

HPHCURRENT EVENTS**Harvard Pilgrim Network Meeting: Sign Up for our Andover Event**

We're continuing our regional network engagement series in Massachusetts on July 17, 2019 in Andover and invite providers and office staff to register for the event.

We're hosting these forums because we're invested in improving your experience with us and keeping you and your office staff well informed. The agenda features news and updates, product and policy information, tips for using online resources and tools as well as an overview of our updated electronic referral and authorization functionality. Just as importantly, we welcome this invaluable opportunity to hear your firsthand feedback on what works best when doing business with us.

The event details are as follows:

Date: July 17, 2019

Time: 9 a.m. to 11:30 a.m.

Location: Andover Country Club

Address: 60 Canterbury Street Andover, MA 01810

Schedule:

9:00 a.m.– Continental breakfast and networking

9:30 to 11:30 a.m. – Presentation

If you would like to attend, please register in advance by submitting the requested information on the [event RSVP page](#).

For additional details, please contact your [Provider Relations Consultant](#) and look to future issues of *Network Matters* for information about upcoming events in other states. ◆

Reminder: Sign Up for a Webinar on Cardiac Diagnostic Imaging Authorization Program

As we noted in last month's issue of the newsletter, for dates of services beginning July 1, 2019, Harvard Pilgrim will require prior authorization for commercial members for the following non-emergent cardiac diagnostic tests and interventional procedures through National Imaging Associates, Inc. (NIA):

- Cardiac Resynchronization Therapy (CRT)
- Implantable Cardioverter Defibrillator (ICD)
- Pacemaker Insertion
- Transthoracic Echocardiography (TTE)
- Transesophageal Echocardiography (TEE)
- Stress Echocardiography
- Heart Catheterization

This is in addition to cardiac studies that are currently part of our existing diagnostic imaging authorization program with NIA, including cardiac computed tomography angiographies (CCTA), multi-gated acquisition (MUGA) scans, and myocardial perfusion imaging (MPI)/nuclear stress tests. For complete details, please refer to [NIA's clinical guidelines](#) and the [Utilization Review Matrix](#).

Register for a webinar

NIA is offering educational webinars for providers who would like more information on this program and the authorization process. To register for one of the following sessions, click on the link below:

- [Tuesday, June 18 at 8 a.m. EST](#)
- [Wednesday, June 19 at noon EST](#)
- [Tuesday, June 25 at noon EST](#)
- [Thursday, June 27 at 8 a.m. EST](#)
- [Wednesday, July 10 at noon EST](#)
- [Tuesday, July 16 at 8 a.m. EST](#)

Please refer to [this webinar flyer](#) for complete details on how to sign up for and log into one of these educational sessions.

Requesting authorization and submitting claims

Ordering physicians may request authorization via the NIA website (www.RadMD.com) or by phone at 800-642-7543. NIA will begin accepting authorization requests on June 24, 2019. Providers can check on the status of their authorization requests easily through www.RadMD.com (log in and select the "My Exams Requests" tab).

Please continue to send claims directly to Harvard Pilgrim as you do today (see the [Billing and Reimbursement section](#) of our commercial *Provider Manual*).

To ensure appropriate reimbursement, it is important that the rendering provider/facility confirms that authorization has been obtained prior to performing the procedure, as Harvard Pilgrim will deny payment if any of the above listed cardiac

studies are performed without prior authorization. Members cannot be balance billed for such procedures.

Resources to assist you

For more information on this change, please refer to the following provider education materials:

- [Cardiac Checklist](#)
- [Cardiac Frequently Asked Questions](#)
- [Cardiac Quick Reference Guide](#)
- [Cardiac Tip Sheet](#) ◆

GIC Product Updates Effective July 1

The 2019-2020 plan year for Harvard Pilgrim and the Group Insurance Commission's (GIC's) Primary Choice HMO and Independence Plan POS begins on July 1, 2019. Any updates to provider tier assignments for these products will take effect on that date. Providers received their tier assignments in March 2019.

Because Primary Choice is a limited-network product, some of Harvard Pilgrim's contracted providers do not participate in the Primary Choice network. For additional product details, please refer to the [GIC Primary Choice HMO](#) and [GIC Independence Plan POS](#) product pages in Harvard Pilgrim's online *Provider Manual*. For provider tiering information, please visit our provider [GIC 2019-2020 Plan Year webpage](#). ◆

New Complex Care Program for Medicare Advantage Members

Harvard Pilgrim Health Care is offering a new care coordination program for chronically ill Medicare Advantage members with complex health and social needs. The program — which is expected to launch next month and will focus on Medicare Advantage members who live in Massachusetts — is being offered in conjunction with Landmark Medical Massachusetts, PC.

The program offers highly coordinated care that is designed to keep high-need patients as healthy as possible, reducing avoidable emergency room visits and hospital admissions. Landmark will offer these members in-home care (by MDs, NPs, or PAs) including well, post-acute and urgent visits; patient and caregiver education; and 24/7 phone support. A team of clinicians is available to support the patient, including behavioral health specialists, palliative care specialists, pharmacists, nurse care managers, dietitians and social workers.

Landmark will promote the provider's care plan in the patient's home and communicate with the PCP after each home visit, following up by phone, direct message or mail, depending on the provider's preference.

The program is voluntary, and the home visits are offered at no cost to the patient. To be eligible, patients must have multiple chronic conditions (such as coronary heart disease, diabetes, chronic kidney disease, cancer, disabling conditions such as paralysis or amputation, fluid and electrolyte disorders, etc.) and may also face social and lifestyle/behavioral challenges.

If one of your patients qualifies for this care coordination program, we'll send you a letter providing the patient's name, additional information about the program, and Landmark contact information. Additional information is also available at www.landmarkhealth.org. ♦

Child-Adolescent Mental Health Coverage for July 1, 2019

In December 2018, the Massachusetts (MA) Division of Insurance and the MA Department of Mental Health [issued a bulletin](#) to clarify certain mandated child-adolescent mental health services for commercial health plans in the state. As a result, beginning July 1, 2019, Harvard Pilgrim's fully insured commercial plans will offer coverage for the intermediate care and outpatient services outlined below, to ensure that children and adolescents have access — in the least restrictive clinically appropriate setting — to services to diagnose and treat mental health disorders that substantially interfere with or limit their functioning and social interactions.

Intermediate care services:

- Community-based acute treatment (CBAT) — intensive therapeutic services provided in a staff-secure setting on a 24-hour basis
- Intensive community-based acute treatment — provides the same services as CBAT for children and adolescents but at a higher intensity, roughly between residential and inpatient levels of care
- Mobile crisis intervention — short-term, mobile, on-site, face-to-face therapeutic response service that is available 24/7 to a child experiencing a behavioral health crisis to identify, assess, treat and stabilize a situation

Outpatient services:

- Intensive care coordination — targeted case management to children and adolescents with a serious emotional disturbance
- In-home behavioral services — a combination of behavior management therapy and behavior management monitoring provided where the child resides

- In-home therapy — therapeutic clinical intervention or ongoing therapeutic training and support provided where the child resides

Additionally, beginning July 1, 2020, Harvard Pilgrim’s fully insured commercial plans will cover family support and training and therapeutic mentoring services for children and adolescents.

Optum/UBH (Harvard Pilgrim’s behavioral health partner) can help with referrals for behavioral health services by locating in-network services as well as practitioners. To refer a patient for behavioral health services, call Optum at 888-777-4742. ◆

CLINICIAN CORNER

Update: Electronic Authorization & Use of InterQual®

On July 15, Harvard Pilgrim is updating our HPHConnect electronic authorization screens — including adding an upload feature for clinical documentation — and expanding our use of InterQual® criteria and tools.

[In last month’s newsletter](#), we noted several policies for which InterQual criteria and tools will be used. In addition, our [Hospice Medical Review criteria](#) will utilize an electronic questionnaire developed with InterQual.

Our [Skilled Nursing Facility and Subacute Care](#) and [Inpatient Rehabilitation/Long-Term Acute Care](#) policies will also utilize InterQual criteria, but rather than completing electronic questionnaires, providers should complete and submit the [Post-Acute Care Admission for SNF, LTAC, and Acute Rehab Prior Authorization Request Form](#), formerly the Extended Care Facility Request Form. (For additional information on these services, please refer to the [Elective Admission Notification](#), [Emergent Department/Urgent Admission Notification](#), and [SNF and Rehabilitation Facility Authorization](#) policies.)

Among the key points to keep in mind for the upcoming July updates:

- **HPHConnect for authorizations**— Our HPHConnect electronic authorization screens will be streamlined and even easier for users to navigate with smart search features, saved templates, added functionality to support electronic criteria questionnaires, and clinical documentation upload.
- **Upload clinical documentation electronically** —You’ll also be able to submit your clinical documentation through a new Clinical Upload feature. When entering your authorization request, click on the “Clinical Upload” button to easily attach any required images or clinical documentation.

- **Electronic authorization questionnaires** — If a policy has an electronic questionnaire associated with it, the questionnaire will open automatically when you enter your request for authorization electronically in HPHConnect. Then you'll be asked to answer a series of questions to help determine medical necessity. We partnered with InterQual to create these questionnaires (a variation of InterQual's PDF Smartsheets) and anticipate that having this information available at the time of the request will enable a quicker, more efficient authorization determination.
- **Still three ways to request authorization** — The preferred method for providers to request authorization is electronically through HPHConnect or NEHEN. However, we will continue to accept authorization requests by phone (800-708-4414) or fax (800-232-0816).
- **InterQual criteria accessible on HPHConnect** — Any proprietary InterQual information will appear on HPHConnect rather than the policy displayed on our public provider website. You may access this information by logging into [HPHConnect](#) (select Resources and the InterQual link) or by contacting the commercial Provider Service Center at 800-708-4414.

We will offer a variety of training materials and webinars to walk you and your office staff through these changes and ensure that you have all the information you need. Look to future issues of *Network Matters*, as well as the HPHConnect homepage, for more information. ◆

Update: Maximum Dosages for Medical Drugs

As you may know, Harvard Pilgrim applies industry standard claims edits and does not reimburse for drug dosages above limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines for certain medical drugs for our commercial members. Periodically, we review and update the list of medical drugs for which this applies. As a result, effective for dates of service beginning August 1, 2019, Harvard Pilgrim will be applying these dosage and frequency limits for the medications listed below.

Brand Name (Procedure Code)		
Avastin	Exondys 51	Opdivo
Carimune NF	Glassia	Perjeta
Cimzia	Granix	Renflexis
Cinqair	Herceptin	Rituxan
Docetaxel/Docefrez	Inflectra	Somatuline Depot
Dysport	Keytruda	Velcade
Elelyso	Lemtrada	Venofer
Eligard	Myobloc	Xeomin

Entyvio	Nucala	Xgeva
Erbitux	Ocrevus	Yervoy
Erwinaze	Oncaspar	

A [full list of the medical drugs](#) for which the maximum dose policy applies is available on our provider website and a more detailed list that includes the maximum dosages is available in HPHConnect, Harvard Pilgrim’s secure web-based transaction tool. You’ll find that list in the “Office Management” section of HPHConnect. If you are currently not a user of HPHConnect, it’s quick and easy [to register](#) online.

Harvard Pilgrim reserves the right to conduct post-payment review and audit of claims submitted for drugs and may recover payments made for amounts in excess of the FDA labelling. For more information, please refer to the [Drug Dosage and Frequency Medical Policy](#). ♦

Reminder: Notification and Concurrent Review for Inpatient Stays

We want to share a few reminders on policies that Harvard Pilgrim has in place to ensure our members receive evidence-based, well-coordinated, and cost-effective care during inpatient stays.

Notification requirements

Harvard Pilgrim requires notification for all emergent and non-emergent inpatient admissions. Admitting hospitals must notify Harvard Pilgrim within two business days following a member’s emergent/urgent admission and at least one week before the admission or date of service for elective inpatient admissions.

The preferred method of notification is electronic through HPHConnect or NEHEN; however, we also accept notification by fax (800-232-0816) or by phone (800-708-4414).

If the admitting facility does not submit proper notification, Harvard Pilgrim will not provide reimbursement and the facility will be liable. Members cannot be held liable for claims denied for failure to notify.

Review by care management staff

Harvard Pilgrim’s nurse care managers conduct concurrent review of all inpatient admissions using InterQual criteria to ensure that the appropriate level of care is being applied and assist in discharge planning. In some cases, the nurse care manager may contact the case management staff at the facility to request additional information and discuss the appropriate level of care.

Review continues throughout the Harvard Pilgrim member's stay (typically occurring every two days), depending on the member's clinical status and the standards outlined in the InterQual criteria.

If a member does not meet criteria for an inpatient stay, Harvard Pilgrim may contact the facility to discuss the case and recommend observation level of care. If there is agreement, the facility may submit the claim as an observational stay for up to 48 hours, as Harvard Pilgrim does not provide reimbursement for observational services that exceed 48 hours.

If a facility does not agree with a recommendation of observation, the case will be reviewed by a Harvard Pilgrim physician to determine if inpatient criteria is met. If the Harvard Pilgrim physician reviewer determines that the member could have been safely treated at a lower level of care, the inpatient admission claim will be denied.

Additional information

For more information, please refer to the [Clinical Decisions](#), [Emergent Department/Urgent Admissions Notification](#), [Elective Admission Notification](#), and [Denials and Adverse Determination](#) policies in our online *Provider Manual*. If you would like to discuss the appropriate level of care, Harvard Pilgrim's Utilization Management department may be reached at 888-888-4742. ◆

Vonvendi to be Covered With Prior Authorization

For dates of service beginning Aug. 1, 2019, Harvard Pilgrim will cover Vonvendi (HCPCS J7179) for our commercial plans, and prior authorization will be required. Vonvendi was approved by the FDA in April 2018 for the on-demand treatment and control of bleeding episodes in adults with von Willebrand disease.

For clinical criteria, please refer to the new [Vonvendi Medical Policy](#). To request authorization, contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). ◆

Parsabiv to be Covered With Prior Authorization

For dates of service beginning Aug. 1, 2019, Harvard Pilgrim will cover Parsabiv (HCPCS J0606) with prior authorization for members of our commercial plans. The medication was approved by the FDA in February 2017 for the treatment of secondary hyperparathyroidism in adult patients with chronic kidney disease on hemodialysis.

For clinical criteria, please refer to the new commercial [Parsabiv Medical Policy](#). To request authorization, contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). ◆

Updates to Esophagogastroduodenoscopy Medical Policy

Harvard Pilgrim has updated our commercial medical policy for esophagogastroduodenoscopy (EGD) to include celiac disease and Lynch syndrome as covered indications for EGD. Prior authorization is not required for EGD, and the policy lists specific indications for which the diagnostic procedure is considered medically necessary, as well as indications that are excluded from EGD coverage.

When billed with CPT codes 43200, 43202, 43235, 43237, 43238, 43239, 43242, or 43259 for EGD, Harvard Pilgrim now accepts the following ICD-10 diagnosis codes:

- K90.0: Celiac disease
- Z15.09: Genetic susceptibility to other malignant neoplasm

Please note that when billing Z15.09, it is not appropriate to report it as a principal or first-listed diagnosis code. As noted in Chapter 21 (Factors Influencing Health Status), Section 3 of the ICD-10-CM, codes in the category Z15 (Genetic susceptibility to disease) should never be designated as principal or first-listed codes.

Codes in this category indicate that the patient has the gene that increases the risk of developing a given condition, but if the patient *has* that condition and it is the reason for the encounter, the code representing the condition itself (rather than susceptibility to it) should be sequenced first. ◆

Argus II, CardioMems, and Coflex Not Covered as of Aug. 1

For dates of service beginning Aug. 1, 2019, Harvard Pilgrim has updated our New Technology Assessment and Non-Covered Services Medical Policy to include the following services as non-covered based on published peer review literature:

- Argus II prosthetic eye system (C1841; C1842; L8608)
- CardioMems (33289; 93264)
- Coflex (22867)

For more information, please refer to the [New Technology Assessment and Non-Covered Services Medical Policy](#). ◆

FreeStyle Libre System: Pharmacy Benefit for Commercial Members

Please be aware that Abbott's FreeStyle Libre System, a glucose monitoring system for those 18 years of age and older with diabetes, is covered under the pharmacy benefit for commercial members in all states. To ensure appropriate utilization, prior authorization through Harvard Pilgrim's Pharmacy Services Department is required. Please note that quantity limits apply.

The FreeStyle Libre system — which consists of two main components, a reader and sensor — is currently the only flash glucose monitoring product available in the United States. Capillary finger-prick blood glucose testing remains the mainstay of self-monitoring among those with diabetes. Appropriate use of the FreeStyle Libre system should include device training and support. In addition, device readings should be shared and interpreted by a healthcare professional on a regular basis.

You can find the clinical criteria for the FreeStyle Libre System, as well as prior authorization request forms, on Harvard Pilgrim's [Medication Request Forms \(MRF\) and Clinical Coverage Criteria](#) page.

Please note that all other covered diabetes management devices will continue to be managed by Harvard Pilgrim's Medical Policy Department. For additional coverage and authorization information, please refer to the [Diabetes Management Devices Medical Review Criteria](#) and our [Prior Authorization Policy](#). ◆

OFFICE ASSISTANT

Keep Panel Status and Demographic Information Up to Date

The Centers for Medicare & Medicaid Services and other regulatory bodies require health plans to maintain and update data in provider directories, and we rely on our providers to review their data and notify us of any changes as they happen to ensure that members have access to accurate information.

As we announced in the [October 2018 issue](#), Harvard Pilgrim is participating in efforts through HealthCare Administrative Solutions to institute a centralized process for providers (using [CAQH's DirectAssure®](#)) to review and report changes to demographic data. Harvard Pilgrim will share implementation updates in future issues of the newsletter. Providers may also visit the [HCAS website](#) to learn more.

While we work on implementation, continue to use existing processes to review and report changes to your address, panel status (open or closed) for each individual provider, institutional affiliations, phone number, and other practice data. You may review this information via our online [Provider Directory](#). If you need to update any information, please fill out a [Provider Change Form](#) and submit it to Harvard Pilgrim's Provider Processing Center by email at PPC@harvardpilgrim.org.

Notification of address, panel status, and other demographic information changes should be submitted at least 30 days in advance. For any further questions, call the commercial Provider Service Center at 800-708-4414 or the Medicare Advantage Provider Service Center at 888-609-0692. ◆

2019 Home Care Seasonal Flu Vaccine Fee Schedule

Updates to Harvard Pilgrim's standard home care seasonal influenza vaccine fee schedule will take effect on Aug. 1, 2019. To request an updated fee schedule, please call the Provider Service Center at 800-708-4414. ◆

Clarification: Appropriate Use of Modifier 91

In the [March 2017 issue of *Network Matters*](#), Harvard Pilgrim communicated about the appropriate and inappropriate use of modifier 91 (repeat clinical diagnostic laboratory test). We would like to provide additional clarification that the modifier should only be appended when a laboratory test is **repeated** on the same patient on the same day — not when an additional test is performed.

The examples below illustrate a situation in which the use of modifier 91 is appropriate, and one in which it is not.

Appropriate use of modifier 91:

- **Repeat** blood glucose tests performed on a patient throughout the day

Inappropriate use of modifier 91:

- For the reporting of a different strain or specimen using the same procedure code, which is not considered a repeat clinical diagnostic laboratory test. In order to comply with Harvard Pilgrim payment policies, these same-day laboratory tests should be billed on one line with the number of units representing the number of services provided.

For more information, please refer to Harvard Pilgrim's [Laboratory and Pathology Payment Policy](#). ◆

***Network Matters* is a monthly newsletter for the Harvard Pilgrim provider network**

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