Fast Facts

HealthPartners

MAY 2020

News for Providers from HealthPartners Professional Services and Hospital Network Management

Administrative

COVID-19 updates

CREDENTIALING

Following is our most common credentialing question related to COVID-19.

Q: We are redeploying practitioners to different locations as part of our response to COVID19; do we need to submit these changes to HealthPartners?

A: No. Temporary practitioner location changes related to your COVID-19 response do not need to be submitted to HealthPartners. HealthPartners will make sure claims are paid for all practitioners that are credentialed and enrolled with HealthPartners regardless of address where care is provided during this emergency situation.

For other questions regarding credentialing, please see our **COVID-19 Credentialing Updates** *(path: healthpartners.com/provider-public/credentialing-and-enrollment/)*. For the most up-to-date information regarding HealthPartners response to COVID-19, visit **COVID-19 Resources** *(path: healthpartners.com/provider-public/condition-resources/covid19/)*.

Notification to members of non-covered services

Contracted providers are obligated to notify members of a non-covered service before services are rendered. Providers must have the member sign a waiver regarding the non-covered service that includes the following:

- Name of the procedure and details of non-coverage
- An estimated cost for the non-covered service/item
- A statement that it is not covered by HealthPartners
- Member agrees to provide payment for the service
- Signature and date

Claims should be submitted with an indicator that the provider notified the member that the service was not covered by the plan *prior* to receiving care. If the indicator is not present on the claim, charges will deny to provider liability.

INSIDE THIS ISSUE

COVID-19 diagnostic testing and specimen collection reimbursement

Unless specifically agreed otherwise, HealthPartners reimbursement rates for contracted and non-contracted providers, facilities and reference labs are based upon the Centers for Medicare and Medicaid Services ("CMS") rates for COVID-19 testing. As new codes are developed by CMS, HealthPartners will add those codes and the associated rates to its fee schedule(s). The current reimbursement rates are follows*:

Code	Rate
U0001	$35.91
U0002	$51.31
U0003	$100.00
U0004	$100.00
87635	$51.31
86318	TBD**
86328	TBD**
86769	TBD**
G2023	$23.46***
G2024	$25.46***

** Inclusion of the rates in the table above does not guarantee payment which is determined by the applicable certificate of coverage and your Agreement with HEALTHPARTNERS, INC.*

** COVID-19 diagnostic testing codes and specimen collection codes are included in the reimbursement rates for inpatient services and will not be paid in addition to the DRG, per diem, or case rate payment.*

*** To be determined once CMS releases its rate.*

**** HCPCs G2023 & G2024 are specimen collection codes.*

If you have concerns regarding the reimbursement outlined above, please contact your HealthPartners contract manager.

Member ID cards

Some members are calling HealthPartners Member Services at the request of their providers to request a new Member ID card. This generally occurs at the beginning of a new calendar year.

If there has been no change to a member's plan or benefit level, you can use the card they currently have and they do not need to request a new one.

HealthPartners does not send new Member ID cards unless a change was made to their plan benefits that warrants a new card.

Medical Policy updates – 5/1/2020

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
Maintenance Care	Effective immediately, policy is retired.
Private duty aide in hospital or skilled nursing facility	Effective immediately, policy is retired.
Neuromuscular electrical stimulation (NMES) and functional electrical stimulation (FES) Neuromuscular electrical stimulators (NMES), functional electrical stimulators (FES), and other electrical stimulation devices – Minnesota Health Care Programs	Effective immediately, prior authorization is no longer required for NMES.
Breast pumps Breast pumps – Iowa – North Dakota – South Dakota Breast pumps – Minnesota Health Care Programs	Effective immediately, policies are retired.
Breast surgery	Effective immediately, policy revised. Breast implant removal is covered for treatment of breast implant-associated anaplastic large cell lymphoma (BIA-ALCL) or for persistent seroma or discrete breast mass adjacent to the implant, regardless of why the implants were originally placed. See policy for details. Prophylactic removal of implants is not covered.
Category III CPT codes	Effective 5/1/20 the following codes have been added as covered services. Prior authorization is not required. 0501T, 0502T, 0503T, 0504T Non-invasive measurement of coronary fractional flow reserve, including analysis, interpretation and report (e.g., HeartFlow FFRct analysis) 0616T, 0617T, 0618T Insertion of artificial iris prosthesis

Coverage Policies	Comments / Changes
Investigational services – list of non-covered services	Effective immediately: Q4132 and Q4133 have been removed from the policy. The services are now eligible for coverage. Prior authorization is not required. The following topics have been added to policy. These services are considered investigational and are not eligible for coverage: 43191, 88104 Wide-area trans-epithelial sampling biopsy (WATS3D) for detection of Barrett's esophagus or esophageal dysplasia. 38999, 38589, 15877, 15878, 15879 When used to describe surgical treatment of lymphedema (e.g., excisional procedures, suction assisted protein lipectomy [SAPL], liposuction, microsurgery or vascularized lymph node transfer/transplant [VLNT])
Varicose vein procedures	Effective July 1, 2020, policy revised to include the following: Policy was reorganized for clarity. Initial coverage limitations and documentation requirements for all requests are prominently displayed near the beginning of the policy. Initially, sclerotherapy sessions are limited to two within a six-month period (per affected leg). A session is defined as treatment provided to the affected limb on one date of service. Mechanical occlusion chemically assisted ablation (MOCA) (e.g., ClariVein) has been added as an investigational/non-covered service.

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

Pharmacy Policy updates – 5/1/2020

DIABETIC SUPPLIES FOR STATE PROGRAMS

HealthPartners is updating coverage for diabetic supplies. Coverage for these products will be limited to dispensing as pharmacy claims starting on April 1, 2020 for HealthPartners State Programs. Claims submitted as medical will not be covered.

What products and billing codes are affected?

- Continuous glucose monitors and supplies: A9276, A9277, A9278, K0553, K0554
- Blood glucose test strips and monitors: A4253, A4255, A9275, E2100, E0607, E2101
- Glucose control solutions: A4256
- Lancets and devices: A4258, A4259

Which groups?

- This update applies to HealthPartners State Programs: MinnesotaCare, PMAP, MSC+, and SNBC.

Are members affected?

- Some members will be required to transfer to a pharmacy.
- Claims for some members can be billed differently from their DME provider, as a pharmacy claim rather than a medical claim.

OPIOIDS WITH OTHER HIGH-RISK MEDICATIONS

As part of the national *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act,* also known as the SUPPORT Act, HealthPartners has started new monitoring programs for Medicaid and MSHO members who may be at risk for substance abuse.

Specifically, we will be focusing on the following groups:

- Members on concurrent opioid and benzodiazepine therapy.
- Members on concurrent opioid and antipsychotic therapy.
- Members under 18 on antipsychotic therapy, with emphasis placed on those residing in foster care facilities.

As part of this program, HealthPartners encourages all providers to be mindful of the risks associated with these therapies, and to pursue coordination of care for your patients who may be receiving prescriptions from multiple providers.

COVID-19 UPDATES

- HealthPartners is waiving "refill too soon" requirements for most members. Pharmacies are allowed to override for these prescriptions.
- Prior Authorization Extension Program. Expiration dates for most authorizations are being extended.
- Utilization management has been added for several medications.
    - Hydroxychloroquine and chloroquine have a new PA, reserving new patients to FDA-indications.
    - Albuterol inhalers are limited to two inhalers per month.
    - Azithromycin has a new quantity limit per standard FDA-doses.

RANITIDINE WITHDRAWAL

The FDA announced on April 1, 2020 the withdrawal of all ranitidine products from the market.

This removal is due to a potential presence of N-Nitrosodimethylamine (NDMA) above the acceptable daily intake levels established by the FDA. NDMA has been classified as a probable human carcinogen.

Patients are asked to speak with their health care professional about treatment options before stopping the medicine. Providers are asked to be aware, and help patients transition to available products if needed.

HealthPartners is sending a notification letter to affected members. More information from the FDA is available at **www.fda.gov**.

Please see the **HealthPartners Formulary** for details and a complete list *(path: healthpartners.com/formularies).* For additional information, please contact **peter.s.marshall@healthpartners.com**.

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 Pharmacy Info** *(path: healthpartners.com/provider/admin tools/pharmacy policies),* including the **Drug 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.

Coverage Policies	Comments / Changes
Ado-trastuzumab emtansine (Kadcyla®), pertuzumab (Perjeta®), trastuzumab (Herceptin®, Herzuma®, Kanjinti™, Ogivri™, Trazimera™), and trastuzumab and hyaluronidase-oysk (Herceptin Hylecta™) Medication Policy Medical policy will be updated on the web by 7/1/20. **Coverage policy** can also be found in the medical coverage policy search page, searchable by drug name or billing codes. *(path:healthpartners.com/public/coverage-criteria/)*	Prior authorization is NOT required when prescribed within FDA label or NCCN guidance. Prior authorization is required for all other uses and indications and is considered investigational and experimental. Additional criteria may apply – see the coverage policy for more information.
Teprotumumab (Tepezza) Medical policy will be live on the web by 7/1/20. **Coverage policy** can also be found in the medical coverage policy search page, searchable by drug name or billing codes. *(path:healthpartners.com/public/coverage-criteria/)*	Prior authorization is required. Coverage is restricted to patients meeting the following criteria: • Limited for the treatment of adult patients diagnosed with moderate to severe thyroid eye disease. • Patient has been previously treated and failed a course of IV corticosteroids. • Patient is currently euthyroid. HealthPartners medical injectable site of care policy applies to this therapy. Additional criteria may apply – see the coverage policy for more information.
Luspatercept (Reblozyl) Medical policy will be live on the web by 7/1/20. **Coverage policy** can also be found in the medical coverage policy search page, searchable by drug name or billing codes. *(path:healthpartners.com/public/coverage-criteria/)*	Prior authorization is required. Coverage is restricted to patients meeting the following criteria: • Limited for the treatment of adult patients diagnosed with transfusion dependent beta-thalassemia. • Patient has not had a transfusion-free period of ≥ 35 days in the past 24 weeks. • Patient has not been diagnosed with a deep vein thrombosis or stroke in the past 24 weeks. Additional criteria may apply – see the coverage policy for more information.

Coverage Policies	Comments / Changes
Crizanlizumab (Adakveo) Medical policy will be live on the web by 7/1/20. **Coverage policy** can also be found in the medical coverage policy search page, searchable by drug name or billing codes. *(path:healthpartners.com/public/coverage-criteria/)*	Prior authorization is required. Coverage is restricted to patients meeting the following criteria: • Limited for the treatment of patients ≥ 16 years old diagnosed with sickle cell disease. • Patient is experiencing ≥ 2 vaso-occlusive crises requiring professional care such as hospitalization or emergency department visit in the past 12 months. • Patient has tried and failed both hydroxyurea and L-glutamine as treatment for condition. HealthPartners medical injectable site of care policy applies to this therapy. Additional criteria may apply – see the coverage policy for more information.
Peanut allergen oral immunotherapy (Palforzia) Medical policy will be live on the web by 7/1/20. **Coverage policy** can also be found in the medical coverage policy search page, searchable by drug name or billing codes. *(path:healthpartners.com/public/coverage-criteria/)*	Prior authorization is required. Coverage is restricted to patients meeting the following criteria: • Prescribed for a patient with confirmed peanut allergy between the ages of 4-17 years old or continuation of therapy initiated prior to age 17. • Prescribed by an allergist. A pharmacy policy will also be posted requiring the same clinical criteria. Additional criteria may apply – see the coverage policy for more information.
Vyondys-53 Medical policy will be live on the web by 7/1/20. **Coverage policy** can also be found in the medical coverage policy search page, searchable by drug name or billing codes. *(path:healthpartners.com/public/coverage-criteria/)*	Prior authorization is required. Coverage is restricted to patients meeting the following criteria: • Diagnosis of DMD with documentation of gene amenable to exon 53 skipping. • Prescribed by neurologist with expertise in DMD. • Started in patient < 15 years old. • Includes chart notes confirming a mean 6MTW > 250 meters while walking independently within 8 weeks before starting therapy. • Includes chart notes confirming a North Star Ambulatory Assessment (NSAA) score > 17 within 8 weeks before starting therapy. HealthPartners medical injectable site of care policy applies to this therapy. Additional criteria may apply – see the coverage policy for more information.

Coverage Policies	Comments / Changes
Oncology drug coverage policy Medical policy will be updated on the web by 7/1/20. **Coverage policy** can also be found in the medical coverage policy search page, searchable by drug name or billing codes. *(path:healthpartners.com/public/coverage-criteria/)*	Prior authorization is required for oncology drugs listed on this policy. Drug(s) recently added to this policy include: • PADCEV Additional criteria may apply – see the coverage policy for more information.
Recently FDA-Approved Medications Coverage Policy **Coverage policy** can also be found in the medical coverage policy search page, searchable by drug name or billing codes. *(path:healthpartners.com/public/coverage-criteria/)*	Prior authorization is required for recently approved drugs listed on this policy. Drugs recently added to this policy include: • Vyepti • Sarclisa 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.

Medical Spine Center evaluations suspended

Beginning April 1st, HealthPartners is temporarily suspending the Medical Spine Center (MSC) evaluation requirement for all members as defined in the Spine Surgical Practice – Low Back Pain Office Visits coverage policy. We understand the COVID-19 emergency has impacted staffing across the healthcare community, reducing the number of Medical Spine Specialists available to perform MSC evaluations for patients presenting with low-back pain. HealthPartners will continue to monitor and evaluate the situation to determine an appropriate timeline for reinstating the MSC evaluation requirement in the future.

Link to the low back pain office visit policy *(path: healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_046157)*

Changes to home care Nth visit limits

HealthPartners has made the following changes to home care Nth visit limits before a prior authorization is required. As always, services being provided must meet medically necessary coverage criteria in order to be covered as outlined in the following home care policies: **Home health service** and **Home health service – Minnesota Health Care Programs.**

- Effective May 1, 2020, and for an indefinite time period, HealthPartners **Home health service** policy for members with a commercial plan, the new home care Nth visits limit before a prior authorization is required will be for more than 25 home care visits per discipline per calendar year. This means 25 visits each of skilled nursing (SN), home health aide (HHA), physical therapy (PT), speech therapy (ST), or occupational therapy (OT) received from contracted providers.
- Effective May 1, 2020, and permanently, HealthParnters **Home health service – Minnesota Health Care** policy for members with a Medicaid plan (Minnesota Senior Health Options [MSHO], Minnesota Senior Care Plus [MSC+], Special Needs Basic Care [SNBC] and Minnesota Health Care Program), the new home care Nth visits limit before a prior authorization is required are listed in the grid below.

Service	Nth visit limit
SNV	60
LPN	60
HHA	160
PT eval and treat	25
OT eval and treat	25
ST eval and treat	25

Government Programs

Certify your provider data through the National Plan & Provider Enumeration System (NPPES)

The Centers for Medicare & Medicaid Services (CMS) has announced that beginning January 2020, the National Plan and Provider Enumeration System (NPPES) will now allow providers to certify their National Provider Identifier (NPI) data. Additionally, providers are now allowed to input multiple addresses in NPPES. CMS believes the use of NPPES data will serve as an important resource to improve provider directory reliability and accuracy.

CMS is encouraging plans to work with their contracted providers to review and update their data in NPPES. In addition, CMS will continue their efforts in monitoring and enforcement activities around provider directory accuracy.

Frequently Asked Questions (FAQs) regarding the use of NPPES are available at the following link in the downloads section of the page: **NPPES FAQs**. *(path: cms.gov/Medicare/Health-Plans/ManagedCareMarketing/index)*

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