

# Fast Facts

JUNE SPECIAL EDITION 2021

News for Providers from HealthPartners  
 Provider Relations & Network Management

## Administrative

### Opioid monitoring

HealthPartners monitors the opioid prescribing rates for members who receive care at our network of providers. These rates are posted on our provider portal so clinic systems can compare themselves to other systems. Under Clinical Resources, click on [Meeting the Challenges of Opioids and Pain](#). ([healthpartners.com/provider-public/condition-resources/opioids/](http://healthpartners.com/provider-public/condition-resources/opioids/))

Full year information for 2020 is now available in the Provider Rates tab. You can also find useful clinical resources such as the [MN Opioid Prescribing Guidelines](#) ([mn.gov/dhs/assets/mn-opioid-prescribing-guidelines\\_tcm1053-337012.pdf](http://mn.gov/dhs/assets/mn-opioid-prescribing-guidelines_tcm1053-337012.pdf)) and a link to the [MN Provider Toolkit](#) ([stratishealth.org/wp-content/uploads/2020/07/Opioid-provider-toolkit.pdf](http://stratishealth.org/wp-content/uploads/2020/07/Opioid-provider-toolkit.pdf)).

For more information, contact Patty Graham at [patty.r.graham@healthpartners.com](mailto:patty.r.graham@healthpartners.com).

### Additional claims edit for GZ modifier on Vitamin D tests

HealthPartners has added an additional edit in our claims system for vitamin D testing effective 7/15/2021. This new edit will be activated when a provider bills the GZ modifier, as well as when they do not bill a modifier for a vitamin D testing claim. The edit will allow the claims to automatically process to provider liability when a provider did not receive a waiver for vitamin D testing. When providers use the GZ modifier they are stating that they did not get a waiver from the member and will accept the liability for these testing claims just as if they billed no modifier.

*Reminder: The claim is adjudicated using the primary diagnosis code at the line item on professional claims, and the primary diagnosis on the claim for facility claims. If the vitamin D test is performed for a diagnosis that is covered according to the policy, it is important to make sure that the diagnosis is appropriately listed on the claim in order to avoid claim denials.*

If the provider did receive a member waiver, then the provider should continue to bill the GA modifier, which will automatically process the claim under the member liability. Nothing has changed for the GA modifier processing, and a waiver may be requested for processing of these claims.

To review our Use of GA, GY or GZ policy, please click on the following link: [Use of GA, GY or GZ Modifiers](#). Scroll through the list of administrative policies down to GA, GY or GZ Modifiers on Claim Submissions for Medicare Plans. This policy is applicable for both Medicare and commercial plans.

### INSIDE THIS ISSUE

	<u>Page</u>
<b>Administrative Information</b>	
Opioid monitoring	1
Additional claims edit for GZ modifier on Vitamin D tests	1
Medical Policy updates	2
<b>Patient Perspective</b>	
Colorectal cancer screening member outreach	3
<b>Events</b>	
HPV and Oropharyngeal Cancers	4

## Medical Policy updates – 6/1/2021

### 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](https://www.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
Continuous passive motion (CPM) devices	<p>Policy effective 8/1/2021. Policy revised. Added:</p> <p>CPM use must be combined with a physical therapy (PT) program. Active muscle conditioning is required as part of physical therapy.</p> <ul style="list-style-type: none"> <li>Physical therapist's notes must be submitted, or there must be a physician's statement in the clinical documents that explains why physical therapy is contraindicated.</li> <li>If a member is unable to complete physical therapy due to progressively worsening pain and disability, documentation in the physical therapy notes demonstrating this is required.</li> <li>The requirement for physical therapy will not be met if there is a failure to complete prescribed physical therapy for non-clinical reasons.</li> </ul>
Genetic testing: carrier screening, prenatal screening, prenatal diagnosis, and infertility evaluation	<p>Policy will be retired effective 8/1/2021.</p> <p>Prenatal genetic testing will be addressed on four new policies. See below for details.</p>
Genetic testing for prenatal diagnosis (via amniocentesis, CVS, or PUBS) and pregnancy loss	<p>Effective 8/1/2021: New policy. Prior authorization is not required.</p> <p>New coverage criteria for genetic testing for pregnancy loss. Coverage criteria for prenatal diagnosis were significantly revised.</p> <ul style="list-style-type: none"> <li>Prenatal diagnosis for single-gene disorders for variants of unknown significance (VUS) is considered investigational/experimental.</li> <li>Prenatal diagnosis using genome sequencing is considered investigational/experimental.</li> </ul> <p>Please refer to published policy for details.</p>
Preimplantation genetic testing	<p>Effective 8/1/2021: New policy. Prior authorization is not required.</p> <p>Coverage criteria for preimplantation genetic testing were significantly revised.</p> <ul style="list-style-type: none"> <li>Preimplantation genetic testing for aneuploidy (PGT-A) is considered investigational/experimental.</li> <li>Preimplantation genetic testing for structural rearrangement (PGT-SR) testing and monogenic disorder (PGT-M) have specific criteria for medical necessity review.</li> </ul> <p>Please refer to published policy for details.</p>

Coverage Policies	Comments / Changes
Genetic testing: non-invasive prenatal screening (NIPS)	<p>Effective 8/1/2021: New policy. Prior authorization is not required.</p> <p>Coverage criteria significantly revised.</p> <ul style="list-style-type: none"> <li>NIPS for microdeletion syndromes, for predicting twin zygosity and for single-gene disorders are considered investigational.</li> </ul> <p>Please refer to published policy for details.</p>
Genetic testing for prenatal and preconception carrier screening	<p>Effective 8/1/2021: New policy. Prior authorization is not required.</p> <ul style="list-style-type: none"> <li>Coverage criteria and indications are specific to carrier screening.</li> </ul> <p>Please refer to published policy for details.</p>

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

# Patient Perspective

## HealthPartners colorectal cancer screening member outreach

### ANNOUNCING HEALTHPARTNERS 2021 FIT OUTREACH PROGRAM

This summer, HealthPartners is again launching our FIT colon cancer screening home test kit program.

A change in the 2021 program is that members will opt into the program instead of HealthPartners automatically sending them a FIT test kit. Eligible members will receive either an email or postcard advising the FIT screening kit is available to order online. Members who order a FIT kit will have 60 days from the date the kit was shipped to return the completed test kit.

Results from last year’s program – including a 19.4 percent overall return rate – indicate this program is having a positive impact on members’ health by catching issues early. This program supports the health of our members and improves the performance of providers on publically reported measures such as Minnesota Community Measurement.

#### WHO IS INCLUDED IN THE PROGRAM?

The outreach population includes members due for colorectal cancer screening based on health plan claims data:

- Commercial unattributed members
- All Medicare/Medicare Advantage members

#### WHAT HAPPENS WITH THE TEST RESULTS?

All members will receive their test results on the online account they created when they ordered the test. The member’s test results will interface with EPIC. The member will be notified when their results are ready to access. Providers may access their patient results through Care Everywhere.

In addition, if the member has a positive test result, we will call any member to review their results and support appropriate follow-up care including colonoscopy. Per claims review, if a member with a positive FIT result has not completed a follow-up office visit or exam, a nurse from HealthPartners Quality Improvement and Compliance will also reach out to that member.

## WHAT'S THE COST?

There is no cost to the member for the kit and the lab fees. The care is covered under the preventive office visit benefit (100 percent coverage).

If a FIT comes back positive and the member needs a colonoscopy, that procedure will be considered preventive – not diagnostic. We process colonoscopies under the preventive benefit unless a member is experiencing symptoms. Since the FIT looks for hidden blood in the stool, it's unlikely a member will have symptoms before that.

## WHAT DOES THE FUTURE LOOK LIKE?

We'll use the results of the 2021 campaign to guide our strategy going forward.

## QUESTIONS?

Contact Anne Book at [ann.m.book@healthpartners.com](mailto:ann.m.book@healthpartners.com) or Dawnya Mohs at [dawnya.r.mohs@healthpartners.com](mailto:dawnya.r.mohs@healthpartners.com).

# Events

## HPV and Oropharyngeal Cancers

**JUNE 2 | 12:15-1:00 P.M.**

Human Papillomavirus (HPV) is associated with six different cancers. Cancers in the back of the throat (oropharynx) traditionally have been caused by tobacco and alcohol, but recent studies show that 70 percent of cancers of the oropharynx may be linked to HPV.

Kathryn M. Van Abel, MD will talk about the increase in HPV-associated head and neck cancers and the most effective ways to treat them.

Presented by the American Cancer Society® and Mayo Clinic.

**RESERVE YOUR SPOT AT:**

<https://zoom.us/meeting/register/tJMtdeusrD0qHNO66q6zoOlls4i-A5In-vDt>

After registering you will receive a confirmation email containing information about joining the meeting.

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 the phone number, please call **952-883-5589** or toll-free at **888-638-6648**. This newsletter is available online at [healthpartners.com/fastfacts](https://healthpartners.com/fastfacts).

**Fast Facts Editors:** Mary Jones and David Ohmann