

Initial credentialing process

HealthPartners requires all Minnesota-based clinics to submit *initial* credentialing applications through the ApplySmart system. Clinics in Wisconsin, Iowa, North Dakota and South Dakota may use ApplySmart, or they may continue submitting paper applications. Initial applications submitted by Minnesota clinics by paper, fax or email may be returned to the submitter.

If you have questions or concerns about this requirement, please contact Marilee Forsberg at **(952) 883-6210** or at **marilee.j.forsberg@healthpartners.com**.

If you do not have an ApplySmart account, **Get Started** now (*path: mncred.org/getstarted.aspx*).

If you have questions about the ApplySmart system, contact **supportmcc@credentialsmart.net** or call **847-425-4616**.

Medical Policy Updates – 7/1/18

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
Proton Beam Therapy	Effective immediately – Indications covered now include hepatocellular cancer and malignancies in children age 21 and younger.
Cardiac event monitoring	Effective immediately, policy revised. <ul style="list-style-type: none">Standard cardiac monitoring prior to implantable loop recorder (ILR) placement is no longer required to last for 30 days.“Palpitations” added to list of symptoms eligible for evaluation using ILR.Clarified that for syncope, dizziness or palpitations, ILR may be covered when suspected arrhythmia is not detected with standard cardiac monitoring or when symptoms are infrequent and thus are unlikely to be found using non-implantable ambulatory event monitoring or mobile cardiac outpatient telemetry (MCOT).Clarified that MCOT and ILR can also be ordered by a neurologist, electrophysiologist, physician assistant or nurse practitioner supervised by one of these specialties.Clarified and reordered language in MCOT section so it is apparent which criteria must be met for coverage of MCOT.

Coverage Policies	Comments / Changes
Breast Surgery	<p>Effective 9/1/2018, policy revised.</p> <ul style="list-style-type: none"> Added the following clarifying statement to policy: Requests for reconstructive breast surgery for congenital syndromes that are directly associated with the absence of breasts (e.g., ectodermal dysplasia), for which member has tried and failed conservative treatment measures (such as appropriate hormone therapies where considered a standard of care), are reviewed on a case by case basis by a medical director. The prior authorization requirement for Poland syndrome was removed. Breast reconstructive surgery is covered for members with a diagnosis of Poland syndrome. Criterion #3 was revised to state that “Additional reconstructive surgeries beyond an initial covered reconstructive surgery unless: B.) the initial reconstruction resulted in a medically adverse outcome.” Criterion #3 under Implant Removal was revised to state that “Removal of silicone implants is covered when there is documented evidence of leaking causing medical complications.”
Pneumatic Compression Devices	<p>Effective 9/1/2018, policy revised.</p> <p>The following statement replaces the statement about cold compression therapy: “Devices that deliver heat and/or cold compression therapy are not covered. Therapy administered with these devices has not been proven to be any more effective than traditional delivery of heat/cold and compression (e.g., heating pads, ice packs, compression wraps); therefore, these devices are considered convenience items.” Policy title was changed from Pneumatic Compression Devices to Pneumatic Compression Devices and Heat/Cold Therapy Units.</p>
Pneumatic Compression Devices and Heat/Cold Therapy Units – Minnesota Health Care Programs	<p>Effective immediately, policy developed to reflect Minnesota Health Care Programs (MHCP) provider manual criteria.</p>
Pneumatic Compression Devices and Heat/Cold Therapy Units – Medicare	<p>Effective 6/1/18, policy revised to reflect CMS criteria for a water circulating heating pad system. Policy was retitled Pneumatic compression devices and heat/cold therapy units.</p>
Oral Appliances for Sleep Disorders – Minnesota Health Care Programs	<p>Effective immediately, MHCP policy created to reflect DHS coverage criteria.</p>
DME Benefits Grid	<p>In-exsufflation devices and standing frames/stander added as covered items.</p> <p>mySentry™ remote glucose monitor added as a non-covered convenience item.</p>
Hospital beds – commercial	<p>Coverage criteria has not changed. This section has been reordered and some redundancy has been removed.</p>
In-exsufflation devices	<p>Effective immediately, policy is retired. Item was moved to the DME Benefits Grid as covered.</p>

Coverage Policies	Comments / Changes
Genetic Testing	Effective 9/1/18 – Genetic testing continues to require prior authorization unless otherwise noted. Coverage policy has been revised to clarify noncoverage of the following: genetic testing ordered by a provider other than a licensed healthcare provider or physician, direct-to-consumer genetic testing, comparative analysis using short tandem repeat (STR) markers, genetic testing for acquired disorders, repeat testing, and testing that includes genes not associated with the condition under evaluation. These are considered not medically necessary.
Ankle replacement surgery	Effective 9/1/2018, policy revised. Criteria have been updated to require the following supporting clinical documentation: Reports of radiographic studies such as CT, MRI or x-rays that confirm one of the covered conditions. Clinical information documenting at least 6 months of specific conservative therapies tried and failed, such as physical therapy, medication, injections and/or orthotic devices.
Ambulance and medical transportation	Effective immediately, policy revised. Coverage criteria added for ground transportation. Prior authorization is not required for ground transportation. <ul style="list-style-type: none"> • Transfers from a hospital or at home to other facilities by ground ambulance when medical supervision is required en route. • Transfers by ground ambulance when the first hospital does not have the required services or facilities to treat the patient.

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

BEHAVIORAL HEALTH

Coverage Policies	Comments / Changes
Adult Mental Health Residential Services Coverage Criteria – Commercial	Effective 9/1/2018, new policy. <ul style="list-style-type: none"> • All residential services require prior authorization. • HealthPartners follows the MCG Health Behavioral Health Care 22nd Edition Copyright © 2018 MCG Health, LLC. Please contact the Behavioral Health Department at 952-883-7501 for a copy.

Pharmacy Policy updates – 7/1/18

HEALTHPARTNERS DRUG FORMULARY

Reminder: Changes for Commercial and State Programs include several updates for opioid medications, starting July 2, 2018:

1. The first opioid prescription for members will be limited to a 7-day supply.
Members starting therapy with opioid medications are also limited to a 14-day supply per episode. This limit is intended to allow one refill. Prior authorization is required for longer therapy.
2. The cumulative daily dose of opioids will be limited.
This expands our current dose limit to include all opioid prescriptions. Current limits are for individual drugs and allow multiple prescriptions. This expansion “rolls up” the dose limit to include all opioid medications. Prior authorization is required when the cumulative opioid dose is equal or greater than 90 morphine-equivalents per day.
3. Long-acting opioids will require prior authorization for members with new prescriptions.
4. Codeine and tramadol is nonformulary for younger children \leq age 11.
5. Codeine cough syrups are nonformulary for younger children \leq age 17.

Please see the formulary for details and a complete list at healthpartners.com/formularies.

COMMERCIAL AND STATE PROGRAMS

These changes will be effective July 2018:

- Apalutamide (Erleada) for nonmetastatic prostate cancer will be reserved for members meeting the FDA labeling and with a PSA doubling time of <10 months (per clinical trial).

Quarterly Formulary updates and additional information such as Prior Authorization and Exception Forms, Specialty Pharmacy information and Pharmacy and Therapeutics (P&T) Committee policies are available at healthpartners.com/provider/admin_tools/pharmacy_policies, including the **Drug Formularies** (*path: healthpartners.com/formularies*).

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.

PHARMACY MEDICAL POLICIES

Coverage Policies	Comments / Changes
<p>Buprenorphine injectable (Sublocade)</p>	<p>Adding a new medical policy, reserving for patients unable to use oral therapy.</p> <p>This includes patients unable or unwilling to use oral therapy, and patients for whom the provider has concerns about diversion.</p> <p>Claims received without prior authorization may be denied after 7/1/2018.</p>
<p>Eteplirsen (Exondys 51)</p> <p><i>(path: healthpartners.com/public/coverage-criteria/policy.html?contentid=ENTRY_191266)</i></p>	<p>Revised policy, adding clinical criteria to be met prior to payment. See coverage policy for detailed criteria.</p> <p>Requires prior authorization from Pharmacy Administration.</p> <p>Claims received without prior authorization may be denied after 1/1/2017.</p>
<p>Nusinersen (Spinraza)</p> <p><i>(path: healthpartners.com/public/coverage-criteria/policy.html?contentid=ENTRY_191273)</i></p>	<p>Revised policy, adding coverage for patients with Types 1, 2 and 3 symptomatic disease prior to 12 years of age at initiation of treatment. Additional criteria must be met; see coverage policy for detailed criteria.</p> <p>Requires prior authorization from Pharmacy Administration.</p> <p>Claims received without prior authorization may be denied after 1/1/2017.</p>
<p>Recently FDA-Approved Medications Coverage Policy</p> <p><i>(path: healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_046122)</i></p>	<p>Prior authorization from Pharmacy Administration is required for newly approved, professionally-administered specialty medications.</p> <p>Click HERE* for a complete and up-to-date list of drugs impacted by the policy or visit healthpartners.com.</p> <p><i>*(path: healthpartners.com/ucm/groups/public/@hp/@public/@cc/documents/documents/dev_058782.pdf)</i></p> <p>As drugs are approved for use, Pharmacy Administration will identify impacted drugs. Effective dates of the prior authorization requirement for each drug will be clearly stated. This list of impacted drugs is subject to updates without further notice.</p> <p>Claims received without prior authorization may be denied effective 1/1/2012, as this policy was published in November 2011.</p>