

**COVID Information: Massachusetts Mobile Monoclonal Antibody Clinics**

With cases of COVID on the rise again, Massachusetts has established three state supported mobile units for monoclonal antibody treatment for high-risk individuals who have been exposed to or have COVID-19.

These new mobile clinics — which have the capacity to treat a combined 500 patients per week — are located in Everett, Fall River, and Holyoke. The treatment, which has been shown to be effective in reducing severity of disease and keeping COVID-19-positive individuals from being hospitalized, is free of charge for patients. However, a provider referral is required.

To refer a patient to one of these sites, complete an online [Monoclonal Antibody Report and Request Form](#). This form can be used to order monoclonal antibody therapy from a variety of sites, including the three mobile units. If you have any questions or want to refer a patient but are not able to complete the Provider Referral Form, please call the mobile clinic referral line at 508-974-3431.

If your health care facility, such as a long term care facility or other congregate setting, is experiencing an outbreak and may need onsite administration of monoclonal antibody therapy, email the Massachusetts Department of Public Health at [dph.bhcsq@mass.gov](mailto:dph.bhcsq@mass.gov).

For additional provider information on monoclonal antibody therapy, including a map of public sites, please visit the [Massachusetts Department of Public Health's website](#). ◆

**New and Updated Telehealth Place of Service Codes**

The Centers for Medicare and Medicaid Services (CMS) has instituted a new place of service (POS) code related to telehealth services, as well as revised the description of the existing POS code 02, and Harvard Pilgrim has updated our billing requirements related to commercial and Stride<sup>SM</sup> (HMO) Medicare Advantage members to reflect these changes.

These updates to telehealth POS coding are intended to better meet overall industry needs through greater specificity. Going forward, POS 02 will be used to report telehealth services rendered in a location other than the patient's home, whereas POS 10 will denote telehealth services rendered in the patient's home. The updated/new descriptions are as follows:

**POS 02: Telehealth Provided Other than in Patient's Home**

The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

**POS 10: Telehealth Provided in Patient's Home**

The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

For correct coding, please report all telemedicine/telehealth claims with either POS 02 or POS 10, depending on the setting in which the visit was conducted.

**New telemedicine/telehealth modifiers**

CMS has also developed the following new modifiers, which are now available:

- FQ – The service was furnished using audio-only communication technology
- FR – The supervising practitioner was present through two-way, audio/video communication technology

To promote further specificity and paint a more accurate picture of the telehealth encounter, you can supplement POS 02 or POS 10 with the appropriate modifier.

For more information, please refer to Harvard Pilgrim's updated [Interim Telemedicine/Telehealth Payment Policy \(COVID-19 Pandemic\)](#).

*Editor's note 1/7/2022: Article updated for clarification on use of POS 02 and POS 10 in claims. ◆*

**HEDIS 2022 Coming Soon: Your Cooperation is Crucial**

Each year, the National Committee for Quality Assurance (NCQA) measures the clinical quality performance of health plans across the nation. The assessment in the NCQA's standardized measurement criteria — known as the Healthcare Effectiveness Data and Information Set (HEDIS) — includes considerations such as 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.

In the next few weeks, you may receive a letter or a phone call from a Harvard Pilgrim representative requesting copies of medical records for specific patients related to the HEDIS project. We appreciate your assistance in providing us access to these records or in sending copies of the requested documentation to us for our review. You can be assured that our staff will maintain confidentiality of all medical information as required by HIPAA regulations. Your help is crucial to the project, as every medical record counts, and your prompt response will ensure that Harvard Pilgrim's HEDIS measures accurately represent the high quality of care you provide to our members.

With this in mind, be sure to look out for the bright yellow HEDIS envelope in late January; if you have any questions about the HEDIS process, please call the HEDIS help line at 866-637-3337. ◆

**Important Reminder: Use of Non-Participating Ambulance Providers**

Using ground ambulance services that do not participate in Harvard Pilgrim’s network can result in higher out-of-pocket costs for your patients, affect risk-sharing arrangements, and increase the overall cost of health care premiums. As a reminder, it’s important to use a Harvard Pilgrim contracted ambulance provider when coordinating ground ambulance services for our members, including transportation between facilities, such as hospitals, skilled nursing facilities, and rehab facilities. Please avoid using non-participating ambulance providers for Harvard Pilgrim members for nonemergent medical transportation.

In addition, Harvard Pilgrim would also like to make you aware that as of Jan. 1, 2022, **Fallon Ambulance will no longer participate in our ambulance network in Massachusetts.**

Because network participation may change, please refer to our [Provider Directory](#) to be certain that you are using a participating provider when coordinating ground ambulance services. Thank you for working with Harvard Pilgrim to help contain costs and better serve our members. ◆

**OncoHealth Medical Drug Policy Review**

As you are likely aware, OncoHealth (formerly Oncology Analytics) conducts medical review of oncology and radiation treatment plans, including medical drugs used for chemotherapy as well as support and symptom management drugs.

Harvard Pilgrim has conducted an annual review of the following OncoHealth medical drug policies:

<b>OncoHealth Drugs</b>		
Abraxane	Adcetris	Akynzeo
Aloxi	Bavencio	Bevacizumab
Blincyto	Cinvanti	Cryamza
Darzalex and Darzalex Faspro	Doxil	Emend IV
Empliciti	Enhertu	Erbitux
ESA	Extended WBC growth factors	Herceptin Hycela
Imfinzi	Immune Globulins	Kadcyla
Keytruda	Lanreotide	Levoleucovorin
Libtayo	Lutathera	Marqibo
Nplate	Opdivo	Provence
Rituxan Hycela	Rituxumab products	Short Acting Growth Factors

Sustol	Tecentriq	Trastuzumab products
Vectibix	Xgeva	Xofigo
Yervoy		



**Update to Non-Covered Services**

As of Jan. 1, 2022, Harvard Pilgrim has added the following recently released codes to our New Technology Assessment and Non-Covered Services Medical Policy, and they will be considered non-covered:

0285U	0286U	0289U
0290U	0291U	0292U
0293U	0294U	0296U
0297U	0298U	0299U
0300U		

In addition, effective for dates of service beginning March 1, 2022, we are adding the following codes to the policy, which will be considered experimental/investigational and will no longer be covered as of that date:

K1021	K1023	K1024
K1025	K1027	Q4251
Q4252	Q4253	0258U
0260U	0262U	0264U
0265U	0266U	0267U
0268U	0269U	0270U
0271U	0272U	0273U
0274U	0276U	0277U
0278U	Q4228	Q4236

For complete details, please refer to the updated [New Technology Assessment and Non-Covered Services Medical Policy](#).

**Mohs Micrographic Surgery Medical Policy Update**

Harvard Pilgrim maintains a commercial policy for the medical management of Mohs micrographic surgery, which is a specialized surgical technique for the thorough removal of complex and ill-defined skin cancers.

The policy outlines the specific criteria that must be met for Mohs micrographic surgery to be covered for certain indications, and effective March 1, 2022, the procedure will only be considered reasonable and medically necessary when performed by a dermatologist certified by the American College of Mohs Surgery.

For complete information, please refer to the updated [Mohs Micrographic Surgery Medical Policy](#). ◆

**New Medical Policies**

Harvard Pilgrim has developed the following new policies for commercial medical review, and prior authorization is not required:

- [Percutaneous Left Atrial Appendage Closure to Reduce Stroke Risk in Patients with Atrial Fibrillation \(Watchman™ Device\) Medical Policy](#)
- [Fecal Microbial Transplant \(FMT\) for Clostridium Difficile Infection Medical Policy](#)

Please refer to the respective medical policies for complete details, including coverage criteria, exclusions, required documentation, and coding information. ◆

**Tumor Treating Fields Medical Policy Update**

Effective for dates of service beginning March 1, 2022, Harvard Pilgrim is updating our commercial medical policy for electric tumor treating field devices to require prior authorization for HCPCS code A4555 (Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only). For complete information, including updated coverage criteria for initial and recurrent treatment, please refer to the [Tumor Treating Fields Medical Policy](#). ◆

**Pharmacy and Therapeutics Committee Meeting Update**

At the December 13, 2021 meeting, the Harvard Pilgrim Pharmacy & Therapeutics Committee reviewed the medications below and decided the following:

Name & Indication	Decision
<p><b>Orladeyo</b> (berotralstat) – Indicated for prophylaxis to prevent attacks of hereditary angioedema (HAE)</p>	<p><b>Premium and Value formularies:</b> Non-preferred specialty brand with prior authorization</p>

<p>in adults and pediatric patients 12 years of age and older.</p>	<p><b>Core NH formulary:</b> Remain Non-Formulary</p> <p><b>Medicare Advantage formulary:</b> Remain Non-Formulary</p>
<p><b>Lupkynis</b> (voclosporin) – Indicated in combination with a background immunosuppressive therapy regimen for the treatment of adult patients with active lupus nephritis (LN).</p>	<p><b>Premium and Value formularies:</b> Remain Non-Formulary</p> <p><b>Core NH formulary:</b> Remain Non-Formulary</p> <p><b>Medicare Advantage formulary:</b> Remain Non-Formulary</p>



**Specialty Pharmacy Program Updates**

Harvard Pilgrim’s Specialty Pharmacy Program has added the following medications:

Name	Indication	Coverage	Available From
Tepmetko (tepotinib)	Treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) harboring mesenchymal-epithelial transition (MET) exon 14 skipping alterations.	Pharmacy	Biologics by McKesson
Ukoniq (umbralisib)	Treatment of adult patients with relapsed or refractory marginal zone lymphoma (MZL) and follicular lymphoma (FL).	Pharmacy	Onco360
Fotivda (tivozanib)	Treatment of adult patients with relapsed or refractory advanced renal cell carcinoma (RCC) following two or more prior systemic therapies.	Pharmacy	Onco360
Hetlioz (tasimelteon) oral suspension	Treatment of nighttime sleep disturbances in SMS in pediatric patients 3-15 years of age.	Pharmacy	Diplomat

Nyvepria (pegfilgrastim-apgf)	Indicated to decrease the incidence of infection, as manifested by febrile neutropenia in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.	Pharmacy	CVS Specialty
Truseltiq (infigratinib)	Treatment of adults with previously treated, unresectable locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement as detected by an FDA-approved test.	Pharmacy	US Bioservices Specialty Pharmacy or Biologics by McKesson
Lumakras (sotorasib)	Treatment of adult patients with KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC), as determined by an FDA-approved test.	Pharmacy	CVS Specialty
Enspryng (satralizumab)	Treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive.	Pharmacy	CVS Specialty



**Reminder: Harvard Pilgrim’s Medicare Advantage Plans in MA and ME**

As we [announced in the Oct. issue of Network Matters](#), as of Jan. 1, 2022, Harvard Pilgrim Health Care is no longer offering Stride<sup>SM</sup> (HMO) Medicare Advantage plans in Massachusetts and Maine. We continue to offer Stride<sup>SM</sup> in New Hampshire. Massachusetts Stride<sup>SM</sup> members had the opportunity to enroll in Tufts Medicare Preferred, which has earned 5 out of 5 stars from the Centers for Medicare and Medicaid Services (CMS) for an unprecedented 7th year in a row — and 7 of 10 former Massachusetts Stride<sup>SM</sup> members chose a Tufts Medicare Preferred plan for coverage this year. You can access coverage information for these members via the [Tufts Health Plan provider portal](#). ◆

**Network Matters is a monthly newsletter for the Harvard Pilgrim provider network**  
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