

## Extension of authorization waiver for admission to MA sub-acute and rehab facilities

### All products

In our February newsletter, Point32Health announced that we were waiving prior authorizations for admissions from acute care hospitals to Massachusetts sub-acute care facilities and rehabilitation facilities for all applicable Harvard Pilgrim Health Care and Tufts Health Plan products (Commercial, Medicare Advantage/Senior Products, and Public Plans lines of business).

While the waiver was originally set to expire on April 1, 2024, we are extending the waiver until Aug. 1, 2024.

Point32Health instituted these temporary flexibilities to facilitate care coordination and expedite patient transitions to the proper care setting amid the severe capacity challenges impacting the Massachusetts health care system. This decision was made in support of guidance from the Massachusetts Executive Office of Health and Human Services (EOHHS) and the [Massachusetts Association of Health Plans](#).

You can read about the steps Point32Health is taking, as well as some responsibilities on the part of facilities in our network, in greater detail on the [MA prior authorization waiver page](#) on our Point32Health provider website. ▲

## Claims system upgrade for select Medicare products

### Tufts Health Plan Senior Care Options | Tufts Medicare Preferred HMO

As part of our ongoing commitment to operational improvement and consolidation of business processes, we will be conducting an upgrade of our claims systems for Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO), effective for dates of service beginning April 1, 2024.

There is no action for providers to take — please continue to submit your claims as you do today.

Paper checks and electronic funds transfers will be released on the same dates as previously. Please keep in mind that since claims for these products with dates of service prior to April 1 will process on the current claims system, providers may receive separate payments as claims runout occurs.

We will be closely monitoring the claims activity related to this system upgrade to support a smooth transition and will work with providers on any questions that may arise on claims settlement. ▲

## Pilot program offers in-home urgent care

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

Now, members of our senior products in Western Massachusetts (Hampshire and Hampden counties) and southern New Hampshire (Hillsborough and Rockingham counties) can opt to receive urgent medical care from the convenience of their homes.

In March, Point32Health began offering instED to members of our Tufts Medicare Preferred, Tufts Health Senior Care Options, Harvard Pilgrim Health Care Stride<sup>SM</sup> (HMO/HMO-POS) Medicare Advantage products.

InstED is an in-home urgent medical care provider that's staffed with nurses and physicians supporting a mobile paramedic network. An instED paramedic will travel to eligible Point32Health plan members seeking non-emergent medical attention and treat them in the comfort of their homes.

Patients experiencing common symptoms — including COVID and flu-like symptoms, migraine/headaches, back/joint pain, nausea/vomiting, edema, urinary tract infections, and more — can contact instED for an evaluation and home visit, anytime from 10 a.m. to 10 p.m., 365 days a year. While instED is appropriate for assessments and treatment of symptoms that do not warrant an emergency visit, or for times when an office visit isn't available, it is not appropriate for acute symptoms that require 911 response or instances when your patient can be seen in your practice promptly.

The paramedics are supported by an instED physician who collaborates virtually during the visit to diagnose and develop a treatment plan. The instED paramedics have medical equipment and supplies, point of care testing capabilities, and some first dose medications. The physician can order any pertinent lab tests and prescribe medication, as needed.

Providers can also contact instED on behalf of their eligible patients. To request a visit, patients or providers can visit [www.instED.us](http://www.instED.us), call 833-946-7833, or use the instED Provider App and Patient App on the Apple App or Google Play stores.

When a visit occurs, the instED team will document it in the instED Now app, which providers and Point32Health care managers can access. In addition, visit notes will be faxed to care managers and the patient's PCP via the patient's electronic medical record.

For more details, please refer to these resources: [FAQ](#), [provider resource sheet](#), and [provider brochure](#). ▲

## Jimmo Settlement: reminders and provider resources

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

The Centers for Medicare and Medicaid Services (CMS) recently issued a [memorandum](#) for Medicare Advantage Organizations (MAOs), which provides important clarifying information and valuable educational resources for MAOs such as Point32Health — and our contracted providers — related to the [Jimmo v. Sebelis Settlement Agreement](#) (January 2013).

We're sharing this information with our network as a reminder, to ensure that any providers who serve members of our Harvard Pilgrim and Tufts Health Plan Medicare Advantage plans are aware of the coverage requirements established by the Jimmo Settlement and are providing services in accordance with current Medicare policy.

The Jimmo Settlement clarified that under the Medicare program, skilled nursing and skilled therapy services are covered/appropriate **not only when a beneficiary is expected to improve**, but when these services are necessary to maintain the patient's current condition or prevent or slow further deterioration, as long as:

- the patient requires skilled care for the services to be safely and effectively provided.

- an individualized assessment of the patient’s clinical condition demonstrates that the specialized judgment, knowledge, and skills of a qualified therapist are necessary for the performance of a safe and effective maintenance program.

The recent memo from CMS offers links to a number of training and educational materials, which providers are encouraged to review for a better understanding of Medicare policies and coverage guidelines associated with the Jimmo Settlement.

Please keep in mind that this article and the recent CMS memo are not intended to constitute a change in Medicare policies, but rather to serve as a reminder of the clarifications and guidelines originally issued by the Jimmo Settlement in 2013. ▲

## Reminder: balance billing prohibited by Point32Health

### All products

We would like to remind providers who serve our Harvard Pilgrim Health Care and Tufts Health Plan members that Point32Health does not allow balance billing of our members, which is the attempted collection of fees for services other than a member’s applicable cost share amount.

You can find more detailed information about our billing policies and procedures, including the prohibition of balance billing, in the following sections of the Harvard Pilgrim and Tufts Health Plan Provider Manuals:

#### Harvard Pilgrim:

- [Collecting Member Payment](#) policy located in the Member Care section of the Commercial Provider Manual
- [Billing Members](#) policy in the Billing and Reimbursement section of the Stride<sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage Provider Manual

#### Tufts Health Plan:

- [Referrals, Prior Authorizations and Notifications section](#) of the Commercial Provider Manual
- [Claims Requirements, Coordination of Benefits and Dispute Guidelines section](#) of the Tufts Health Public Plans Provider Manual

## Rhode Island Medicaid billing reminder

Recent correspondence from the Rhode Island Executive Office of Health and Human Services (RI EOHHS) to health plans offered a reminder that balance billing is prohibited in Medicaid and our providers are not permitted to charge Medicaid beneficiaries (e.g., Tufts Health RITogether members) for covered services.

As outlined in the Charging Medicaid Beneficiaries section of RI EOHHS’ [Rhode Island Medicaid Provider Reference Manual](#), the Medicaid program reimbursement is considered payment in full, and the provider is not permitted to seek further payment from the beneficiary in excess of the Medicaid program rate.

Per the Rhode Island EOHHS correspondence, providers who continue to balance bill will not be permitted to participate in Rhode Island Medicaid. ▲

## Enrollment/screening for RI Medicaid providers

### Tufts Health RITogether

As a reminder, if you are a Rhode Island Medicaid provider who hasn’t completed screening and enrollment with the state Medicaid program, it’s important to do so to ensure that you can continue to participate in our Tufts Health RITogether network.

The 21<sup>st</sup> Century Cures Act requires that states screen and enroll all providers rendering services to Medicaid members, regardless of specialty.

We encourage unscreened providers to complete screening and enrollment with Rhode Island Medicaid as soon as possible — to allow you to receive reimbursement for Tufts Health RITogether members and to ensure you can remain in our Tufts Health Public Plans network in the future.

The application for enrollment/screening can be accessed directly on the [RI Medicaid Healthcare Portal](http://www.riproviderportal.org) (www.riproviderportal.org). You'll also find a Provider Enrollment User Guide there, and additional information can be found on the RI EOHHS website (<https://eohhs.ri.gov/providers-partners/provider-enrollment>).

If you have any other questions or concerns that are not answered by the Provider Enrollment User Guide, please contact the RI Medicaid Customer Service Help Desk at 800-964-6211. ▲

## Updates to medical drug claims editing logic

### All Tufts Health Plan Products | Harvard Pilgrim Health Care Commercial

As you likely know, Point32Health applies industry standard, compendia-supported claims editing logic to practitioner-administered drugs and biologicals — and the associated administration services under the medical benefit — based on indication, quantity, frequency, maximum units, and drug wastage.

We're always listening to feedback from our provider network and looking for ways to make your experience more seamless and efficient when doing business with us. To that end, we're updating this edit logic for Harvard Pilgrim Commercial products and all Tufts Health Plan products as of May 26, 2024 to remove edits related to age, lab tests, and drug therapy.

This update to claims editing logic will also apply for drugs associated with our OncoHealth medical management program. As a reminder, OncoHealth conducts medical review of chemotherapeutic protocols for Harvard Pilgrim Commercial members. For clinical and prior authorization criteria related to oncology medical drugs and protocols, refer to [OncoHealth's Harvard Pilgrim Prior Authorization Policies](#) page. ▲

## Utilization management update for home health care services

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

Point32Health is updating our utilization management requirements for home health care services, effective for dates of service beginning April 12, 2024, with the aim of maximizing the quality and efficiency of the care our members receive while minimizing the administrative burden on our providers.

#### Notification for initial 30 days of service

Currently, skilled services provided in the home (e.g., physical therapy, occupational therapy, and speech-language pathology services; social work visits; home health aides; skilled nursing; nutritional counseling) require prior authorization after the initial evaluation for Harvard Pilgrim and Tufts Health Plan Commercial plans. As of April 12, **these services will instead require notification for the first 30 days of service** — after the initial 30 days, prior authorization will be required for continuation of coverage.

We anticipate that this change will improve turnaround times and better facilitate the coordination of care, getting members out of the hospital and back home sooner so they can begin their at-home treatment protocols.

We've updated our Medical Necessity Guidelines (MNG) for [Home Health Care Services](#) to reflect this change.

Please keep in mind that while prior authorization and notification requirements for home health care services are changing as identified above, the methods of submitting a prior authorization or notification request are not; continue to submit those requests as you do today.

For guidance on submitting notifications and prior authorization requests, please refer to the [Referral, Notification and Authorization Policy in the Harvard Pilgrim Health Care Commercial Provider Manual](#) and the [Referrals, Prior Authorizations and Notifications section of the Tufts Health Plan Provider Manual](#).

## Proper claim submission reminder

As a reminder, consistent with proper billing practices, when submitting a notification or prior authorization request for home health care services, please report all requested services on one claim, rather than submitting multiple claims. ▲

## MNG update: Non-Emergency Medical Transportation

**Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Commercial | Tufts Health RITogether | Tufts Health Together**

We've developed integrated Point32Health Medical Necessity Guidelines for Non-Emergency Medical Transportation (Air and Ground), which will be effective for dates of service beginning June 1, 2024 and replace the following existing Harvard Pilgrim and Tufts Health Plan MNGs: Non-Emergency Medical Transportation (Air), Non-Emergency Medical Transportation (Ground), and Medical Transportation.

The MNG will be utilized for the review of all non-emergency medical transportation for Point32Health members.

As of the June 1 effective date, for Harvard Pilgrim members, we are expanding the list of origin and destination modifier combinations not requiring prior authorization to include the following:

- DH (Diagnostic or therapeutic site, other than P or H to Hospital)
- EH (Custodial facility to Hospital)
- GH (Hospital-based dialysis facility to Hospital)
- HD (Hospital to Diagnostic or therapeutic site, other than P or H)
- HG (Hospital to Hospital-based dialysis facility)
- HH (Hospital to Hospital)
- HJ (Hospital to Non-hospital dialysis facility)
- JH (Non-hospital dialysis facility to Hospital)
- HN (Hospital to Skilled nursing facility)
- NR (Skilled nursing facility to Residence)
- PH (Physician's office to Hospital)
- RH (Residence to Hospital)
- RN (Residence to Skilled nursing facility)

For Tufts Health Plan, HCPCS codes S9960 (Ambulance service, conventional air services, nonemergency transport, one way [fixed wing]) and S9961 (Ambulance service, conventional air service, nonemergency transport, one way [rotary wing]) will no longer be covered and will deny when billed.

For complete information, please refer to the Medical Necessity Guidelines for [Non-Emergency Medical Transportation \(Air and Ground\)](#). ▲

# Billing update for mental health center services

## Tufts Health Together

In support of ongoing efforts to meet the growing behavioral health needs of members in community-based settings, effective March 1, 2024, MassHealth has updated the minimum rates for certain services provided by mental health centers (MHCs), as outlined in Table 1 of [MCE Bulletin 108](#). When billing for these services, MHCs must use Place of Service 53 to indicate status as a community mental health center.

MHCs are providers enrolled with MassHealth as Provider Type 26 (mental health centers) that meet [130 CMR 429](#) criteria or are otherwise defined by the Executive Office of Health and Human Services (EOHHS).

Also effective March 1, 2024, mental health centers that are not designated as behavioral health urgent care centers (BHUCs) may bill for the services outlined in [Table 2 of the bulletin](#) using the GJ modifier, when they complete at least one of the following:

- A diagnostic evaluation for a new patient within one calendar day of the patient's request for an appointment, when initial intake indicates that the patient is presenting with an urgent behavioral health need
- An appointment for an existing patient with an urgent behavioral health need within one calendar day of the appointment request
- A psychopharmacology appointment and a medication for addiction treatment evaluation within 72 hours of an initial diagnostic evaluation, when a need is indicated by psychosocial assessment

Urgent behavioral health needs are characterized by MassHealth as changes in behavior or thinking, role dysfunction, and emerging intent of self-injury or threats to others without immediate risk of harm to self or others. Prior authorization for urgent care services is not required.

Non-BHUC MHC providers who bill for a service with the GJ modifier must also use Place of Service 53 to indicate status as a community mental health center — and include the following within their clinical documentation: the time of the patient's request for the appointment and/or the time of the initial diagnostic evaluation; the time of the appointment; and the urgent behavioral health need of the patient.

Non-BHUC MHC providers who bill for eligible services using modifier GJ and Place of Service 53 will receive an increased rate of reimbursement. Refer to Point32Health's updated [Outpatient Behavioral Health & Substance Use Disorder Payment Policy](#) for additional billing details. ▲

## Standard form for Applied Behavior Analysis prior authorization requests

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

If you provide Applied Behavior Analysis (ABA) services to Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, or Tufts Health Direct members, please be aware that in keeping with a recent Massachusetts [mandate](#), a standard form for requesting prior authorization for ABA services has been adopted. The form, which was developed collaboratively by state provider groups, associations, and insurance carriers, is available now and is mandated for use by April 15, 2024.

We've updated Point32Health's [Applied Behavioral Analysis Therapy and Habilitative Services for Autism Spectrum Disorders Medical Necessity Guidelines](#) to direct providers to the new [Massachusetts Standard Form For Applied Behavior Analysis Services Prior Authorization Requests\\*](#).

We encourage providers to submit prior authorization requests electronically, in which case the prior authorization form must be uploaded with the request. If, however, you prefer to submit a prior authorization request by fax, please complete the form and fax it to the appropriate number below.

- Harvard Pilgrim Health Care Commercial members: 800-232-0816
- Tufts Health Plan Commercial members: 617-673-0314
- Tufts Health Direct members: 888-977-0776

To request ABA prior authorization for Tufts Health Together members, continue using the [Autism Spectrum Disorder Services Prior Authorization Form](#).

\*While this form was developed for Massachusetts, providers in other states may also utilize this new standard form to submit ABA prior authorization requests for Harvard Pilgrim Health Care Commercial and Tufts Health Plan Commercial members. ▲

## Medication for Opioid Use Disorder: buprenorphine resources and training

### All products

According to the Centers for Disease Control and Prevention (CDC), more than 75% of the nearly 107,000 drug overdose deaths in 2021 involved an opioid — a 15% increase in opioid-related overdose deaths from the previous year. In response to the growing crisis, efforts include increasing the number of buprenorphine prescribers and expanding access to medication for opioid use disorder (MOUD), also known as medication assisted treatment (MAT).

Research shows that when combined with counseling and therapy, medications such as buprenorphine are effective in treating opioid use disorder (OUD), helping sustain recovery, and preventing or reducing opioid overdose. In recent years, prescribing buprenorphine has become simpler, with removal of the federal waiver requirement to prescribe the drug, along with an increase in the per-physician patient limit. In addition, buprenorphine is the first FDA-approved addiction treatment medication that can be prescribed or dispensed in an office-based setting — as opposed to a clinic or facility — by physicians, physician assistants, and nurse practitioners.

### Prescribing buprenorphine

If you have an up-to-date Drug Enforcement Administration (DEA) registration that includes Schedule III authority, you can prescribe buprenorphine for OUD. New or renewing DEA registrants must meet certain requirements, including training on opioid and other substance use disorders from an accredited organization. Refer to the Substance Abuse and Mental Health Services Administration (SAMHSA) [Waiver Elimination \(MAT Act\)](#) for details.

[Boston Medical Center's Grayken Center for Addiction Training and Technical Assistance](#) and the [Providers Clinical Support System \(PCSS\)](#) offer virtual MOUD training that meets the DEA course requirement.

For more information and educational opportunities, refer to:

- SAMHSA's [Buprenorphine Quick Start Guide](#) and [Pocket Guide](#)
- CDC's Buprenorphine for the Treatment of Opioid Use Disorder [training module](#)
- American Psychiatric Association's [Buprenorphine Provider Training](#)

### Point32Health guidelines and resources

Prior authorization to prescribe buprenorphine for eligible members may be required. We encourage providers to review Point32Health's [Opioid Dependence Medications Pharmacy Medical Necessity Guidelines](#) for more information.

For billing requirements, please refer to the [Harvard Pilgrim Health Care and Tufts Health Plan Commercial](#), [Tufts Health Plan Public Plans](#), and [Tufts Health Plan Senior Products](#) Behavioral Health and Substance Use Disorder Payment Policies.

We appreciate the hard work and dedication of our substance use treatment provider partners and look forward to our continued collaboration on behalf of all patients navigating the road to recovery! ▲

## Complex Care Management services

**Harvard Pilgrim Health Care Commercial | Harvard Pilgrim Stride (HMO) Medicare Advantage | Tufts Health Plan Commercial | Tufts Health Public Plans | Tufts Medicare Preferred**

Point32Health's Care Management Department provides complex care management services to help adult and pediatric members attain optimal health and achieve greater self-reliance in managing their health care. Our care managers provide systematic coordination and assessment of services using evidence-based clinical guidelines. Point32Health's complex care managers partner with community health workers, behavioral health care managers, and pharmacists to help coordinate care and access to services for members with multiple complex conditions.

Complex care management assists members with conditions such as chronic kidney disease, cancer, congestive heart failure, COPD, dementia, heart disease, asthma, diabetes, and a variety of rare diseases — as well as behavioral health conditions like depression/anxiety and serious and persistent mental illness. Care managers help patients avert the need for more intensive medical services by providing them with information tailored to their needs and stage of readiness.

Care management programs are available to members identified through:

- Algorithms based on medical, pharmacy, and/or radiology claim analysis
- Hospital discharge data
- Provider and case manager referral
- Self-referral
- Health risk appraisal

For more information about Point32Health's Complex Care Management program, including how to refer patients, email [requests\\_for\\_care\\_management@point32health.org](mailto:requests_for_care_management@point32health.org) or call 866-750-2068 for Harvard Pilgrim members; email [Priority\\_Care\\_Referrals@point32health.org](mailto:Priority_Care_Referrals@point32health.org) or call 888-766-9818 ext. 53532 for Tufts Health Plan members. In addition:

- For MA care management referrals, email [MA\\_CM\\_Referrals@point32health.org](mailto:MA_CM_Referrals@point32health.org)
- For RI behavioral health intensive clinical management referrals, email [RI\\_ICM\\_Referrals@point32health.org](mailto:RI_ICM_Referrals@point32health.org)

Members who wish to speak with a care manager can do so by calling the appropriate number below:

- Tufts Health Plan commercial: 888-766-9818 (TTY: 711), ext. 53532
- Tufts Health RITogether: 866-738-4116
- Tufts Health Together and Tufts Health Direct: 888-257-1985



## About Our Chronic Condition Management programs

**Harvard Pilgrim Health Care Commercial | Harvard Pilgrim Stride (HMO) Medicare Advantage | Tufts Health Plan Commercial | Tufts Medicare Preferred**

Point32Health takes a comprehensive approach to chronic condition management, focusing on patient-centered care that coordinates resources across the health care delivery system and throughout the life cycle of a disease.

Point32Health's chronic condition management programs include a range of components specifically designed to reinforce clinicians' treatment plans.

These programs assist patients with conditions such as asthma, COPD, heart failure, and diabetes by helping them better understand their condition, giving them new information about their disease, and providing them with assistance from clinical health educators and pharmacists who can help them manage their disease.

Patients identified as having a chronic condition such as diabetes, heart failure, or asthma are enrolled in chronic condition management programs through the following:

- Referrals by their physicians, case managers, and specialty care providers
- Medical and pharmacy claims analysis that identifies patients with appropriate diagnoses
- Self-referral
- Health risk appraisal

To enroll a Point32Health member into one of our programs, email [requests\\_for\\_care\\_management@point32health.org](mailto:requests_for_care_management@point32health.org) or call 866-750-2068 for Harvard Pilgrim; email [Priority\\_Care\\_Referrals@point32health.org](mailto:Priority_Care_Referrals@point32health.org) or call 888-766-9818 ext. 53532 for Tufts Health Plan. In addition:

- For MA care management referrals, email [MA\\_CM\\_Referrals@point32health.org](mailto:MA_CM_Referrals@point32health.org)
- For RI behavioral health intensive clinical management referrals, email [RI\\_ICM\\_Referrals@point32health.org](mailto:RI_ICM_Referrals@point32health.org)

Members who wish to speak with a care manager can do so by calling the appropriate number below:

- Tufts Health Plan commercial: 888-766-9818 (TTY: 711), ext. 53532
- Tufts Health RITogether: 866-738-4116
- Tufts Health Together and Tufts Health Direct: 888-257-1985



## Importance of screening for unhealthy alcohol use

### All products

Primary care visits provide a vital opportunity for providers to screen patients for unhealthy alcohol or substance use and identify those who could benefit from a brief intervention.

Unhealthy use of alcohol or other drugs can lead to a host of harmful health conditions, from injuries such as motor vehicle accidents to high blood pressure, heart disease, stroke, mental health issues such as depression and anxiety, and social problems such as family or job-related issues. However, brief interventions from primary care physicians (PCPs), including making a recommendation to cut back on drinking, have been shown to be effective in improving clinical outcomes.

### Conducting a screening and screening tools

In conjunction with National Alcohol Screening Day on April 11, and consistent with the [US Preventive Services Task Force \(USPSTF\) recommendation](#) on this topic, please consider screening for unhealthy alcohol and substance use in your adolescent and adult patients, if you don't do so already.

The CAGE questionnaire for adults is a four-question screening tool that helps to identify alcohol usage patterns that may reflect problems with alcohol:

1. Have you ever felt you should Cut down on your drinking or substance use?
2. Have people Annoyed you by criticizing your drinking or substance use?

3. Have you ever felt bad or Guilty about your drinking or substance use?
4. Have you ever had a drink or used substances first thing in the morning to steady your nerves or get rid of a hangover?

One “yes” answer suggests a possible substance use disorder. If there is a “yes” answer to two or more questions, it is highly likely that a problem exists and referral to a substance use disorder specialist may be the next step.

For screening adolescents for alcohol and drugs, consider utilizing [the CRAFFT screening tool](#), which was developed at Children’s Hospital in Boston.

### For more information

A variety of resources are available to assist your patients including:

- [Substance Abuse and Mental Health Services Administration](#)
- [National Council on Alcoholism and Drug Dependence, Inc.](#)
- Alcoholic Anonymous World Service Office: 212-870-3400
- [Smart Recovery](#)
- [Narcotics Anonymous \(NA\)](#)
- [Al-Anon/Alateen Family Groups](#)



## Point32Health Medical Necessity Guideline updates

### All products

The chart below identifies updates to our Medical Necessity Guidelines. For additional details, refer to the [Medical Necessity Guidelines page](#) on our Point32Health provider website, where you can find coverage and prior authorization criteria for our Harvard Pilgrim and Tufts Health Plan lines of business.

Updates to Medical Necessity Guidelines (MNG)			
To view these guidelines, visit the <a href="#">Medical Necessity Guidelines page</a> on our Point32Health provider website			
MNG Title	Products Affected	Eff. Date	Summary
Home Health Care Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial	4/12/2024	Skilled services provided in the home will no longer require prior authorization for the first 30 days of service, but rather will require notification. After the initial 30 days, prior authorization will be required for continuation of coverage.  Refer to <a href="#">this article</a> for more information.
Non-Emergency Medical Transportation (Air and Ground)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	6/1/2024	New integrated Point32Health MNG, which will replace the following existing Harvard Pilgrim and Tufts Health Plan MNGs: Non-Emergency Medical Transportation (Air), Non-Emergency Medical Transportation (Ground), and Medical Transportation.  For Harvard Pilgrim members, we are expanding the list of origin and destination modifier combinations not requiring prior authorization.  For Tufts Health Plan, HCPCS codes S9960 and S9961 will no longer be covered.  Refer to <a href="#">this article</a> for more information.

## Updates to Medical Necessity Guidelines (MNG)

To view these guidelines, visit the [Medical Necessity Guidelines page](#) on our Point32Health provider website

MNG Title	Products Affected	Eff. Date	Summary
Reconstructive and Cosmetic Surgery	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	4/1/2024	Prior authorization/coverage criteria specific to procedures for the treatment of lipedema (CPT 15878 and 15879) added to the MNG.
Surgical Procedures for Lymphedema	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	4/1/2024	Surgical Treatments for Lymphedema and Lipedema MNG renamed “Surgical Procedures for Lymphedema,” as this MNG now outlines coverage criteria for Limb Debulking Procedures only, in light of the above-referenced change to the Reconstructive and Cosmetic Surgery MNG.  Removed coverage limitation on liposuction for lipedema when performed for cosmetic purposes.
Balloon Dilation of the Eustachian Tube	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	4/1/2024	Minor criteria updates.
Bariatric Surgery	Tufts Health Together, Tufts Health One Care	4/1/2024	MNG updated with clarification that bariatric surgery is covered for Tufts Health Together members when performed at facilities that are either accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), a joint program of the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery, or have waiver status from MassHealth. You can find a listing of eligible hospitals and facilities <a href="#">here</a> .  Tufts Health One Care will now use MassHealth criteria for review, as opposed to the formerly utilized CMS criteria.
Cochlear Implants Endoscopic Sinus Surgery  Surgical Procedures for the Treatment of Obstructive Sleep Apnea	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	4/1/2024	Annual review of MNGs associated with the ENT and Radiology specialties (including <a href="#">NIA’s 2024 Clinical Guidelines</a> ), with no changes.



## Point32Health medical drug program updates

### All products

The chart below identifies updates to our medical benefit drug program. For additional details, refer to the Medical Necessity Guidelines associated with the medical drug in question, which you can find on our Point32Health (the parent company of Harvard Pilgrim Health Care and Tufts Health Plan) [Medical Benefit Drug Medical Necessity Guidelines page](#).

Alternatively, some medical drugs are managed through an arrangement with OncoHealth when utilized for oncology purposes for Harvard Pilgrim Commercial and Harvard Pilgrim Stride<sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage members. You can find information about this program on the [OncoHealth page](#) in the Vendor Programs section of the Harvard Pilgrim provider website and you can access the prior authorization policies for these drugs directly on [OncoHealth's webpage for Harvard Pilgrim](#).

Tufts Health Together utilizes MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs; for drug coverage and criteria refer to the [MassHealth Drug List](#).

Visit our new [Medical Drug Medical Necessity Guidelines page](#) to access these policies (*unless otherwise noted*).

New prior authorization programs			
MNG/Drugs	Plan	Eff. date	Summary
Adzynma	Harvard Pilgrim Commercial, Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care	4/1/2024	Prior authorization is now required for Adzynma (HCPCS J3590, C9167), approved in November 2023 for the treatment of thrombotic thrombocytopenic purpura.
Lyfgenia (lovotibeglogene autotemcel)	Harvard Pilgrim Commercial, Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	4/1/2024	Prior authorization is now required for Lyfgenia, an autologous hematopoietic stem cell-based gene therapy approved by the FDA in December 2023 for the treatment of patients 12 years of age or older with sickle cell disease and a history of vaso-occlusive events.
Casgevy (exagamglogene autotemcel)  For Tufts Health Together criteria, refer to <a href="#">the MassHealth Drug List</a> .	Harvard Pilgrim Commercial, Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	4/1/2024	Prior authorization is now required for Casgevy, an autologous genome edited hematopoietic stem cell-based gene therapy approved by the FDA in December 2023 for the treatment of sickle cell disease (SCD) in patients 12 years and older with recurrent vaso-occlusive crises.
Targeted Immunomodulators Skilled Administration	Harvard Pilgrim Commercial, Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care	4/1/2024	Prior authorization is now required for Omvoh (HCPCS J3590), approved in September 2023 for the treatment of ulcerative colitis, and for Tofidence (HCPCS Q5133), approved in September 2023 for the treatment of rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, and systemic juvenile idiopathic arthritis.

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Amondys 45	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether	6/1/2024
Exondys 51	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether	6/1/2024
Tzield (teplizumab-mzww)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether	6/1/2024

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Vyondys 53	Harvard Pilgrim Commercial, Harvard Pilgrim Stride <sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care	6/1/2024



## Pharmacy coverage changes

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

The chart below identifies updates to our Pharmacy program. For additional details, refer to the [Pharmacy Medical Necessity Guidelines page](#) on our Point32Health provider website, where you can find the policies that detail coverage criteria for our Harvard Pilgrim and Tufts Health Plan lines of business.

Visit the [Pharmacy Medical Necessity Guidelines page](#) on our Point32Health provider website for details.

Updates to existing prior authorization programs		
Drug/policy	Plan & additional information	Eff. date
Neupro	Tufts Health RITogether	6/1/2024
Non-Formulary Exceptions	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	6/1/2024
Ongentys, tolcapone COMT Inhibitors	Tufts Health RITogether	6/1/2024
Drug status changes		
Eucrisa Quantity Limit Exceptions	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct Quantity Limitations will be added to Eucrisa	6/1/2024



## Adalimumab biosimilar strategy for RITogether

[Tufts Health RITogether](#)

As previously communicated, effective April 1, 2024, the following FDA-approved adalimumab biosimilars have been added to the Tufts Health RITogether pharmacy formulary at preferred status with prior authorization:

- Adalimumab-adbm
- Adalimumab-fkjp
- Hadlima

All other available FDA-approved adalimumab biosimilars and the reference product Humira (adalimumab) will be non-preferred products and non-covered effective April 1, 2024. ▲

## Reminder: trastuzumab biosimilar strategy

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

Point32Health is offering a reminder pertaining to our biosimilar strategy for medical oncology drugs — specifically those in the trastuzumab drug class.

The preferred trastuzumab biosimilars for Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, and Tufts Health RITogether are Kanjinti and Trazimera.

As a reminder, prior authorization is required for all non-preferred trastuzumab products, which include Herceptin, Herceptin Hylecta, Ogivri, Herzuma, and Ontruzant.

For complete details, please refer to the following guidelines:

- Tufts Health Plan Trastuzumab
- Medicare Part B Step Therapy
- For Harvard Pilgrim’s commercial clinical criteria for Trastuzumab (and other) products, refer to the Harvard Pilgrim Prior Authorization Policies page on [OncoHealth’s website](#).



## Individual Consideration Services Payment Policy

[Tufts Health Direct](#) | [Tufts Health Together](#)

Point32Health maintains an Individual Consideration Services Payment Policy, which outlines billing and compensation for certain services which are denoted in the MassHealth Physician Manual as “individual consideration” — i.e., services for which MassHealth does not have an established compensation rate, or services which may not have an established rate for any other reason.

Point32Health covers medically necessary services in accordance with the member’s benefits and in accordance with provider contracts, when applicable.

The Individual Consideration Services Payment Policy is being updated to clarify its intent, and will apply to Tufts Health Direct (in addition to Tufts Health Together) claims for any service designated as “individual consideration” or without an established fee for any reason. Beginning June 1, 2024, for any covered service, any procedure code designated as being an “individual consideration” procedure code or any service for which a fee has not been established will be reimbursed based according to Medicare’s reimbursement methodology and the Tufts Health Plan fee schedules. When a rate does not exist, the service will be reimbursed at 35% of billed charges.

For more information, please refer to Point32Health’s updated [Individual Consideration Services Payment Policy](#).



## Point32Health integrates Acupuncture Payment Policy

**All products**

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

In connection with this work, we’ve created an integrated Point32Health Payment Policy for Acupuncture, replacing the previous Harvard Pilgrim Acupuncture Payment Policy and Tufts Health Plan Payment Policies.

As the integrated policy outlines, Point32Health reimburses for a maximum of three acupuncture service codes or a total of three units in any combination per visit.

For Senior products, the following also applies:

- Point32Health limits any combination of 20560-20561 (Needle insertion) or 97810-97814 (Acupuncture) when billed more than 20 times within a 12-month period by any provider.
- Providers should submit modifier KX to indicate medical necessity for all visits beyond the initial 12 visits.

For complete information, please refer to the [new Acupuncture Payment Policy](#). ▲

## Upcoming training opportunities

### All products

We invite you to join one of our many training sessions for you and your office staff. We will be offering several interactive webinars you can join throughout the month of April — if these don't fit your schedule, we offer educational videos on demand. To register for a session, simply find a training date that works for you on our [Provider Training page](#), click the link, and enter the requested information.

### Point32Health

- **Tools and resources for behavioral health providers:** Friday, April 5 from 9–10 a.m. ET
- **Navigating the provider websites:** Tuesday, April 23 from 10–11 a.m. ET
- **Provider payment disputes:** Wednesday, April 10 from 10–11 a.m. ET
- **Referrals, prior authorizations, and notifications overview:** Wednesday, April 17 from noon–1 p.m. ET

### Tufts Health Plan

- **Tufts Health Public Plans Overview:** Thursday, April 25 from 11 a.m.–noon ET
- **Tufts Health Plan Senior Care Options Overview:** Thursday, April 4 from noon–1 p.m. ET



***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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