Harvard Pilgrim company, has upgraded some of its provider, member, and client-facing platforms — including the electronic tools and functionality on the convenient HPI provider portal.

As HPI continues to provide transformational and proactive solutions to customers, the elevated, user-friendly platforms will allow for more flexibility and process efficiencies while improving overall functionality. This includes the availability of a new provider tool known as MESA, which will be phasing out WEBeci and offering providers the ability to view member information such as claims, eligibility, and accumulations.

### To ensure that you are channeled to the correct platform for your patient:

1. Always start your online navigation for HPI membership at [hpiTPA.com/provider-portal](https://hpiTPA.com/provider-portal).
2. Once there, click “Provider Portal Start Page – Claims & Eligibility.”
3. Please do not save the login page URLs (WEBeci or MESA) to your favorites, as they might not be the right platform for a given patient and could possibly display erroneous information.

### Transition to MESA occurring through a phased approach

It’s important to note that during the phased process, HPI’s provider portal start page will guide providers to the new MESA platform for certain HPI members and to the original platform, WEBeci, for others, depending on the member’s employer group. WEBeci will remain in use until all member groups transition to the new system. ▲

# Reminder: QMB Members Exempt from Part A/B Cost-Sharing

Harvard Pilgrim Stride (HMO) Medicare Advantage | Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

The Qualified Medicare Beneficiary (QMB) program put in place by the Centers for Medicare and Medicaid Services (CMS) assists low-income Medicare beneficiaries with Medicare Part A and Part B premiums and cost-sharing, including deductibles, coinsurance, and copayments. As a reminder, under the QMB program enrollees are exempt from cost-sharing liability, so all providers are prohibited from charging QMB members for Medicare cost-sharing for covered Parts A and B services.

## Identifying members with QMB status

CMS's [HIPAA Eligibility Transaction System \(HETS\)](#) provides Medicare eligibility data to providers and their authorized billing agents (including clearinghouses and third-party vendors) to help verify a patient's QMB status and exemption from cost-sharing charges. Contact your third-party eligibility verification vendor to ask how their products reflect the new QMB information from HETS.

In addition, Point32Health provides the necessary information to our members and providers regarding QMB eligibility. For Harvard Pilgrim members, when we are aware that a claim is for a member who is a qualified Medicare beneficiary, a message appears on the member's Explanation of Benefits statement, as well as the provider's Explanation of Payment, to identify this status.

The Explanations of Payment that Tufts Health Plan sends to providers include an alert that the notice may contain claims covered by the QMB program and remind providers to review their records for any wrongfully collected cost-sharing, which may be billed to a subsequent payer.

## More information

For more detailed information about CMS's QMB program, please refer to [this document](#) from the Medicare Learning Network, as well as the [Billing Members](#) policy in Harvard Pilgrim's Medicare Advantage *Provider Manual*.



# MassHealth guidance and new performance specifications

Tufts Health Together – MassHealth MCO Plan and ACPPs

Based on requirements and guidance from MassHealth and the Massachusetts Executive Office of Health and Human Services (EOHHS), we've developed performance specifications specific to certain services, as identified below:

## Youth detoxification and stabilization

In August, MassHealth released Managed Care Entity Bulletin 103 (found in the [2023 MassHealth provider bulletins](#) section of MassHealth's website), which outlines updated requirements for managed care organizations and Accountable Care Partnership Plans related to youth and transition-age youth detoxification and stabilization programs.

In support of these requirements, effective for dates of service beginning July 1, 2023 for Tufts Health Together – MassHealth MCO Plan and ACPPs, we will provide coverage for youth and transition-age youth detoxification and stabilization services at or above the rate listed in [101 CMR 418.00](#) (Payments for youth short-term stabilization and emergency placement services). Prior authorization is not required, and **providers must bill for these services using the H0011-HV procedure code and modifier combination.**



These programs provide acute treatment service and clinical support services levels of care in an integrated setting with additional staffing and service expectations specific to the needs of the youth (12 through 17 years of age) and transition-age youth (16 through 20 years of age) populations.

Point32Health has developed [performance specifications for youth and transition-age youth detox and stabilization services](#), and our Tufts Health Plan [Inpatient and Intermediate/Diversions Behavioral Health \(Mental Health & Substance Use Disorder\) Facility Payment Policy](#) has been updated to reflect these new requirements.

## Community-based acute treatment services

Our newly developed [24-Hour Diversions Services Community-Based Acute Treatment for Children and Adolescents \(CBAT\) with Intellectual Disabilities/ Autism Spectrum Disorders \(ID/ASD\) Performance Specifications](#) reflect requirements from MassHealth pertaining to providers contracted for this level of care or service.

These new performance specifications are a subset of our existing Tufts Health Plan [CBAT performance specifications](#). Applicable providers are expected to adhere to both, but where there is difference between the general CBAT performance specifications and these newly developed performance specifications specific to CBAT for children/adolescents with ID/ASD, the more specific performance specifications should take precedence. ▲

## One Care training for Tufts Health Unify

### Tufts Health Unify

The Executive Office of Health and Human Services (EOHHS) and the Centers for Medicare & Medicaid Services (CMS) require providers and office staff to complete comprehensive training on the One Care (Medicare-Medicaid dual eligible) program.

To make it easier for providers to comply with this requirement, we offer convenient training resources in the [Training section of our Point32Health website](#) (click on the Tufts Health Unify provider training tab in under “Additional training resources”). As a reminder, as of Jan. 1, 2024, Tufts Health Unify will be known as [Tufts Health One Care](#).

The program has two tracks — [a general training series](#) developed by MassHealth via UMass Medical School, as well as a [plan-specific Tufts Health Unify training](#) — and providers are required to complete both tracks in order to meet One Care requirements.

For track one, the following recorded webinars are required:

- One Care: An Introduction for One Care Plans
- Engaging One Care Enrollees in Assessments & Care Planning
- Americans with Disabilities Act (ADA) Compliance
- Principles of Cross-Cultural Competence
- Promoting Wellness for People with Disabilities
- Contemporary Models of Disability: Beyond the Medical Model (Independent Living, Self-Determination and Recovery Model)
- Identifying Potential Abuse and Neglect of One Care Members
- Caring for Individuals with Co-Occurring Mental Health and Substance Use Disorders in One Care

In addition, you'll find recorded webinars featuring a myriad of pertinent health care topics, including trainings on accessibility and accommodations, which focus on promoting wellness among people with disabilities and include specific information on Americans with Disabilities Act (ADA) requirements.

Once you've completed both tracks, please remember to [complete the attestation](#) as we record and submit your participation to EOHHS and CMS.

Visit our [frequently asked questions page \(FAQs\)](#) for Tufts Health Unify for questions about training requirements, contracting, delivering care, and doing business with us. ▲

## MassHealth: temporary telehealth flexibilities expired

### Tufts Health One Care | Tufts Health Plan SCO

With the end of the COVID-19 federal Public Health Emergency (PHE) earlier this year, certain temporary allowances have expired. [In a recent communication](#), MassHealth noted that the following Acquired Brain Injury (ABI) and Moving Forward Plan (MFP) waiver services can no longer be provided via telehealth as of Nov. 11:

- Community-based Day Supports
- Home Accessibility Adaptations
- Home Health Aide
- Homemaker
- Orientation and Mobility Services
- Personal Care
- Physical Therapy, Occupational Therapy, and Skilled Nursing
- Specialized Medical Equipment
- Supportive Home Care Aide
- Vehicle Modifications

Coverage of the telehealth delivery of these services was a flexibility offered under Massachusetts' federally approved Appendix K: Emergency Preparedness and Response and COVID-19 Addendum (Appendix K). The federal PHE ended on May 11, 2023 and Appendix K ended six months after the expiration of the PHE. ▲

## Clinical practice guidelines updates

### All products

Point32Health maintains a number of clinical practice guidelines, which you can now find on the [Clinical Practice Guidelines section](#) of our provider website. We periodically review and update them to include new information about treatments, medications, and technology that reflects best practices and we've recently updated to the following guidelines:

- Antibiotic use
- Autism
- COPD
- Diabetes
- Diabetes in older adults
- Eating disorders
- Elder abuse and neglect
- Hepatitis C
- HIV
- Immunizations (adults and pediatrics)
- Opioids
- Prevention of falls
- Urinary incontinence

These clinical guidelines are not intended to replace a provider's clinical judgement but serve as a resource to support it. In addition, please note that these clinical practice guidelines are separate and independent from coverage criteria, which vary by product and may differ from these guidelines. In order to determine whether a treatment or service is covered under a particular plan, please review the coverage criteria specific to that plan. ▲

## Reducing avoidable emergency department use

### All products

Preventable emergency department (ED) visits are a burden on both patients and the health care system, and Point32Health aims to support providers in ensuring that the ED is used appropriately and in reducing avoidable or unnecessary visits.

While our provider partners should continue to reinforce to patients the importance of visiting the ED for serious symptoms and medical emergencies, we encourage you to recommend the use of alternative resources when reasonable, such as urgent care centers and telehealth.

Point32Health emphasizes that patients should use primary care as their first line of defense, options like urgent care or telehealth if no primary care appointments are available, and the ED only for severe issues and life-threatening emergencies.

Our efforts to combat ED overuse include offering support and information to our provider network to assist with care coordination, educating members on the medically appropriate use of EDs, and addressing issues of timely access to primary care. Potential suggestions for improvement on the latter include expanding provider office hours, connecting patients with retail clinics and urgent care centers, utilizing physician assistants and nurse practitioners to support an office practice when needed, and increasing the availability of nurse hotlines and telehealth. ▲

## Maine mandates and new coverage

### Harvard Pilgrim Health Care Commercial

Effective for dates of service beginning Jan. 1, 2024, in support of recent legislation from the State of Maine, Point32Health is making some coverage changes and associated medical policy/medical necessity guideline (MNG) updates applicable to Harvard Pilgrim commercial members in Maine.

### Assisted reproductive technology services: new MNG

In response to the recent Maine mandate entitled "An Act to Provide Access to Fertility Care" (H.P. 1144 – L.D. 1539), we've developed dedicated Medical Necessity Guidelines for Assisted Reproductive Technology Services – Maine Products.

Similar to the existing [Massachusetts](#) and [New Hampshire](#) versions, the MNG outlines coverage effective Jan. 1 for Harvard Pilgrim members residing in Maine or with a Maine plan for assisted reproductive technology.

Prior authorization will be required, and coverage will be granted based on the criteria specified on the MNG. These services may also be covered when:

- The member is unable to conceive as an individual due to the lack of necessary gametes for conception
- The member is unable to conceive with a partner due to the lack of necessary gametes for conception
- The member or the member's partner is at an increased risk of transmitting a serious inheritable genetic or chromosomal abnormality to a child

For complete information, please refer to the new [Assisted Reproductive Technology Services – Maine Products MNG](#).

## Coverage of an additional prosthetic device

In accordance with Maine House Bill 1003 (An Act to Improve Outcomes for Persons with Limb Loss), Point32Health will cover an additional prosthetic device for sports or recreational use for eligible Harvard Pilgrim commercial members residing in Maine or with a Maine plan.

This coverage will apply for members under age 18 who require an additional prosthetic device for sports or recreational use, and coverage will be offered for the most appropriate model for medical necessity. Devices considered experimental/investigational will not be covered.

Harvard Pilgrim's commercial [Lower Limb Protheses Medical Policy](#), [Upper Limb Protheses Medical Policy](#), and [Orthotic and Prosthetic Devices Payment Policy](#) have been updated to reflect this change in coverage. ▲

## Medical criteria updates: Stride, Tufts Health One Care, Tufts Health Medicare Preferred

### Harvard Pilgrim Stride (HMO) Medicare Advantage | Tufts Health One Care | Tufts Medicare Preferred

As Point32Health continually works to integrate legacy Harvard Pilgrim Health Care and Tufts Health Plan policies and processes for an increasingly streamlined experience, we're always assessing opportunities to make seeking and administering care less onerous for our members and providers — which includes reducing the number of services requiring prior authorization.

To that end, we're making a number of updates, effective Jan. 1, 2024, to align coverage criteria and medical necessity guidelines (MNGs) with CMS for our Harvard Pilgrim Stride<sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage and Tufts Health One Care ([the new name for Tufts Health Unify effective Jan. 1](#)) plans.

### Updates applicable to Stride criteria/MNGs

The following changes will take effect on Jan. 1, 2024 for Stride:

#### **Prior authorization will no longer be required for the following services:**

- Cholecystectomy surgery
- Endoscopic sinus surgeries
- Gender Affirming Care
- Hysterectomy
- Implantable Neurostimulators, including: Gastric Nerve Stimulation and Sacral Nerve Stimulation
- Home Infusion Services
- Cosmetic and reconstructive surgeries including: Hemangioma Treatment, Port Wine Stain Treatment, Surgical Scar Revision, and Excision of excess/ redundant skin

#### **The following services will be moving from homegrown Harvard Pilgrim-specific criteria to guidance from the Centers for Medicare and Medicaid Services (CMS), including national coverage determinations (NCDs) and local coverage determinations (LCDs), as well as the CMS Medicare Manuals:**

- Gynecomastia
- Implantable Neurostimulators including: Vagus Nerve Stimulation, Deep Brain and Spinal Cord Simulator
- Medical Transportation
- Cosmetic and reconstructive surgeries including: Panniculectomy

## Updates applicable to Tufts Health One Care criteria/MNGs

The following changes will apply as of Jan. 1 for Tufts Health One Care:

### **Prior authorization will no longer be required for the following services:**

- Bronchial Thermoplasty

### **The following services will be moving from homegrown Tufts Health Plan criteria to CMS guidance, including LCDs, NCDs, and the CMS Medicare Manuals:**

- Proton Beam Therapy
- Custom Fabricated Oral Appliances for Treatment of Obstructive Sleep Apnea
- Lower Limb Protheses for general criteria
- Hematopoietic Stem-Cell Transplantation (HSCT) for select diagnoses
- Reconstructive and Cosmetic Surgery – Rhinoplasty, Gynecomastia, Breast Implant Removal, Breast Reduction, Panniculectomy
- Non-Emergency Ambulance Transport – Air
- Non-Emergency Ambulance Transport – Ground
- Power Operated Vehicles (POVs)
- Power Wheelchairs
- Solid Organ Transplant – Heart
- Solid Organ Transplant – Liver
- Solid Organ Transplant – Pancreas – kidney transplant, pancreas transplant, pancreas islet
- Solid Organ Transplant – Intestinal and Multi-visceral
- Stereotactic Radiosurgery and Stereotactic Body Radiofrequency

### **The following will be moving from homegrown Tufts Health Plan criteria to MassHealth criteria:**

- Solid Organ Transplant – Lung
- Solid Organ Transplant – Kidney
- Video Capsule Endoscopy

### **The following services will be moving from InterQual criteria to CMS guidance, including LCDs, NCDs, and the CMS Medicare Manuals:**

- Bariatric Surgery
- Blepharoplasty Upper/Lower Eyelid, Brow Ptosis Repair, Upper Eyelid Blepharoptosis Repair
- Cholecystectomy, Laparoscopic
- Hyperbaric Oxygen Treatment
- Hysterectomy, Certain Elective
- Implantable Neurostimulators
- Manual Wheelchair
- Osteogenesis Stimulators, Noninvasive
- Outpatient PT, OT, ST
- Oxygen and Respiratory Therapy Equipment
- Percutaneous Posterior Tibial Nerve Stimulation
- PAP Device for Tufts Health RITogether and One Care Products
- Procedures for the Treatment of Benign Prostatic Hypertrophy
- Procedure for the Treatment of Symptomatic Varicose Veins

## Updates applicable to Tufts Health Plan Medicare Preferred criteria/MNGs

The following changes will apply as of Jan. 1 for Tufts Health Medicare Preferred:

### The following services will begin to use CMS InterQual

- Psychological and Neuropsychological Testing and Assessment for Tufts Health One Care and Tufts Health Medicare Preferred



## Point32Health Medical Necessity Guideline Updates

### All products

### Updates to Medical Necessity Guidelines (MNG)

MNG Title	Products Affected	Effective Date	Summary
<a href="#">Reconstructive and Cosmetic Surgery</a> <a href="#">Gender Affirming Services</a>	Harvard Pilgrim commercial	Feb. 1, 2024	Prior authorization will be required for CPT code 17380 (Electrolysis epilation).
<a href="#">Solid Organ Transplant: Intestinal (Small Bowel, Simultaneous Small Bowel-Liver) and Multivisceral</a> <a href="#">Solid Organ Transplant: Lung</a> <a href="#">Solid Organ Transplant: Pancreas-Kidney Transplant, Pancreas Transplant, Pancreas Islet Cell Transplant</a>	Tufts Health Plan commercial, Tufts Health Public Plans	Jan. 1, 2024	<p>The following codes will no longer require prior authorization:</p> <p>Solid Organ Transplant – Intestinal:</p> <ul style="list-style-type: none"> <li>• S2053</li> <li>• S2054</li> <li>• S2055</li> </ul> <p>Solid Organ Transplant – Lung:</p> <ul style="list-style-type: none"> <li>• S2060</li> <li>• S2061</li> </ul> <p>Solid Organ Transplant – Pancreas:</p> <ul style="list-style-type: none"> <li>• G0341</li> <li>• G0342</li> <li>• G0343</li> <li>• S2065</li> <li>• S2102</li> <li>• S2152</li> </ul>
<a href="#">Continuous Glucose Monitoring Systems: Freestyle and Dexcom Products (Harvard Pilgrim)</a> <a href="#">Continuous Glucose Monitoring Systems: Freestyle and Dexcom Products (Tufts Health Plan)</a>	Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health Unify	Jan. 1, 2024	<p>Criteria added for the use of CGMs for hypoglycemia due to a diagnosis other than diabetes mellitus for Tufts Health Unify and Tufts Health Plan SCO.</p> <p>MNG updated to reflect new preferred product strategy for Jan. 1, 2024. Freestyle and Dexcom products are preferred; any other non-preferred CGM may be covered if there is a</p>

MNG Title	Products Affected	Effective Date	Summary
			clinical rationale for why a Freestyle or Dexcom product is not clinically appropriate for the member, and the non-preferred CGM is covered by Medicare. Prior authorization will be required for HCPCS codes A4238 and E2102.
<a href="#">Fertility Services for Harvard Pilgrim Health Care Massachusetts Products (Large Group and Merged Market)</a>	Harvard Pilgrim commercial (Massachusetts only)	Jan. 1, 2024	<p>New MNG, which outlines coverage for the following services to support inclusive family building for all members, including those across sexual orientation and gender identity spectra and those without coparenting partners or those who do not meet infertility criteria from the <a href="#">Assisted Reproductive Technology Services – Massachusetts Products</a> MNG:</p> <ul style="list-style-type: none"> <li>• IUI</li> <li>• Donor sperm for the purposes of IUI, IVF, and Reciprocal IVF</li> <li>• Donor egg including the cost of donor eggs, insemination, processing, and cryopreservation</li> <li>• IVF</li> <li>• Reciprocal IVF</li> <li>• Laboratory and other related testing</li> </ul>
<a href="#">Assisted Reproductive Technology Services – Maine Products</a>	Harvard Pilgrim commercial (Maine only)	Jan. 1, 2024	<p>New MNG, which outlines coverage for Harvard Pilgrim members residing in Maine or with a Maine plan for assisted reproductive technology/infertility services, when the prior authorization criteria specified on the MNG are met.</p> <p>See article titled “<a href="#">Maine mandates and new coverage</a>” for more information.</p>
<a href="#">Upper Limb Prostheses</a> <a href="#">Lower Limb Prostheses</a>	Harvard Pilgrim commercial (Maine only)	Jan. 1, 2024	<p>In support of Maine House Bill 1003 (An Act to Improve Outcomes for Persons with Limb Loss), we will cover one additional prosthesis or prosthetic component for recreational purposes when criteria are met for Harvard Pilgrim commercial</p>

MNG Title	Products Affected	Effective Date	Summary
			members under 18 residing in Maine or with Maine plans. See article titled " <a href="#">Maine mandates and new coverage</a> " for more information.
Reconstructive and Cosmetic Surgery ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Public Plans	Jan. 1, 2024	Minor revisions to criteria language.
Noncovered Investigational Services ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Public Plans	Dec. 1, 2023	Genetic testing for Ehlers-Danlos Syndrome (EDS) in patients with joint hypermobility, skin hyperextensibility, and/or tissue fragility has been removed from the noncovered investigational services list and is now covered for Tufts Health Plan commercial products and Tufts Health Public Plans.  Codes A9628 and A9629 related to Vibrant System (Vibrant Gastro Inc.) for chronic idiopathic constipation have been added and will now deny when billed.
<a href="#">Continuous Glucose Monitors and Diabetes Management Devices for Tufts Health Together</a>	Tufts Health Together	Dec. 1, 2023	In support of MassHealth guidance issued in Oct.2023, MNG updated with prior authorization criteria for coverage of Omnipod GO.
High-Frequency Chest Wall Oscillation Devices (Harvard Pilgrim, Tufts Health Plan)	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Public Plans	Dec. 1, 2023	This MNG is being retired, and prior authorization is no longer required for codes E0483 A7025, or A7026.



## Point32Health medical drug program updates

### All products

#### New prior authorization programs

MNG title	Products affected	Effective date	Summary
<a href="#">Elrexio (elranatamab-bcmm) (Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health Together)</a>	Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health Together, Tufts	Dec. 1, 2023	Prior authorization is now required for Elrexio (HCPSC J9999), approved August 2023, for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy including



MNG title	Products affected	Effective date	Summary
<a href="#">Elrexio (elranatamab-bcmm)</a> ( <a href="#">Tufts Medicare Preferred</a> , <a href="#">Tufts Health Plan Senior Care Options</a> , <a href="#">Tufts Health Unify</a> )	Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health Unify		a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody
<a href="#">Talvey (talquetamab-tgvs)</a> ( <a href="#">Tufts Health Plan commercial</a> , <a href="#">Tufts Health Direct</a> , <a href="#">Tufts Health RITogether</a> , <a href="#">Tufts Health Together</a> , <a href="#">Tufts Medicare Preferred</a> , <a href="#">Tufts Health Plan Senior Care Options</a> , <a href="#">Tufts Health Unify</a> )	Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health Together, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health Unify	Dec. 1, 2023	Prior authorization is now required for Talvey (HCPCS J9999), approved August 2023, for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent and an anti-CD38 monoclonal antibody
<a href="#">Asparaginase Products</a> ( <a href="#">Tufts Health Plan commercial</a> , <a href="#">Tufts Health Direct</a> )	Tufts Health Plan commercial, Tufts Health Direct	Feb. 1, 2024	Prior authorization will be required for Erwinase (HCPCS J9019) and Rylaze (HCPCS J9021) approved as a component of a multi-agent chemotherapeutic regimen for the treatment of acute lymphoblastic leukemia and lymphoblastic lymphoma patients who have developed hypersensitivity to E. coli-derived asparaginase, respectively.
Roctavian	Tufts Health Together	Dec. 4, 2023	Prior authorization will now be required for Roctavian (HCPCS J3590). See <a href="#">Unified Medical Policies</a> for details.

## Updates to existing prior authorization programs

Drug(s)	Products affected	Effective date	Policy & additional information
Cerezyme, Elelyso, Evkeeza, Kanuma, Nulibry, Scenesse, Tepezza, Vimizim, VPRIV	Tufts Health Together	Feb. 1, 2024	<a href="#">Unified Medical Policies</a>
Immune globulins	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether	Feb. 1, 2024	Intravenous Immune Globulin (IVIG) and Subcutaneous Immune Globulin (SCIG) Products ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )
Aralast NP, Glassia, Prolastin-C	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether	Feb. 1, 2024	Alpha1-Proteinase Inhibitors ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )
Epoprostenol, Flolan, Remodulin	Harvard Pilgrim commercial, Tufts Health Plan commercial,	Feb. 1, 2024	Pulmonary Hypertension Medications: Epoprostenol

Drug(s)	Products affected	Effective date	Policy & additional Information
	Tufts Health Direct, Tufts Health RITogether		products, Remodulin ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )
Saphnelo	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether	Feb. 1, 2024	Saphnelo ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )
Xenopozyme	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether	Feb. 1, 2024	Xenopozyme ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )
Xiaflex	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health Direct, Tufts Health RITogether	Feb. 1, 2024	Xiaflex ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )
Amondys 45, Exondys 51, Viltepsa, Vyondys 53	Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Senior Care Options, Tufts Health Unify	Feb. 1, 2024	Amondys 45 ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> ) Exondys 51 ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> ) Viltepsa ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> ) Vyondys 53 ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )
Cinryze	Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Senior Care Options, Tufts Health Unify	Feb. 1, 2024	Cinryze ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )
Haegarda	Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare, Tufts Medicare Preferred, Senior Care Options, Tufts Health Unify	Feb. 1, 2024	Haegarda ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )
Riabni, Rituxan, Rituxan Hycela, Ruxience, Truxima	Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare, Tufts Medicare Preferred, Senior Care Options, Tufts Health Unify	Feb. 1, 2024	Rituximab Products Non-Oncology Indications ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> ) Rituximab Products Oncology Indications ( <a href="#">Tufts Health Plan</a> )
Saphnelo	Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare, Tufts Medicare Preferred, Senior Care Options, Tufts Health Unify	Feb. 1, 2024	Saphnelo ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )

Drug(s)	Products affected	Effective date	Policy & additional Information
Scenesse	Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare, Tufts Medicare Preferred, Senior Care Options, Tufts Health Unify	Feb. 1, 2024	Scenesse ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )
Takhzyro	Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare, Tufts Medicare Preferred, Senior Care Options, Tufts Health Unify	Feb. 1, 2024	Takhzyro ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )
Uplinza	Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare, Tufts Medicare Preferred, Senior Care Options, Tufts Health Unify	Feb. 1, 2024	Uplinza ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )
Xenpozyme	Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Senior Care Options, Tufts Health Unify	Feb. 1, 2024	Xenpozyme ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )
Actemra IV, Avsola, Entyvio IV, Ilumya, Inflectra, Infliximab, Orencia IV, Remicade, Renflexis Simponi Aria, Skyrizi IV, Stelara IV	Harvard Pilgrim commercial, Tufts Health Plan commercial, Tufts Health RITogether, Tufts Health Direct	Feb. 1, 2024	Targeted Immunomodulators Skilled Administration ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan Commercial</a> , <a href="#">Tufts Health Direct</a> ) Targeted Immunomodulators Skilled Administration ( <a href="#">Tufts Health RITogether</a> )
Skysona, Adstiladrin	Tufts Health Together	Dec. 4, 2023	Internal Medical Benefit Drug Policies for Skysona (HCPCS J3590) and Adstiladrin (HCPCS J9999) will be retired. Skysona and Adstiladrin will continue to require prior authorization, see <a href="#">Unified Medical Policies for details</a> .



# Pharmacy coverage changes

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

## Changes to existing prior authorization programs

Drug	Plan	Eff. date	Policy & additional information
<b>Updates to existing prior authorization programs</b>			
Advair HFA, Anoro Ellipta, Breo Ellipta, Budesonide/formoterol, Dulera, Proair Respiclick, Proair Digihaler	Tufts Health RITogether	Feb. 1, 2024	Respiratory Inhalers
Cyclosporine 0.05% ophthalmic emulsion, Cequa	Tufts Health RITogether	Feb. 1, 2024	<a href="#">Medications for Dry Eye Disease</a>
Repatha	Tufts Health RITogether	Feb. 1, 2024	<a href="#">PCSK9 Inhibitor Therapy</a>
Non-Formulary Exceptions	Harvard Pilgrim Health Care commercial, Tufts Health Plan commercial, Tufts Health Direct	Feb. 1, 2024	Non-Formulary Exceptions ( <a href="#">Harvard Pilgrim</a> , <a href="#">Tufts Health Plan</a> )
<b>Drug status changes</b>			
Forfivo XL	Tufts Health Together	Jan. 2, 2024	MassHealth is removing Forfivo XL from the Brand-Over-Generic List (BOGL). The generic will continue to require prior authorization. Criteria can be found at the <a href="#">MassHealth Drug List (MHDL)</a> . Please keep in mind that updated coverage and criteria will be available on the MHDL on or after the effective date.



## Reminder and clarification of billing requirements for Spravato

### Harvard Pilgrim Health Care Commercial

In the September issue of Insights and Updates for Providers, Point32Health announced that effective Nov. 1, 2023, providers billing for Spravato (esketamine) nasal spray for Harvard Pilgrim commercial members would be required to include the HCPCS codes G2082 or G2083 on the medical claim.

We would like to offer a reminder of this billing requirement, as well as clarification that **HCPCS S0013 should not be billed alongside G2082 or G2083 if providing drug and administration/observation**. When requesting the use of Spravato nasal spray, please use one of the following billing codes to request prior authorization for the provision of the drug and professional services associated with Spravato therapy:

- **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.

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

## Pharmacy program reminders

[Harvard Pilgrim and Tufts Commercial](#) | [Tufts Health Direct](#) | [Tufts Health Plan Commercial](#) | [Tufts Health RITogether](#) | [Tufts Health Together](#)

Point32Health would like to offer a number of reminders pertaining to our Pharmacy program.

### FDA-unapproved product coverage

[Tufts Health Plan commercial](#) | [Tufts Health Direct](#) | [Harvard Pilgrim Health Care commercial](#)

As a reminder, any products not listed on the Harvard Pilgrim commercial, Tufts Health Plan commercial, and Tufts Health Direct formularies that have not been approved by the FDA are excluded from coverage, in alignment with the information listed on our Evidence of Coverage documents and Member Handbooks. Before prescribing any medication to a Point32Health member, please be sure to always refer to the member's formulary to verify that the medication is listed as covered.

### Prenatal vitamin coverage

[Tufts Health Plan commercial](#), [Tufts Health Direct](#), [Harvard Pilgrim Health Care commercial](#)

Effective for fill dates on or after Jan. 1, 2024, Harvard Pilgrim commercial, Tufts Health Plan commercial, and Tufts Health Plan Direct will only cover prescription generic prenatal vitamins on our pharmacy formulary. Brand and generic over-the-counter prenatal vitamins will be excluded. All brand prescription prenatal vitamins will be moved to non-formulary. Please refer to the formulary for information on prenatal vitamins. You can find formulary information on the pharmacy pages of the [Harvard Pilgrim](#) and [Tufts Health Plan](#) provider websites. To request that a patient continue to receive coverage for a non-formulary prenatal vitamin, the prescribing provider must request an exception through the pharmacy review process under the Pharmacy Medical Necessity Guidelines for Non-Formulary Exceptions policy ([Harvard Pilgrim](#), [Tufts Health Plan](#)).

### Basal insulins coverage

[Tufts Health RITogether](#)

As we outlined in last month's issue of Insights and Updates for Providers, effective Jan. 1, 2024 for Tufts Health RITogether, Basaglar (insulin glargine) KwikPen will be moved to noncovered status. Prior authorization will be required for new and existing utilizers. As of the Jan. 1 effective date, insulin glargine-yfgn vial and pen will be covered without prior authorization. Please keep in mind that insulin glargine-yfgn is not interchangeable with Basaglar KwikPen at the pharmacy, and therefore a new prescription will be required.

## Reminder: Inhaled Corticosteroid Inhalers

### Tufts Health Together

As previously communicated, brand name Flovent HFA (fluticasone propionate) and Flovent Diskus will be discontinued at the end of 2023, and MassHealth will consequently be making coverage updates in the inhaled corticosteroid inhaler class as part of the December rollout (effective Dec. 4, 2023):

- Brand Flovent HFA and Flovent Diskus will continue to be covered without prior authorization. Members can fill brand Flovent HFA and brand Flovent Diskus until the supply runs out.
- Generic Flovent HFA and generic Flovent Diskus will not be preferred and will require prior authorization.
  - Approval criteria for generic Flovent will require documentation of an asthma diagnosis and trial and failure with at least two inhaled corticosteroids available without prior authorization.
- Arnuity Ellipta (fluticasone furoate inhalation powder) will no longer require prior authorization. Asmanex HFA (mometasone inhalation aerosol), Asamanex Twisthaler (mometasone inhalation powder) and Pulmicort Flexhaler (budesonide inhalation powder) will continue to be covered without prior authorization.

Members already stable on brand Flovent inhalers may use generic fluticasone inhalers until March 4, 2024 to allow for a transition period while they are switched to another inhaler. After that time prior authorization for generic fluticasone inhalers will be required for everyone.

## Reminder: preferred continuous glucose monitors

### Tufts Health Direct

As a reminder, all FreeStyle Libre flash continuous glucose monitors (CGMs) and their accompanying supplies are preferred for Tufts Health Direct members and covered with prior authorization. They are available through the pharmacy only when the member has a prescription through the pharmacy benefit. (As of Jan. 1, 2023, Dexcom G6 CGMs are no longer preferred products.)

FreeStyle Libre and its supplies require prior authorization and are reviewed against criteria in the Pharmacy Medical Necessity Guideline for [Insulin and Diabetes Supplies](#). Dexcom G4®, Dexcom G5®, Dexcom G6 and Medtronic Guardian™ are non-formulary. For a member to continue using any of these nonformulary products, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [Non-Formulary Exceptions](#). Should a request for any of these products be approved, members will have to fill their CGM and its supplies at the pharmacy, as they are unavailable through the DME supplier. All CGMs are restricted with quantity limitations. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines via the Pharmacy Utilization Management Department fax at 617-673-0988. ▲

## Urine Drug Testing Payment Policy integration

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

Point32Health has developed an integrated Urine Drug Testing Payment Policy, which will replace the existing Harvard Pilgrim and Tufts Health Plan policies effective for dates of service beginning Feb. 1, 2024.

As of the effective date of the integrated policy, we're implementing a number of coding and reimbursement changes as part of our continued effort to align policies and edits where possible for a streamlined Point32Health provider experience.

## Definitive drug testing code changes

As of date of service Feb. 1, 2024, Tufts Health Plan commercial, Tufts Health Unify, and Tufts Health Direct will no longer reimburse definitive drug testing when billed with CPT codes 80320-80377 or 83992. Providers should report definitive drug testing using G0480-G0483 or G0659. This change in billing requirements is considered industry standard billing and supported by guidance from MassHealth and the Centers for Medicare and Medicaid Services.

## Timeframe for standing orders

In alignment with current Tufts Health Plan requirements, 30-day standing orders will no longer be accepted for drug tests for Harvard Pilgrim commercial members. An individual order will be required for each date of service.

## Annual limits for urine drug testing update

Currently, Tufts Health Plan commercial products and Tufts Health Direct allow 20 presumptive tests (any combination) and 10 definitive tests to be billed within a 365-day period. As of date of service Feb. 1, 2024, this coverage will be updated to align with Harvard Pilgrim's policy of allowing a maximum of 20 urine drug tests (definitive or presumptive) **per calendar year** to be reimbursed.

For complete information, please refer to the Point32Health Urine Drug Testing Payment Policy ([Harvard Pilgrim, Tufts Health Plan](#)). ▲

***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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