



Fast Facts – Special Edition

News for Providers from HealthPartners
Provider Relations & Network Management

December 2025

Administrative

Upcoming change to Refund Recovery Process

HealthPartners' Claims Department is implementing a new refund recovery process that will allow us to complete claim adjustments without issuing the current recoupment letter. As a result, some provider accounts may show a credit (negative) balance. When a negative balance is present, a standard remit will not be generated until additional claims are processed. If claims processing information is needed, providers will have access through the Provider Portal to the individual claims processing details.

To ensure providers continue receiving clear and timely information, the new process will automatically generate a Negative Vendor letter that outlines:

- The claims that resulted in the credit balance, and
- Any subsequent claims applied to increase or decrease that balance.

Providers will receive these letters each time their overall balance changes. Once the credit balance is fully resolved, standard remits will resume with all normal payment details. Providers may also choose to clear a negative balance at any time by submitting a refund check for the credited amount.

HealthPartners will initially launch this new process for all government products and commercial fully insured plans. After successful implementation, we plan to expand the process to commercial self-insured products.

If you have any questions, please contact the Claims Department or your Contracting Service Specialist.

Medical Policy updates – 12/01/2025

MEDICAL, BEHAVIORAL HEALTH, 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 [Coverage criteria policies | HealthPartners](#). 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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HealthPartners Coverage Policies	Comments / Changes
Walkers – Minnesota Health Care Programs	<p>Effective immediately, policy revised to reflect updates to the MHCP provider manual outlined below.</p> <ul style="list-style-type: none"> • Combination wheeled walkers with seat and transport chair (E0150) are not covered as they are considered an item of convenience and substantive research is lacking.
Panniculectomy	<p>Effective 02/01/2026</p> <ul style="list-style-type: none"> • Colored photographs are required with submission for a panniculectomy.
Skilled nursing facility (SNF)	<p>Effective immediately, HealthPartners will follow the InterQual® October 2025 release of the Subacute and Skilled Nursing Criteria. Applicable subsets are listed below:</p> <ul style="list-style-type: none"> • Acute Infections (SAC-SNF) • Cancer (SAC-SNF) • Cardiovascular and Coagulation Disorders (SAC-SNF) • General Surgery (excludes Orthopedic Surgery, Major Joint Replacement and Spinal Surgery) (SAC-SNF) • Medical Management (SAC-SNF) • Pulmonary (SAC-SNF) <p>The criteria subsets will apply to HealthPartners' Commercial members and be utilized to determine medical necessity of SNF admissions.</p> <p>Note: The InterQual® May 2025 release is still the most current version for the criteria subsets listed below. These subsets will continue to be used to determine medical necessity of SNF admissions:</p> <ul style="list-style-type: none"> • Acute Neurologic (SNF) • Major Joint Replacement or Spinal Surgery (SNF) • Orthopedic Surgery (excludes Major Joint Replacement or Spinal Surgery) (SNF) May 2025 • Orthopedic/Musculoskeletal (SNF) May 2025 <p>Note: The InterQual® March 2025 release is still the most current version for the criteria subsets listed below. These subsets will continue to be used to determine medical necessity of SNF admissions:</p> <ul style="list-style-type: none"> • Pediatric (SAC) • Transition Plan

HealthPartners Coverage Policies	Comments / Changes
Bone growth stimulator, electrical and ultrasonic	<p>Effective February 1, 2026, policy updated.</p> <ul style="list-style-type: none"> • Radiograph/imaging criteria have been updated to include other clinically appropriate diagnostic imaging (e.g., CT or MRI). • Removed coverage under noninvasive electrical bone growth stimulators that allowed review on a case-by-case basis for possible coverage in conjunction with surgery for certain fractures associated with high risk of nonunion.
Inpatient care	<p>Effective February 1, 2026, policy updated.</p> <ul style="list-style-type: none"> • MCG Health guidelines will no longer be applied to inpatient care. • HealthPartners will apply the following InterQual® March 2025 criteria for inpatient care. <ul style="list-style-type: none"> ○ Behavioral Health: Adult and Geriatric Psychiatry ○ Behavioral Health: Child and Adolescent Psychiatry ○ Behavioral Health: Substance Use Disorders – Inpatient Detoxification ○ Behavioral Health: Substance Use Disorders – Inpatient Level of Care ○ Level of Care: Acute Adult (except as specified below) ○ Level of Care: Acute Pediatric (except as specified below) • HealthPartners will apply the following InterQual® October 2025 criteria for inpatient care. <ul style="list-style-type: none"> ○ Level of Care: Acute Adult – Epilepsy ○ Level of Care: Acute Adult – Extended Stay ○ Level of Care: Acute Adult – General Medical ○ Level of Care: Acute Pediatric – Extended Stay
Residential – psychiatric residential treatment facility (PRTF) – Minnesota Residential – psychiatric residential treatment facility (PRTF) – Minnesota Health Care Programs	<p>Effective February 1, 2026, policy updated.</p> <ul style="list-style-type: none"> • MCG Health guidelines will no longer be applied to PRTF services. • HealthPartners will apply the following InterQual® March 2025 criteria for PRTF services. <ul style="list-style-type: none"> ○ Inpatient Behavioral Health Level of Care; Adult and Geriatric Psychiatry ○ Inpatient Behavioral Health Level of Care; Child and Adolescent Psychiatry

Coverage Policies	Comments / Changes
Durable medical equipment and supplies – Minnesota Health Care Programs	<p>Effective immediately, policy revised to reflect updates to the MHCP provider manual.</p> <ul style="list-style-type: none"> • DHS expanded the list of noncovered bath and toilet equipment items to include bathtub floor base rails, hand-held shower units, and toilet rails. Our policy was updated to reflect noncoverage for these items.
Transplants	<p>Effective February 1, 2026, policy updated.</p> <ul style="list-style-type: none"> • Under “Allogeneic bone marrow transplants or blood stem cell support (myeloablative or nonmyeloablative) associated with high-dose chemotherapy,” the following indications have been added: <ul style="list-style-type: none"> ○ Globoid cell leukodystrophy (Krabbe disease) ○ Metachromatic leukodystrophy ○ Dyskeratosis congenita (DC) • Under “Autologous bone marrow transplants or blood stem cell support associated with high-dose chemotherapy,” the following indications have been added: <ul style="list-style-type: none"> ○ Atypical teratoid rhabdoid tumor ○ Multiple sclerosis – relapsing-remitting • Juvenile idiopathic arthritis will be added to the list of noncovered investigational transplant indications. • Requests for other transplant indications not addressed on the policy will be reviewed on a case-by-case basis by a medical director.

Cohere Coverage Policies	Comments / Changes
REVISED Cohere Health Medicare Advantage policies	<p>Effective 2/1/2026, Cohere Health’s coverage criteria policy applicable Medicare Advantage plans, will be revised. Please refer to the posted policy online under HealthPartners, Upcoming Policy Changes at HealthPartners: Cohere Medicare Advantage & Commercial/Medicaid Policies – Payer Information (zendesk.com) to review the policy changes.</p> <ul style="list-style-type: none"> • Computed Tomography Angiography (CTA), Abdomen/Pelvis, including Lower Extremity Runoff • Magnetic Resonance Angiography (MRA), Upper Extremity • Magnetic Resonance Imaging (MRI), Abdomen and Magnetic Resonance Cholangiopancreatography (MRCP)

Cohere Coverage Policies	Comments / Changes
REVISED Cohere Health Medicare Advantage policies <i>(Cont'd)</i>	<ul style="list-style-type: none"> • Magnetic Resonance Imaging (MRI), Chest • Magnetic Resonance Spectroscopy • Computed Tomography (CT), Brain • Computed Tomography (CT), Colongraphy • Computed Tomography (CT), Face/Sinus • Computed Tomography (CT), Lower Extremity • Computed Tomography (CT), Neck (Soft Tissue) • Computed Tomography (CT), Orbit/Ear/Sella • Computed Tomography (CT), Spine (Cervical, Thoracic, and Lumbar) • Computed Tomography (CT), Upper Extremity • Magnetic Resonance Angiography (MRA), Abdomen/Pelvis • Magnetic Resonance Angiography (MRA), Chest • Magnetic Resonance Angiography (MRA), Lower Extremity • Magnetic Resonance Angiography (MRA), Spinal Canal • Magnetic Resonance Imaging (MRI), Bone Marrow • Magnetic Resonance Imaging (MRI), Brain • Magnetic Resonance Imaging (MRI), Brain Functional • Magnetic Resonance Imaging (MRI), Lower Extremity • Magnetic Resonance Imaging (MRI), Neck/Orbit/Face • Magnetic Resonance Imaging (MRI), Pelvis • Magnetic Resonance Imaging (MRI), Spine (Cervical, Thoracic) • Magnetic Resonance Imaging (MRI), Temporomandibular Joint (TMJ) • Positron Emission Tomography (PET)/PET-Computed Tomography (CT)

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

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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