

# Fast Facts

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News for Providers from HealthPartners Professional Services and Hospital Network Management

## Administrative

### Need A Prior Authorization?

#### NEW PROVIDER PORTAL TOOL

We are pleased to introduce a new tool available to providers: **Verify PA Requirements**. No more wading through hundreds of policies in Coverage Criteria! This tool is designed to simplify the process of determining when a prior authorization is required. All you need are the service codes (CPT/DX) and the tool will determine if a prior authorization is necessary. This new tool also provides a link to the detailed medical coverage policy criteria. If a prior authorization is required, the tool will link you to the resource needed to start the prior authorization request process.

The Verify PA Requirements tool can be found on our provider portal [homepage](https://www.healthpartners.com/provider) (path: *https://www.healthpartners.com/provider*) in the Admin Tools menu or by visiting [www.healthpartners.com/verifyPArequirements](http://www.healthpartners.com/verifyPArequirements).

### Medical Policy updates

#### 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](http://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.

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Coverage Policies	Comments / Changes
Feeding/oral function therapy, pediatric Physical and occupational therapy – habilitative Speech therapy – habilitative	Effective immediately, prior authorization is required after the 64th visit per calendar year per modality. Prior authorization before 64 visits is not required. However, services with specific coverage criteria may be reviewed retrospectively or concurrently to determine if criteria are being met. Retrospective denial may result if criteria are not met.

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](http://healthpartners.com/fastfacts).

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