

Pharmacy Customer Service is available to providers (physicians and pharmacies) 24 hours per day and 365 days per year.

- Fax – **952-853-8700** or **1-888-883-5434** Telephone – **952-883-5813** or **1-800-492-7259**
- HealthPartners Pharmacy Services, 8170 33rd Avenue South, PO Box 1309, Mpls, MN 55440

HealthPartners Customer Service is available from 8 AM – 6 PM Central Time, Monday through Friday, and 8 AM – 4 PM Saturday. After hours calls are answered by our Pharmacy Benefit Manager.

For additional information, please contact [healthpartnersclinicalpharmacy@healthpartners.com](mailto:healthpartnersclinicalpharmacy@healthpartners.com).

## Medical Policy Updates – 02/01/2024

### MEDICAL, BEHAVIORAL HEALTH, 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](http://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
Upper airway/hypoglossal nerve stimulation therapy for obstructive sleep apnea	<ul style="list-style-type: none"> <li>• Effective immediately, policy revised.</li> <li>• Two new criteria sections added into policy:               <ul style="list-style-type: none"> <li>○ Addition of criteria for member subset aged 13 to 18 diagnosed with Down syndrome and OSA.</li> <li>○ Addition of criteria for member subset aged 18 to 22 seeking treatment of OSA when adenotonsillectomy has failed or is contraindicated.</li> </ul> </li> <li>• See published policy online for complete details.</li> </ul>
Sacroiliac joint pain treatment procedures	<ul style="list-style-type: none"> <li>• Effective immediately, policy revised.</li> <li>• A new criteria set for diagnostic repeat injections has been added to the policy.</li> <li>• See published policy online for details.</li> </ul>
Medicare – Percutaneous vertebral augmentation for osteoporotic vertebral compression fracture	<ul style="list-style-type: none"> <li>• This is a clarification only. Prior authorization is specific to osteoporotic vertebral compression fracture.</li> </ul>
Breast Surgery	<ul style="list-style-type: none"> <li>• Effective April 1, 2024, policy revised.</li> <li>• Indication added under Implant Removal and/or Replacement:               <ul style="list-style-type: none"> <li>○ Treatment of breast implant-associated squamous cell carcinoma (BIA-SCC)</li> </ul> </li> <li>• Indication added under Indications that are not covered:               <ul style="list-style-type: none"> <li>○ Prophylactic removal of breast implants is considered not medically necessary in the absence of symptoms, imaging, or pathologic confirmation that would support a diagnosis of BIA-SCC.</li> </ul> </li> </ul>

Coverage Policies	Comments / Changes
Genetic testing – oncology – molecular analysis of solid tumors and hematologic malignancies	<ul style="list-style-type: none"> <li>Effective April 1, 2024, policy revised. <ul style="list-style-type: none"> <li>Prior authorization is required for Tumor-Type Agnostic Solid Tumor Molecular Profiling Panel Tests.</li> </ul> </li> </ul>
Genetic testing – gastroenterologic disorders (non-cancerous)	<ul style="list-style-type: none"> <li>Effective April 1, 2024, policy revised. <ul style="list-style-type: none"> <li>Prior authorization is required for genetic testing for Celiac Disease.</li> </ul> </li> </ul>
Genetic testing – pharmacogenetics	<ul style="list-style-type: none"> <li>Effective April 1, 2024, policy revised. <ul style="list-style-type: none"> <li>Prior authorization is required for HLA Variant Analysis.</li> </ul> </li> </ul>

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

## Behavioral Health Home Services providers

### NOTIFICATION OF ELIGIBILITY REQUIREMENT

All Behavior Health Home (BHH) services providers are required to notify HealthPartners as soon as possible after a member has initiated BHH services, per the [DHS manual](#).

BHH services providers must send a completed copy of the [Notification of Eligibility for Behavioral Health Home \(BHH\) Services Form \(DHS-4797-ENG\)](#) to the HealthPartners designated contact. BHH services providers should consult the [BHH services MCO Contact Information Document](#) to obtain the appropriate HealthPartners contact information.

This information is also available on the [HealthPartners Provider Portal](#).

## Medical and Behavioral Health authorizations

Starting in April 2024, prior authorization requests for medical and behavioral health services will be submitted via CareAffiliate, HealthPartners new platform for online prior authorizations. Just log into your Provider portal account as always to start your authorization request and you will be automatically routed to the CareAffiliate application. Training materials on how to use CareAffiliate will also be available online.

A HealthPartners Provider Portal account is required to access online prior authorizations. If you do not have a HealthPartners Provider Portal account, please register by visiting [healthpartners.com/provider](https://healthpartners.com/provider) and clicking on “[Register Here.](#)”

If you have questions regarding the content of this newsletter, please contact the person indicated in the article or call your HealthPartners Service Specialist. If you don’t have his/her phone number, please call **952-883-5589** or toll-free at **888-638-6648**. This newsletter is available online at [healthpartners.com/fastfacts](https://healthpartners.com/fastfacts).

**Fast Facts Editor:** Mary Jones