

Medical Policy Updates – March 2019

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
Spinal cord and implanted peripheral nerve stimulation	Policy effective 2/1/19, the requirements for Oswestry Disability Index have been removed.
Speech therapy – rehabilitative	Effective immediately, policy is retired.
Walkers – Minnesota Health Care Programs	Effective immediately, policy revised to align with the MHCP provider manual. Added: #4 – DHS will allow manual pricing of pediatric walkers; and #5 – If dispensing walker with hand brakes, provider may bill E0159 as a replacement for glide-type brakes.
Hearing aid policy	Effective immediately, members on a Medicare Plan do not need to prior authorize Bone Anchored Hearing Aids (BAHA).
Physical and occupational therapy – rehabilitative	Effective immediately, policy revised. Intensive PT or OT related to TheraSuit use is not covered. Code S9451 (Exercise classes, non-physician provider, per session) added to non-covered code list.
Neuromuscular electrical stimulators (NMES) and functional electrical stimulators (FES) – Medicare	Effective immediately, policy revised to align with CMS requirements. NMES and FES are not covered for osteoarthritis. Requirement for a successful rental period, usually not to exceed three months, prior to purchase was removed. NMES will be covered initially for rental, up to the time the payments have reached the purchase price, at which time the machine becomes owned by the member.
Eye Surgery – Refractive	Effective immediately, corneal collagen crosslinking has been removed from the Investigational Services – list of non-covered services policy. See the Eye Surgery – Refractive policy for coverage criteria. Prior authorization is required.
In vitro fertilization (IVF) and other advanced assisted reproductive technology (ART)	Effective immediately, policy is retired.

Coverage Policies	Comments / Changes
Cardiovascular risk assessments	Effective immediately, policy revised. The following tests were added as non-covered: Long-chain omega-3 fatty acids in red blood cell membranes (CPT 0111T); Protein C, antigen (CPT 85302); and Retinol-binding protein 4 (CPT 83883). Policy was also reformatted for clarity.
Weight Loss Surgery	<p>Policy revised and effective 3/1/19</p> <ol style="list-style-type: none"> 1. There is updated criteria for co-morbid conditions in members with BMI 35.0-39.9. Eligible co-morbid conditions and descriptions are as follows: <ul style="list-style-type: none"> • High blood pressure requiring medical management or documentation of blood pressure greater than 140/90 mm/Hg on multiple, separate dates • Dyslipidemia requiring medical management or documentation of LDL level greater than or equal to 130 mg/dl • Clinically significant obstructive sleep apnea (OSA) requiring medical management or documentation of OSA confirmed via polysomnography • Diabetes requiring medical management or documentation of diabetes confirmed by standard testing • Evidence of non-alcoholic fatty liver disease (NAFLD) or nonalcoholic steatohepatitis (NASH) confirmed via physical exam, blood tests, and imaging • Pseudotumor cerebri (a condition in which the pressure around the brain increases, causing headaches and vision problems) 2. Prior authorization is required for weight loss (bariatric) surgery in members less than 18 years of age. All requests for coverage in members less than 18 years of age will be reviewed by a medical director to determine medical necessity. Previously, the policy only addressed members >18 years of age. 3. Stomach aspiration therapy has been added as a non-covered/investigational procedure as there is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the safety and efficacy of this treatment or its effect on health care outcomes.

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

Pharmacy Policy Updates – March 2019

HEALTHPARTNERS DRUG FORMULARY

COMMERCIAL GROUPS

- Basaglar and Lantus
 - HealthPartners is updating our preferred long-acting insulin to Lantus, starting April 1, 2019.
 - Basaglar will be removed from our Commercial Formularies on April 1, and Lantus (and Toujeo) will be added on April 1. Current members will be asked to change to Lantus by May 1.
 - Medicare and Medicaid: Basaglar remains preferred (no changes now).
- Generic albuterol inhalers
 - A generic albuterol inhaler is now available, and most members will see immediate savings with a lower generic copay.
 - Because Ventolin HFA Brand is still less costly to HealthPartners than these generics, HealthPartners will continue covering brand-name Ventolin HFA, and will charge members a generic copay. This brand-preference applies to Commercial members only. Members with Medicare and Minnesota Health Care Programs will use the generic.
- Methylphenidate ER (Concerta) brand will be preferred starting April 1, 2019.
 - HealthPartners is updating coverage of methylphenidate ER (Concerta) from the generic to the brand. These are equivalent products, and this change is less costly to HealthPartners. Members will continue paying a generic copay. This brand preference applies to Commercial members only. Members with Medicare and Minnesota Health Care Programs will continue to use the generic.
- Advair (fluticasone/salmeterol)
 - A generic option for Advair was just approved by the FDA and is expected within a few weeks.
 - HealthPartners is evaluating preferred products within this drug class.
- Lynparza (olaparib) brand will be preferred over Talzenna (talazoparib) for shared FDA approved indications starting 4/1/19.
- Abiraterone 250 mg generic tablets will be preferred over Zytiga 500 mg brand tablets. New prescriptions are required for existing Zytiga 500 mg users. Effective 5/1/19.
- Dupixent (dupilumab) prescribed for severe asthma is restricted to patients with eosinophilic phenotype or long-term corticosteroid dependent asthma.

PHARMACY MEDICAL POLICIES

Coverage Policies	Comments / Changes
<p>Oncology Drug Coverage Policy</p> <p><i>(path: https://www.healthpartners.com/public/coverage-criteria/policy.html?contentid=ENTRY_190828)</i></p>	<p>Prior authorization from Pharmacy Administration is required for select oncology medications.</p> <p>Claims for drugs on this policy received without prior authorization may be denied.</p> <p>Recently FDA-approved medications that are new to market may be added to this policy on an ongoing basis.</p>
<p>Recently FDA-Approved Medications Coverage Policy</p> <p><i>(path: https://www.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:http://www.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 as this policy was published in November 2011.</p>
<p>Ultomiris (ravulizumab) and Soliris (eculizumab)</p> <p>Medical policy will be live on the web by 4/1/19.</p> <p>Coverage policy can be found in the medical coverage policy search page, searchable by drug name or billing codes: healthpartners.com/public/coverage-criteria/</p>	<p>Ultomiris will be preferred over Soliris for new-start patients with paroxysmal nocturnal hemoglobinuria (PNH), effective 4/1/2019.</p> <p>Prior authorization requests for Ultomiris will include a medical necessity review of the setting where the drug is provided. If the setting is not considered medically necessary, members are required to transition drug administration to a more appropriate medically necessary setting.</p>
<p>Yutiq (fluocinolone) and Retisert (fluocinolone)</p> <p>Medical policy will be live on the web by 4/1/19.</p> <p>Coverage policy can be found in the medical coverage policy search page, searchable by drug name or billing codes: healthpartners.com/public/coverage-criteria/</p>	<p>Yutiq will be preferred over Retisert effective 4/1/2019.</p>

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

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** (*path: [healthpartners.com/provider-public/pharmacy-services/policies-and-forms/](https://www.healthpartners.com/provider-public/pharmacy-services/policies-and-forms/)*) including the **Drug Formularies** (*path: [healthpartners.com/formulary/](https://www.healthpartners.com/formulary/)*).

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.

Government Programs

Reminder – Training requirement for providers

HEALTHPARTNERS MINNESOTA SENIOR HEALTH OPTIONS (MSHO) MODEL OF CARE 2019

The MSHO Model of Care provides a description of the management, procedures and operational systems that HealthPartners has in place to provide the access to services, coordination of care and structure needed to best provide services and care to our MSHO population. The training provides a general understanding of how a member would access the benefits provided through the MSHO Model of Care.

Annual training on the Model of Care is a Centers for Medicare and Medicaid Services (CMS) requirement for Special Needs Plans. The Model of Care contains the following components:

1. Description of the MSHO population
2. Care coordination
3. MSHO provider network
4. MSHO Quality Measurement & Performance Improvement

The HealthPartners 2019 MSHO Model of Care Training PowerPoint can be accessed on the Provider Portal by clicking here: **MSHO Model of Care** (*path: www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/cntrb_041302.pdf*)

Change to EIDBI codes

The codes for Early Intensive Developmental and Behavioral Intervention (EIDBI) for Autism have changed effective 1/1/19 from Category 3 T-codes to CPT codes.

The EIDBI benefit provides medically necessary early intensive intervention for people with autism spectrum disorder (ASD) and related conditions. This includes education, training and support for parents and families, promotion of independence and participation in a variety of life situations, and improvement in long-term outcomes and quality of life.

Please visit the **DHS website** for information regarding coding changes and more information about the EIDBI benefit (*path:mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/eidbi/eidbi.jsp*).

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**.

Fast Facts Editors: Mary Jones and David Ohmann