

Fast Facts

News for Providers from HealthPartners Professional Services and Hospital Network Management



September 2015

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ADMINISTRATIVE INFORMATION

HealthPartners Programs and Important Information

Information is available for your review regarding key HealthPartners programs, policies and procedures, important member information, and other pertinent information at healthpartners.com/provider.

Access [Quality Improvement & Utilization Management](#) for information on:

- Quality Improvement and our Annual Evaluation on meeting our goals
- Utilization Management (UM)
- Program descriptions
- Clinical Guidelines and Guideline Updates

Access [Administrative policies](#) for administrative policies including:

- Medical Record Standards
- Utilization Management Coverage Criteria Policies
- How to Contact a Medical Director regarding UM
- Member Rights & Responsibilities
- Member Complaint Processes and Procedures
- Access to UM Staff

Access [Website privacy policy](#) and [Privacy Practices for Providers](#) for Confidentiality/Privacy policies.

Are you ready for ICD-10?

Effective October 1, 2015, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets.

Please visit [HealthPartners ICD-10 News](#) on our public website for more information or visit [CMS' ICD-10](#) website.

Discussing Denied Authorizations for Healthcare Services

If an authorization request for healthcare services or items was denied based on coverage criteria, the member or the provider has the right to discuss the decision with the clinician in our prior authorization program who was involved in making the decision. Staff are available 8 AM to 5 PM Central Standard Time, Monday through Friday excluding national holidays.

Call Member Services for assistance at 952-883-5000.

HealthPartners Policy Regarding Financial Incentives

It is the policy of HealthPartners that utilization review decisions are made based only on appropriateness of care, service and existence of coverage. Financial incentives, if any, that are offered by HealthPartners (or any entity that contracts with HealthPartners to provide utilization management services) to individuals or entities involved in making utilization management decisions will not encourage decisions that result in underutilization or inappropriate restrictions of and/or barriers to care and services.

This means that HealthPartners and entities contracting with HealthPartners to provide utilization management services will not specifically reward, hire, promote or terminate practitioners or other individuals conducting utilization review based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.

If you have any additional questions, please contact Susan Gunderson at 952-883-5576.

Medicare Part D Prescribers – Important Enrollment Information

The Centers for Medicare & Medicaid Services (CMS) has finalized changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs. The change requires physicians and other eligible professionals who write prescriptions for Part D drugs to:

- be enrolled in Medicare in an approved status; or
- have a valid opt-out affidavit on file for their prescriptions to be covered under Part D.

CMS is strongly encouraging providers and other eligible professionals to submit enrollment applications or opt-out affidavits to their Medicare Administrative Contractor (MACs) no later than January 1, 2016. This will ensure sufficient time for processing to avoid their patients' prescription drug claims from being denied beginning June 1, 2016 (these dates have changed from the previous Fast Facts article to align with CMS's revised timeframes).

Medicare enrollment can be checked at [Medicare Individual Provider List | Data.CMS.Gov](#).

For more information regarding this change, including how to enroll in Medicare, please check the following:

- [Prescriber Enrollment Information - Centers for Medicare & Medicaid Services](#)
- [cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles](#)

HealthPartners New Technology Committee 3rd Quarter 2015 Update

The HealthPartners New Technology Committee, whose mission is to evaluate new and upcoming medical technologies, has the following topics in review this quarter:

1. CardioMEMS HF (heart failure) System – an implantable device to monitor patients with congestive heart failure and guide treatment.
2. Calmare Pain Therapy (Calmare Therapeutics, Inc.) – a TENS-like electrical stimulator that provides electrical signals via electrodes representing *nonpain* information to the painful area using continuously changing, variable, nonlinear waveforms, the goal of which is to *scramble* the patient's perception of pain.
3. OrthoCor Active Knee Brace System - Pulsed electromagnetic field (PEMF) - a portable (battery operated) non-invasive shortwave diathermy medical device which applies electromagnetic energy for the treatment of medical conditions by means other than the generation of deep heat within body tissues.

4. **Peripheral nerve stimulation - *Peripherally Implanted Nerve Stimulation*** entails the placement of electrodes around a selected peripheral nerve. The stimulating electrode is connected by an insulated lead to a receiver unit that is inserted subcutaneously at a depth not greater than half an inch. Stimulation is elicited by a generator that is connected to an antenna that is attached to the skin surface over the receiver unit. Sciatic and ulnar nerves are often the sites of such an implantation.
5. **Sphenopalatine ganglion block for headaches** - Four applicators are inserted into the nostrils (two in each nostril). The cotton is dipped into a solution of 4% lidocaine. The applicators are wiggled so that they will pass through various apertures until it reaches a small button at the back of the throat called a ganglion. This process is called a sphenopalatine ganglion nerve blockade. In most cases the entire procedure takes about two minutes.

Please contact us if you have comments about any of the topics, or new topics for us to consider. Send any comments or examples of new technologies to Dr. Jim Smith (james.c.smith@healthpartners.com) or Margaret Kloster (margaret.a.kloster@healthpartners.com).

Medical & Pharmacy Administration Coverage Policy Updates 9/1/2015

Please read this list of new or revised HealthPartners coverage policies. HealthPartners coverage policies and related lists are available online at healthpartners.com (pathway: 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.

Medical Coverage Policies	Comments / Changes
Genetic Testing	New policy to clarify coverage of genetic testing, including multi-gene panels. Prior authorization is required for genetic testing unless otherwise indicated.
Genetic Testing for Reproductive Planning and Prenatal Diagnosis	Policy has been revised to clarify coverage of cystic fibrosis (CF) screening. Coverage is limited to a standard 25-mutation panel. Expanded CF mutation panels (which include more than 25 mutations) are not covered and are considered experimental/investigational.
Colorectal cancer (CRC) screening with stool-based DNA testing (Cologuard®), Breast-specific gamma imaging (BSGI), Outdoor Behavioral Health Programs, and Occipital Nerve Injections or Radiofrequency Ablation (RFA) to treat Cervicogenic Headache and Occipital Neuralgia	The prior authorization requirement for these policies has been removed. Prior authorization is not applicable for these policies because they are all considered experimental/investigational and therefore not covered.

Contact the Medical Policy Intake line at 952-883-5724 for specific patient inquiries. For general policy and process questions, contact 952-883-6333 or email medicalpolicy@healthpartners.com.

Medical Policy Announcements – Pharmacy, September 2015

Pharmacy Policies	
Unituxin (Dinutuximab)	<p>New policy. Requires prior authorization from Pharmacy Administration.</p> <p>healthpartners.com/public/coverage-criteria/dinutuximab (NOTE: Link will be live on 9/9/15.)</p> <p>Approvals will be given for six months of therapy. Reauthorizations will be approved annually while there is no progression of disease. Claims received without prior authorization may be denied effective 11/1/15.</p>
Duopa (carbidopa/levodopa enteral suspension)	<p>New policy. Requires prior authorization from Pharmacy Administration.</p> <p>healthpartners.com/public/coverage-criteria/duopa (NOTE: Link will be live on 9/9/15.)</p> <p>Claims received without prior authorization may be denied effective 11/1/15.</p>

Pharmacy Policies

Compounded Medications	<p>Reminder that compounded medications billed for more than \$200 require prior authorization from Pharmacy Administration.</p> <p>healthpartners.com/public/coverage-criteria/compounded-medications</p> <p>Claims received without prior authorization may be denied effective 3/1/15.</p>
Recently FDA-Approved Medications Coverage Policy	<p>Reminder that select new drugs require prior approval.</p> <p>healthpartners.com/public/coverage-criteria/fda-approved-medications/</p> <p>Prior authorization from Pharmacy Administration is required for newly approved, professionally-administered specialty medications.</p> <p>A complete and up-to-date list of drugs impacted by the policy is available on healthpartners.com at the following link.</p> <p>healthpartners.com/ucm/groups/public/@hp/@public/@cc/documents/documents/dev_058782.pdf</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 1/1/12 as this policy was published in November 2011.</p>

Self-Administered Drugs Excluded from the Medical Benefit

Beginning January 1, 2016, the self-administered drugs that will be excluded from reimbursement on the medical benefit policy will be updated. The list for the HealthPartners Commercial and Medicaid business lines will be updated as shown below. Claims will continue to be denied to provider liability per Administrative Policy AS003. HealthPartners Medicare, MSHO and MSC+ business will adopt the HCPC list from the Local Coverage Determination policy. Additional information will be provided in an upcoming Fast Facts about the denial process. Claims submitted with HCPC codes for the self-administered drugs below will not be reimbursed. These drugs should be dispensed by an outpatient pharmacy directly to the patient for self-administration. Administrative Policy AS003 will be updated to reflect the list of drugs.

Self-Administration List: Commercial and Medicaid

HCPC CODES	Brand Name	Generic Name Descriptor	Effective Date
J0132	Acetadote	Acetylcysteine	1/1/2016
J0135	Humira	ADALIMUMAB	1/1/2011
J0270	Prostaglandin E1	INJECTION, ALPROSTADIL, 1.25 MCG	1/1/2016
J0364	Apokyn®	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	1/1/2016
J0630	Calcimar	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	1/1/2016
J0630	Calcitonin-salmon	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	1/1/2016
J0630	Miacalcin	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	1/1/2016
J1324	FUZEON	ENFUVIRTIDE	1/1/2011
J1438	ENBREL	ETANERCEPT	1/1/2011
J1595	Copaxone	GLATIRAMER ACETATE	1/1/2011
J1675	Supprelin® LA	INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS	1/1/2016
J1815	Humalog	INJECTION, INSULIN, PER 5 UNITS	1/1/2016
J1815	Humulin	INJECTION, INSULIN, PER 5 UNITS	1/1/2016
J1815	Lantus	INJECTION, INSULIN, PER 5 UNITS	1/1/2016
J1815	Novolin	INJECTION, INSULIN, PER 5 UNITS	1/1/2016
J1815	Novolog	INJECTION, INSULIN, PER 5 UNITS	1/1/2016
J1817	Humalog	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	1/1/2016

HCPC CODES	Brand Name	Generic Name Descriptor	Effective Date
J1817	Humulin	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	1/1/2016
J1817	Novolin	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	1/1/2016
J1817	Novolog	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	1/1/2016
J1817	Apidra Solostar	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	1/1/2016
J1817	Insulin Lispro	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	1/1/2016
J1830	Betaseron	INTERFERON BETA-1B	1/1/2011
J1830	Extavia	INTERFERON BETA-1B	1/1/2011
J2170	Increlex	INJECTION, MECASERMIN, 1 MG	1/1/2016
J2212	Relistor	INJECTION, METHYLNALTREXONE, 0.1 MG	1/1/2016
J2354	Sandostatin LAR Depot	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	1/1/2016
J2440	N/A	INJECTION, PAPAVERINE HCL, UP TO 60 MG	1/1/2016
J2760	Regitine	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	1/1/2016
J2940	N/A	INJECTION, SOMATREM, 1 MG	1/1/2016
J2941	GENOTROPIN	SOMATROPIN	1/1/2011
J2941	HUMATROPE	SOMATROPIN	1/1/2011
J2941	NORDITROPIN	SOMATROPIN	1/1/2011
J2941	NUTROPIN	SOMATROPIN	1/1/2011
J2941	OMNITROPE	SOMATROPIN	1/1/2011
J2941	SAIZEN	SOMATROPIN	1/1/2011
J2941	SEROSTIM	SOMATROPIN	1/1/2011
J2941	TEV-TROPIN	SOMATROPIN	1/1/2011
J2941	ZORBTIVE	SOMATROPIN	1/1/2011
J3030	Imitrex	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG	1/1/2016
J3030	Sumavel Dosepro	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG	1/1/2016
J3110	FORTEO	TERIPARATIDE	1/1/2011
J3355	Bravelle®	INJECTION, UROFOLLITROPIN, 75 IU	1/1/2016
J3355	Metrodin®	INJECTION, UROFOLLITROPIN, 75 IU	1/1/2016
J3490	Exenatide, (Bydureon - extended-release formulation)	UNCLASSIFIED DRUGS	1/1/2016
J3490	Tanzeum (albiglutide)	UNCLASSIFIED DRUGS	1/1/2016
J3490	Liraglutide (Victoza®)	UNCLASSIFIED DRUGS	1/1/2016
J3490	Pramlintide (Symlin)	UNCLASSIFIED DRUGS	1/1/2016
J3490	Tesamorelin (Egrifta®)	UNCLASSIFIED DRUGS	1/1/2016
J3490	TriMix	UNCLASSIFIED DRUGS	1/1/2016
J3590	Anakinra (Kineret®)	UNCLASSIFIED DRUGS	1/1/2016
J3590	Efalizumab (Raptiva)	UNCLASSIFIED DRUGS	1/1/2016
J3590	Exenatide,(Byetta)	UNCLASSIFIED DRUGS	1/1/2016
J3590	Golimumab (Simponi®)	UNCLASSIFIED DRUGS	1/1/2016
J3590	Pasireotide (Signifor®)	UNCLASSIFIED DRUGS	1/1/2016
J3590	Peginterferon alfa-2b (Pegintron)	UNCLASSIFIED DRUGS	1/1/2016
J3590	Pegvisomant (Somavert®)	UNCLASSIFIED DRUGS	1/1/2016
J3590	Natpara	Parathyroid Hormone (UNCLASSIFIED DRUGS)	1/1/2016
J3590	Cosentyx	Secukinumab (UNCLASSIFIED DRUGS)	1/1/2016
J7639	Pulmozyme	Dornase Alfa	1/1/2016
J7682	Bethkis	Tobramycin	1/1/2016
J7682	Kitabis	Tobramycin	1/1/2016
J7682	Tobi	Tobramycin	1/1/2011
J7699	Cayston	Aztreonam	1/1/2016
J8499	Kalydeco	Ivacaftor (UNCLASSIFIED DRUGS)	1/1/2016
J8520, J8521	Xeloda	Capecitabine	1/1/2011
J8700	Temodar	Temozolomide	1/1/2011
J9212	INFERGEN	INTERFERON ALFACON-1	1/1/2011
J9213	Roferon®-A	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	1/1/2016

HCPC CODES	Brand Name	Generic Name Descriptor	Effective Date
J9213	Pegasys™	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	1/1/2016
J9216	Actimmune®	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	1/1/2016
J9218	Lupron	LEUPROLIDE ACETATE, PER 1 MG	1/1/2016
Q0515	Geref Diagnostic	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	1/1/2016
Q3027, J1826, Q3025	AVONEX	INTERFERON BETA-1A	1/1/2016
Q3028, J1826, Q3026, J1825	REBIF	INTERFERON BETA-1A	1/1/2016
Q4074	VENTAVIS	ILOPROST	1/1/2016
S0088	GLEEVEC	IMATINIB MESYLATE	1/1/2016
S0090	REVATIO	SILDENAFIL CITRATE	1/1/2016
S0104	RETROVIR	ZIDOVUDINE	1/1/2016
S0122	MENOPUR	MENOTROPINS	1/1/2016
S0122	REPRONEX	MENOTROPINS	1/1/2016
S0126	GONAL-F	FOLLITROPIN ALFA	1/1/2016
S0128	FOLLISTIM AQ	FOLLITROPIN BETA	1/1/2016
S0132	GANIRELIX ACETATE	GANIRELIX ACETATE	1/1/2016
S0137	VIDEX	DIDANOSINE	1/1/2016
S0145	PEGASYS	PEGINTERFERON ALFA-2A	1/1/2016
S0148	PEG-INTRON	PEGINTERFERON ALFA-2B	1/1/2016

Self-Administration List: Medicare, MSHO, MSC+

HCPC CODES	Brand Name	Generic Name Descriptor	Effective Date:
J0135	Humira	ADALIMUMAB	1/1/2016
J0270	Prostaglandin E1	INJECTION, ALPROSTADIL, 1.25 MCG	1/1/2016
J0364	Apokyn®	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	1/1/2016
J0630	Calcimar	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	1/1/2016
J0630	Calcitonin-salmon	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	1/1/2016
J0630	Miacalcin	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	1/1/2016
J1324	FUZEON	ENFUVIRTIDE	1/1/2016
J1438	ENBREL	ETANERCEPT	1/1/2016
J1559	Hizentra®	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	1/1/2016
J1562	Vivaglobulin	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	1/1/2016
J1595	COPAXONE	GLATIRAMER ACETATE	1/1/2016
J1675	Supprelin® LA	INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS	1/1/2016
J1744	Firazyr®	INJECTION, ICATIBANT, 1 MG	1/1/2016
J1815	Humalog	INJECTION, INSULIN, PER 5 UNITS	1/1/2016
J1815	Humulin	INJECTION, INSULIN, PER 5 UNITS	1/1/2016
J1815	Lantus	INJECTION, INSULIN, PER 5 UNITS	1/1/2016
J1815	Novolin	INJECTION, INSULIN, PER 5 UNITS	1/1/2016
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J1817	Humalog	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	1/1/2016
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J1817	Insulin Lispro	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	1/1/2016
J1830	BETASERON	INTERFERON BETA-1B	1/1/2016
J1830	EXTAVIA	INTERFERON BETA-1B	1/1/2016
J2170	Increlex	INJECTION, MECASERMIN, 1 MG	1/1/2016

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J2440	N/A	INJECTION, PAPAVERINE HCL, UP TO 60 MG	1/1/2016
J2760	Regitine	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	1/1/2016
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J2941	NUTROPIN	SOMATROPIN	1/1/2016
J2941	OMNITROPE	SOMATROPIN	1/1/2016
J2941	SAIZEN	SOMATROPIN	1/1/2016
J2941	SEROSTIM	SOMATROPIN	1/1/2016
J2941	TEV-TROPIN	SOMATROPIN	1/1/2016
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J3490	Pramlintide (Symlin)	UNCLASSIFIED DRUGS	1/1/2016
J3490	Tesamorelin (Egrifta®)	UNCLASSIFIED DRUGS	1/1/2016
J3490	TriMix	UNCLASSIFIED DRUGS	1/1/2016
J3590	Anakinra (Kineret®)	UNCLASSIFIED DRUGS	1/1/2016
J3590	Efalizumab (Raptiva)	UNCLASSIFIED DRUGS	1/1/2016
J3590	Exenatide,(Byetta)	UNCLASSIFIED DRUGS	1/1/2016
J3590	Golimumab (Simponi®)	UNCLASSIFIED DRUGS	1/1/2016
J3590	Pasireotide (Signifor®)	UNCLASSIFIED DRUGS	1/1/2016
J3590	Peginterferon alfa-2b (Pegintron)	UNCLASSIFIED DRUGS	1/1/2016
J3590	Pegvisomant (Somavert®)	UNCLASSIFIED DRUGS	1/1/2016
J3590	Natpara	Parathyroid Hormone (UNCLASSIFIED DRUGS)	1/1/2016
J3590	Cosentyx	Secukinumab (UNCLASSIFIED DRUGS)	1/1/2016
J9212	INFERGEN	INTERFERON ALFACON-1	1/1/2016
J9213	Roferon®-A	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	1/1/2016
J9213	Pegasys™	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	1/1/2016
J9216	Actimmune®	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	1/1/2016
J9218	Lupron	LEUPROLIDE ACETATE, PER 1 MG	1/1/2016
Q0515	Geref Diagnostic	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	1/1/2016

NDC Submission on Professional and Outpatient Facility Claims

In support of the Federal Deficit Reduction Act of 2005, HealthPartners wants to remind providers to report the 11-digit National Drug Code (NDC), NDC Quantity and NDC Unit of Measure on all professional and outpatient facility drug claims. Additionally, please remember to supply proper documentation when submitting unlisted, unclassified or miscellaneous drug codes.

This notice is to update the unclassified codes included in this program. The list for all HealthPartners books of business will be updated to reflect all unclassified codes included in the DHS program: C9399, J8499, J7799, J7699, J8999, J9999, J3490, and J3590 and the new code for compound products: Q9977.

The ability to adjudicate medical drug claims using NDC detail is designed to remain consistent with industry requirements, and ensure accurate reimbursement and the effective use of medical benefits (e.g., annual benefit limits and lifetime maximums) for our members and your patients.

Providers are strongly encouraged to consult with their vendor(s) to determine how to appropriately submit NDC codes through their billing system; however, here are some suggestions:

- Submit a valid NDC number, NDC quantity of the drug dispensed, and the related NDC unit of measure when billing Healthcare Common Procedure Coding System (HCPCS) codes for drug products.
- The submitted NDC number should reflect the actual NDC number on the package or container from which the drug was administered.
- NDC numbers should use the HIPAA compliant 11-digit format without hyphens, spaces or special characters.
- The submitted NDC Quantity should indicate the exact amount dispensed; and the Unit of Measure should reflect the value assigned by the drug manufacturer and reported in the major drug compendiums (i.e., number of ML).
- When billing electronically with the claims transaction (837), submit the NDC number, NDC quantity of the drug dispensed, and the related NDC unit of measure using the 2410 Loop - Drug Identification.

As announced in previous Fast Facts editions, HealthPartners may reject claims with missing or invalid NDC numbers, or missing NDC Quantity and NDC Units of measure. In addition, claims will be reviewed for proper documentation and may be rejected due to insufficient information. Rejected claims may be resubmitted along with appropriate documentation. For instance:

- Practitioner's rights as they pertain to the credentialing process.
- If a medical drug claim is submitted using an unlisted, unclassified or miscellaneous code and a unique HCPCS code exists for the drug, the claim may be rejected.
- If a medical drug claim is submitted using an unlisted, unclassified or miscellaneous code and a unique HCPCS code *does not exist* for the medication, provide supporting documentation to properly adjudicate the claim (*see above for suggestions*).

GOVERNMENT PROGRAMS

EIDBI Benefit for Medicaid Launched

The Early Intensive Developmental Behavioral Intervention (EIDBI) Benefit for PMAP and MinnesotaCare was launched July 1st, 2015. EIDBI services offer medically necessary treatment to children less than 21 years old on PMAP or MinnesotaCare with autism spectrum disorder (ASD) or related conditions. Please refer to the DHS [EIDBI Provider Manual](#) and [EIDBI Policy Guide](#) for more information.

All levels of EIDBI providers must be enrolled with DHS to provide services for PMAP and MinnesotaCare members. Please review the [DHS EIDBI Training Page](#) for information on upcoming trainings.

If you are interested in providing EIDBI services to HealthPartners PMAP and MinnesotaCare members, please contact your HealthPartners Service Specialist or the Contracting Department at 952-883-5469 or 888-638-6648.

New Car Seat Program for PMAP and MNCare Members

HealthPartners is now offering car seats to our PMAP and MNCare members ages 0 to 8, and to women who are at least 6 months pregnant. To receive a car seat, members or their guardians must complete a car seat education class. Eligible members may obtain one car seat per lifetime or per child.

If you are contracted with HealthPartners, provide car seat education, and have questions regarding billing for these services, please call your contract manager.

Members with questions regarding the car seat program should call Member Services at 952-967-7998 or 1-866-885-8880.

2016 Hearing Aid Information

NEW 2016 rates for hearing aid codes

****Below is information pertaining to hearing aid rates and billing practices that are applied to Commercial and Medicare lines of business.****

By now you should have received your 2016 market basket with the new fee schedule. Within the market basket, you may have noticed new fees for hearing aid codes. These fees will become **effective 1/1/2016**.

This information can also be viewed on our Provider Portal at healthpartners.com/provider-secure/provider-information/fee-schedule/.

HealthPartners has created a reimbursement rate for a basic hearing aid(s). If your patient is seeking an **upgraded hearing aid**, please review the following information.

What is considered a basic hearing aid?

A basic hearing aid can be defined as a hearing device that consists of a microphone, amplifier, volume control, battery and receiver, which is up to date using the latest technology.

An example of a basic hearing aid could include:

- 1 year manufacturer's warranty
- 3 follow-up visits included in purchase price
- Hearing improvement for:
 - One-on-one conversations
 - Quiet environments with minimal background noise
 - Hearing on the telephone

If a member is requesting a hearing aid that is above and beyond the functionality of a basic hearing aid, this could be considered an **upgraded hearing aid**. Some members may have coverage for upgraded hearing aids, however if the member does not have coverage for an upgraded hearing, it would then fall to member liability.

An example of an upgraded hearing aid could include:

- 2+ year manufacturer's warranty
- 2+ year professional services
- One-time loss and damage protection
- Hearing improvement for:
 - Group settings
 - Environments with moderate background noise
 - Automatic functionality (Bluetooth/remote control)
- Any additional features that are not included with a basic hearing aid

Submitting claims with DME or hearing aid upgrades

When billing for an upgrade on DME or a hearing aid, please follow the Minnesota Administrative Uniformity Committee (MN AUC) guidelines as follows on page 36 of the [Minnesota Uniform Companion Guide \(MUCG\) for the Implementation of the ASC X12/005010X222A1 Health Care Claim: Professional \(837\) Version 8.0:](#)

**Table A.5.1 Minnesota Coding Specifications:
When to use codes different from Medicare**

Medicare Claims Processing Manual		Specific Coding Topic	Minnesota Rule
Chapter Number	Title/Description		
20	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	Upgrades	Upgrades – if a patient prefers an item with features or upgrades that are not medically necessary and has elected responsibility, the items are billed as two lines using the same code on both lines, if no upgrade code is available. Use the GA modifier for the upgraded and GK for the standard item.

Per the above guidelines, claims should be submitted as follows when billing for upgrades:

Code	Modifier	Description
XXXXX	GK	DME or Hearing Aid
XXXXX	GA	DME or Hearing Aid

To learn about the MN AUC guidelines, please access: health.state.mn.us/auc/index.html.

Upgraded hearing aid claims using GK/GA modifiers

Below is a suggested way to bill for **upgraded hearing aid(s)**. Please note there is a difference in billing practices for Commercial versus Medicare and Medicaid members.

For Commercial members:

Line 1 –should include the appropriate code for the hearing aid

the cost for the basic model

the GK modifier

Line 2 – should include the appropriate code for the hearing aid

the cost difference between the basic model and the upgraded model

the GA modifier

For Medicare/Medicaid members:

Line 1 –should include the appropriate code for the hearing aid

the cost for the basic model

the GK modifier

Line 2 – should include the appropriate code for the hearing aid

the total cost for the basic model and the upgraded model

the GA modifier

***Please note, if you do not have a signed waiver for the upgraded costs prior to the claims submission, claims cannot be billed with the GK/GA modifier. As a result, the claim will default to provider liability. If you have forgotten the GK/GA modifier, but have a copy of the waiver, please resubmit the claim with a copy of the signed and dated waiver.*

To learn about HealthPartners GA modifier policy, please access the [HealthPartners Administrative Policy - GA Modifier](#).

Advance Beneficiary Notice of Noncoverage (ABN) - Waiver

As a suggestion, please remember to use an ABN or generic waiver any time an upgraded hearing aid(s) is offered to a patient.

Use of an ABN to furnish an upgraded item or service—with the beneficiary being personally responsible for the difference between the costs of the standard and upgraded item or service—does not change coverage or payment rules, statutory provisions, or manual instructions for the particular benefit involved.

Suppliers furnishing an upgrade must use the GA modifier on the upgraded line item to indicate that the beneficiary signed an ABN.

To learn more about ABN waivers, please access the links below:

- [HealthPartners Administrative Policy - Advance Notice of Non-Coverage](#)
- aafp.org/fpm/2002/0900/fpm20020900p19-rt1.pdf
- aapc.com/training/documents/cpco/abn_booklet_icn0062661.pdf
- asha.org/Practice/reimbursement/medicare/audiology-medicare-ABN-FAQs/

Medicare Coverage of Compression and Surgical Stockings

HealthPartners has identified that we have been covering certain compression/surgical stockings for Freedom plan members in error. Effective January 1, 2016, the Freedom plan coverage for compression and surgical stockings will follow Medicare guidelines only. This is a reminder that when providing compression and surgical stockings to HealthPartners Freedom plan members, the specific Medicare criteria must be met for coverage. Additional information about the Medicare coverage can be found [here](#).

To ensure that the member meets the Medicare criteria, providers/vendors must request a pre-service organization determination from HealthPartners.

PATIENT PERSPECTIVE

For our Behavioral Health Providers

HealthPartners acknowledges that you are working to provide the best outcomes and best experience for your patients. We also understand that insurance coverage can be confusing for members and patients. While the rate of complaints is very low, a topic that is frequently mentioned is that members don't understand how much they will owe the therapist.

Since it is recommended that you confirm coverage at each appointment, please consider some of the following suggestions of how you might be able to help your patients, our members:

- Verify that the specific provider at the specific location is in network for each patient. This can be done by calling Member Services.
- Review with the patient their insurance coverage as you understand it to be.
- Encourage the patient to contact HealthPartners Members Services department to review their insurance coverage for a more in-depth understanding.

Please be aware that some employers may have different coverage criteria (e.g., deductibles, out-of-network benefits, etc.) and networks for their employees. For example, Company XYZ may have four different deductible amounts for their employees.

EVENTS

Continuing Medical Education 2015

Primary Care Update: Pathways to Knowledge	September 24-25
Managing Life Limiting Illness	October 1-2
Behavior in the Workplace: Envision a Great Culture – Engage in Making it Happen	October 6
Sneezes and Wheezes: An Update in Respiratory Conditions	October 9
Clinical Diabetes Management	October 22-23
Fundamental Critical Care Support (FCCS)	October 22-23
Urgent Care: An Old Concept in the New Millennium	October 29-30
Let Us Give You a Hand: Managing Common Hand Conditions	November 6
29 th Annual Primary Care Update	November 19-20
Geriatric Update	December 10-11

For registration information or to request a brochure, contact Park Nicollet Institute, Office of Continuing Medical Education at 952-993-3531 or visit [Park Nicollet CME](#).

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/provider (pathway: Log into the Provider Portal).

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