

HPHCURRENT EVENTS**Sign Up for a Webinar on Our Genetic Testing Program**

Harvard Pilgrim and AIM Specialty Health® (AIM) are offering additional webinar sessions for providers, including genetic counselors, and office staff who wish to learn more about our genetic testing prior authorization program.

Harvard Pilgrim requires prior authorization through AIM for genetic 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; and whole exome/genome sequencing. Additionally, preauthorization through AIM is required for the CPT codes 89290 and 89291 associated with preimplantation genetic diagnosis.

Webinars offered in May

Our one-hour webinars will provide useful information about the program and an opportunity to receive answers to any questions you may have. Sessions will be offered on the following dates:

- [Tuesday, May 22 at 8:30 a.m. ET](#)
- [Thursday, May 24 at 1 p.m. ET](#)

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

Important reminders

- **To request authorization** — The ordering clinician is responsible for obtaining prior authorization through AIM. Ordering providers should request prior authorization in one of the following ways: online at www.providerportal.com (registration instructions are available [online](#)) or by telephone at 855-574-6476 (Mon.–Fri., 8 a.m.–5 p.m. EST). In addition, [HPHConnect](#) offers single sign-on, providing users with access to a link to the AIM Specialty Health portal where you can enter genetic testing authorization requests. You can also view the status of your request in *HPHConnect* in real time.
- **Genetic counselor registration required** — For certain tests, genetic counseling may be required before the request can be authorized for commercial members; in this case, the ordering provider must provide the name of the genetic counselor and date of service. Having genetic counselors register in the system

will help avoid unnecessary delays or denials. Please refer to [these registration instructions](#) for more information.

- **Use participating labs** — To ensure appropriate reimbursement, it's important to use one of Harvard Pilgrim's participating labs to process genetic tests. You can find the complete list of laboratory providers participating in Harvard Pilgrim's network in our [Provider Directory](#). Harvard Pilgrim will not provide reimbursement for genetic tests performed by a non-participating lab.
- **Information for labs** — Prior to processing any specimens for these specific genetic tests, laboratories should confirm that prior authorization was given and obtain the AIM transaction number. Harvard Pilgrim will not provide reimbursement for genetic tests performed without prior authorization.

Resources for additional information

For additional information, please refer to these resources:

- [AIM Frequently Asked Questions](#)
- [AIM microsite for Harvard Pilgrim](#) ◆

CLINICIAN CORNER

Decreasing Preventable ED Visits and Hospital Readmissions

At the most recent Massachusetts Medical Directors' Meeting, Harvard Pilgrim medical directors, the medical leaders of participating hospitals and provider organizations, and other local industry leaders discussed the importance of decreasing avoidable emergency department visits and hospital readmissions.

Research indicates that the number of U.S. emergency department visits increased by 21% from 2004 to 2014, and that 5-8% of emergency department users account for 21-28% of emergency department visits. Data from the Massachusetts Center for Health Information and Analysis found that 41% of inpatient discharges return to the emergency room within 90 days.

At the meeting, Lowell General and Mary Hitchcock Memorial Hospitals shared the work they've done to address this issue, including:

- Identifying the critical characteristics of over-utilizers in this space
- Developing action plans with emergency department staff
- Supporting primary care provider practices, and adding community health workers to support the health care and non-medical needs of the patients

The group examined the role of collaboration and provider incentives and multiple ways of measuring outcomes, quantifying cost containment success, and ultimately improving the health and coordination of care for patients.

Upcoming follow-up WebEx

Meeting participants agreed to continue this discussion through an upcoming WebEx that will focus on steps that can be taken to decrease avoidable hospital readmissions.

Look for an article in next month's issue of *Network Matters* providing additional details and registration information.

Upcoming Medical Directors' meetings

Harvard Pilgrim's medical directors regularly meet with the clinical leadership of our provider partners to discuss important clinical topics and share ideas for improving care. You can find informational resources from these meetings, including key topics, links to full presentations, and event summaries, on [the Medical Director Meetings page](#) on Harvard Pilgrim's website. ◆

Coverage of Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)

Harvard Pilgrim has created a new medical policy for the management of scanning computerized ophthalmic diagnostic imaging (SCODI) — which includes confocal laser scanning ophthalmoscopy, scanning laser polarimetry, and optical coherence tomography — effective for commercial members for dates of service beginning July 1, 2018.

SCODI can be used to assess the presence and progression of glaucoma and retinal disorders, as well as certain disorders of the anterior eye. The new medical policy outlines the specific indications and criteria for which SCODI is considered medically necessary and eligible for reimbursement.

For our commercial members, Harvard Pilgrim will cover the following CPT codes only when they are submitted with certain diagnosis codes (a complete list of these codes is attached to the new medical policy) and all the criteria indicated on the policy are met:

- 92132 – Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
- 92133 – Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

- 92134 – Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina

Prior authorization is not required. For complete information, please refer to Harvard Pilgrim's [Scanning Computerized Ophthalmic Diagnostic Imaging \(SCODI\) Medical Policy](#). ◆

Prior Authorization Required for Brineura

For our commercial members, Harvard Pilgrim requires prior authorization for the medication Brineura, effective immediately. Brineura was approved by the Food and Drug Administration last year, and is used to slow the loss of ambulation in symptomatic pediatric patients 3 years of age and older with late infantile neuronal ceroid lipofuscinosis type 2 (CLN2).

To receive prior authorization for a commercial member, the following criteria must be met:

- Diagnosis of CLN2 was confirmed by enzyme assay demonstrating a deficiency of tripeptidyl peptidase 1 (TPP1) enzyme activity or by genetic testing.
- Brineura is prescribed to slow the loss of ambulation in symptomatic members.
- Member is 3 years of age or older.
- Brineura will be administered by, or under the direction of, a physician knowledgeable in intraventricular administration.

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 Brineura, please contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882). For complete information, please refer to our new [Brineura Medical Review Criteria](#) and the [associated prior authorization request form](#). ◆

Prior Authorization Criteria Updated for Xgeva

Harvard Pilgrim has updated our prior authorization criteria for our commercial members for the medication Xgeva, which is used to protect the bones of patients with multiple myeloma and in patients with bone metastases from solid tumors.

For the use of Xgeva to treat bone metastases from prostate cancer, Harvard Pilgrim's criteria no longer require that the patient has castration-recurrent prostate cancer. Coverage for Xgeva will continue to require prior authorization.

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 Xgeva, please contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882).

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

Mental Health Month and Alternative Health Benefits

May is Mental Health Month, which seeks to highlight the fundamental connection between mental and physical health, and the importance of mental health on all aspects of a patient's overall well-being. On the website for the organization Mental Health America, you can [download the Mental Health Month 2018 toolkit](#) to access a range of materials on mental health, its connection to a multitude of physical conditions, and ways to help patients lead optimal lifestyles for the health of both body and mind.

Alternative treatments for pain

In light of Mental Health Month, Harvard Pilgrim would like to call attention to some alternative health benefits and resources we make available to members and providers — focusing especially on pain management.

With opioid addiction remaining a severe problem throughout the country, many patients are wary of taking opioids to manage their acute and chronic pain. (See [this article from last month's issue of *Network Matters*](#) to learn more about how Harvard Pilgrim and Optum/United Behavioral Health can help with referrals and treatment for patients suffering from substance use disorder.)

Harvard Pilgrim offers non-medication alternative treatments that may help relieve pain, such as acupuncture and cognitive behavioral therapy. Both of these treatments have shown promise in treating a variety of issues — like chronic headaches, neck pain, low back pain, knee pain, osteoarthritis, and in relieving side effects from chemotherapy — without the risks associated with medications and surgery.

For more information about the use of acupuncture and cognitive behavioral therapy for treating pain, as well as the specific benefits Harvard Pilgrim and Optum/United Behavioral Health can offer your patients, refer to [this article from the May 2017 issue of *Network Matters*](#).

Mindfulness resources for providers

The practice of mindfulness has been shown to help many patients seeking an alternative source of relief from an array of physical and mental conditions, like depression, anxiety, and acute and chronic pain. Harvard Pilgrim maintains a dedicated [Mindfulness for Providers](#) page on our website, with links to organizations, research labs, university departments, and research studies and articles dedicated to mindfulness practices for patients and providers alike.

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**Reminder: Report Condition and Value Codes on Institutional Claims**

As a reminder, when submitting UB-04 and 837I institutional claims, please report any applicable condition codes (FL 12-28) and value codes and amounts (FL 39-41). The inclusion of condition codes and value codes is integral to the timely and accurate processing of institutional claims, because they provide vital information about particular services, conditions, and/or special circumstances related to the patient.

In addition, when reporting any of the condition codes indicated below on a claim, you must also report the value code FD and include the credit amount in the “Value Amount” field.

- 49 (Product replacement within product lifecycle)
- 50 (Product replacement for known recall)
- 53 (Initial placement of medical device provided as part of clinical trial or free sample) ◆

Update to Reimbursement of Codes With PC/TC Indicator of 3

Beginning July 1, 2018 for our commercial members, Harvard Pilgrim will no longer reimburse a physician or other health care professional for a procedure code that CMS has assigned a PC/TC indicator of 3 when it is billed with a facility place of service code, because those procedure codes are payable only to the facility.

A PC/TC indicator of 3 identifies stand-alone codes that describe the technical component — such as staff and equipment costs — of selected procedure codes. Codes with a PC/TC indicator of 3 should not be billed by the physician because this indicator represents work done by the facility staff rather than physician work. Additionally,

because a PC/TC indicator of 3 also identifies codes that are covered only as diagnostic tests and therefore do not have a related professional code, modifiers 26 (professional component) and TC (the technical component of procedures that are a combination of a physician component and a technical component) should not be used with these codes, and doing so will result in a denial.

For more information, refer to Harvard Pilgrim's [Coding Overview Payment Policy](#). ◆

Reimbursement of 3D Rendering of Imaging Studies

For dates of service beginning July 1, 2018 for commercial members, Harvard Pilgrim will no longer separately reimburse CPT codes 76376 and 76377 for 3D rendering of imaging studies. 3D rendering is considered a visual enhancement and an elective component of the overall imaging study being performed.

For more information, refer to Harvard Pilgrim's [Radiology Payment Policy](#). ◆

Correct Usage of Modifiers LT, RT, and 50

Harvard Pilgrim would like to offer providers some reminders regarding the appropriate use of the modifiers LT, RT, 50.

The intent of modifiers LT and RT is to identify which side of the body a procedure is performed on when it is only performed on one side. For example, if you are performing an extracapsular cataract removal (CPT 66982 or 66984) on a patient's left eye, you should bill the procedure with the LT modifier.

It is not appropriate to bill a bilateral procedure as two lines of service using the LT and RT modifiers; procedures that are performed on both sides should be identified with modifier 50 and reported on one line.

Harvard Pilgrim requires that providers report modifiers RT, LT, and 50 when applicable, and procedures submitted without the appropriate modifier may be denied. It is also important to keep in mind that CPT or HCPCS codes for procedures that are inherently bilateral in their intent or have "bilateral" written in their description should not be reported with modifiers RT, LT, or 50 because there is no need to further identify the fact that they are bilateral.

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

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

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