

HPHCURRENT EVENTS

Improvements to Claims Processing for Behavioral Health Services

Harvard Pilgrim is pleased to announce some enhancements to our claim intake and assessment process for behavioral health services for our commercial members, which reflect our commitment to the continual improvement of provider experience.

For the timeliest processing, all claims for behavioral health services should be submitted directly to our behavioral health vendor, Optum/United Behavioral Health. However, for instances when Harvard Pilgrim does receive a claim containing behavioral health services, one of the following processes may occur:

If Harvard Pilgrim:	Harvard Pilgrim will:
Identifies behavioral health services upon receipt of a claim	Forward the claim to Optum for processing using improved identification for behavioral health services.
Begins adjudication of a claim and then denies claim lines containing behavioral health services	<p>Report in the provider payment record that the claim has been forward to Optum Behavioral Health, payer ID 87726.</p> <p>If you receive an 835 payment record, the Claim Status Code (CLP02) will be 19, 20, or 21 — indicating that the claim has been processed and forwarded to an additional payer.</p> <p>Claim denial will report claim adjustment reason code B11: “The claim/service has been transferred to the proper payer/processor for processing. The claim/service is not covered by this payer/processor.”</p>

As a reminder, while Harvard Pilgrim has these systems in place to reduce administrative burden, the fastest way to receive the appropriate reimbursement is to submit any claims for behavioral health services directly to Optum via one of the following methods:

<p>Paper claims United Behavioral Health/Optum P.O. Box 30602 Salt Lake City, UT 84130</p>	<p>Electronic claims United Behavioral Health/Optum EDI Payer Code: 87726</p>
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Look to future issues of Network Matters for further enhancements to Harvard Pilgrim's behavioral health services claims intake and assessment process.



SNF Reimbursement Methodology for Medicare Advantage

Effective for dates of service beginning Oct. 1, 2019, Harvard Pilgrim is updating the reimbursement methodology for skilled nursing facility (SNF) services provided to Harvard Pilgrim StrideSM (HMO) Medicare Advantage members.

This change is to ensure compliance with CMS regulations. In their 2019 SNF payment rules, the Centers for Medicare and Medicaid Services determined that a new case-mix classification model — the Patient-Driven Payment Model (PDPM) — would replace the current case-mix model (Resource Utilization Groups, known as RUG-IV). The PDPM is used in classifying Part A SNF stays.

With this transition, the RUG-IV and PDPM systems will not run concurrently at any point; payment for all applicable services provided on or prior to Sept. 30, 2019 will be processed under RUG-IV, while payment for those provided on or after Oct. 1, 2019, 2019 will be processed under PDPM. Oct. 1, 2019 will be considered Day 1 of the variable per diem schedule under PDPM, even if the patient began their stay prior to that date.

We recently mailed a letter to affected providers explaining the change, along with an enclosed copy of the updated compensation exhibit. For any questions you may have about these reimbursement methodology changes, please contact your contract manager or send an email to Ancillary_Contracting@harvardpilgrim.org. ◆

CLINICIAN CORNER

Coverage for Lumoxiti and Libtayo

Harvard Pilgrim has updated our commercial medical policies for the medications Lumoxiti and Libtayo to include expanded coverage. The following HCPCS codes are now covered, with prior authorization, and have been added to the respective policies:

Lumoxiti: C9045 – Injection, moxetumomab pasudotox-tdfk, 0.01 mg

Libtayo: C9044 – Injection, cemiplimab-rwlc, 1 mg

To request authorization for these medications, please contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). For complete information, refer to Harvard Pilgrim's updated [Lumoxiti Medical Policy](#) and [Libtayo Medical Policy](#). ◆

Updates to Commercial Medical Policy for Sandostatin

Harvard Pilgrim is updating our commercial medical policy for the medication Sandostatin, effective for dates of service beginning Oct. 1, 2019. Updates to the policy will include:

- removing coverage of Sandostatin for the treatment of adrenal gland tumors from compendial uses, per National Comprehensive Cancer Network (NCCN) guidelines
- removing the requirement that patients have metastatic or unresectable disease in order to be covered for the treatment with Sandostatin of neuroendocrine tumors of the GI tract, thymus, and lung (carcinoid tumors)
- separating out specific criteria for carcinoid syndrome and vasoactive intestinal peptide tumors to further clarify coverage

For complete information, including approved indications and coverage criteria, please refer to Harvard Pilgrim's updated commercial [Sandostatin/Sandostatin LAR Depot Medical Policy](#). To request authorization, contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). ◆

Non-Covered Services: Medical Policy Consolidation

To streamline the number of policies that providers need to review and create greater efficiency, Harvard Pilgrim's Medical Policy Team recently consolidated some existing policies outlining individual non-covered services into a single commercial [New Technology Assessment and Non-Covered Services](#) policy.

The [archived policies listed here](#) were removed from the website. We hope that this will improve provider experience by reducing complexity. ◆

Spravato, Zulresso, and Evenity Now Covered for Commercial Plans

Harvard Pilgrim now covers the following newly approved drugs with prior authorization for members of our commercial plans only:

- Spravato (J3490): A nasal spray approved by the FDA in May 2019 for treatment-resistant depression
- Zulresso (J3490): Approved by the FDA in March 2019 for the treatment of postpartum depression
- Evenity (J3490): Approved by the FDA in April 2019 for the treatment of osteoporosis in postmenopausal women at high risk for fracture

To request authorization for these medications, contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). For complete information, please refer to

Harvard Pilgrim's new commercial medical policies for [Spravato](#), [Zulresso](#), and [Evenity](#).



Coverage of Asceniv Beginning Aug. 1

Effective for dates of service beginning Aug. 1, 2019 for commercial plans, Harvard Pilgrim will cover the intravenous immune globulin (IVIG) product Asceniv (HCPCS code J1599), which was approved by the FDA in April 2019. As with all covered IVIG products, use of Asceniv will require prior authorization through CVS Health-NovoLogix.

For complete information, including coverage criteria, please refer to Harvard Pilgrim's updated commercial [Intravenous Immune Globulin \(IVIG\) Medical Policy](#). To request authorization, contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). ◆

Members' Rights and Responsibilities

Harvard Pilgrim members receive a copy of the Members' Rights and Responsibilities upon enrollment, and all clinicians receive a copy at the time of contracting and credentialing and annually thereafter. Periodically, Harvard Pilgrim includes this information in *Network Matters*. Please take a moment to review. Because this information may vary among states, please be sure to read the full [Rights and Responsibilities page](#) of the commercial *Provider Manual*.

Members have a right to:

- Receive information about Harvard Pilgrim, its services, its practitioners, and providers, and members' rights and responsibilities
- Be treated with respect and recognition of their dignity and right to privacy
- Participate with practitioners in decision-making regarding their health care
- Engage in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- Voice complaints or appeals about Harvard Pilgrim or the care provided
- Make recommendations regarding the organization's members' rights and responsibilities policy

Members have a responsibility to:

- Provide, to the extent possible, information that Harvard Pilgrim and its practitioners and providers need to care for them
- Follow the plans and instructions for care that they have agreed upon with their practitioners

- Understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible ◆

OFFICE ASSISTANT

Reminder: QMB Members Exempt From Part A/B Cost-Sharing

The Qualified Medicare Beneficiary (QMB) program put in place by the Centers for Medicare and Medicaid Services (CMS) assists low-income Medicare beneficiaries with Medicare Part A and Part B premiums and cost-sharing, including deductibles, coinsurance, and copayments. As a reminder, under the QMB program, enrollees are exempt from cost-sharing liability, so all providers are prohibited from charging QMB members for Medicare cost-sharing for covered Parts A and B services.

Identifying members with QMB status

CMS's [HIPAA Eligibility Transaction System \(HETS\)](#) provides Medicare eligibility data to providers and their authorized billing agents (including clearinghouses and third-party vendors) to help verify a patient's QMB status and exemption from cost-sharing charges. Contact your third-party eligibility verification vendor to ask how their products reflect the new QMB information from HETS. Alternatively, you can contact Harvard Pilgrim's Medicare Advantage Provider Service Center at 888-609-0692 to learn the best way to identify the QMB status of your patients.

More information

For more detailed information about CMS's QMB program, please refer to [this document](#) from the Medicare Learning Network, as well as the [Billing Members](#) policy in Harvard Pilgrim's Medicare Advantage *Provider Manual*. ◆

Reminder: Anatomical Modifiers Are Required When Applicable

As a reminder, Harvard Pilgrim requires that the appropriate anatomical modifier be appended to claims for applicable procedures for our commercial members, including radiological services. Anatomical modifiers are used to indicate the specific area or part of the body on which a procedure was performed.

Harvard Pilgrim requires the use of the following modifiers whenever they apply to a procedure you have performed:

- E1-E4 – Eyelids
- FA, F1-F9 – Fingers

- TA, T1-T9 – Toes
- LC – Left circumflex, coronary artery
- LD – Left anterior descending coronary artery
- LM – Left main coronary artery
- RI – Ramus intermedius
- RC – Right coronary artery
- RT – Right side (used to identify procedures performed on the right side of the body)
- LT – Left side (used to identify procedures performed on the left side of the body)
- 50 – Bilateral procedure (used to identify procedures that are performed at the same session)

Failure to append the anatomical modifier, or appending an anatomical modifier that does not match the appropriate anatomical site, may result in a claim denial. For more information, refer to Harvard Pilgrim's commercial [CPT and HCPCS Level II Modifiers Payment Policy](#). ◆

Acupuncture Benefit Information Added to 271 Eligibility Response

Harvard Pilgrim is happy to announce that we recently expanded the commercial benefit details provided in our 271 eligibility response transactions to include service type 64 (Acupuncture). The 271 eligibility response is the information reported in HPHConnect for providers regarding member benefits. Providing these additional benefit details on electronic eligibility requests is part of an ongoing effort to supply our providers with the most complete information possible in the most easily accessible way — you will no longer need to contact the Provider Service Center to obtain this information.

With this update, you can now see whether or not acupuncture is a covered service for a given member, benefit details such as the number of acupuncture visits that are allowed for this member per year and how many remain, and what the copay and coinsurance amounts are for the service.

For any questions on this new feature, please contact Harvard Pilgrim's EDI (electronic data interchange) team at EDI_Team@harvardpilgrim.org, or by phone at 800-708-4414.



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

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