

Modifier updates

Effective January 1, 2021 the HPI Medical Claims Policies will be updated to incorporate existing and new modifiers. The existing 63 modifier will be updated. A detailed list of changes will be available on the Provider Portal on the [Fee Schedules update](#) page. You can find link to the Fee Schedule updates page when logged on located in your Library menu (login, Library, Fee Schedule Updates).

Medical Policy updates – 9/1/2020

MEDICAL AND DURABLE MEDICAL EQUIPMENT (DME) & MEDICAL DENTAL COVERAGE POLICY

Please read this list of new or revised HealthPartners coverage policies. HealthPartners coverage policies and related lists are available online at healthpartners.com (path: Provider/Coverage Criteria). Upon request, a paper version of revised and new policies can be mailed to clinic groups whose staff does not have Internet access. Providers may speak with a HealthPartners Medical Director if they have a question about a utilization management decision.

Coverage Policies	Comments / Changes
Vitamin D testing	<p>Effective immediately:</p> <p>Coverage of vitamin D testing is extended to certain pregnancy-related testing. Refer to online policy for complete list of covered indications.</p>
Genetic testing: Cancer management	<p>Effective 1/1/2021, revisions include:</p> <ul style="list-style-type: none"> Clarification of genes that are eligible for targeted multiple-gene testing of certain cancers. When testing with OncotypeDx Breast Recurrence Score® (Exact Sciences Corporation), axillary lymph nodes must be free of cancer. <p>All of the following information must be provided with any prior authorization request:</p> <ul style="list-style-type: none"> A description of the test, including a list of all genes (or other genetic-related material) that the test will evaluate. The name of the physician or healthcare provider who ordered the test. The name of the laboratory that is performing the test. The name of the laboratory, clinic, or other facility that will bill for the test. All procedure codes that will be billed related to the entire test.
Home phototherapy	<p>Effective immediately:</p> <p>Prior authorization is no longer required for multidirectional light therapy systems/cabinet units for home ultraviolet B (UVB) phototherapy (E0694) and replacement bulbs/lamps (A4633).</p> <p>Covered diagnoses remain psoriasis, atopic dermatitis (atopic eczema), mycosis fungoides, and vitiligo. All other indications are non-covered.</p>

Contact the Medical Policy Intake line at **952-883-5724** for specific patient inquiries.