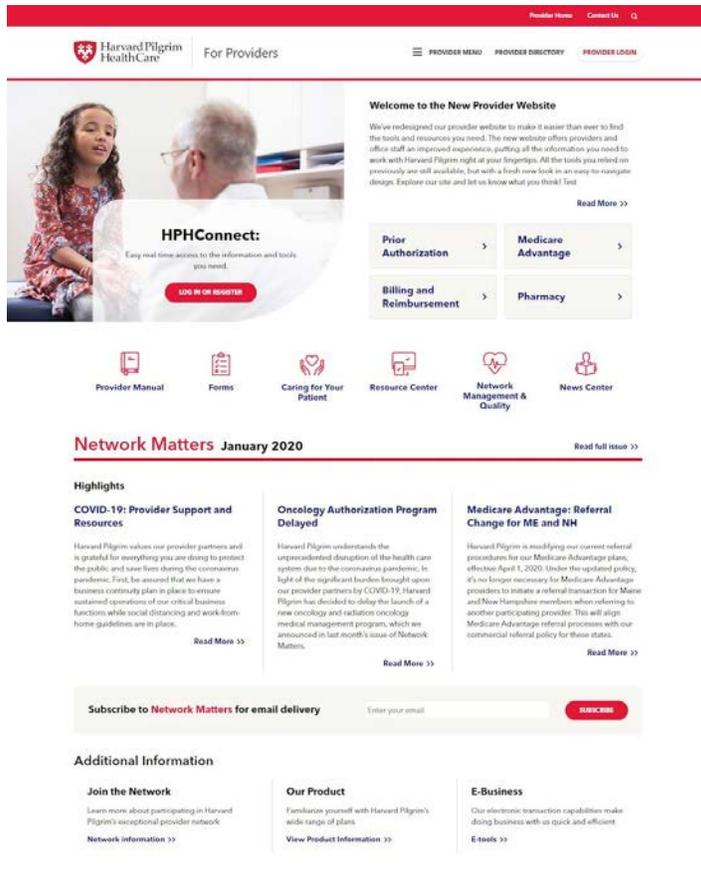


HPHCURRENT EVENTS

Harvard Pilgrim Debuting New Provider Website in Sept.



We’ve redesigned our provider web experience with you in mind. The new user experience will create easy, fast access to the information and tools you need most. For example, the site is equipped with more intuitive navigation, filtering, and search functionality. From the home screen you can access important policies, forms, and other vital provider resources — so it will be quicker and easier for you and your office staff to find what you need, when you need it.

“The launch of our new website further supports our mission to make it as seamless as possible for you to do business with us” noted Helen Connaughton,

Director of Operations, Corporate Network Strategy.

Our goal is to continue strengthening our provider experience efforts and supporting you in caring for your patients, our members.

Please look to the September issue of *Network Matters* for more information about the enhancements, as well as details about some upcoming training opportunities to help you get familiar with the upgraded website and all it has to offer. ◆

Get Patients in for Important Vaccines

Harvard Pilgrim recognizes that the COVID-19 pandemic has dramatically disrupted the routine operations of many provider offices and clinics since March, causing many non-emergent services to be put on hold and shifting priorities at facilities across the country.

Now that physical distancing restrictions have decreased in most settings, it is critical that pediatric and adult patients return to their providers’ offices to receive important vaccinations, if they can do it safely. This is especially important for those at greater risk of

infection and those with risk factors for more severe COVID-19 disease. Because of the uncertainty surrounding the future of the COVID-19 pandemic and the potential need for a return to stricter distancing guidelines, now is the time for these patients to get vaccinated to prevent additional infectious outbreaks.

Harvard Pilgrim has launched a health services initiative to support our provider network in your efforts to get patients in for vaccinations. The initiative is focused on reminding our members of the importance of getting vaccinated and assuring them that doctors' offices and clinics are taking the necessary precautions so they can continue to come in and receive their immunizations.

We have begun sending member communications, urging them to call their primary care physicians to make appointments for themselves and their children for any immunizations they may have missed during lockdown/stay-at-home orders.

As a reminder, pediatric patients can have their annual well visit split into two parts, if needed, with a portion done remotely and the vaccination and physical done in-person. This is reimbursed at the same rate as in-office visits. Only one visit can be billed once all the components of the visit are completed. More information on Harvard Pilgrim's interim policy regarding telemedicine/telehealth during the COVID-19 pandemic can be found [here](#).

Harvard Pilgrim is here to support you in maintaining optimal patient and community health during August's National Immunization Awareness Month and beyond. We recommend that you and/or your office staff refer to the following resources to support physical distancing in your practice while you bring patients back:

- [CDC Guidance on Immunizations During a Pandemic](#)
- [AAP National Immunization Awareness Month link](#)
- [CDC Print Resources to Post in Your Office](#)
- [Infectious Diseases Society of America COVID-19 poster](#)



COVID-19 Reminders and Resources

As we continue to grapple with the COVID-19 pandemic and phased reopening, Harvard Pilgrim continues to work to support our provider partners, members, employer groups, and the communities we serve. We're monitoring the situation in our service areas and regularly updating our COVID-19 resources for providers to ensure you have the information you need to do business with us.

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 our updated Provider FAQ with new information on [coverage of antibody testing](#), as

well as our commercial [Interim Telemedicine/Telehealth Payment Policy \(COVID-19 Pandemic\)](#).

As reopening occurs and 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 — Harvard Pilgrim would like to re-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 such as vaccinations, immunizations, and screenings.

You'll find more detailed provider-focused information on our [provider website](#). We hope you find our COVID-19 resources helpful. Please continue to let us know how we can support you by contacting the Provider Service Center at 800-708-4414 or to be put in touch with your Provider Relations Consultant or Contract Manager contact us at provider_experience@harvardpilgrim.org. ♦

CLINICIAN CORNER

Webinars for Outpatient Oncology Authorization Program

As we noted in last month's issue, 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.

Sign up for a webinar

Oncology Analytics is offering webinars throughout August for providers and office staff to provide an overview of the program, learn about using their portal to request authorization, and answer any questions. For more information and to sign up for a session, please refer to this [webinar flyer](#).

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 Oncology Analytics 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:

- 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/> under “Helpful Links” or by calling 877-222-2021 to request one.◆

Reminder: Medical Drug Dose and Frequency Guidelines 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. 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.

New online option for submitting prior authorization

Beginning Sept. 1, CVS-Novologix will also be offering another option for submitting your prior authorization request — via a new online portal. You can choose among the following ways to request authorization:

- Portal: Submit requests online to CVS-Novologix via HPHConnect’s single sign on feature. Starting Sept. 1, you’ll be able to access the single sign on link by logging into hphcproviders.healthtrio.com and selecting the “CVS Novologix” link in the Office Management drop down.
- Phone: 844-851-1435
- Fax: 844-851-0882

To help providers get started with the portal, CVS-Novologix is offering trainings in August. To register click on the session of your choice (additional sessions will be added in September, too):

- [Aug. 18 at 2 p.m.](#)
- [Aug. 20 at 11 a.m.](#)
- [Aug. 25 at 11 a.m.](#)
- [Aug. 26 at 2 p.m.](#)
- [Aug. 27 at 11 a.m.](#)

In addition, refer to their [portal training guide](#) for instructions on how to use the site.

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](#). ◆

Reminder: NICU Program with ProgenyHealth

As a reminder, Harvard Pilgrim has a partnership with ProgenyHealth, which specializes in neonatal care management services for the first year of life, to promote healthy outcomes for newborns who are premature and have medically complex needs. ProgenyHealth's neonatologists, pediatricians, and neonatal nurse case managers work closely with neonatal intensive care unit (NICU) physicians, nurses, and facilities to perform utilization management, review of level of care, and discharge planning for babies receiving NICU care.

The program applies for members of our commercial products, and will be offered to self-insured accounts beginning in September. Please notify Harvard Pilgrim of all non-routine newborn care (Level II-IV), including all NICU admissions, as outlined in our [Non-Routine Newborn Care NICU Admission Notification Policy](#). Notification may be done electronically through HPHConnect or NEHEN or via fax (800-232-0816) or phone (800-708-4414).

After receiving notification, Harvard Pilgrim will inform ProgenyHealth, and their clinical staff will contact the appropriate staff at the NICU facility. The NICU program takes a collaborative approach with care providers, working with NICU physicians and nurses to share best practices and achieve the best possible outcomes. In addition, ProgenyHealth offers services to families, including a dedicated case manager to support them, as well as access to an extensive online information library and an on-call staff member available 24 hours a day/7 days a week.

Additional information about ProgenyHealth’s services is available at www.progenyhealth.com. ◆

Medication Assisted Treatment for Substance Use: Key Resources

Substance use continues to present a severe problem in the United States, with the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) National Survey on Drug Use and Health estimating that almost 20% of people aged 12 or older had a substance use disorder (SUD) in 2017.

Harvard Pilgrim makes it a priority to assist our provider community in effectively treating patients with substance use disorders, and supports medication-assisted treatment (MAT) as a trusted avenue to recovery. MAT — which SAMHSA defines as “the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders” — can help patients sustain recovery through its whole-patient approach to treatment. It should be part of a comprehensive management program that includes behavioral health treatment, as research indicates that medications alone are insufficient.

MAT provider training

As part of the Harvard Pilgrim/Optum Behavioral Health Provider Advisory Committee Meeting held on April 29, 2020, Harvard Pilgrim’s behavioral health partner Optum/UBH hosted and recorded a medical provider training on MAT, [which you can view here](#). The 50-minute presentation, led by Optum/UBH’s Senior Director of Behavioral Policy and Strategy Marilyn Gaipa, offers a comprehensive look at MAT as an evidence-based treatment of substance use disorders that effectively reduces subsequent overdoses and detox stays and lowers emergency department utilization. It also highlights that a combination of MAT and supporting outpatient treatment dramatically improves patient outcomes.

Notably, the presentation also sheds light on the fact that alcohol use disorder makes up 50% of all SUD in the United States and is the third leading cause of preventable death. During the height of the COVID-19 pandemic in New England, it was reported that alcohol sales were up 243% and that Alcohol Use Disorder and medical complications related to it have risen — and exceeded those associated with Opiate Use Disorder in the Commercial and Medicare Advantage populations.

SUD resources for members and providers

Optum/UBH makes a number of [resources regarding MAT](#) available in the Clinical Resources section of their website, including [this MAT white paper](#) and [this SUD fact sheet](#). The American Psychiatric Association also maintains a helpful [practice guideline](#) on the treatment of alcohol use disorder. The new guideline is, according to American Psychological Association President Anita Everett, M.D., “an important step in bringing effective, evidence-based treatments for alcohol use disorder to many more people and in helping address the public health burden of alcohol use.”

In addition, Optum/UBH’s Substance Use Disorder Helpline (855-780-5955) is staffed 24/7 by licensed behavioral health clinicians to help patients:

- Identify local MAT and behavioral health treatment providers and provide targeted referrals for evidence-based care
- Educate members/families about substance use
- Assist in finding community support services
- Assign a care advocate to provide ongoing support for up to 6 months, when appropriate

We also encourage you to refer to the Substance Abuse and Mental Health Services Administration’s website about [National Recovery Month](#), which occurs every September.



Members’ Rights and Responsibilities

Harvard Pilgrim members receive a copy of the Members' Rights and Responsibilities upon enrollment, and all clinicians receive a copy at the time of contracting and credentialing and annually thereafter. Periodically, Harvard Pilgrim includes this information in *Network Matters*. Please take a moment to review. Because this information may vary among states, please be sure to read the full [Rights and Responsibilities page](#) of the commercial *Provider Manual*.

Members have a right to:

- Receive information about Harvard Pilgrim, its services, its practitioners, and providers, and members' rights and responsibilities
- Be treated with respect and recognition of their dignity and right to privacy
- Participate with practitioners in decision-making regarding their health care
- Engage in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- Voice complaints or appeals about Harvard Pilgrim or the care provided

- Make recommendations regarding the organization's members' rights and responsibilities policy

Members have a responsibility to:

- Provide, to the extent possible, information that Harvard Pilgrim and its practitioners and providers need to care for them
- Follow the plans and instructions for care that they have agreed upon with their practitioners
- Understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible

**Coverage of Intraoperative Neurophysiological Monitoring**

Please keep in mind that Harvard Pilgrim considers intraoperative neurophysiological monitoring (INM) with an FDA approved technique/device as medically necessary for commercial members when ordered by the operating surgeon and performed during covered procedures (please refer to Harvard Pilgrim's Intraoperative Neurophysiological Monitoring Medical Policy for a list of covered procedures and exclusions).

INM refers to various methods of monitoring the strength and structure of neural pathways during high-risk surgeries. This technology is intended to identify abnormalities and prevent complications, and allow for swift intervention to avoid permanent nervous system damage. Some high-risk patients may be candidates for a surgical procedure only if monitoring is available, and it is critical that INM is performed with undivided attention to one patient at a time. INM services require supervision and interpretation by a provider who is present at the operating site or from a remote location using continuous monitoring technologies.

When billing, please note that INM should not be reported by the physician performing the operative procedure since INM is included in the global package for the surgery. Time billed for INM should only be submitted for the time dedicated to monitoring, and the member's medical record should document the time spent in monitoring in correlation to the surgery performed. Billed time should not exceed the amount of time the member is under anesthesia. You can find contracted INM providers in Harvard Pilgrim's online [Provider Directory](#) under the neurology specialty.

When ordering INM services for surgical candidates, operating surgeons should be aware that a large number of INM companies are not contracted with Harvard Pilgrim. Orders from operating surgeons need to detail all modalities that are requested during the procedure. Caution should be utilized when selecting an INM provider as services

performed by non-contracted entities typically result in substantially higher costs to your patient.

Harvard Pilgrim maintains the right to audit the services provided to our members, regardless of the participation status of the provider, and all documentation must be available to Harvard Pilgrim upon request. Failure to produce the requested records may result in claim denial for ordered or arranged services.

For more information, please refer to the [Intraoperative Neurophysiological Monitoring Medical Policy](#). ◆

Medical Policy Update: Allergy Testing and Immunotherapy

Harvard Pilgrim is updating our commercial Allergy Immunotherapy Medical Policy, which will be renamed Allergy Testing and Immunotherapy, effective for dates of service beginning Oct. 1, 2020.

The policy is being bolstered with extensive specific criteria for coverage of a number of types of tests, as well as several tests and services that are excluded from coverage. In addition, CPT codes 86001 (Allergen specific IgG quantitative or semiquantitative, each allergen) and 86005 (Allergen specific IgE; qualitative, multiallergen screen [dipstick, paddle or disk]) will be excluded from coverage.

As a reminder, Harvard Pilgrim does not require prior authorization for allergy testing and immunotherapy. For more information, please refer to the updated [Allergy Testing and Immunotherapy Medical Policy](#). ◆

InterQual Criteria for Bunionectomy

Harvard Pilgrim currently requires prior authorization for commercial bunionectomy procedures, and for dates of service beginning on Sept. 25, 2020, we will adopt InterQual criteria for medical review.

In addition to the codes currently requiring prior authorization, the following CPT codes will be added to the policy and will require prior authorization:

- 28289 – Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
- 28291 – Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint;
- 28299 – Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method

- 28306 – Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
- 28310 – Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
- 28750 – Arthrodesis, great toe; metatarsophalangeal joint

With the adoption of InterQual criteria, when submitting your authorization request through HPHConnect, electronic authorization questionnaires — which will replace the existing Bunionectomy Prior Authorization Request Form — 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](#). To request additional training, contact us at Provider_Experience@harvardpilgrim.org.

For more information, please refer to the updated [Bunionectomy Medical Policy](#). You may view and print the following SmartSheet questionnaires via HPHConnect (go to www.harvardpilgrim.org/providerportal, select Resource Center and then the Upcoming InterQual link). ◆

Hyperbaric Oxygen Therapy Medical Policy Updates

Harvard Pilgrim is updating our commercial Hyperbaric Oxygen Therapy Medical Policy, effective for dates of service beginning Oct. 1, 2020.

Among other updates, the policy will be enhanced to include specific criteria for outpatient treatment, as well as a number of specific coverage exclusions, and prior authorization will be required for coverage of HCPCS code G0277 (Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval).

For complete information, please refer to Harvard Pilgrim’s updated [Hyperbaric Oxygen Therapy Medical Policy](#). ◆

Updates to Non-Covered Services Medical Policy

Effective for dates of service beginning Oct. 1, 2020, the following codes are being added to our commercial Non-Covered Services Medical Policy and will deny as provider-liable:

- 61735 – Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus
- 64640 – Destruction by neurolytic agent; other peripheral nerve or branch
- 96931 – Reflectance confocal microscopy (RCM) for cellular and subcellular imaging of skin; image acquisition and interpretation and report, first lesion
- 96932 – Reflectance confocal microscopy (RCM) for cellular and subcellular imaging of skin; image acquisition only, first lesion

- 96933 – Reflectance confocal microscopy (RCM) for cellular and subcellular imaging of skin; interpretation and report only, first lesion
- J7401 – Mometasone furoate sinus implant, 10 mcg
- 53854 – Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy

In addition, lymphedema-related procedures and laser interstitial thermal therapy (LITT) will be added to the policy and no longer reimbursed. For more information, please refer to Harvard Pilgrim’s updated commercial [Non-Covered Services Medical Policy](#). ◆

Varicose Vein Medical Policy Updates

Effective for dates of service beginning Oct. 1, 2020, Harvard Pilgrim will provide coverage to commercial members for the VenaSeal Closure System. In addition, the policy includes updated criteria related to vein size for specific procedures. For more information, please refer to Harvard Pilgrim’s updated [Varicose Veins Medical Policy](#). ◆

Stride Medical Policy Update: Implantable Neurostimulators

Harvard Pilgrim is updating our StrideSM (HMO) Medicare Advantage Implantable Neurostimulators Medical Policy, effective for dates of service beginning Oct. 1, 2020.

Updates to the policy include, but are not limited to:

- Adding coverage criteria per Original Medicare’s National Coverage Determination (NCD) for:
 - unilateral or bilateral thalamic ventralis intermedialis nucleus (VIM) deep brain stimulators (DBS) for the treatment of essential tremor and/or Parkinsonian tremor per NCD
 - unilateral or bilateral subthalamic nucleus (STN) or globus pallidus interna (GPi) DBS for the treatment of Parkinson’s disease
- Adding criteria for sacral nerve stimulator for fecal incontinence to align with the commercial policy
- Adding a number of items to the list of coverage exclusions

In addition, Harvard Pilgrim will require prior authorization for the following CPT codes for members of our Medicare Advantage plans:

- 63663 – Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
- 64568 – Incision for implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator
- 95980 – Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient

- measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming
- 95981 – Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming
 - 95982 – Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming

For complete information, please refer to Harvard Pilgrim’s updated [StrideSM \(HMO\) Medicare Advantage Implantable Neurostimulators Medical Policy](#). ◆

Medicare Advantage: Prior Authorization Updates

Effective immediately for members of our StrideSM (HMO) Medicare Advantage plans, Harvard Pilgrim no longer requires prior authorization for:

- Surgeries for temporomandibular joint disorders (including therapeutic arthroscopy, arthroplasty/arthrotomy including discectomy, and joint replacement)
- Reconstructive and restorative nasal procedures (including rhinophyma treatment, rhinoplasty, and septoplasty)
- Invasive and surgical procedures for urinary incontinence (including artificial urinary sphincter, bladder neck suspension/sling, periurethral bulking agents, and urethral sling)



OFFICE ASSISTANT

Payment Policy Updates Regarding Venipuncture Services

Harvard Pilgrim is making some correct coding updates to our commercial Laboratory and Pathology and Evaluation and Management Payment Policies, effective for dates of service beginning Oct. 1, 2020.

Currently, venipuncture (the collection of blood) services deny when a related E&M or blood laboratory service has also been billed on the same day by the same provider (same provider ID). As of Oct. 1, venipuncture services will also be denied when a related E&M or blood laboratory service has also been billed on the same day by a provider within the same group, reporting the same Federal Tax ID Number (TIN). Venipuncture is considered an integral component of the E&M or laboratory service and should not be separately reimbursed.

In addition, the following codes are being added to the list of venipuncture codes that will deny when reported with E&M or blood laboratory services:

- 36425 – Venipuncture, cutdown; age 1 or over
- 36420 – Venipuncture, cutdown; younger than age 1 year
- 36400 – Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein
- 36405 – Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein
- 36406 – Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein

Please note that the above codes should not be used for routine venipuncture, as they require the skill of a physician. For more information, please refer to Harvard Pilgrim's updated commercial [Laboratory and Pathology Payment Policy](#) and [Evaluation and Management Payment Policy](#). ◆

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

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