Guidance from Massachusetts Governor on Phase 2 Re-Opening

As you are likely aware, Massachusetts Governor Charlie Baker recently announced that Phase 2 of the state’s COVID-19 reopening plan is underway. As a result, health care providers are allowed to incrementally resume in-person elective, non-urgent procedures and services, including routine office visits, dental visits, and vision care, subject to ongoing compliance with public health and safety standards.

In support of guidance for health plans from Governor Baker and Secretary Sudders, Harvard Pilgrim would like to emphasize the following key messages:

- While more in-person services are available, telehealth should continue to the extent clinically appropriate and feasible during the re-opening phases
- We encourage providers to remind patients that it is important not to defer necessary care

You’ll find more information on reopening plans, phases, guidance, and forms on this Massachusetts state webpage.

In addition, we encourage you to visit our Provider website to access a number of up-to-date resources to aid you in conducting operations during the COVID-19 pandemic, including Harvard Pilgrim’s commercial Interim Telemedicine/Telehealth Payment Policy (COVID-19 Pandemic).

Harvard Pilgrim Providing Aid to Providers, Members and Employers

In a June 18, 2020 press release, Harvard Pilgrim announced broad-based financial support to aid providers, members, and employers with addressing concerns resulting from the COVID-19 public health crisis.

This includes providing independent primary care practices with access to grants from a $3 million fund to assist with aspects of reopening their practices in a manner that would provide clinically safe access to care for patients — such as purchasing necessary personal protective equipment, restructuring facilities for social distancing, supporting telemedicine, in-home monitoring, and administering vaccinations, and other necessary measures. Grants from the funds are available exclusively for independent, directly-contracted primary care practices.

It isn’t necessary for providers to contact Harvard Pilgrim, as we will be in touch with our contracted independent primary care practices in July to inform them of their eligibility for the funding.
This aid expands on the first phase of relief in which Harvard Pilgrim provided more than $40 million in payment advances to providers throughout the region.

“Harvard Pilgrim’s commitment to our members, customers, communities and provider partners has never been stronger,” said Michael Carson, president and CEO of Harvard Pilgrim Health Care, upon announcing the aid programs. “Today’s actions are focused on providing financial relief to our employer groups and members, as well as to further contribute to solutions aimed at addressing the complex health challenges the pandemic has brought to black and brown communities already experiencing significant health disparities and access to care issues.”

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**CLINICIAN CORNER**

**Outpatient Oncology Prior Authorization: Effective on Sept. 1**

Harvard Pilgrim will be launching a new oncology and radiation oncology medical management program with a vendor partner, Oncology Analytics. For dates of service beginning Sept. 1, 2020 for our commercial and Medicare Advantage members, prior authorization will be required for outpatient chemotherapy (infused and/or injected) and radiation therapy.

**Program overview**

For this program, Oncology Analytics will conduct medical review of chemotherapeutic protocols (chemotherapy, support and symptom management drugs) and radiation treatment plans for commercial and Medicare Advantage members with a cancer diagnosis that requires these services. In addition to National Coverage Determinations and Local Coverage Determinations for Medicare, Oncology Analytics utilizes current, evidence-based, disease-specific analytics on all cancer types and treatment options, backed by board-certified oncologists, radiation oncologists, and oncology pharmacists.

For more information, please refer to the following Oncology Analytics policies: Chemotherapy Review Criteria, Utilization Management Review Criteria, and Radiation Therapy Review Criteria — which you can access in the Medical/Clinical Policies section of the Harvard Pilgrim provider website or directly on the Oncology Analytics website.

**Medical drug authorization program reminder**

Please keep in mind that some of the drugs in the new oncology program currently require prior authorization from CVS-Novologix, as part of our medical drug management program for our commercial members. As of Sept. 1, those drugs will require prior authorization from Oncology Analytics instead — when used for oncology
purposes. However, if the drug is being used to treat other conditions for our commercial members, it will still require authorization from CVS-Novologix. Please refer to the Medical Drug Prior Authorization page to view the medical drugs in that program as well as the medical review criteria.

Requesting authorization and submitting claims

Oncology Analytics will begin accepting authorization requests on Aug. 10 for outpatient chemotherapy and radiation oncology services with effective dates of Sept. 1 and beyond. Providers may request authorization from Oncology Analytics via:

- **Online** — Submit requests online via Oncology Analytics’ e-Prior Authorization System at [www.oncologyanalytics.com](http://www.oncologyanalytics.com). You can also access this online request system via HPHConnect (for commercial members).
- **Fax** — Fax your request and clinical records to 800-264-6128
- **Phone** — Submit requests by calling 877-222-2021 (with any necessary clinical documentation faxed to the number above and appropriate reference number included)

For patients under age 18, authorization requests should be submitted by fax. Fax a completed Pediatric Oncology Prior Authorization Request Form to 800-264-6128. You may access the form on [https://www.oncologyanalytics.com/](https://www.oncologyanalytics.com/) under “Helpful Links” or by calling 877-222-2021 to request one.

Please continue to submit claims directly to Harvard Pilgrim as you do today (see the claims sections of the commercial Provider Manual and StrideSM (HMO) Medicare Advantage Provider Manual).

Sign up for a webinar

In addition, Oncology Analytics is offering webinars for providers and office staff to provide an overview of the program and instruction on using their e-prior authorization system — and attendees will receive their username and password. There will also be an opportunity to ask questions. Webinars will be offered beginning July 7 and will run through Aug. 27. For more information and to sign up for a session, please refer to this webinar flyer. ♦

**Medical Drug Authorization: Dose and Frequency for Sept. 1**

For our commercial members, Harvard Pilgrim requires prior authorization for certain high cost medical drugs through our vendor partner, CVS-Novologix, which evaluates these requests against FDA label clinical indications, dose, and frequency, as well as compendia indications. For dates of services beginning Sept. 1, 2020, this prior
authorization review will provide feedback not only on requested clinical indication, but also on the requested dose — as well as frequency.

**Clarity on allowable dose/frequency at time of authorization**

Previously, the prior authorization determination only addressed the clinical indication; dosing editing, when applicable, was applied via claim edits at the time of reimbursement. With this Sept. 1 change, dose and frequency guidelines will be applied at the time of the authorization determination.

Incorporating dose/frequency into the authorization provides greater efficiency and reimbursement clarity. Authorization approvals from CVS-Novologix will clearly note the amount and frequency of administration of the medical drug for which the patient is approved. In addition, the CVS-Novologix medical drug policies have been updated to include details on the dosing/frequency guidelines.

**When loading dose is required**

In some cases, treatment requires a loading dose that will vary from the maintenance dose. In this circumstance, providers must obtain two separate authorizations — one for the initial loading dose and another for the maintenance dose.

**Oncology medications**

Please keep in mind that, for dates of service beginning Sept. 1, some medical drugs that previously required authorization from CVS-Novologix will require prior authorization from Oncology Analytics instead — *when used for oncology purposes*. (See the article on the new Oncology Analytics program for details.) However, if the drug is being used to treat other conditions for our commercial members, it will still require authorization from CVS-Novologix.

**Additional information**

For additional information, please refer to the Medical Drug Dose and Frequency Medical Policy. For a list of medical drugs requiring prior authorization from CVS-Novologix, with links to criteria and request forms, please refer to the Medical Drug Prior Authorization page.

**Medicare Advantage: Dosage and Frequency Limits**

Effective for dates of service beginning Aug. 1, 2020, Harvard Pilgrim is adding maximum allowed dosage and frequency limits to the following StrideSM (HMO) Medicare Advantage Medical Policies, in an effort to ensure the safe, cost-effective, and appropriate use of these medications:

- StrideSM (HMO) Medicare Advantage Yervoy Medical Policy
Harvard Pilgrim will apply industry standard claims edits and will not reimburse for dosages of these drugs above limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. In addition to the new dosage and frequency guidelines, we are also making the following updates:

- **Orencia**: removing the requirement that the member have a history of treatment failure with, or contraindication to one traditional disease-modifying antirheumatic drug, and lowering the minimum age requirement for Polyarticular Juvenile Idiopathic Arthritis (PJIA) from six years to two years
- **Rituxan**: replacing HCPCS code J9310 (rituximab 100mg) with HCPCS code J9312 (rituximab 10mg), which will require prior authorization, and adding the following accepted indications:
  - Immune checkpoint inhibitor-related toxicities
  - Relapsed/refractory immune thrombocytopenic purpura
  - Marginal zone lymphoma
  - Granulomatosis with polyangiitis and microscopic polyangiitis in children 2 years of age or older in combination with glucocorticoids (steroid hormones)
  - Graves’ disease
  - Pre-transplant high anti-HLA levels

For complete information, please refer to the updated medical policies.

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**Genetic Counseling No Longer Required Prior to Genetic Testing**

Harvard Pilgrim requires prior authorization for molecular diagnostic testing through a program managed by AIM Specialty Health® (AIM). Previously for members of our commercial plans, genetic counseling was required prior to genetic testing for all tests addressed in the following clinical guidelines:

- Genetic Testing for Hereditary Cardiac Disease
- Genetic Testing for Hereditary Cancer Susceptibility
- Whole Exome Sequencing

While Harvard Pilgrim still recommends genetic counseling prior to the specified genetic tests, it is no longer a requirement, effective immediately.

For more information, please refer to Harvard Pilgrim’s commercial [Molecular Diagnostic Testing Prior Authorization Policy](#). Ordering providers may request prior
authorization for molecular diagnostic testing either online at www.providerportal.com or by telephone at 855-574-6476 (Mon.–Fri., 8 a.m.–5 p.m. EST). ◆

**InterQual Criteria for Bariatric Surgery**

Beginning on Aug. 28, 2020, Harvard Pilgrim will be adopting InterQual criteria for commercial medical review of bariatric surgery.

While Harvard Pilgrim currently requires prior authorization for bariatric surgery, with the adoption of InterQual criteria, we will require prior authorization for two additional HCPCS codes: 43860 [Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy] and 43865 [Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy].

With the adoption of InterQual criteria, when submitting your authorization request through HPHConnect, electronic authorization questionnaires will guide you through the criteria. For guidance on using HPHConnect to request an authorization and accessing the InterQual criteria, refer to this [training presentation](https://www.providerportal.com). To request additional training, contact us at Provider_Experience@harvardpilgrim.org.

For more information, please refer to the updated [Bariatric Surgery Medical Policy](https://www.harvardpilgrim.org/providerportal). You may view and print the applicable SmartSheet questionnaires via HPHConnect (go to www.harvardpilgrim.org/providerportal, select Resources and then the Upcoming InterQual link). ◆

**Transgender Health Services Commercial Medical Policy Updates**

Harvard Pilgrim has updated our commercial Transgender Health Services Medical Policy to include more extensive coverage criteria.

Among other updates, the policy now separately identifies coverage criteria for genital surgery and breast/chest surgery.

For complete information, please refer to Harvard Pilgrim’s updated [Transgender Health Services Medical Policy](https://www.harvardpilgrim.org/providerportal). ◆

**Medicare Advantage: Prior Authorization Updates**

Effective immediately for members of our Stride℠ (HMO) Medicare Advantage plans, Harvard Pilgrim no longer requires prior authorization for:
• Dermabrasion — Dermabrasion involves the use of tools (e.g., high-speed brush, silicon carbide sandpaper, fraise) to remove the epidermis or parts of the dermis in order to treat damage and defects in the upper layers of the skin. It’s also referred to as abrasion, dermaplaning, salabrasion, or sanding of the skin.

• Total ankle arthroplasty/total ankle replacement — This procedure entails replacing a diseased ankle with a prosthetic ankle and metal joint and is intended to improve function and to reduce stress on adjacent joints.

Harvard Pilgrim has removed the associated medical policies from our website, and now covers these procedures without prior authorization, in accordance with CMS’ guidelines for original Medicare coverage. 

**Stride Varicose Veins Procedures Medical Policy Updates**

Harvard Pilgrim is updating our StrideSM (HMO) Medicare Advantage Varicose Veins Procedures Medical Policy, effective for dates of service beginning Sept. 1, 2020. With the update, prior authorization will be required for the following CPT codes:

• 36465 – Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (e.g., great saphenous vein, accessory saphenous vein)

• 36466 – Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (e.g., great saphenous vein, accessory saphenous vein), same leg

• 36473 – Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

• 36482 – Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (e.g., cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated

• 36483 – Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (e.g., cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

• 36468 – Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk

• 93970 – Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

• 93971 – Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
For complete information, please refer to Harvard Pilgrim’s updated StrideSM (HMO) Medicare Advantage Varicose Veins Procedures Medical Policy.

**Medicare Advantage: Chest Wall Deformities Reconstructive Policy**


Updates to the policy, which is being renamed StrideSM (HMO) Medicare Advantage Reconstructive Chest Procedures Medical Policy, include adding dedicated coverage criteria for breast implant removal and/or revision, as well as requiring prior authorization for the following CPT codes:

- 19328 – removal of intact mammary implant
- 19330 – removal of mammary implant material
- 19357 – breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
- 19361 – breast reconstruction with latissimus dorsi flap, without prosthetic implant
- 19364 – breast reconstruction with free flap
- 19366 – breast reconstruction with other technique
- 19367 – breast reconstruction with transverse rectus abdominis myocutaneous flap (tram), single pedicle, including closure of donor site;
- 19368 – breast reconstruction with transverse rectus abdominis myocutaneous flap (tram), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
- 19369 – breast reconstruction with transverse rectus abdominis myocutaneous flap (tram), double pedicle, including closure of donor site
- 19370 – open periprosthetic capsulotomy, breast
- 19371 – periprosthetic capsulectomy, breast
- 19380 – revision of reconstructed breast

For complete information, please refer to Harvard Pilgrim’s updated StrideSM (HMO) Medicare Advantage Reconstructive Chest Procedures Medical Policy.
Medicare Advantage: Billing for Home Infusion Therapy Services

Harvard Pilgrim has updated our StrideSM (HMO) Medicare Advantage Home Infusion Therapy Services Medical Policy to reflect guidance from the Centers for Medicare and Medicaid Services (CMS) on proper billing for home infusion therapy services.

When billing for items related to home infusion therapy services that are covered under the DME benefit (e.g., home infusion drug, external infusion pump, medical supplies), the appropriate codes to bill include the J codes referenced in this FAQ from CMS, as well as the following: E0779, E0781, E0791, E0780, K0455, A4221, A4222, K0552, A4602, K0604, and K0605.

When billing for services covered under CMS’s home infusion therapy benefit, use the following HCPCS codes: G0068 (for other intravenous drugs), G0069 (for subcutaneous drugs), and G0070 (for chemotherapy drugs). Services included under this benefit are only eligible for reimbursement when billed by an accredited home infusion supplier, and include in-home professional services (training and education not included under the DME benefit and professional services including nursing care, e.g., dressing changes and site care), as well as monitoring and remote monitoring services — which are bundled into the payment amount for the professional services visit.

For more information, please refer to Harvard Pilgrim’s updated StrideSM (HMO) Medicare Advantage Home Infusion Therapy Services Medical Policy.

Help Us Keep Directory Information Up to Date

The Centers for Medicare & Medicaid Services and other regulatory bodies require health plans to maintain and update data in provider directories, and we rely on our providers to review their data and notify us of any changes as they happen to ensure that members have access to accurate information. In addition, Harvard Pilgrim has developed a dedicated Directory Accuracy and Location Suppression Policy, which you can find in our online commercial Provider Manual.

Harvard Pilgrim is participating in efforts through HealthCare Administrative Solutions to institute a centralized process for providers (using CAQH’s DirectAssure®) to review and report changes to demographic data. Implementation is ongoing via a phased approach. DirectAssure was successfully implemented for our directly contracted providers in Massachusetts, and we will be expanding the implementation to directly contracted providers in New Hampshire, Maine, and Connecticut in the coming months. Providers identified for implementation will be contacted by CAQH with a request that they review and attest to their data. To learn more, visit the HCAS website. Additionally, we continue to collaborate with CAQH, HCAS, and our providers on enhancements to the CAQH Practice Manager module for large groups, and will provide updates regarding expected completion and implementation as additional information becomes available.
If you are not currently using DirectAssure for provider directory updates, please continue to use existing processes to review and report changes to your address, panel status (open or closed) for each individual provider, institutional affiliations, phone number, and other practice data. You may review this information via our online Provider Directory. If you need to update any information, please fill out a Provider Change Form and submit it to Harvard Pilgrim’s Provider Processing Center by email at PPC@harvardpilgrim.org.

Please note that as new providers join your practice, it is equally important to make sure practice locations submitted for enrollment and inclusion in the Harvard Pilgrim provider directory are locations where the provider regularly provides direct patient care. Locations in which a provider may occasionally render indirect care — such as interpretation of tests or inpatient-only care — should be specified to ensure the location information is included in the provider’s demographic profile, but not in the provider directory.

Practitioners may request that a location be suppressed from the directory. However, the primary location of a practitioner, as listed at Harvard Pilgrim, may not be suppressed unless ALL locations are suppressed. The marketed location should be designated as the primary location.

If Harvard Pilgrim identifies potential inaccurate provider demographic information reflected in the directory, research and/or outreach to your practice may be conducted to validate and obtain accurate information. In the event that we are unable to obtain a timely response to our validation request, the provider’s applicable location may be subject to suppression in the directory until up-to-date information is received.

As a reminder, notification of address, acceptance of new patients, and other demographic information changes should be submitted at least 30 days in advance. For any further questions, call the commercial Provider Service Center at 800-708-4414 or the Medicare Advantage Provider Service Center at 888-609-0692. ◆

**Xtampza ER Commercial Coverage Update**

In response to the opioid epidemic that continues to grip many areas of the nation, Harvard Pilgrim is committed to improving access to abuse-deterrent pain management options. To that end, effective immediately, the medication Xtampza ER (oxycodone ER capsules) is now covered at the preferred brand tier on the Premium, Value, and Core NH commercial formularies, and prior authorization is no longer required.

Xtampza ER is an abuse-deterrent, oral formulation of oxycodone ER approved by the FDA for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.
The medication utilizes a proprietary technology called DETERx, which provides adequate pain control while preserving its drug release profile after cutting, crushing or chewing, to obtain a higher immediate dose of oxycodone.◆

Pharmacy and Therapeutics Committee Meeting Update

At the June 8, 2020 meeting, the Harvard Pilgrim Pharmacy & Therapeutics Committee reviewed the medication below and decided the following:

<table>
<thead>
<tr>
<th>Name &amp; Indication</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gvoke</strong> (glucagon injection) — Used for the treatment of severe hypoglycemia in pediatric and adult patients with diabetes ages 2 years and older.</td>
<td>Premium and Value formularies: Non-Preferred Brand</td>
</tr>
<tr>
<td></td>
<td>Core NH formulary: Remains non-formulary</td>
</tr>
<tr>
<td></td>
<td>Medicare Advantage formulary: Preferred Brand</td>
</tr>
<tr>
<td><strong>Galafold</strong> (migalastat) — Used for the treatment of adults with a confirmed diagnosis of Fabry disease and an amenable galactosidase alpha gene (GLA) variant based on in vitro assay data. <em>This indication is approved under accelerated approval based on reduction in kidney interstitial capillary cell globotriaosylceramide (KIC GL-3) substrate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.</em></td>
<td>Premium and Value formularies: Non-preferred Specialty Brand with prior authorization</td>
</tr>
<tr>
<td></td>
<td>Core NH formulary: Remains non-formulary</td>
</tr>
<tr>
<td></td>
<td>Medicare Advantage formulary: Remains Specialty Tier (Tier 5) with prior authorization</td>
</tr>
<tr>
<td><strong>Rybelsus</strong> (semaglutide tablet) — Used as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.</td>
<td>Premium, Value, and Core NH formularies: Remains non-formulary</td>
</tr>
<tr>
<td>Limitations of use:</td>
<td>Medicare Advantage formulary: Remains non-formulary</td>
</tr>
<tr>
<td>• Not recommended as first-line therapy for patients inadequately controlled on diet and exercise</td>
<td></td>
</tr>
<tr>
<td>• Has not been studied in patients with a history of pancreatitis</td>
<td></td>
</tr>
<tr>
<td>• Not indicated for use in patients with type 1 diabetes mellitus or treatment of diabetic ketoacidosis</td>
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</tbody>
</table>
Specialty Pharmacy Program Updates

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Indication</th>
<th>Coverage</th>
<th>Available From</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerdelga (eliglustat)</td>
<td>Used for long-term treatment of adult patients with Gaucher disease type 1 who are CYP2D6 extensive metabolizers, intermediate metabolizers, or poor metabolizers as detected by an FDA-cleared test.</td>
<td>Pharmacy</td>
<td>CVS Specialty (mandatory)</td>
</tr>
<tr>
<td>Northera (droxidopa)</td>
<td>Used for the treatment of orthostatic dizziness, lightheadedness, or the “feeling that you are about to black out” in adult patients with symptomatic neurogenic orthostatic hypotension caused by primary autonomic failure (Parkinson’s disease, multiple system atrophy, and pure autonomic failure), dopamine beta-hydroxylase deficiency, and non-diabetic autonomic neuropathy.</td>
<td>Pharmacy</td>
<td>CVS Specialty (mandatory)</td>
</tr>
<tr>
<td>Takhzyro (lanadelumab-flyo)</td>
<td>Used for prophylaxis to prevent attacks of hereditary angioedema (HAE) in patients 12 years and older.</td>
<td>Pharmacy</td>
<td>CVS Specialty (mandatory)</td>
</tr>
<tr>
<td>Tyvaso (treprostinil inhalation solution)</td>
<td>Used for the treatment of PAH (World Health Organization Group I) to improve exercise ability.</td>
<td>Pharmacy</td>
<td>CVS Specialty (mandatory)</td>
</tr>
<tr>
<td>Ventavis (iloprost inhalation solution)</td>
<td>Used for the treatment of PAH (World Health Organization Group I) to improve a composite endpoint consisting of exercise tolerance, symptoms (NYHA Class), and lack of deterioration.</td>
<td>Pharmacy</td>
<td>CVS Specialty (mandatory)</td>
</tr>
<tr>
<td>Rinvoq (upadacitinib)</td>
<td>Used for the treatment of adults with moderately to severely active rheumatoid arthritis who have had an</td>
<td>Pharmacy</td>
<td>CVS Specialty (mandatory)</td>
</tr>
</tbody>
</table>
### Reminder: Correct Coding for Principal Procedure Codes

Harvard Pilgrim would like to remind providers that when submitting a principal procedure code on an institutional claim, the code must be a valid ICD-10-PCS procedure code for the date of service. This applies for both paper and electronic claims, and the correct principal procedure locations for each are as follows:

- **Paper claims:** FL 74 Principal Procedure Code and Date
- **EDI claims:** Loop 2300 – Claim Information, Segment HI (Principal Procedure Information)

### Office Assistant

<table>
<thead>
<tr>
<th><strong>Ayvakit</strong> (avapritinib)</th>
<th><strong>Brukinsa</strong> (zanubrutinib)</th>
<th><strong>Wakix</strong> (pitolisant)</th>
</tr>
</thead>
</table>
| Used for the treatment of adults with unresectable or metastatic gastrointestinal stromal tumor (GIST) harboring a platelet-derived growth factor receptor alpha (PDGFRA) exon 18 mutation, including PDGFRA D842V mutations. | Used for the treatment of adult patients with mantle cell lymphoma (MCL) who have received at least one prior therapy.  
*This indication is approved under accelerated approval based on overall response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.* | Used for the treatment of excessive daytime sleepiness (EDS) in adult patients with narcolepsy. |
| Pharmacy | Pharmacy | Pharmacy |
| Limited Distribution Drug: PantheRx Pharmacy | Limited Distribution Drug: Diplomat Pharmacy | CVS Specialty (mandatory) |
Please note that institutional claims submitted with an invalid ICD-10-PCS principal procedure code cannot be processed and will be rejected.◆

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

Helen Connaughton, Director of Network Operations

Annmarie Dadoly, Editor

Joseph O’Riordan, Writer

Kristin Edmonston, Production Coordinator

Read Network Matters online at www.hphc.org/providers. For questions or comments about Network Matters, contact Annmarie Dadoly at annmarie_dadoly@harvardpilgrim.org or (617) 509-8074.