

HPHCURRENT EVENTS

Genetic Testing Prior Authorization for Commercial Members

Harvard Pilgrim introduced a prior authorization requirement for genetic testing for Medicare Advantage members in January, and will be expanding the program to include commercial members. Effective March 1, 2018, Harvard Pilgrim is requiring prior authorization through AIM Specialty Health® (AIM) for commercial members enrolled in our HMO, PPO, POS and Access America products for genetic/genomic or molecular tests, including those associated with:

- Hereditary cardiac disease
- Hereditary cancer susceptibility
- Single-gene and multifactorial conditions
- Pharmacogenetics and thrombotic disorders
- Reproductive carrier screening and prenatal diagnosis
- Solid and hematologic tumors and malignancies
- Whole exome/genome sequencing

Additionally, preauthorization through AIM is required for the CPT codes 89290 and 89291 associated with preimplantation genetic diagnosis.

AIM will review requests for genetic tests against current, evidence-based clinical appropriateness guidelines. AIM includes [three levels of clinical governance in the development of clinical appropriateness guidelines](#): review of published literature by practicing physicians with expertise in their fields; consultation with independent subject matter experts; and review by an independent panel of multispecialty physicians.

Requesting prior authorization

The ordering clinician is responsible for obtaining prior authorization through AIM. Any genetic/genomic and molecular tests performed on or beyond March 1, 2018 will not be reimbursed if a prior authorization was not obtained. Therefore, to ensure payment of the claim, providers rendering these services should verify that the necessary prior authorization has been obtained prior to performing the test.

Ordering providers should request prior authorization in one of the following ways:

- Online at www.providerportal.com (refer to www.aimspecialtyhealth.com for registration instructions)
- By telephone at 855-574-6476 (Mon.–Fri., 8 a.m.– 5 p.m. EST)

Providers may contact AIM with prior authorization requests for genetic/genomic and molecular testing beginning Feb. 20, 2018 for dates of service of March 1, 2018 and beyond. Please continue to contact Harvard Pilgrim to request authorization for any genetic testing services that we currently manage (including genetic testing for hereditary breast and/or ovarian cancer) if the date of service will be before March 1, 2018.

Genetic counseling

Patients must first receive genetic counseling before certain test requests can be authorized. When requesting authorization for a test requiring genetic counseling, the ordering provider must provide the name of the genetic counseling provider and the date of that service. If you are using the AIM portal to request authorization, the system will prompt you to include this information; if genetic counseling has not been completed, the portal will supply a list of genetic counseling resources for your consideration.

Provider education webinars

Harvard Pilgrim and AIM will be hosting provider education webinars for those who want to learn more about prior authorization for genetic/genomic and molecular testing. This one-hour session will provide useful information about the program and an opportunity to receive answers to any questions you may have. Provider education webinars will be offered on the following dates:

- [Wednesday, Feb. 7th at noon](#)
- [Thursday, Feb. 8th at noon](#)
- [Tuesday, Feb. 13th at 8:30 a.m.](#)
- [Thursday, Feb. 15th at 8:30 a.m.](#)

Registration is not required. For information and to connect to the meeting, please visit the webinar websites provided above.

Additional information

For further details, please refer to the following:

- [Molecular Diagnostic Management Medical Review Criteria](#)
- [Molecular Diagnostic Management Authorization Policy](#)
- <http://www.aimprovider.com/hpmd> ◆

Maximum Dosages for Medical Drugs

As we announced in last month's issue of *Network Matters*, Harvard Pilgrim is continuing efforts to ensure the safe, cost-effective, and appropriate use of medications through a new maximum allowed dosage policy. Effective for dates of service beginning Feb. 26, 2018, Harvard Pilgrim will apply industry standard claims edits and will not reimburse for drug dosages above limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines [for the medical drugs listed here](#) for our commercial members.

Under our new Drug Dosage and Frequency Medical Policy, the drug dosage, frequency and route of administration should be supported by one or more of the following for the treatment indication:

- U.S. Food and Drug Administration prescribing information
- National Comprehensive Cancer Network Drug & Biologics Compendium
- American Hospital Formulary Service Drug Information
- DRUGDEX System

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](#) and the [Medical Drug Management Prior Authorization Policy](#). Also, look for additional information in upcoming issues of *Network Matters*. ◆

HPI to Administer Boston Medical Center Plan

Effective Jan. 1, 2018, the Boston Medical Center (BMC) employee benefit plan will be administered by Health Plans, Inc. (HPI), a Harvard Pilgrim company. Please be aware of the following regarding this change.

Recognizing members

BMC employees are aware of the change and have been issued new ID cards (see sample below), which display the BMC name and Health Plans logo prominently.

Checking benefits & eligibility

Visit bmc.healthplansinc.com/providers to check benefits and eligibility. Simply click on "Verify Benefits & Eligibility" and follow the onscreen prompts.

PCPs and referrals

As with their previous plan, BMC members on HPI's Select and Tiered HMO plans must have a PCP to coordinate care. In addition, referrals are necessary for members of Select and Tiered

HMO plans for certain services. Please keep in mind that if the PCP is making the referral within his or her established referral circle with Harvard Pilgrim (usually among specialists in the PCP’s care unit), a referral transaction is not required. However, if a PCP is referring the HMO member outside of his or her referral affiliation, a referral transaction is necessary.

In addition, the following services do not require a referral: family planning services; outpatient maternity services; gynecological services; acupuncture; chiropractic care; routine vision exams; emergency and urgent care services; and, any service that requires a review for medical necessity.

To submit a referral to HPI, click on “Get Registered – Referral Portal” and complete and submit the Referral Portal Access Form provided there. If you haven’t already registered to submit referrals to HPI, you’ll need to register online by completing the Referral Portal Access Form.

Or, if you prefer to submit referrals on paper, you can find these in the [Access Forms](#) section of the website.

		BMC Tiered HMO	
ID# Group B87		Medical Copays PCP/Specialist: Tier 1: \$5/\$5 Tier 2: \$20/\$25 Tier 3: \$50/\$65 ER: \$75 Specialist referral required	
		Pharmacy Copays BMC 30 day \$5/10/20 BMC 90 day \$10/20/60 Premium \$20/35/50 	
RXBIN: 003858 RXPON: A4 RXGRP: BMCXXX1		Visit us online: HealthPlansInc.com/BMC	
Members For Questions or to Precertify Services: 844-926-2262		If hospitalized, notify your Primary Care Physician within 48 hours Failure to precertify may result in a benefit reduction.	
Providers Out-of-area emergency services will be paid by the plan		Pharmacy Rx questions only: Members: 877-861-4376 Pharmacists: 800-922-1557 express-scripts.com	
Inside N.E.*: Submit claims to: Health Plans, Inc. PO Box 5199 Westborough, MA 01581 WebMD payor #: 44273 To Verify Coverage or Precertify Services: 844-926-2262		Outside N.E.*: Submit claims to: UnitedHealth Shared Services PO Box 30783 Salt Lake City, UT 84130-0783 Group ID: 78800048 Payor ID: 39026 To Verify Coverage or Precertify Services: Call 866-569-4345 or www.UHIS.com	
			
		* N.E. States include: MA, ME, NH, CT, RI & VT	



Update for Dartmouth-Hitchcock and Alice Peck Medical Benefit Plans

Beginning on Jan. 1, 2018, two Health Plans, Inc. (HPI) self-insured employer customers, Dartmouth-Hitchcock and Alice Peck Day Memorial Hospital, will move their utilization management and clinical care management programs to Optum.

HPI, a Harvard Pilgrim company, will continue to administer their medical benefit plans. HPI is a leading regional third-party administrator of customized self-funded benefit plans.

With this change, several services will no longer require precertification for Dartmouth-Hitchcock and Alice Peck Day Memorial Hospital members. The services that will no longer require prior authorization for these members are:

- Physical, occupational and speech therapy
- Maternity admissions
- Hospice
- Outpatient psychological testing in excess of 4 hours
- Outpatient neuropsychological testing sessions in excess of 9 hours
- Methadone maintenance in excess of 6 hours
- Dialysis/hemodialysis initial treatment
- Pain clinics
- ABA therapy
- Court ordered examinations or services
- External insulin infusion pumps
- Home visit by nurse after early discharge

You can recognize these members through their member ID cards. Members of the Dartmouth-Hitchcock and Alice Peck Day Memorial Hospital medical plans carry a customized card, which includes the name of the employer group, and logos for Harvard Pilgrim and Health Plans, as shown in the examples below. The back of the card features information on member eligibility verification, claim submission, pharmacy, and prior authorization for inpatient stays.

PLAN NAME
ALICE PECK DAY MEMORIAL HOSPITAL

ID# **HHAJ200XX**
Group **AJ2**

JESSICA L. DOE

Medical Copay
Preventive \$5

HealthPlans, Inc. Harvard Pilgrim HealthCare

OPTUMRx
RX BIN: 610011 RX PCN: IRX RX GRP: DHH1

Health Plans, Inc. Online: HealthPlansInc.com

Members For benefits, claims, and eligibility call 866-471-5550 Failure to certify may result in a benefit reduction. Find a provider online or call Health Plans Member Services.	Network Access Inside New England (N.E.):* Use Harvard Pilgrim Health Care providers. You may also use PHCS providers for emergency care in CT, RI & VT only, call 800-678-7427 . Outside N.E.: Use UnitedHealthcare providers.	Pharmacy For Questions about your Pharmacy Benefit: Call OptumRx: 844-265-1719 For the D-H Pharmacy: Call 603-653-3785 .
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Providers
To certify services, call **844-701-5149**

Inside N.E.: Submit claims to: Health Plans, Inc. PO Box 5199 Westborough, MA 01581 WebMD payor #: 44273 To Verify Coverage call 877-906-5730 .	Outside N.E.: Submit claims to: UnitedHealth Shared Services PO Box 30783 Salt Lake City, UT 84130-0783 Group ID: 78800048 Payor ID: 38026 To Verify Coverage call 866-569-4345 .	
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* N.E. States include: MA, ME, NH, CT, RI & VT

Dartmouth-Hitchcock

PLAN NAME
HHDH000XX
Group **1DH**

JESSICA L. DOE

Medical Copay
Preventive \$5

HealthPlans, Inc. Harvard Pilgrim HealthCare

OPTUMRx
RX BIN: 610011
RX PCN: IRX
RX GRP: DHH1

Health Plans, Inc. Online: HealthPlansInc.com/D-H

Members For benefits, claims, and eligibility call 866-471-5550 Failure to certify may result in a benefit reduction. Find a provider online or call Health Plans Member Services.	Network Access Inside New England (N.E.):* Use Harvard Pilgrim Health Care providers. You may also use PHCS providers for emergency care in CT, RI & VT only, call 800-678-7427 . Outside N.E.: Use UnitedHealthcare providers.	Pharmacy For Questions about your Pharmacy Benefit: Call OptumRx: 844-265-1719 For the D-H Pharmacy: Call 603-653-3785 .
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* N.E. States include: MA, ME, NH, CT, RI & VT

For a list of services that require precertification for Dartmouth-Hitchcock and Alice Peck Day Memorial Hospital medical plan members, or to request authorization for these members, contact Optum at 844-701-5149. You may also access the Optum prior authorization fax forms online at dh.healthplansinc.com/providers/access-forms after Jan. 1, 2018. ◆

Coverage for Out-of-Area Dependents

For the coming plan year, Harvard Pilgrim is updating our policy regarding coverage for out-of-area dependents.

Effective March 1, 2018, members of Harvard Pilgrim's HMO plans (including limited network HMO plans) who are registered as out-of-area dependents will only be covered for out-of-network services when they seek medical treatment from a provider within the UnitedHealthcare Options network, or behavioral health treatment from a provider contracted with Optum/United Behavioral Health.

Out-of-area dependents will be able to determine which providers they have access to and are eligible to receive treatment from by referring to the Dependent Out-of-Area Provider Directory within the "Standard Plans" section of Harvard Pilgrim's online [Provider Directory](#).

Please note that this change will not affect members of the GIC Primary Choice HMO Plan. ◆

CLINICIAN CORNER

Prior Authorization Policy Updates

Harvard Pilgrim has made some updates to our commercial prior authorization policies for breast surgeries, cosmetic and reconstructive nasal procedures, and cosmetic and reconstructive eye procedures. The updates regarding breast surgeries will take effect March 1, 2018, while those for cosmetic and reconstructive nasal and eye procedures are effective immediately.

Breast surgeries

Harvard Pilgrim's updated prior authorization policy for breast surgeries provides clarification regarding reimbursement for reconstruction of the contralateral breast. Harvard Pilgrim covers reconstruction of the contralateral breast when documentation demonstrates that the procedure is necessary for the repair of breast asymmetry caused by mastectomy or medically necessary lumpectomy.

In addition, effective March 1, 2018, Harvard Pilgrim will require prior authorization for the coverage of the following two CPT codes:

- 19370 – Open periprosthetic capsulotomy, breast
- 19371 – Periprosthetic capsulectomy, breast

Cosmetic and reconstructive nasal and eye procedures

The updates to Harvard Pilgrim's prior authorization policy for cosmetic and reconstructive nasal procedures are designed to provide greater clarity around the criteria for coverage. We have also added the following criteria that must be met for excision or shaving of rhinophyma to be reimbursed:

- Documentation shows evidence of bleeding or infection, and
- Treatment of bleeding or infection is refractory to medical therapy, and
- Procedure is reasonably expected to improve physical functional impairment from bleeding or infection

Updates to our prior authorization policy for cosmetic and reconstructive eye procedures are based on American Society of Ophthalmic Plastic and Reconstructive Surgery and local coverage determination guidelines, and include:

- Modifying the criteria for the photo documentation needed for the coverage of brow ptosis repair, blepharoplasty, and blepharoptosis
- For blepharoplasty and blepharoptosis, requiring that visual fields meet accepted standards when performed by the Goldmann perimeter or some other standardized perimetry techniques
- Indicating that the member must experience interference and visual obstruction due to excessive overhanging skin to be covered for blepharoplasty

For complete information, please refer to our updated [Breast Surgeries Medical Review Criteria](#), [Cosmetic and Reconstructive Nasal Procedures Medical Review](#)

[Criteria](#), and [Cosmetic and Reconstructive Eye Procedures Medical Review Criteria](#).



Substance Abuse and Depression in Primary Care

Depression and substance abuse problems are each challenging disorders in their own right. But when both are present simultaneously, treatment challenges are compounded. And it is common for individuals with depressive disorders to use alcohol or other mood-altering substances as a way of coping with their depressive symptoms.

Using alcohol and illicit drugs worsens the course of depression and makes treatment more difficult. Patients with both a depressive disorder and a substance use disorder face greater emotional and psychosocial obstacles in seeking, engaging in, and continuing with treatment. When substance use disorders and depressive disorders occur together, it is often difficult to ascertain which preceded the other. Regardless of which condition develops first, it is essential that the depression and substance use are treated effectively.

Harvard Pilgrim Health Care provides clinical tools — including the [Patient Health Questionnaire, or PHQ-9](#) for primary care physicians — to assist clinicians by providing an analytical framework for the evaluation and treatment of common problems. The PHQ-9 is a brief screening tool used to measure the severity of depression.

Additionally, the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) offers screening tools for drug and alcohol use to be used during regular screenings in primary care and other healthcare settings. SBIRT (Screening, Brief Intervention, and Referral to Treatment) is one such tool. SBIRT is a comprehensive public health approach to the delivery of early intervention and treatment services for people with substance abuse disorder. Visit the [SBIRT website](#) for more information and resources.

How Optum/UBH can help your patients — For complex clinical situations, Optum/UBH is available to provide consultative assistance. Practitioners can call the Optum/UBH Physicians Consultation Service at 800-292-2922. To refer a patient for behavioral health services and to facilitate the coordination of care, call Optum at 888-777-4742. ◆

OFFICE ASSISTANT**2018 Fee Schedule Updates**

On April 1, 2018, Harvard Pilgrim will update its:

- Standard professional fee schedule, incorporating recently released Medicare relative value units (RVUs) and laboratory rates for 2018
- Durable medical equipment (DME) fees, which may also include changes resulting from Harvard Pilgrim's annual review of purchase (NU), maintenance (MS), and rental (RR) terms

Beginning in mid-February, providers may request 2018 sample fee schedules by calling the Provider Service Center at 800-708-4414. ♦

Payment Policy Updates: Billing for Multiple Dates of Service

Harvard Pilgrim has updated our commercial Home Infusion, Maximum Units Per Day, and Injectable and Implantable Outpatient Drugs Payment Policies, to better reflect appropriate billing practices.

When you are billing a professional claim with more than one date of service on a paper CMS-1500 form, or electronically via an 837P, please bill each date of service on its own line — along with the procedure code and number of units for that individual day. For example, instead of billing with the date range of 6/29/2017 – 6/30/2017 and 12 units on one line, it would be more appropriate to bill 6/29/2017 and 6 units on one line, and 6/30/2017 and 6 units on the next line.

As of March 1, 2018, due to system updates related to Harvard Pilgrim's [new policy on maximum dosages for medical drugs](#), providers who bill professional claims with a date range may experience claims processing issues resulting in partial reimbursement. The system will recognize only the first date in the range, so each claim line may be subject to the maximum units per date of service policy, and you may not receive payment for the full allowable amount.

If you experience a denial or partial payment because you billed using a date span instead of billing each date of service on its own individual claim line, you can submit a replacement claim within the filing limit of the original claim — the standard is 90 days

from the date of service. Harvard Pilgrim recommends submitting these and other claims electronically for ease of use and quicker turnaround times. For guidance on how to bill a replacement claim, refer to our [Replacement Claim Billing \(UB-04 & CMS-1500\) Policy](#).

For more information, please refer to the following updated policies:

- [Home Infusion Therapy Payment Policy](#)
- [Maximum Units per Day Payment Policy](#)
- [Injectable and Implantable Outpatient Drugs Payment Policy](#) ◆

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

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