

HPHCURRENT EVENTS

Reminder: Medical Drugs & Buy-and-Bill or Specialty Pharmacy

As you know, Harvard Pilgrim requires prior authorization on approximately 200 medical drugs. While providers use the buy-and-bill process to obtain the majority of these drugs, a subset is available through the specialty pharmacy as well. Having two pathways offers providers greater flexibility, but sometimes results in confusion about the appropriate prior authorization process. The following information can help ensure that your prior authorization request is processed correctly, enabling you to be reimbursed appropriately.

Harvard Pilgrim has about 35-40 medical drugs that can be obtained through either buy-and-bill or specialty pharmacy, including Acthar HP, Botox, Cinryze, Eylea, Lupron Depot, Prolia, and Xolair. The prior authorization process varies depending on which pathway you choose to obtain the medication.

| Prior Authorization for Medical Drugs Available Via Buy-and-Bill or Specialty Pharmacy | | | |
|---|--|--|---|
| If you obtain the medical drug through: | Prior authorization process overview | How to request authorization | Where to find criteria and request forms |
| Buy-and-Bill | Authorization request is made through CVS Health–NovoLogix , provider purchases the drug, bills Harvard Pilgrim when administered, and Harvard Pilgrim processes the claim. | Contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). | Criteria and forms are available in the Medical Drug Prior Authorization Chart <i>(When navigating from www.harvardpilgrim.org/providers, click on Medical Management then commercial Prior Authorization Medical Review Criteria)</i> |
| Specialty Pharmacy | Authorization request is made through MedImpact , which processes the claim. CVS Specialty delivers the medication to the provider’s office (white bagging). | Fax completed request forms to MedImpact Health Systems at 888-807-6643. | Criteria and forms are available in Medication Request Forms and Clinical Coverage Criteria <i>(When navigating from www.harvardpilgrim.org/providers, click on Pharmacy and then Medication Request Forms and Clinical Coverage Criteria)</i> |

It’s important to note that CVS Specialty and CVS Health-NovoLogix are distinct entities. A common prior authorization error for certain medical drugs, such as Botox, is that the

provider's office obtains an authorization through MedImpact, then submits a buy-and-bill claim for the Botox to Harvard Pilgrim, not realizing that the MedImpact authorization is not valid for buy-and-bill.

By requesting authorization from the appropriate entity, your practice can avoid unnecessary denials for lack of authorization. If you have any additional questions, please contact the Provider Service Center at 800-708-4414. ◆

CLINICIAN CORNER

Cochlear Implants to Require Prior Authorization

Effective for dates of service beginning June 1, 2018, Harvard Pilgrim will require prior authorization for cochlear implants for members in our commercial HMO, POS, and PPO products. Harvard Pilgrim will provide coverage for unilateral or bilateral cochlear implants for adults and children and hybrid implants for adults who meet the medical review criteria.

The following codes will require prior authorization as of June 1, 2018:

- 69930 — Cochlear device implantation, with or without mastoidectomy
- 92601 — Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
- 92602 — Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming
- 92603 — Diagnostic analysis of cochlear implant, age 7 years or older, with programming
- 92604 — Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
- L8614 — Cochlear device/system, includes all internal and external components
- L8615 — Headset/headpiece for use with cochlear implant device, replacement
- L8616 — Microphone for use with cochlear implant device, replacement
- L8619 — Cochlear implant external speech processor, replacement
- L8628 — Cochlear implant, external controller component, replacement

Please refer to the updated [Cochlear Implants Medical Review Criteria](#) for the full criteria and details on documentation necessary to obtain prior authorization. To request prior authorization, please complete the [Cochlear Implants Prior Authorization Request Form](#) and fax it to 800-232-0816. ◆

Update to Bariatric Surgeries Prior Authorization Policy

Effective for dates of service beginning April 15, 2018, Harvard Pilgrim is updating our prior authorization policy for bariatric surgery to require confirmation by a specialist of the presence of certain medical conditions and completion of a medically supervised weight loss and exercise program within a given time frame.

Harvard Pilgrim covers medically necessary bariatric surgery with prior authorization and requires that members receive this procedure at one of the in-network facilities that have been designated as a Weight Loss Surgery Center of Excellence. Information about this program — which is designed to ensure that members receive care that is focused on patient health and safety — can be found in the [Weight Loss Surgery Centers of Excellence](#) (COEs) section of our provider website.

Confirmation by specialist

The existing bariatric surgery prior authorization policy requires that medical record documentation confirm either a body mass index (BMI) of 40 or more or a BMI of 35 and the presence of a comorbid condition (from among those listed in the policy). Beginning April 15, 2018, if the patient has one of the following conditions, confirmation must be provided by a physician with the applicable specialty, as indicated below:

- Type II Diabetes – with documentation of diabetes diagnosis consistent with the American Diabetic Association; diagnosis must also be confirmed by an endocrinologist or primary care physician
- Pseudotumor cerebri — diagnosis confirmed and treatment plan supported by neurologist
- Severe arthropathy of spine and/or weight-bearing joints (when obesity prohibits appropriate surgical management of joint dysfunction treatable but for the obesity) — diagnosis must be confirmed by orthopedic surgeon
- Obesity-induced cardiomyopathy — diagnosis must be confirmed by a cardiologist
- Obesity-related hypoventilation — diagnosis must be confirmed by a pulmonologist

If your patient has one of these diagnoses, when requesting authorization please submit the patient's medical record or other documentation that supports that the diagnosis has been made by the appropriate provider. The list above highlights only those conditions requiring confirmation by a specialist and is not inclusive of all comorbid conditions that meet medical criteria; for complete details, please refer to the updated [Bariatric Surgeries Medical Review Criteria](#).

Medically supervised weight loss and exercise program

In addition, under the updated policy, the requesting provider must provide documentation confirming that the patient has completed at least 6 months of a medically supervised weight loss and exercise program in which at least three months are consecutive.

Requesting authorization

We have updated our [Bariatric Surgery Prior Authorization Request Form](#) to reflect these changes. To request authorization, please fax the completed form to 800-232-0816. ◆

New Bunionectomy Medical Review Criteria

Effective June 1, 2018, Harvard Pilgrim is requiring prior authorization for bunionectomy procedures for our commercial members.

Harvard Pilgrim considers bunionectomy procedures medically necessary, with prior authorization, for the treatment of hallux valgus (bunions) when documentation confirms that the member has reached skeletal maturity and symptoms are unresponsive to at least 6 months of any two of the following conservative treatments:

- Change in footwear, padding, or orthotics (shoe inserts)
- Nonsteroidal anti-inflammatory drugs
- Local injections to the first metatarsophalangeal joint (e.g., local anesthetic or steroid)

In addition to the above-mentioned general bunionectomy criteria, the new prior authorization policy also outlines the criteria that must be met for the following specific procedures to be covered:

- Simple bunionectomy
- Bony correction bunionectomy
- Surgical procedures for bunions

To request prior authorization, please complete the [Bunionectomy Prior Authorization Request Form](#), and fax it to 800-232-0816. For complete information, please refer to Harvard Pilgrim's new [Bunionectomy Medical Review Criteria](#). ◆

Harvard Pilgrim Adding Coverage for Newly Approved Medications

Effective for dates of service beginning April 1, 2018, Harvard Pilgrim has added coverage for our commercial members for the following medical drugs, which were recently approved by the FDA:

- Fasenra – for the add-on maintenance treatment of patients with severe asthma, ages 12 years and older, and with an eosinophilic phenotype
- Kymriah – for the treatment of patients up to 25 years of age with B-cell precursor acute lymphoblastic leukemia that is refractory or in second or later relapse
- Luxturna – for the treatment of biallelic RPE65 mutation-associated retinal dystrophy
- Yescarta – for the treatment of adult patients with relapsed or refractory large B-cell lymphoma

These medications are covered with prior authorization when the criteria outlined in their respective policies have been met. As a reminder, CVS Health–NovoLogix oversees our prior authorization program for medical drugs to optimize treatment outcomes and promote the safe and cost-effective use of these drugs. To request authorization for one of these medications, please contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882).

For complete information, please refer to our new commercial [Fasenra Medical Review Criteria](#), [Kymriah Medical Review Criteria](#), [Luxturna Medical Policy](#), and [Yescarta Medical Review Criteria](#). [Our Medical Drug Prior Authorization webpage](#) includes these policies and the associated prior authorization request forms. ◆

Tips for Efficient Pharmacy Prior Authorization Process

As a reminder, when filling out a standard medication request form to request coverage for a pharmacy drug that requires prior authorization, please be sure to reference [Harvard Pilgrim’s pharmacy clinical criteria](#) for that drug to ensure that you are providing all the appropriate information.

Pharmacy medications requiring prior authorization have clinical guidelines developed by licensed clinical pharmacists, which reflect the latest in evidence-based medicine and are used as a tool to promote quality, safety, and cost-effective pharmacotherapy. The drug-specific clinical criteria that Harvard Pilgrim makes available to providers contains in-depth information that is often not explicitly detailed in the standard medication request forms. Because of this, it is important to review the criteria for the drug you are requesting coverage for and include any information outlined in the criteria on your pharmacy medication request form.

Providing the appropriate information makes for a quicker, more efficient prior authorization process because it can decrease the volume of outreach calls from the reviewer to obtain missing details. If outreach is made and the necessary information is

not supplied to Harvard Pilgrim in a timely manner, we would have to deny the request if the clinical criteria are not met.

Some examples of information that is commonly omitted include:

- For Dupixent: Whether the requesting provider provides a BSA, EASI score, or IGA/PGA score
- For Hepatitis C drugs: Whether the requesting provider has consulted their patient on drug-to-drug interactions

In addition to reviewing the drug-specific criteria when submitting medication requests, it is also important to be as specific and comprehensive as possible when referencing prior drug therapies that have been tried and failed.

By working collaboratively together, Harvard Pilgrim and prescribers can streamline the prior authorization process, increasing efficiency and enhancing the member experience. ◆

Complex Case Management Services

Harvard Pilgrim provides case management services to help patients attain optimal health and quality of life and achieve greater self-reliance in managing their health care. Our complex case managers are nurses who provide systematic coordination and assessment of services using evidence-based clinical guidelines. Harvard Pilgrim's complex case managers partner with our staff social workers and pharmacists to help coordinate care and access to services for patients with multiple complex conditions.

These programs assist patients with conditions such as chronic kidney disease, cancer, heart disease, asthma, diabetes, and a variety of rare diseases. Complex case managers help patients avert the need for more intensive medical services by providing them with information tailored to their needs and stage of readiness. Our case management programs proactively identify at-risk patients, who typically have co-morbidities and psychosocial needs that can significantly diminish their quality of life and make it difficult for them to adhere to treatment plans.

Case management programs are available to members identified through:

- Algorithms based on medical, pharmacy, and/or radiology claim analysis
- Hospital discharge data
- Provider and case manager referral
- Self-referral
- Health risk appraisal

For more information about Harvard Pilgrim's complex case management programs, including how to refer patients, please see the [Complex Case Management page](#) on Harvard Pilgrim's website or call 866-750-2068. ◆

Disease Management Programs Reinforce Physician Treatment Plans

Harvard Pilgrim takes a comprehensive approach to disease management, focusing on patient-centered care that coordinates resources across the health care delivery system and throughout the life cycle of a disease. Harvard Pilgrim's disease management programs include a range of components specifically designed to reinforce clinicians' treatment plans.

These programs assist patients with conditions such as asthma, COPD, heart failure, and diabetes by helping them better understand their condition, giving them new information about their disease, and providing them with assistance from clinical health educators and pharmacists who can help them manage their disease.

Patients identified as having a chronic condition such as diabetes, heart failure, or asthma are automatically enrolled in Harvard Pilgrim's disease management programs through the following:

- Referrals by their physicians, case managers, and specialty care providers
- Census reports from hospital or ER visits
- Medical and pharmacy claims analysis that identifies patients with appropriate diagnoses
- Self-referral
- Health risk appraisal

For a full list of all of Harvard Pilgrim's disease management programs, visit our [Disease and Health Risk Management](#) webpage. To enroll a Harvard Pilgrim member into one of our programs, e-mail healthandwellness@harvardpilgrim.org or call 866-750-2068. ◆

Updates to Medical Policies and Prior Authorization Criteria

Harvard Pilgrim regularly reviews our commercial medical policies and prior authorization criteria and makes updates based on the current clinical literature and best practices. As part of this ongoing review, we have updated the following clinical medical policies, which do not require prior authorization:

- [Esophagogastroduodenoscopy \(EGD\) Medical Policy](#)
- [Human Papillomavirus Vaccines Medical Policy](#)

- [Implantable Hormone Pellets Medical Policy](#) (formerly Testosterone Therapy)
- [Vertebroplasty and Kyphoplasty Medical Policy](#)

Harvard Pilgrim also updated the medical review criteria for the following procedures, which currently require prior authorization and will continue to do so:

- [Bronchial Thermoplasty Medical Review Criteria](#) and [prior authorization request form](#)
- [Hysterectomy Medical Review Criteria](#) and [prior authorization request form](#)
- [Transcranial Magnetic Stimulation Medical Review Criteria](#)

For more information, please refer to the updated clinical medical policies and medical review criteria. ◆

Policy Update: Replacement of the First Metatarsophalangeal Joint

Harvard Pilgrim covers partial or total replacement of the first metatarsophalangeal (MTP) joint without prior authorization for certain diseases or disorders that cause painful stiffness or deformation of the big toe. Effective June 1, 2018, Harvard Pilgrim is updating our commercial medical policy to indicate that the following CPT and HCPCS codes will be covered for the partial or total replacement of the first MTP joint *only* when they are reported with the appropriate ICD-10 diagnosis code from the code range M20.20 – M20.22, Hallux rigidus:

CPT codes:

- 28291 – Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
- 26535 – Arthroplasty, interphalangeal joint; each joint
- 26536 – Arthroplasty, interphalangeal joint; with prosthetic implant, each joint

HCPCS codes:

- L8641 – Metatarsal joint implant
- L8642 – Hallux implant

The criteria also specifies that this procedure is appropriate only if conservative treatment, such as exercise, physiotherapy, and non-steroidal anti-inflammatory drugs, has been tried without success and the patient has persistent symptoms from hallux valgus or hallux rigidus due to degenerative joint disease of the first MTP joint.

Under the updated policy, ceramic implants (for example, Moje prosthesis) and replacement of tarsometatarsal joint will not be eligible for reimbursement.

For complete information, refer to the updated [Partial or Total Replacement of the First Metatarsophalangeal Joint Medical Policy](#). ◆

Updates to Implantable Neurostimulators Medical Review Criteria

Harvard Pilgrim covers the use of implantable neurostimulators for certain conditions with prior authorization, and is updating our commercial medical review criteria, effective for dates of service beginning April 26, 2018.

The changes include adding additional criteria that must be met for the coverage of sacral nerve stimulators for urinary incontinence and for fecal incontinence, and excluding numerous conditions from coverage for spinal nerve stimulation and vagus stimulation.

In addition, the following CPT codes are being removed from the policy, and will no longer be covered:

- 64555 – Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
- 64575 – Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
- 64585 – Revision or removal of peripheral neurostimulator electrode array

For more detailed information, please refer to Harvard Pilgrim’s updated commercial [Implantable Neurostimulators Medical Review Criteria](#). To request prior authorization, please complete the [Implantable Neurostimulators Prior Authorization Request Form](#) and fax it to 800-232-0816. ◆

Corneal Collagen Cross-Linking Now Covered

Harvard Pilgrim is updating our commercial Vision Surgeries for Refractive Errors Medical Policy, effective immediately, to allow coverage for corneal collagen cross-linking. Harvard Pilgrim considers this procedure medically necessary for the treatment of progressive keratoconus and corneal ectasia following refractive surgery when conservative treatment has been tried without success and when documentation confirms either of the following:

- A diagnosis of progressive keratoconus supported by any of the following changes in a twenty-four-month period:

- An increase of at least one diopter (in either the manifest cylinder or steepest keratotomy measurement)
- An increase of at least half a diopter in manifest refraction spherical equivalent
- A diagnosis of corneal ectasia following refractive surgery supported by all of the following: consistent axial topography pattern, including relative inferior steepening with inferior-superior difference of at least 1.5 diopters; corrected distance visual acuity worse than 20/20, and corneal thickness of at least three hundred micrometers at the thinnest area.

Prior authorization is not required. To receive reimbursement for corneal collagen cross-linking, please use the following covered CPT code:

66999 – Unlisted procedure, anterior segment of eye [when specified as laser epithelial keratomileusis (LASEK) or photoastigmatic keratectomy (PRK-A)]

For more information, refer to Harvard Pilgrim’s updated [Vision Surgeries for Refractive Errors Medical Policy](#). ◆

New Prior Authorization Policy for Hemlibra

Harvard Pilgrim is covering the new-to-market drug Hemlibra for commercial members with prior authorization. The FDA approved Hemlibra (emicizumab-kxwh) in November 2017 to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients with hemophilia A who have developed antibodies called Factor VIII (FVIII) inhibitors.

Effective immediately, Harvard Pilgrim will cover Hemlibra with prior authorization for the treatment of hemophilia A when laboratory testing confirms that the patient has a history of high-inhibitor titer (i.e., ≥ 5 Bethesda units per milliliter). Initial authorizations will be for 6 months, and may be expanded to 12 months for patients who meet all initial authorization criteria and achieve and maintain reduction in the frequency of bleeding episodes.

As a reminder, CVS Health–NovoLogix oversees [our prior authorization program for medical drugs](#) to optimize treatment outcomes and promote the safe and cost-effective use of these medications. To request authorization for Hemlibra, please contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). For complete information, please refer to our new [Hemlibra Medical Review Criteria](#) and the [associated prior authorization request form](#). ◆

New Prior Authorization Policy for Imfinzi

Harvard Pilgrim is covering the new-to-market drug Imfinzi with prior authorization for our commercial members. The FDA approved Imfinzi (durvalumab) in May 2017 for the treatment of patients with locally advanced or metastatic urothelial carcinoma.

Effective immediately, Harvard Pilgrim will cover Imfinzi with prior authorization for the treatment of locally advanced or metastatic urothelial carcinoma when any of the following criteria is met:

- Member experienced disease progression during or following platinum-containing chemotherapy
- Member experienced disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy

As a reminder, CVS Health–NovoLogix oversees our prior authorization program for medical drugs to optimize treatment outcomes and promote the safe and cost-effective use of these medications. To request authorization for Imfinzi, please contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882).

For complete information, please refer to our new [Imfinzi Medical Review Criteria](#) and the [associated prior authorization request form](#). ◆

Substance Use Disorder: Treatment and Helpful Resources

Substance abuse is a devastating and far-reaching problem, exacerbated by the fact that patients and their loved ones often do not know where to begin in addressing it — or even how to start the conversation. Harvard Pilgrim places a heavy emphasis on patient education, and on the effective communication and coordination of care between providers involved in the treatment of a common patient who demonstrates signs of substance use disorder.

Helpful resources for your patients

Harvard Pilgrim encourages providers with patients who may struggle with drugs or alcohol to direct them and/or their families to Optum/UBH's Substance Use Treatment Helpline at 855-780-5955. This confidential service — which is available 24 hours a day, seven days a week, and provided at no added cost to members — features education on appropriate treatment options, coverage, cost of care, and more, as well as highly personalized attention from substance abuse treatment advocates who are specialized licensed clinicians. Also available is an online help and support page at <https://liveandworkwell.com/recovery>, where your patients can find the answers to many frequently asked questions, as well as links to numerous topics related to substance use.

Additionally, Harvard Pilgrim and Optum/UBH have published several materials for providers to share with patients and their families. The materials, which can be found in the “Substance Use” section on the [“Patient Education Handouts”](#) section of our provider website, offer information about warning signs, treatment programs for substance use disorders, and resources for guidance and support.

Resources for providers

Optum/UBH (Harvard Pilgrim’s behavioral health partner) can help with referrals for outpatient behavioral health services by locating in-network services — including chemical dependency services and providers of specialized treatments — as well as practitioners to provide initial screening evaluations and, if needed, subsequent psychological or neuropsychological testing referrals.

To refer a patient for behavioral health services, call Optum at 888-777-4742. To speak with an Optum clinician to discuss treatment options, call the Optum Physicians Consultation service at 800-292-2922. ◆

P&T Committee Meeting Update

At the March 12, 2018 meeting, the Harvard Pilgrim Pharmacy & Therapeutics Committee reviewed three medications and decided the following:

| P&T Committee Review and Decisions | | |
|---|--|---|
| Name | Indication | Decision |
| Trelegy ellipta (fluticasone furoate, umeclidinium, and vilanterol) | Used to control and prevent symptoms caused by chronic obstructive pulmonary disease (COPD), which includes chronic bronchitis and/or emphysema. | <ul style="list-style-type: none"> • Premium and Value formularies: Moved from non-formulary to preferred brand tier • Medicare Advantage formulary: Moved from non-formulary to preferred brand tier |

| | | |
|------------------------------|--|---|
| <p>Eucrisa (crisaborole)</p> | <p>Used for the topical treatment of mild-to-moderate eczema in patients ages two and older.</p> | <ul style="list-style-type: none"> • Premium formulary: Continued coverage at the non-preferred brand tier with prior authorization • Value formulary: Moved to non-preferred brand tier with prior authorization • Medicare Advantage formulary: Remains non-formulary |
| <p>Dupixent (dupilumab)</p> | <p>Used to treat adults with moderate-to-severe eczema that is not adequately controlled with topical prescription therapies or who are unable to use topical therapies.</p> | <ul style="list-style-type: none"> • Premium and Value formularies: Moved to preferred brand tier (specialty) with prior authorization • Medicare Advantage formulary: Continued coverage at Tier 5 specialty with prior authorization |

OFFICE ASSISTANT

Payment Policy Updates: DME and Orthotic and Prosthetic Devices

Harvard Pilgrim regularly reviews coding practices to ensure that the care delivered to our members is represented as completely and accurately as possible.

As a result, we are making changes to the coding requirements detailed in our commercial Durable Medical Equipment (DME) and Orthotic and Prosthetic Devices payment policies, such as requiring modifiers to be billed alongside certain procedure codes for lower limb prosthetics, tape, and other DME. The new coding requirements, which will be effective for dates of service beginning June 1, 2018, are designed to provide more specificity and clarity to Harvard Pilgrim, so that we have the information necessary to provide appropriate reimbursement.

Please note that in addition to the added requirements detailed in this article, DME and orthotics and prosthetic devices must still be reported with the appropriate primary modifier — NU (purchase of new equipment), MS (maintenance and servicing), or RR (rental) — as applicable, for proper payment.

Procedure codes that will require functional modifiers

With the updates to the DME Payment Policy, Harvard Pilgrim will require the following HCPCS procedure codes for lower limb prosthetics to be reported with the appropriate functional modifier (K0, K1, K2, K3, or K4) in order for the provider to receive reimbursement: L5930, L5961, L5969-L5976, L5978-L5982, L5987, L5610, L5613, L5614, L5722-L5780, L5822-L5840, L5848, L5856, L5857, L5859, L5611, L5616, L5710-L5718, L5810-L5818.

Modifiers AU, AV, and AW

When billing non-waterproof or waterproof tape (HCPCS codes A4450 and A4452), providers will be required to append the appropriate modifier from A1-A9 to specify the number of wounds being dressed, and also to append modifier AU, AV, or AW to indicate if the item was furnished in conjunction with a urological, ostomy, or tracheostomy supply; prosthetic device, prosthetic or orthotic; or surgical dressing.

Appending modifier AU or AV will also be required when billing HCPCS code A5120 for skin barrier, wipes, or swabs.

RT and LT modifiers

As of June 1, Harvard Pilgrim will only reimburse HCPCS codes A5500-A5513 (Therapeutic shoes/inserts/modifications for diabetics only) when they are billed with the RT or LT modifier to indicate the right or left side of the body.

Providers will also be required to append the LT or RT modifier when billing for orthotics and prosthetics. Other changes regarding orthotics and prosthetics include:

- Repairs or adjustments made to an orthotic device (HCPCS code L4205) at the time of delivery, or within 90 days of the time of delivery, will not be reimbursed separately because they are included in the allowance for the orthotic device.
- HCPCS code L9900 (orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code) will not be separately reimbursed when billed in conjunction with a microprocessor-controlled knee prosthesis (L5856-L5859).

For more information, refer to Harvard Pilgrim's updated [Durable Medical Equipment Payment Policy](#) and [Orthotic and Prosthetic Devices Payment Policy](#). ◆

Medical Records: Common Issues and Quick Fixes

Appropriately documented and signed medical records promote accurate coding, reduce claims processing time, and allow for accurate reimbursement. Below we identify some common issues found on medical records, and some quick fixes.

1. **Insufficient details about a condition.** To help determine appropriate reimbursement in a timely fashion, your documentation should match the care provided and billed for, rather than simply identifying a condition via a diagnosis code. For example, instead of simply listing “asthma J45.20” in the problem list, it would be more appropriate to write “mild intermittent asthma – stable J45.20.”
2. **Missing signature.** Make sure to sign and date the medical record, either electronically or by hand, with your credentials on each date of service, and obtain a co-signature if it is needed. The record is considered incomplete if it has not been signed.
3. **Not including a patient’s full name and date of birth.** The patient’s full name and date of birth are required; including only a name and medical record number isn’t sufficient.
4. **Copying and pasting a problem list from a previous encounter.** Doing this often leads to poor note quality, diagnoses that may no longer be relevant, or too much information — which can confuse another provider treating the patient.

Refer to future issues of *Network Matters* for more coding reminders and tips. ◆

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

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