

HPHCURRENT EVENTS**Update: Commercial Medical Transportation Policy**

Harvard Pilgrim is updating and clarifying our policy requiring prior authorization for non-emergent transportation for our commercial members, which went into effect in May. Harvard Pilgrim requires prior authorization for non-emergent transportation including air (fixed-wing) and ground transportation (ambulance). Prior authorization is not required for emergency transportation to ensure the member's safe transport to the nearest medical provider capable of furnishing covered services.

Effective immediately, please note that prior authorization is not required for commercial members for the following:

- Transportation between acute care hospitals and mental health facilities (H to H)
- Transportation between acute care hospitals (H to H)
- Transportation between an acute care hospital and a long-term acute care facility (LTAC) or inpatient rehabilitation facility (IRF) [H to H]
- Wheelchair van transports

For transfers from an acute hospital to an LTAC or IRF, a wheelchair van should be utilized when possible. If a patient meets the criteria for ambulance transport and an ambulance is used, one of the following diagnosis codes (indicating the need for supervised non-emergent ambulance transport) must be included in the claim and supported by the medical chart:

- Bed confinement status (Z74.01)
- Need for continuous supervision (Z74.3)
- Physical restraint status (Z78.1)
- Dependence on other enabling machines and devices (Z99.89)

All other non-emergent transportation requires prior authorization. Harvard Pilgrim will conduct retrospective audits to ensure that any transports between acute hospitals and IRFs or LTACs meet the medical necessity criteria in the policy.

Providers coordinating transportation should utilize participating providers.

For complete information, please refer to our updated commercial [Medical Transportation Medical Review Criteria](#), and when requesting authorization please complete the [Non-Emergent Ground Transportation Prior Authorization Request Form](#).



ChoiceNet and Hospital Prefer 2018 Tiers

New tier assignments for Harvard Pilgrim’s ChoiceNet and Hospital Prefer plans take effect on Jan. 1, 2018, and last month Harvard Pilgrim mailed letters notifying physician groups and hospitals whose tier changed of their new tier assignments for these products.

The ChoiceNet HMO and PPO plans are tiered network versions of the Best Buy HMO and PPO plans. Physician tiering applies only to ChoiceNet; the Hospital Prefer plan offers a simplified network design that tiers hospitals only.

For both plans, member cost sharing falls into one of three tiers, as determined by the provider’s tier assignment. Harvard Pilgrim determined network tier assignments based on quality and cost performance, as measured by health status adjusted total medical expenses and relative prices. To develop the quality score used to determine tier placement, Harvard Pilgrim utilized measures endorsed in the Standard Quality Measurement Set (SQMS), introduced by the Massachusetts Statewide Quality Advisory Committee to provide a standardized quality measurement system. If applicable quality measures were unavailable, tiers were based solely on health status adjusted total medical expenses or relative prices, or both.

The [Provider Directory](#) will be updated by Oct. 1, 2017 to reflect the 2018 tier assignments.

For more information, including links to product administration information, a description of the tiering methodology, Fast Facts, and provider tier appeal guidelines and review form, please see the [Tiered Network Plans](#) page. ◆

Correction: Practitioner and Provider ID Number Format

As a reminder, Harvard Pilgrim will be modifying the format of all newly assigned practitioner and provider identification numbers, which appear in *HPHConnect*, roster reports, welcome letters, and in our online Provider Directory, among other places.

The new identification numbers will contain numerals only; Harvard Pilgrim will no longer be issuing alphanumeric practitioner and provider ID numbers. However, while Harvard Pilgrim had originally announced that the new number sequences will contain 9 numerals, they will actually contain 8. The newly created practitioner IDs will begin with 12000000, and the newly created provider IDs will begin with 20000000.

Please note that this change will apply only to the assignment of new ID numbers. All existing practitioner and provider ID numbers will remain the same. ◆

CLINICIAN CORNER

Prior Authorization for Select Hip, Knee, and Shoulder Surgeries

Effective Dec. 11, 2017, Harvard Pilgrim is requiring prior authorization through National Imaging Associates, Inc. (NIA) for the following non-emergent inpatient and outpatient hip, knee, and shoulder surgeries for commercial members enrolled in our HMO, PPO, and POS products:

Hip

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

Knee Revision Knee Arthroplasty

- Total knee arthroplasty (TKA)
- Partial-unicompartmental knee arthroplasty (UKA)

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

Shoulder Revision Shoulder Arthroplasty

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

Harvard Pilgrim chose to partner with NIA due to their clinical expertise in musculoskeletal management. As part of this program, Harvard Pilgrim will transition any knee, hip, or shoulder surgery prior authorization requirements that we are currently managing directly (including hip and knee arthroplasty) to NIA. In addition, Harvard Pilgrim is re-introducing prior authorization for knee arthroscopy due to practice pattern variability across our markets.

Requesting authorization

The ordering clinician is responsible for obtaining prior authorization through NIA before scheduling the outpatient, nonemergent procedures detailed in our Hip/Knee/Shoulder Surgery Prior Authorization Policy and medical review criteria. Any of these non-emergent services performed on or beyond Dec. 11, 2017 will not be reimbursed if a prior authorization was not obtained. Therefore, to ensure payment of the claim, providers rendering these services should verify that the necessary prior authorization has been obtained prior to performing the procedure by requiring evidence of an approved NIA transaction number.

NIA currently provides utilization management for Harvard Pilgrim for radiology, select spine services, and sleep studies, and ordering providers should request prior authorization for hip, knee, and shoulder surgeries in the same way:

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

Providers may begin making prior authorization requests for hip, knee, and shoulder surgeries through NIA on Nov. 27, 2017 for dates of service of Dec. 11, 2017 and beyond.

As noted earlier, Harvard Pilgrim currently requires prior authorization for several procedures that will be transitioning into the NIA managed hip, knee, and shoulder surgery program; in these cases, providers should continue to request prior authorization through Harvard Pilgrim until Nov. 27, 2017, at which time they should contact NIA for prior authorization.

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

Updated policies and criteria

For more information, including coding, please refer to the following:

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

Please refer to next month's issue of *Network Matters* for more information and resources, including a checklist, an FAQ, and webinar information. If you have any further questions, please contact the Provider Service Center at 800-708-4414. ◆

Changes to Bariatric Surgery Coverage in Connecticut

Effective Jan. 1, 2018, upon plan renewal, bariatric surgeries will be excluded from coverage for fully insured commercial small group plans in Connecticut, and will be offered for purchase as an optional benefit for members of Connecticut fully insured large group plans.

This change aligns these products with the Connecticut Essential Health Benefits Benchmark Plan, which does not include bariatric surgeries as a covered benefit. For employer groups who choose to purchase bariatric surgeries as an added benefit, prior

authorization will continue to be required. Coverage is based on medical necessity and member eligibility at the time of service.

Harvard Pilgrim will notify Connecticut members of the change in bariatric surgery coverage and any prior authorizations. Authorizations issued for bariatric surgeries will remain valid until the date that the member's plan renews.

While coverage of bariatric surgeries for morbid obesity will be excluded for fully insured commercial small group plans in Connecticut, revision weight loss surgeries performed in response to a complication from a previous bariatric surgery (e.g., correcting a slipped gastric band) will continue to be covered.

You can determine member benefit eligibility the same way you do today, by checking *HPHConnect* or calling the Provider Service Center at 800-708-4414 and selecting option 3. Please see the [Determining Eligibility Policy](#) in our *Provider Manual* for more information.

Also, Harvard Pilgrim's [Gastroenterology Payment Policy](#) has been updated to reflect the changes in coverage for bariatric surgeries. ◆

Updates to Sinus Surgeries Medical Review Criteria

Effective Dec. 1, 2017, Harvard Pilgrim is updating our medical review criteria for sinus surgeries, and renaming the policy Endoscopic Sinus Surgeries Medical Review Criteria.

In addition to the name change, Harvard Pilgrim is clarifying and adding detail to coverage exclusions and the criteria that must be met in order for endoscopic sinus surgeries to be covered, creating criteria specific to balloon sinuplasty, and adding the following CPT codes as eligible for coverage with prior authorization:

- 31231 – Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
- 31233 – Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
- 31235 – Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
- 31237 – Nasal/sinus endoscopy, surgical with biopsy, polypectomy or debridement (separate procedure)
- 31238 – Nasal/sinus endoscopy, surgical with control of nasal hemorrhage

- 31239 – Nasal/sinus endoscopy, surgical with dacryocystorhinostomy
- 31240 – Nasal/sinus endoscopy, surgical with concha bullosa resection
- 31287 – Nasal/sinus endoscopy, surgical, with sphenoidotomy
- 31290 – Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak ethmoid region
- 31291 – Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak sphenoid region
- 31292 – Nasal/sinus endoscopy, surgical with medial or inferior orbital wall decompression
- 31297 – Nasal/sinus endoscopy, surgical with dilation of sphenoid sinus ostium (e.g., balloon dilation)
- 30130 – Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
- 30140 – Pterygomaxillary fossa surgery, any approach

For more information, including complete coverage criteria and exclusions, refer to the updated [Endoscopic Sinus Surgeries Medical Review Criteria](#). ◆

Collaboration between PCPs and Behavioral Health Providers

For the effective treatment of patients with coexisting physical and mental conditions, coordination between PCPs and behavioral health care providers is pivotal. Behavioral and physical health are fundamentally connected — and the connection should be equally as strong between any providers offering care to a common patient.

Managing the overall patient care process with post-referral communication helps reduce the potential for adverse medication interactions resulting from the combination of disorders being treated, and confirms for the PCP that the patient followed up on the referral to a behavioral specialist. In turn, the PCP can support the behavioral health provider by working with the patient to complete a confidential exchange-of-information form.

This [user-friendly form](#), which requires the member's signature to authorize the release of information, provides:

- The reason for the referral — presenting problem, preliminary behavioral health diagnoses, chief concern, etc.

- Any medications currently being prescribed or conditions the patient may have
- Useful follow-up information or updates

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

Update to Inpatient Acute Medical Admissions Payment Policy

Harvard Pilgrim's Inpatient Acute Medical Admissions Payment Policy outlines reimbursement for inpatient acute medical admissions for services rendered at Harvard Pilgrim-contracted facilities and the timeframe for what Harvard Pilgrim considers to be a readmission for diagnosis-related groups (DRGs) and global case rate facilities. Effective Nov. 15, 2017, Harvard Pilgrim is extending this timeframe from 7 days to 30 days.

Under the updated policy, members who are readmitted within 30 days of an inpatient discharge for the same or a related condition for which they were treated during the original admission may be reviewed. If it is determined that the member is being treated for the same or a related condition as the original admission, the readmission will be retracted.

For more information, please refer to Harvard Pilgrim's updated [Inpatient Acute Medical Admissions Payment Policy](#). ◆

Payspan and Electronic Funds Transfer Reminders

Harvard Pilgrim would like to offer a few reminders related to Payspan and registering for electronic funds transfer (EFT). When registering for EFT on Payspan, remember to enter your NPI and check to ensure that it has been entered correctly; once the registration process is complete, your NPI cannot be changed within the Payspan application. Your clearinghouse may be unable to process the remittance advice file without a valid NPI number.

If your NPI was not entered at the time of registry, email edi_team@harvardpilgrim.org to have it submitted to Payspan for correction. Please include your Payspan PIN number (which is your Harvard Pilgrim payee ID) and the NPI you want added.

Once you have registered for Payspan, if your organization requests that Harvard Pilgrim make any demographic changes to your entity's name or address, a new iteration of your payee/PIN number is generated and sent to Payspan. This new iteration must be re-registered in order for you to continue receiving EFT. If you are unaware of any changes being made, but find that you are still receiving paper checks after having registered for EFT, check your Payspan account for any unregistered payee/PIN numbers. It is also good practice to check your Payspan account weekly or bi-weekly for any new PINs available to register for your organization.

Lastly, to register for EFT for StrideSM (HMO) Medicare Advantage payments, be sure to select "Harvard Pilgrim Health Care – Medicare" in the Payspan application. Keep in mind that this applies only to Stride, since Medicare Enhance and Medicare Supplement payments are received via the "Harvard Pilgrim Health Care" option. ◆

Keep Panel Status and Demographic Information Up to Date

In the last two years, the Center for Medicare & Medicaid Services (CMS) and many states have issued new guidance and regulations on maintaining and updating data in Provider Directories in a timely manner.

It is critical that members have accurate information about your practice, so they can make informed decisions about their health care options. Please report changes to your address, panel status (whether your practice is accepting new patients), institutional affiliations, phone number and other practice data in a timely manner.

Using the "Provider Analytics" tool offered through *HPHConnect*, you can review the information we currently have for your practice—including panel status, practice address, and billing address—to ensure that everything is current.

If you need to update your panel status or any other information, please fill out a [Provider Change Form](#) and submit it to Harvard Pilgrim; notification of panel status changes should be submitted at least 30 days in advance. For any further questions, call the Provider Service Center at 800-708-4414. ◆

ACA Risk Adjustment Data Validation: Medical Chart Requests Underway

As a reminder, in support of the Affordable Care Act's Risk Adjustment Data Validation (RADV) program, you may receive, or may have already received, a medical chart request from Harvard Pilgrim pertaining to services provided during the 2016 calendar year. Please keep in mind that:

1. Medical chart requests may be for a regular patient of yours or someone who was only seen once in your office.
2. Medical charts must have the patient's name and date of birth, the date of service, the provider's signature and credentials, and date of the provider's signature.
3. Medical charts must be provided within 14 days to meet Harvard Pilgrim's audit timeline requirements.
4. Member authorizations are not required.

If you have questions regarding a RADV medical chart request, please contact Kathryn Roach, Program Manager, at 617-509-2199. ◆

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

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