

# Clinician information on race, language, ethnicity and cultural competencies

## HELP SUPPORT DIVERSITY IN OUR COMMUNITY

Please share your information with us, on a voluntary basis, about your race, ethnicity and cultural competencies so we can have this information available when members seek help with finding providers for care.

The information will be used to:

- Assist members requesting specific types of provider attributes from HealthPartners Nurse Navigators and Member Services staff.
- Ensure our provider network represents the diversity within our communities.

You have the option to let us know if you do not want your information displayed in our directories.

We hope clinicians in your practices will complete the online [CLINICIAN INFORMATION FOR DIVERSITY AND HEALTH EQUITY FORM](#) to support our ethnically, racially and culturally diverse communities.

## New online claim adjustment and claim appeal status

Review the status of your claim adjustments and claim appeals online through the provider portal. Log in and select Claim Adjustments and Appeals from your applications menu to get started. Claim adjustments and claim appeals can be found by member, claim number or request number. Don't have the app yet? Please contact your delegate for assistance.

## New Technology Committee

The HealthPartners New Technology Committee meets quarterly to evaluate new and upcoming medical technologies. Please contact us if you have a suggestion of new topics for us to consider. Comments or examples of new technologies of interest may be sent via email to [newtechnology@healthpartners.com](mailto:newtechnology@healthpartners.com).

## Medical Policy updates – 07/01/2024

### 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). 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
Genetic testing: dermatologic conditions	<ul style="list-style-type: none"> <li>• Effective immediately, policy revised.               <ul style="list-style-type: none"> <li>○ Known Familial Variant Analysis for Dermatologic Conditions criteria section removed from policy. Criteria for this type of testing is now located in the Genetic testing: general approach to genetic and molecular testing policy.</li> <li>○ Epidermolysis Bullosa Multigene Panels criteria section removed from the policy.</li> <li>○ Removed one requirement from the Congenital Ichthyosis Multigene Panels criteria section:                   <ul style="list-style-type: none"> <li>▪ The panel includes, at a minimum, the following genes: <i>ABCA12</i>, <i>SLC27A4</i>, and <i>TGM1</i>.</li> </ul> </li> </ul> </li> </ul>

Coverage Policies	Comments / Changes
Genetic testing: cardiac disorders	<ul style="list-style-type: none"> <li>• Effective immediately, policy revised.               <ul style="list-style-type: none"> <li>○ Known Familial Variant Analysis for Cardiac disorders criteria section removed from policy. Criteria for this type of testing is now located in the Genetic testing: general approach to genetic and molecular testing policy.</li> <li>○ For Familial Hypercholesterolemia panels, the requirement that a member require the testing in order to be eligible for specialty medications (e.g., PCSK9 inhibitors) has been removed.</li> <li>○ Left Ventricular Non Compaction Cardiomyopathy (LVNC) panels criteria section removed from the policy.</li> </ul> </li> </ul>
Genetic testing: hereditary hearing loss	<ul style="list-style-type: none"> <li>• Effective immediately, policy revised               <ul style="list-style-type: none"> <li>○ Known Familial Variant Analysis for hereditary hearing loss criteria section removed from policy. Criteria for this type of testing is now located in the Genetic testing: general approach to genetic and molecular testing policy.</li> </ul> </li> </ul>
Genetic testing: hematologic disorders (non-cancerous)	<ul style="list-style-type: none"> <li>• Effective immediately, prior authorization no longer required for the following:               <ul style="list-style-type: none"> <li>○ HBA1/HBA2 variant analysis</li> <li>○ F9 variant analysis for hemophilia</li> </ul> </li> <li>• Please see posted policy online for additional details.</li> </ul>
Home sleep apnea testing – Minnesota Health Care Programs	<ul style="list-style-type: none"> <li>• Effective 04/30/2024, policy retired.</li> </ul>
Hospital bed – Minnesota Health Care Programs	<ul style="list-style-type: none"> <li>• Effective immediately, policy revised.               <ul style="list-style-type: none"> <li>○ Under the “Indications that are not covered” section, “technology hub” was added to the list of accessories not covered for enclosed beds to align with DHS Provider Manual guidance.</li> </ul> </li> </ul>
Gynecomastia surgery	<ul style="list-style-type: none"> <li>• Effective immediately, the definition of gynecomastia has been updated to the following definition:               <ul style="list-style-type: none"> <li>○ Gynecomastia is the presence of an abnormal development of glandular breast tissue in individuals assigned male at birth. Breast development may be bilateral or unilateral.</li> </ul> </li> </ul>
Surgical treatments for lipedema and lymphedema	<ul style="list-style-type: none"> <li>• Effective 9/1/2024, policy revised.               <ul style="list-style-type: none"> <li>○ The “Indications that are not covered” section has been updated.                   <ul style="list-style-type: none"> <li>▪ Item #2 has been updated to state the following: “Procedures listed above for treatment of lymphedema are considered investigational for all other indications, including immediate lymphatic reconstruction (e.g., LYMPHA) for prophylactic indications.”</li> <li>▪ A new item has been added as follows: “Surgical procedures performed for the prevention of lymphedema are considered investigational.”</li> </ul> </li> </ul> </li> </ul>

Coverage Policies	Comments / Changes
Genetic testing: immune, autoimmune and rheumatoid disorders	<ul style="list-style-type: none"> <li>Effective immediately, policy revised. <ul style="list-style-type: none"> <li>Known Familial Variant Analysis for Immune, Autoimmune and Rheumatoid Disorders criteria section removed from policy. Criteria for this type of testing is now located in the Genetic testing: general approach to genetic and molecular testing policy.</li> </ul> </li> </ul>

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

## Drug Formulary updates / Pharmacy Medical Policies

### COMMERCIAL UPDATES

Coverage policies	Comments / changes
Benralizumab (Fasenra)	PA update due to an expanded age indication.
Gene therapy for dystrophic epidermolysis bullosa	PA update, disallowing concurrent use with Filsuvez.
Gene therapies for Sickle Cell Disease	New policy added for exagamglogene (Casgevy) and lovetibeglogene (Lyfgenia).
Gene therapies for beta thalassemia (current name: Zynteglo)	Adding exagamglogene (Casgevy) to the Zynteglo policy, and updating policy name.
Hereditary angioedema	PA update, removing danazol as a required first-line therapy.
Lifileucel (Amtagvi)	New policy.
Ocular VEGF medications	PA update, moving biosimilar Cimerli to a non-preferred status.
Tocilizumab	Adding new biosimilars Tyenne and Tofidence as non-preferred.

Pharmacy medical policies can be found in the medical coverage policy search page, searchable by drug name or billing codes. Policies will be searchable on or before the effective date at [healthpartners.com/public/coverage-criteria](https://healthpartners.com/public/coverage-criteria).

### PHARMACY-RELATED QUALITY PROGRAMS

#### Opioid Prescribing Guidelines

Providers are reminded about opioid prescribing guidelines such as the CDC guidelines November 2022 update. The guideline includes 12 recommendations for clinicians providing pain care for outpatients ages 18 years or older with acute pain (duration less than 1 month), subacute pain (duration of 1-3 months), and chronic pain (duration of more than 3 months), [www.cdc.gov](https://www.cdc.gov).

#### Medication Disposal

What do you do with extra medicine? Flush it down the toilet, run it through the garbage disposal, throw it away?

When drugs are not disposed of properly, it increases the risk of accidental poisoning and drug abuse, and it can damage our ecosystems and overall health. Learn more about how to dispose of unused medicine from the FDA.