

Fast Facts

SEPTEMBER 2020

News for Providers from HealthPartners Provider Relations & Network Management

Administrative

National Drug Code update

Effective November 15, 2020, HealthPartners requires the submission of a valid National Drug Code (NDC) for the following unclassified code: J1599 and J7199. Any claims submitted with a missing or invalid NDC will be denied.

For additional information on the NDC policy, please refer to the link for Claims Submission Requirements for Drug Codes under the HPI Administrative Program for Medical Providers which can be found by clicking [HPI Administrative Policies](#).

(path: healthpartners.com/provider-public/administrative-policies/)

2020 Clinical Indicators preliminary results

The preliminary 2020 HealthPartners Clinical Indicators results will be posted to the secured provider portal in mid to late September for a comment period before final publication in November.

The Clinical Indicators Report features comparative provider performance on clinical measures. The primary purpose is to provide valid and reliable information for providers to use in their efforts to improve patient care and outcomes. HealthPartners uses this information to support internal quality improvement initiatives, which includes provider incentive and tiering programs.

To view the document, click [HERE](#) (path: www.healthpartners.com/provider-secure/quality-and-measurement/provider-measurement-results/) and log in to the provider portal. Under the Quality drop down menu, choose Quality and measurement, Performance Measurements and Preliminary 2019/2020 Clinical Indicators Results.

The comment period ends November 5, 2020. The final 2020 Clinical Indicators Report and its Technical Supplement will be available online at healthpartners.com/quality in mid-November. A reminder will appear in the November Fast Facts. Stay healthy.

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Make sure patients can find you

Patients are often seeking to connect with providers. For many, seeing a provider who shares their race, ethnicity or gender is important. This is true for many specialties, but we hear it particularly from those seeking behavioral health providers.

To ensure patients can easily find clinicians in your practice who meet their needs, please update your practice's information in our Provider Data Profile application.

Follow these quick and easy steps:

- Log in at healthpartners.com/provider using your username and password
- Click on **Provider Data Profiles**
- Make updates by clicking on **Edit Practitioner**, including race, country of origin and personal profile

If you need access to the Provider Data Profile application, contact your delegate (located in the help center after you log onto the portal).

Falls discussion/prevention

Fall Prevention Awareness Week is from September 21-25, 2020, and one way to help our patients avoid falls is through our work on the Medicare **Annual Wellness Visits**.

One of the important topics covered in that visit is asking about falls. According to the article below in 2017, Wisconsin and Minnesota were #1 and #2, respectively, for deaths related to falls.

States Where Seniors Are Most Likely to Die From a Fall*

January 21, 2017 by Steven Peters

**Path: <https://247wallst.com/special-report/2017/01/21/states-where-older-americans-are-most-likely-to-die-from-a-fall/>*

The Centers for Medicare & Medicaid Services (CMS) has prioritized this area for the simple reason – falls in the elderly have significant consequences. Medicare health plans are required to survey members, asking if they have talked to their doctors about falls and how to prevent them. As clinicians, we should all be ready to initiate conversations/questions with our patients. There are some pretty simple interventions that we can do to help lessen the risk.

- 1) Medication review – you or MTM to focus on reducing or removing those medications that affect alertness and balance. For seniors, fewer medications and lower doses are always a reasonable approach.
- 2) Encouraging your patients to remain as active as possible – not only with walking, but also through exercise programs offered by community resources and fitness centers. Balance and strengthening, as well as walking, can make a difference. For more targeted approaches a physical therapy referral can always be helpful.
- 3) Encourage your patients to have regular eye appointments and remind them of the importance of proper fitting shoes.

Thanks for your involvement in our Annual Wellness Visit work. It will continue to help our senior patients and ensure our care groups continue to perform successfully in this new Medicare environment.

Tom von Sternberg, M.D.

Explore the resources available from the **National Council on Aging*** which include multiple documents such as caregiver guides, resource lists, falls prevention programs, etc.

**Path: <https://www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-awareness-week/falls-prevention-awareness-week-toolkit/>*

Modifier updates

Effective January 1, 2021 the HPI Medical Claims Policies will be updated to incorporate existing and new modifiers. The existing 63 modifier will be updated. A detailed list of changes will be available on the Provider Portal on the [Fee Schedules update](#) page. You can find link to the Fee Schedule updates page when logged on located in your Library menu (login, Library, Fee Schedule Updates).

Medical Policy updates – 9/1/2020

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
Vitamin D testing	<p>Effective immediately:</p> <p>Coverage of vitamin D testing is extended to certain pregnancy-related testing. Refer to online policy for complete list of covered indications.</p>
Genetic testing: Cancer management	<p>Effective 1/1/2021, revisions include:</p> <ul style="list-style-type: none"> Clarification of genes that are eligible for targeted multiple-gene testing of certain cancers. When testing with OncotypeDx Breast Recurrence Score® (Exact Sciences Corporation), axillary lymph nodes must be free of cancer. <p>All of the following information must be provided with any prior authorization request:</p> <ul style="list-style-type: none"> A description of the test, including a list of all genes (or other genetic-related material) that the test will evaluate. The name of the physician or healthcare provider who ordered the test. The name of the laboratory that is performing the test. The name of the laboratory, clinic, or other facility that will bill for the test. All procedure codes that will be billed related to the entire test.
Home phototherapy	<p>Effective immediately:</p> <p>Prior authorization is no longer required for multidirectional light therapy systems/cabinet units for home ultraviolet B (UVB) phototherapy (E0694) and replacement bulbs/lamps (A4633).</p> <p>Covered diagnoses remain psoriasis, atopic dermatitis (atopic eczema), mycosis fungoides, and vitiligo. All other indications are non-covered.</p>

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

Pharmacy Medical Policy updates – 9/1/2020

Formulary updates

COMMERCIAL DRUG FORMULARY

- Coverage criteria have been added for several new drugs, including lemborexant (Dayvigo), cenobamate (Xcopri), and bempedoic acid/ ezetimibe (Nexlizet).
- Several medications have been added to the formulary, including budesonide/formoterol (Symbicort generic) with prior authorization coverage criteria.
- Adapalene 0.01% gel will be preferred over other forms and strengths of adapalene, starting January 1, 2021.
- Tazarotene 0.01% cream will be preferred over other forms and strengths of tazarotene, starting January 1, 2021.

Updates for State Programs and for Medicare are included in the link below.

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

Pharmacy Medical Policies

Commercial Groups, effective October 1, 2020.

Coverage Policies	Comments / Changes
Eptinezumab (Vyepti)	This new medication is covered with criteria. This update applies to Commercial groups and for State Programs.
Medications for risk reduction of primary breast cancer in women	Updated to include aromatase inhibitors such as anastrozole (Arimidex), exemestane (Aromasin), and letrozole (Femara). This update applies to Commercial groups and for State Programs.
Pegfilgrastim (Neulasta, Fulphila, Udenyca, and Ziextenzo)	Updated to cover home IV sites of care.
Oncology drug coverage	Prior authorization is required for oncology drugs listed on this policy. Drugs recently added to this policy include: <ul style="list-style-type: none">• Lurbinectedin (Zepzelca) Additional criteria may apply. See the coverage policy for more information.

Coverage Policies	Comments / Changes
Recently FDA-Approved Medications	<p>Prior authorization is required for recently approved drugs listed on this policy. Drugs recently added to this policy include:</p> <ul style="list-style-type: none"> Inebilizumab (Uplizna) <p>As drugs are approved for use by the FDA, Pharmacy Administration will add to this policy if prior authorization is required.</p>

State Programs, effective September 1, 2020 for new starts, and November 1, 2020 for current members.

Coverage Policies	Comments / Changes
Trastuzumab (Herceptin, Kadcyła, Herzuma, Kanjinti, Ogivri, Ontruzant, Trazimera) and pertuzumab (Perjeta)	New policy to prefer brand-name Herceptin. Removing covered codes for biosimilars.
Bevacizumab (Avastin, Mvasi, Zirabev)	New policy to prefer brand-name Avastin over biosimilars.
Filgrastim (Neupogen, Nivestym, Zarxio)	New policy. Neupogen is preferred (no prior auth), and Nivestym and Zarxio are non-preferred (adding prior auth).
Pegfilgrastim (Neulasta, Fulphila, Udenyca, and Ziextenzo)	New policy. Biosimilars Fulphila, Udenyca, and Ziextenzo are preferred (no prior auth), and Neulasta is non-preferred (adding prior auth).
Rituximab (Rituxan, Ruxience, Truxima, and Rituxan Hycela)	New policy to prefer brand-name Rituxan. Removing covered codes for biosimilars.

Coverage policy can also be found in the medical coverage policy search page, searchable by drug name or billing code.

Path: www.healthpartners.com/public/coverage-criteria

Government programs

CMS coding changes update

The Centers for Medicare & Medicaid Services (CMS) is implementing changes to the Evaluation & Management (E/M) codes for new patients effective 1/1/2021. HealthPartners is following their lead and will provide more information once the final CMS release is available. When HealthPartners obtains more information regarding the changes, we will send out revised market baskets and fee schedules illustrating the impact to the E/M codes for new patients.

WHAT IS CMS CHANGING?

Today, CMS has five levels of Current Procedural Terminology (CPT) coding for *established* patients, which will remain the same for 2021. CMS currently has five levels of coding for *new* patients, but this will be reduced to four levels effective 1/1/2021. Additionally, the CPT code changes reflect revised code definitions and times associated with the visits and medical decision making process.

Please review the [CMS website](#) if more information is needed.

(path: www.cms.gov/newsroom/fact-sheets/finalized-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar)

Matrix outreach restarts

HealthPartners had been working with Matrix Home Health Care Specialists to provide an in-home comprehensive health risk assessment to some members. Selected members are invited to have a home-based health risk assessment performed by a nurse practitioner at no cost to the member. The goal of the program is to identify care gaps and get members connected or reconnected with their primary care clinics, as well as document chronic conditions. Visits were stopped in March due to the Coronavirus, but the program will restart in August with additional safety measures in place.

If your team receives a call from a patient asking what Matrix is, please assure them HealthPartners is partnering with Matrix and encourage them to call the HealthPartners Member Services number on the back of their HealthPartners insurance card. Our Member Services call centers are familiar with this program.

The results of the assessment are shared with members, the primary care provider and internal HealthPartners programs as applicable.

PROCESS AND SAFETY MEASURES IN PLACE:

PRE-VISIT

- When called to schedule a visit, members are asked three screening questions:
 - Have you or anyone you live with traveled outside the US within the past 14 days?
 - Have you or anyone you live with been exposed to anyone diagnosed with Coronavirus?
 - May I ask – have you or anyone you live with recently developed a fever, cough, shortness of breath, body aches or fatigue?
- 2-5 days prior to visit member is called again and asked same three screening questions.
- If at any time the member answers **yes**, the visit is rescheduled 3-4 weeks out.

DAY OF VISIT

- Prior to the clinician's arrival at the member's home, they will contact the member via phone and asked these two screening questions:
 - Have you or anyone you live with had a known exposure to anyone diagnosed with Coronavirus?
 - Have you or someone you live with recently developed symptoms of current illness including fever of 100°F, cough, shortness of breath or difficulty breathing, chills, repeated shakes with chills, muscle pain, headache, and/or new loss of taste or smell?
- As before, if **yes** the visit is rescheduled 3-4 weeks out.

ENTERING MEMBER'S HOME

- A member is asked to wear a mask during the visit and provided one if they do not have one.
- Physical distancing is abided, attempting to keep a 6 foot distance when possible between the clinician and member.
- Personal protective equipment (PPE) donning and doffing protocols are strictly adhered to.
- Matrix providers will be screened for COVID-19. Exact frequency and logistics are dependent upon geographies and volume of membership

Covid-19 Updates

Find the latest on Covid-19 reimbursement and policies at healthpartners.com/provider-covid19.

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.

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