

HPHCURRENT EVENTS

Harvard Pilgrim's New "Estimate My Cost" Transparency Tool

Harvard Pilgrim is developing a new medical cost transparency tool, which will replace Now iKnow on Jan. 1, 2018. It will provide a simpler, more user-friendly experience for members making health care decisions, while complying with cost transparency tool requirements in Massachusetts, Maine, and Connecticut.

We are developing the interactive new tool in partnership with Health Trio — a leading provider of web-based solutions in the health care market and a longtime partner of Harvard Pilgrim. Health Trio also powers *HPHConnect*, our robust set of self-service web tools for members and providers.

The tool will be available on Harvard Pilgrim's member website, and will have the same look and feel as the rest of the website. It will also be mobile-friendly, allowing members to use it on their phone, tablet, or computer. Members can access the tool, which will be accessible via the "Estimate My Cost" link, from various points on the Harvard Pilgrim website, including the "Top Tasks" list on the Member Dashboard, the "Tools & Resources" tab, and *HPHConnect*.

"Estimate My Cost" will be available to members of all our commercial products, including ElevateHealth, New Hampshire LP, and Maine's Choice. In addition, we're expanding access to the tool to include members of our commercial plans in Connecticut.

The tool will include cost information on a variety of services and procedures, including physician services, preventive care, radiology, laboratory, and inpatient and outpatient procedures.

It will also contain more extensive search capabilities. Users can search by a provider's name or specialty within a specified geographic area and see the average office visit cost for that provider, or they can enter in a search term and the results will include a list of services associated with that term. For example, if a user entered "back pain," the search results may include back surgery, acupuncture, etc. There will also be an A-Z listing of services, so users can select a service from that list, as well as an option to narrow the search by facility.

These search capabilities make it easier for members to compare providers and services and print a cost estimate to help them make informed health care decisions.

Now iKnow will remain available to Harvard Pilgrim members through Dec. 31, 2017. For any questions, please contact Harvard Pilgrim's Provider Service Center at 1-800-708-4414. ◆

Medicare Advantage: Important Information about Jimmo Settlement

In keeping with a requirement from the Centers for Medicare & Medicaid Services (CMS), Harvard Pilgrim offers the following reminder to our Medicare Advantage providers regarding the settlement of the 2013 *Jimmo v. Sebelius* class action lawsuit.

This settlement addressed the delivery and coverage of services to Medicare beneficiaries in skilled nursing facility, home health, and outpatient therapy settings. It clarified that Medicare beneficiaries in need of reasonable and necessary skilled care to maintain function or to prevent or slow further deterioration cannot be denied coverage based on the absence of potential improvement.

The *Jimmo* settlement may reflect a change in practice for those providers who may have erroneously believed that the Medicare program covers nursing and therapy services under these benefits only when a beneficiary is expected to improve.

CMS has developed a website to provide additional details on the *Jimmo* settlement, and requires that all Medicare providers review these resources to ensure that services are provided in accordance with existing Medicare policy. If you provide care for Harvard Pilgrim's Medicare Advantage members, please review the materials on CMS' [Jimmo settlement website](#). ◆

Medicare Advantage Updates: Policy Updates for 2018

Harvard Pilgrim is introducing several new policies and updating existing ones for StrideSM (HMO) Medicare Advantage members. Changes include requiring prior authorization for sleep studies; select hip, knee, and shoulder surgeries; and genetic/genomic and molecular testing, as well as updates to several existing policies.

All of the following changes are effective for dates of service beginning Jan. 1, 2018 for Stride members.

Sleep studies authorization

National Imaging Associates, Inc. (NIA) will provide utilization management for sleep diagnostic services, including attended and home sleep studies, for Stride (HMO) Medicare Advantage members with a risk of sleep disorders. This [prior authorization program was introduced](#) for members of our commercial products (HMO, POS, PPO, and Access America) in September and is being expanded to include Medicare Advantage members.

The following CPT codes will be eligible for coverage with prior authorization: 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811, G0398, G0399, G0400.

To request prior authorization for sleep studies, ordering providers should contact NIA in one of the following ways:

- Online at www.radmd.com
- By telephone at 800-642-7543

Providers may begin making prior authorization requests for sleep studies through NIA on Dec. 26, 2017. When requesting prior authorization, please be prepared to provide the information noted in the [Sleep Assessment Records Checklist](#). For more information, please refer to our [Stride \(HMO\) Medicare Advantage Sleep Studies Authorization Policy](#) and [NIA's sleep studies criteria](#).

Select hip, knee and shoulder surgeries

Harvard Pilgrim is also requiring prior authorization through NIA for select hip, knee, and shoulder surgeries. This change takes effect for dates of service beginning Jan. 1, 2018 for Stride members and Dec. 11, 2017 for commercial members enrolled in our HMO, PPO, and POS products. For details, please see the [companion article](#) in this month's issue of the newsletter.

Genetic/genomic and molecular diagnostic testing

In addition, Harvard Pilgrim is requiring prior authorization through AIM Specialty Health for genetic/genomic and molecular testing, including:

- Genetic testing for hereditary cardiac disease
- Genetic testing for hereditary cancer susceptibility
- Genetic testing for single-gene and multifactorial conditions
- Pharmacogenetic and thrombophilia genetic testing
- Reproductive carrier screening and prenatal diagnosis
- Somatic tumor testing
- Whole genome sequencing

The ordering clinician is responsible for obtaining prior authorization through AIM Specialty Health. Any genetic/genomic and molecular tests performed on or beyond Jan. 1, 2018 will not be reimbursed if a prior authorization was not obtained. Therefore, to ensure that they are eligible for reimbursement, 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
- By telephone at 855-574-6476. (Mon.–Fri., 8 a.m.– 5 p.m. EST)

Refer to AIM’s website, www.aimspecialtyhealth.com, for AIM registration instructions.

Providers may begin making prior authorization requests for genetic/genomic and molecular testing beginning Dec. 18, 2017. For more information, please refer to the following:

- [Harvard Pilgrim’s Stride \(HMO\) Medicare Advantage Molecular Diagnostic Management Medical Policy](#)
- [Molecular Diagnostic Management Authorization Policy for Stride](#)

AIM Specialty Health is also developing a website for Harvard Pilgrim providers that will include additional resources. Please refer to future issues of *Network Matters* for more information about the microsite and provider webinars.

Cholecystectomy surgery

The Cholecystectomy Surgery Medical Review Criteria is being updated for the coming year, as well. Harvard Pilgrim will require prior authorization for the following CPT

codes: 47564, 47579, and 47610. For details, please refer to the [Cholecystectomy article](#) in this issue.

Sinus Surgeries

Harvard Pilgrim is updating our Stride (HMO) Medicare Advantage medical review criteria for endoscopic sinus procedures to allow coverage for the following CPT codes with prior authorization: 31231, 31233, 31235, 31237, 31238, 31239, 31240, 31287, 31290, 31291, 31292, 31297, 30130, and 30140. For more information, please refer to Harvard Pilgrim's updated [Stride \(HMO\) Medicare Advantage Endoscopic Sinus Surgeriesry Medical Review Criteria](#).

Dermabrasion

Harvard Pilgrim is also including several updates to our medical review criteria for dermabrasion. Changes to the policy include: removal of numerous ICD-10 codes that are inconsistent with the policy and the addition of exclusions to coverage. Exclusions to coverage include: microdermabrasion, tattoo removal, and dermabrasion for uneven pigmentation. For more information, please refer to Harvard Pilgrim's updated [Stride \(HMO\) Medicare Advantage Dermabrasion Medical Review Criteria](#).

Durable Medical Equipment

We are also updating our Stride (HMO) Medicare Advantage Durable Medical Equipment (DME) Medical Review Criteria to require prior authorization for any single DME item with an allowed payable amount of \$500 or more. The previous threshold was \$750. For more information, please refer to the updated [Stride \(HMO\) Medicare Advantage DME Medical Review Criteria](#) and the [DME Prior Authorization Request Form](#).

Transgender health services

Harvard Pilgrim is updating our medical review criteria for transgender health services to correct coding and add exclusions to coverage. Exclusions to coverage include: abdominoplasty; chin augmentation (e.g., genioplasty, mentoplasty); dermabrasion; chemical peels; gender reversal surgery; implantations (e.g., calf, pectoral, gluteal); otoplasty; panniculectomy; voice modification therapy; and reimbursement for travel

expenses. Please refer to Harvard Pilgrim's updated [Stride \(HMO\) Medicare Advantage Transgender Health Services Medical Review Criteria](#) for more information.

Reduction mammoplasty

Harvard Pilgrim is updating our medical review criteria for reduction mammoplasty to allow coverage for one additional CPT code: 19300 (mastectomy for gynecomastia). Harvard Pilgrim covers medically necessary reduction mammoplasty, with prior authorization, when all criteria indicated in the [Stride \(HMO\) Medicare Advantage Reduction Mammoplasty Medical Review Criteria](#) are met.

Additional policy updates

Updates are also being made to the following, as announced in previous issues of *Network Matters*. However, some of these announcements provided a single effective date for both commercial and Medicare Advantage. While any published effective dates were correct for commercial members, the effective dates for Medicare Advantage are Jan. 1, 2018.

- [Bariatric Surgeries Medical Review Criteria](#)
- [Hysterectomy Medical Review Criteria](#)
- [Gynecomastia Medical Review Criteria](#)
- [Chest Wall Deformities Reconstructive Procedures Medical Review Criteria](#)

**New Products and Benefits for 2018**

Harvard Pilgrim is glad to announce the addition of two new StrideSM (HMO) Medicare Advantage plans, as well as three new commercial products and two new benefit enhancements, effective Jan. 1, 2018.

Flex benefit

Flex is a new benefit that will enable many of our Massachusetts members to pay a lower cost share when they receive services at a participating Flex general laboratory or ambulatory surgical center.

Two new Atrius Health products

Harvard Pilgrim is introducing two new commercial products in partnership with Atrius Health for the coming year. The products will be called Atrius Health Choice POS and Atrius Health Preferred HMO, and they will be available to Atrius employees only. Atrius Health Choice POS will be a tiered, full-network product, with cost sharing varying by tier. Atrius Health Preferred HMO will be a tiered, limited-network product. Members of this plan will have access to network benefits when services are rendered by providers who are participating in the network, and cost sharing will vary by tier.

New Harvard Medical Faculty Physicians product

In conjunction with Harvard Medical Faculty Physicians (HMFP), Harvard Pilgrim will introduce the new HMFP/APHMFP Choice Network. This is a tiered, full-network commercial POS product, and member cost sharing will vary by tier. The new HMFP/APHMFP Choice Network product will be available to HMFP employees only.

New Preferred PCP benefit in New Hampshire

We are also collaborating with Dartmouth-Hitchcock, St. Joseph Hospital, Elliott Hospital, and Frisbie Memorial Hospital to offer an enhanced benefit to members of some existing commercial HMO products in New Hampshire. Some members of our Best Buy HMO – LP, ElevateHealth HMO, and ElevateHealth Options HMO will have the option to pay a lower cost share by seeing a Preferred PCP for office visits.

New Medicare Advantage Plans

In addition to our existing Stride plans, Harvard Pilgrim will be introducing a new BasicRx plan in Massachusetts and New Hampshire. BasicRx will be offered in Massachusetts' Bristol and Plymouth counties at a \$25 monthly premium, and will feature a \$0 generic drug tier copayment and an over-the-counter allowance, as well as a \$200 annual fitness activities allowance. It will be offered in New Hampshire's Merrimack, Hillsborough, and Rockingham counties, with a \$0 premium, a \$0 generic drug tier copayment and an over-the-counter allowance.

More information

Please refer to our online [provider directory](#) for information on participating providers and cost tier, when applicable, for these new products and benefits. You can recognize members with these products and benefits by their ID cards. ◆

CLINICIAN CORNER

Prior Authorization for Hip, Knee, and Shoulder Surgeries

As a follow-up to last month's announcement that Harvard Pilgrim is requiring prior authorization through National Imaging Associates, Inc. (NIA) for select hip, knee, and shoulder surgeries, this article provides additional information and resources, including an FAQ and webinar dates and times, and new information on the effective date for Medicare Advantage members.

As a reminder, effective Dec. 11, 2017, Harvard Pilgrim is requiring prior authorization through NIA for select hip, knee, and shoulder surgeries for commercial members enrolled in our HMO, PPO, and POS products. In addition, prior authorization will be required for these services for our Medicare Advantage members, effective Jan. 1, 2018.

Services Requiring Prior Authorization

The following non-emergent inpatient and outpatient hip, knee, and shoulder surgeries will require prior authorization through NIA:

Hip

- Revision/conversion hip arthroplasty
- Total hip arthroplasty/resurfacing
- Femoroacetabular impingement (FAI) hip surgery (includes CAM/pincher & labral repair)
- Hip surgery – other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy knee)

Knee Revision Knee Arthroplasty

- Total knee arthroplasty (TKA)
- Partial-unicompartmental knee arthroplasty (UKA)
- Knee manipulation under anesthesia (MUA)
- Knee ligament reconstruction/repair
- Knee meniscectomy/meniscal repair/meniscal transplant
- Knee surgery – other (includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration)

Shoulder Revision Shoulder Arthroplasty

- Total/reverse shoulder arthroplasty or resurfacing
- Partial shoulder arthroplasty/hemiarthroplasty
- Shoulder rotator cuff repair
- Shoulder labral repair
- Frozen shoulder repair/adhesive capsulitis
- Shoulder surgery – other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviculectomy, diagnostic shoulder arthroscopy)

As part of this program, Harvard Pilgrim will transition any knee, hip, or shoulder surgery prior authorization requirements that we are currently managing directly (including hip and knee arthroplasty) to NIA.

Requesting authorization

The ordering clinician is responsible for obtaining prior authorization through NIA before scheduling any of these procedures. Any of these non-emergent services performed on or after the effective dates noted above 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 procedure.

Providers may request prior authorization from NIA:

- Online at www.radmd.com
- By telephone at 800-642-7543 (Monday-Friday, 8 a.m. to 8 p.m. EST)

Providers may begin making prior authorization requests for hip, knee, and shoulder surgeries through NIA on Nov. 27, 2017 for dates of service beginning Dec. 11, 2017 for commercial members and Dec. 26, 2017 for dates of service beginning Jan. 1, 2018 for Medicare Advantage members.

Harvard Pilgrim does not require prior authorization for emergent procedures that are admitted through a hospital emergency room.

Webinars and other resources

Harvard Pilgrim and NIA are offering educational webinar sessions to providers who wish to learn more about this prior authorization program. Hour-long sessions will take place on the following dates:

- Tuesday, Nov. 7, 2017 at 8 a.m. EST
- Wednesday, Nov. 8, 2017 at 8 a.m. EST
- Tuesday, Nov. 14, 2017 at noon
- Wednesday, Nov. 15, 2017 at noon

To enroll in one of these sessions, please RSVP at least one week prior to the session you plan to attend by emailing NIAWebinar@magellanhealth.com and including the following information in your request:

- Harvard Pilgrim webinar
- Webinar date
- Group name
- TIN
- Address
- Phone number
- Fax number
- Number of participants attending from your organization

For more information on the webinars, including access instructions, please refer to this [webinar invitation](#).

For more information, please refer to the following:

- [Frequently Asked Questions](#)

- [NIA's medical review criteria](#)
- Harvard Pilgrim's commercial [Hip/Knee/Shoulder Surgeries Prior Authorization Policy](#)
- Harvard Pilgrim's commercial [Prior Authorization policy](#) in the *Provider Manual*
- Harvard Pilgrim's Medicare Advantage [Hip/Knee/Shoulder Surgeries Prior Authorization Policy](#)
- NIA's [Ordering Provider Quick Reference Guide](#)

If you have any further questions, contact the Provider Service Center at 800-708-4414. ◆

Updates to Cholecystectomy Medical Review Criteria

Harvard Pilgrim is updating our commercial and StrideSM (HMO) Medicare Advantage medical review criteria for cholecystectomy surgery. Harvard Pilgrim covers medically necessary laparoscopic or open cholecystectomy procedures, with prior authorization, when all criteria indicated in these policies are met.

Effective for dates of service beginning Jan. 1, 2018, we are updating the commercial and Stride medical review criteria policies to require prior authorization for the following CPT codes:

47564 – Laparoscopy, surgical; cholecystectomy with exploration of common duct

47579 – Unlisted laparoscopy procedure, biliary tract

47610 – Cholecystectomy with exploration of common duct

CPT codes 47562, 47563, 47600, and 47605 will remain covered and will continue to require prior authorization.

For more information, and for complete coverage criteria and exclusions, please refer to Harvard Pilgrim's updated [Cholecystectomy Medical Review Criteria](#) and [Stride \(HMO\) Medicare Advantage Cholecystectomy Medical Review Criteria](#). ◆

Synagis for Upcoming RSV Season

With respiratory syncytial virus (RSV) season approaching, Harvard Pilgrim would like to remind providers of our policy regarding Synagis (palivizumab), an injection of antibodies used to protect high-risk infants from severe RSV disease. Harvard Pilgrim will require a prior authorization for Synagis during the 2017-2018 RSV season. Please keep in mind, however, that CVS Specialty is now Harvard Pilgrim's [preferred specialty vendor](#) and will handle dispensing of this medication.

Synagis requires prior authorization and should be reserved for infants with a history of pre-term birth, and children with chronic lung disease or congenital heart disease. For members who qualify to receive five doses, the first dose is typically administered at the beginning of November and the last dose at the beginning of March, in order to provide protection into April.

To order Synagis, clinicians should complete the appropriate form, found on the [Pharmacy prior authorization page](#) on Harvard Pilgrim's website. Massachusetts and New Hampshire providers will also need to fax a copy of the prescription to CVS Specialty at 800-323-2445, since their state-specific standard forms don't include a prescription section. However, the form for providers in all other states allows for the capability of including prescription information.

For more information, please visit the [Pharmacy section](#) of Harvard Pilgrim's provider website or call Clinical Pharmacy Services at 617-509-1786. ◆

Therapeutic Yoga for Chronic Pain and Other Conditions

Many patients are wary of taking opioids to manage their chronic pain, and may inquire about non-medication alternative treatments. In addition to acupuncture and cognitive behavioral therapy, which we noted in the May issue of *Network Matters*, therapeutic yoga can be effective in treating chronic pain and a wide range of other symptoms and conditions.

Jay and Terry Gupta are working to integrate therapeutic yoga into the medical community in New Hampshire, making the treatment increasingly accessible to patients and training providers in the practice.

Brief therapeutic sessions

Jay Gupta is a registered pharmacist, medication therapy management specialist, and the Director of Pharmacy and Integrative Medicine at Harbor Homes, Inc. in Nashua. He began his yoga training as a young child, and after experiencing its therapeutic properties for more than 20 years, he decided to bring his knowledge of the practice into the hospital system.

“One of the biggest problems in health care is polypharmacy — taking five or more medications a day,” says Jay. “With these patients, you’ll often find that they need to use more medications just to mitigate the side effects of those five daily meds. Therapeutic yoga can be a very powerful intervention to reduce polypharmacy and make patients’ lives easier, as well as greatly reduce medical costs.”

Jay and his wife Terry, a social worker and yoga specialist, offer classes through their non-profit organization [YogaCaps, Inc.](#) (“Caps” is short for “capsules,” which are brief therapeutic yoga sessions that can be done multiple times a day and can take as little as a few minutes to perform). YogaCaps offers as many as 11 free classes per week in Southern New Hampshire hospitals and clinics.

Doctors, nurses, and physical therapists trained by Jay regularly use yoga as an integrative health practice for cardiac rehab, post-bariatric-surgery rehab, arthritis relief, depression, and substance abuse issues, and to treat chronic pain from things like cancer and fibromyalgia and in patients who can’t do traditional exercises due to musculoskeletal issues. “It’s something patients can practice for a few minutes while waiting for the doctor, or that doctors can do between patients as a short-but-helpful bit of self-care,” says Terry.

Jay and Terry also use therapeutic yoga to address sleep issues through their other organization, RxRelax. Jay is currently conducting a clinical trial with the Massachusetts College of Pharmacy and Health Science, studying the effects of eight weeks of therapeutic yoga on cancer patients who struggle with insomnia.

Therapeutic yoga certification training

In November, RxRelax, in collaboration with Elliott Hospital, is hosting a therapeutic yoga certification training for health care professionals, which will emphasize transforming health care practices by integrating therapeutic yoga and mindfulness techniques. You can learn more or register by visiting the [RxRelax website](#). ◆

P&T Committee Updates

At the Sept. 11, 2017 meeting, the Harvard Pilgrim Pharmacy & Therapeutics Committee reviewed two medications and decided the following:

P&T Committee Review and Decisions		
Name	Indication	Decision
Tymlos (abaloparatide)	Treatment of postmenopausal women with osteoporosis at high risk for fracture.	<ul style="list-style-type: none"> • Premium formulary: moved to preferred brand tier with prior authorization • Value formulary: added to preferred brand tier with prior authorization • Medicare Advantage formulary: added to preferred brand tier with prior authorization
Xiidra (lifitegrast) ophthalmic solution	Treatment of the signs and symptoms of dry eye disease (DED).	<ul style="list-style-type: none"> • Premium formulary: moved to preferred brand tier with quantity limit • Value formulary: added to preferred brand tier with quantity limit • Medicare Advantage formulary: moved to preferred brand tier with quantity limit

Specialty Pharmacy Program Updates

Harvard Pilgrim's Specialty Pharmacy Program has added the following medications:

Name	Indication	Available From
Tremfya (guselkumab)	Treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.	CVS Specialty

<p>Haegarda (C1 esterase inhibitor subcutaneous [Human])</p>	<p>To prevent hereditary angioedema (HAE) attacks in adolescent and adult patients.</p>	<p>CVS Specialty</p>
<p>Kevzara (sarilumab)</p>	<p>Treatment of adults with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to one or more disease-modifying antirheumatic drugs (DMARDs).</p>	<p>CVS Specialty</p>
<p>Tymlos (abaloparatide)</p>	<p>Treatment of postmenopausal women with osteoporosis who are at high risk for fracture.</p>	<p>CVS Specialty</p>
<p>Vosevi (sofosbuvir, velpatasvir, and voxilaprevir)</p>	<p>Treatment of adults with chronic HCV infection without cirrhosis or with compensated cirrhosis.</p>	<p>CVS Specialty</p>

<p>Idhifa (enasidenib)</p>	<p>Treatment of adults with relapsed or refractory acute myeloid leukemia (AML) with an isocitrate dehydrogenase-2 (IDH2) mutation as detected by an FDA-approved test.</p>	<p>Non-mandatory: CVS Specialty</p>
<p>Benlysta SQ (belimumab)</p>	<p>Treatment of adults with active, autoantibody-positive, systemic lupus erythematosus who are receiving standard therapy.</p>	<p>CVS Specialty</p>
<p>Mavyret (glecaprevir and pibrentasvir)</p>	<p>Treatment of patients with chronic HCV genotype (GT) 1, 2, 3, 4, 5 or 6 infection without cirrhosis and with compensated cirrhosis (Child-Pugh A). Also, the treatment of adults with HCV genotype 1 infection, who previously have been treated with a regimen containing an HCV NS5A inhibitor or an NS3/4A protease inhibitor, but not both.</p>	<p>CVS Specialty</p>
<p>Siliq (brodalumab)</p>	<p>Treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy and have failed to respond or have lost response to other systemic therapies.</p>	<p>CVS Specialty</p>

<p>Nerlynx (neratinib)</p>	<p>Treatment for adults who have early stage HER2-overexpressed/amplified breast cancer; used following treatment with Herceptin (trastuzumab).</p>	<p>Non-mandatory: CVS Specialty</p>
<p>Nityr (nitisinone)</p>	<p>Treatment of hereditary tyrosinemia type 1 (HT-1) in combination with dietary restriction of tyrosine and phenylalanine.</p>	<p>Limited Distribution: Diplomat Pharmacy</p>

ADHD Diagnosis and Follow-up Care

With the beginning of the new school year, as teachers assess students, primary care providers (PCPs) are likely to see more patients come to their practice with questions about Attention Deficit/Hyperactivity Disorder (ADHD), which is one of the most commonly diagnosed and extensively studied childhood behavioral health disorders.

Diagnosis and DSM-5 criteria

A comprehensive medical evaluation to rule out potential physical conditions is necessary to accurately diagnose ADHD. The reliability of diagnosing ADHD improves when appropriate guidelines are used and the PCP works closely with parents, partners, teachers, and the patient to gather information. DSM-5, the authoritative guide to diagnosing mental disorders, contains some key criteria for diagnosing ADHD:

1. Several of the individual’s symptoms must be present at age 12 or earlier (rather than age 7 or earlier as was specified in DSM-4).
2. Adults and teens can now officially be diagnosed with ADHD.

3. To warrant diagnosis, children younger than age 17 must display at least 6 symptoms of inattention or hyperactivity/impulsivity while individuals age 17 or older must display at least 5 symptoms of inattention or hyperactivity/impulsivity.
4. A person can have mild, moderate, or severe ADHD, depending on the number of symptoms and their effect on daily life.

DSM-5 specifies that symptoms must be consistent for at least six months and cause significant negative impacts in social and academic/occupational activities.

Treatment plan and monitoring

After a diagnosis is made, it is important to develop a treatment plan and monitor the patient's progress. A team approach to treatment works best, with behavioral health clinicians, doctors, the patient, parents, teachers, and other health care professionals working together. The treatment plan usually includes behavioral therapy, medication, parent training and/or education, and school involvement. This combination helps the child focus his or her attention and control behavior issues.

Optum/United Behavioral Health and Harvard Pilgrim have developed a set of recommendations for diagnosing and following up with ADHD patients. When prescribing ADHD medication for the first time:

- Schedule a follow-up appointment at the first visit when prescribing medication, to occur within the next 21-28 days, to assess effectiveness and address any side effects.
- Write the initial prescription for the number of days until the follow-up appointment to increase the likelihood that the patient will attend this appointment.
- Utilize screening tools, such as the [Vanderbilt Scales](#), to assist in diagnosing ADHD.
- Schedule at least two more follow-up appointments over the next nine months to ensure that the patient is stabilized on an appropriate dose.

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**Reporting Modifier 50 for Bilateral Procedures**

We would like to offer providers a few reminders about billing for bilateral procedures. Harvard Pilgrim utilizes the bilateral indicator in the CMS National Physician Fee Schedule Relative Value File to determine which procedures can be billed bilaterally.

Procedures with a bilateral indicator of 0 should not be reported with modifier 50, LT, or RT, as the concept of “bilateral” does not apply to these procedures (due to physiological reasons, the fact that the description of the code indicates that it is a bilateral procedure by definition, the fact that the procedure is not commonly performed bilaterally, etc.). Some examples of CPT codes that should not be billed with a bilateral modifier are 71020, 93010, and 64420.

Procedures with a bilateral indicator of 1 are valid for bilateral billing with modifier 50. If a procedure is performed bilaterally, modifier 50 should be appended to the procedure code with 1 unit of service; when modifier 50 applies, please do not use modifiers RT and LT. Harvard Pilgrim reimburses bilateral services performed on both sides of the body during the same session or on the same day at 150% of the fee schedule allowed amount.

For more information, please refer to the [Bilateral Services and CPT Modifier 50 Payment Policy](#). ◆

2018 CPT and HCPCS codes

Harvard Pilgrim will accept new 2018 CPT and HCPCS codes for dates of service beginning Jan. 1, 2018, and will update fee schedules as appropriate. Claims that include deleted CPT and HCPCS codes for dates of service after Dec. 31, 2017 will be denied. Harvard Pilgrim’s commercial [Non-Covered Services Payment Policy](#) will be updated in the first quarter of 2018 to reflect the 2018 code changes. ◆

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

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