HPHCURRENT EVENTS

Sign Up for a Webinar for Our New Provider Website

Our fully revamped provider website debuts on Sept. 9th, and we’re offering webinars before and after launch to better acquaint you with its new design features.

The new website features a cleaner, easy-to-navigate design, improved filtering and search functionality, and an updated look and feel, as you can see in the image included.

We’re excited to show you the new and improved site — which is reorganized for more intuitive navigability, so it will be quicker and easier for you and your office staff to find what you need, when you need it. You and your office staff can register by selecting one of the sessions below:

- **Sept. 3 at 1 p.m.**
- **Sept. 8 at 10 a.m.**
- **Sept. 10 at 2 p.m.**
- **Sept. 15 at 10 a.m.**
- **Sept. 17 at 1 p.m.**

“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.

We look forward to introducing you to the new site and hearing your feedback!◆
COVID-19 Reminders and Resources

Harvard Pilgrim continues to work to support our provider partners, members, and employer groups through the COVID-19 pandemic. We regularly monitor the situation in our service areas and update 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 Provider FAQ with information on coverage and coding of antibody testing and telemedicine/telehealth, as well as our commercial Interim Telemedicine/Telehealth Payment Policy (COVID-19 Pandemic).

As reopening occurs, 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, including vaccinations and preventive care. 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.

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 your Provider Relations Consultant or Contract Manager as appropriate.

Flu Vaccine Critical for Upcoming Season

With the flu season approaching and the simultaneous complications presented by the ongoing COVID-19 pandemic, it is more critical than ever to emphasize the importance of getting vaccinated to our member population.

As we noted in last month’s issue, now that physical distancing restrictions have decreased in most settings, it is critical that patients — especially those at greater risk of infection and those with risk factors for more severe COVID-19 disease — return to their providers’ offices to receive important vaccinations, if they can do so safely.

This holds especially true for the influenza vaccine, as the best accessible protection against the flu for all patients ages 6 months and older is an annual influenza vaccination. Vaccination has been proven to reduce morbidity and mortality caused by
influenza. It may also provide several individual health benefits, including prevention of the flu, lessened severity of illness, and reduced risk of flu-associated hospitalizations. According to the CDC, flu illness is also associated with an increased risk of heart attack and stroke. While some people who get vaccinated may still develop influenza, vaccination may make their illness milder; a study published in 2017 in *Clinical Infectious Diseases* found that influenza vaccination reduced deaths, intensive care unit (ICU) admissions, ICU length of stay, and overall duration of hospitalization among hospitalized influenza patients.

Although the Advisory Committee on Immunization Practices has not yet voted on the flu vaccine recommendations for 2020-2021, significant changes related to the timing of vaccination are not anticipated by the CDC. September and October continue to be considered appropriate months for vaccination. However, provided that flu viruses are circulating, vaccination should continue into January or even later.

During the COVID-19 pandemic, lessening the total burden of respiratory illnesses is vital to allow for protection of not only those who are at risk for severe illness, but also the healthcare system. The U.S. Department of Health and Human Services is allowing pharmacists nationwide to administer all scheduled vaccinations, including the flu vaccine, to children as young as three years of age. In addition, the State of Massachusetts has announced that it will require all students ranging from 6-month-olds in daycare centers to undergraduate and graduate students under 30 to get the flu vaccine by Dec. 31, 2020.

Harvard Pilgrim supports annual influenza immunization efforts by covering flu vaccines at retail pharmacies for a $0 cost share for members age 19 years and older on our Commercial formularies (Premium, Value, and Core NH). Flu vaccines are covered as a Preventative Care Benefit for adults under the Affordable Care Act. For members ages 0 to 18 years, flu vaccines are provided by the state for in-office administration. Certain age restrictions for specific flu vaccines may apply based on product labeling. Similar to the Commercial formularies, the Medicare Advantage formulary covers flu vaccines at retail pharmacies for a $0 cost share (billed under part B).

The Centers for Disease Control and Prevention website provides valuable information about vaccination, infection control, prevention, treatment, and diagnosis of seasonal influenza on the Information for Health Professionals and Influenza ACIP Vaccine Recommendations pages. In addition, 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
CLINICIAN CORNER

Reminder: Oncology Authorization Program Begins Sept. 1

As we’ve noted in previous issues of the newsletter, for dates of service beginning Sept. 1, 2020 for our commercial and Medicare Advantage members, prior authorization will be required through Oncology analytics for outpatient chemotherapy (infused and/or injected) and radiation therapy.

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. 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

Servicing 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)
- Online — Single sign on will soon be available via HPHConnect. Sign in to HPHConnect (https://hphproviders.healthtrioconnect.com/) and select the “Oncology Analytics” link in the Office Management drop down.
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.

New Policy: Hypoglossal Nerve Stimulation for Sleep Apnea Beginning on Nov. 1, 2020, Harvard Pilgrim will cover hypoglossal nerve stimulation with prior authorization for commercial plans, for the treatment of moderate-to-severe obstructive sleep apnea (OSA) in patients 22 and older for whom continuous positive airway pressure (CPAP) therapy has failed.

Our new Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea Medical Policy outlines prior authorization criteria and coverage exclusions. Harvard Pilgrim will cover hypoglossal nerve stimulation for adults with moderate-to-severe OSA when documentation confirms ALL of the following:

- Member is 22 years of age or older; AND
- Body Mass Index (BMI) is ≤ 32 kg/m2; AND
- A polysomnography (PSG) is performed within 24 months of the first consultation for HGNS implant; AND
- Apnea hypopnea index (AHI) is 20 to 65 events per hour; AND
- Member has demonstrated CPAP failure for minimum of one month (residual AHI ≥ 20 or failure to use CPAP ≥ 4 hours per night for ≥ 5 nights per week) or documentation confirming inability to tolerate CPAP
- Absence of complete concentric collapse at the soft palate level as seen on a drug induced sleep endoscopy (DISE)
- No anatomical findings that would compromise performance of the device

Refer to the policy for complete criteria. To bill for hypoglossal nerve stimulation, you will need to report CPT code 64568 (Incision for implantation of cranial nerve [e.g., vagus nerve] neurostimulator electrode array and pulse generator) along with the add-on code 0466T (Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator [list separately in addition to code for primary procedure]). Please note that 0466T requires prior authorization and will only be reimbursed when accompanied by 64568.

For more information, please refer to Harvard Pilgrim’s new Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea Medical Policy.

InterQual Criteria for Implantable Neurostimulators

Beginning on Sept. 25, 2020, Harvard Pilgrim will be adopting customized InterQual criteria for commercial medical review of implantable neurostimulators. Prior
authorization will continue to be required, but we will draw upon a combination of InterQual and Harvard Pilgrim criteria.

With the adoption of InterQual criteria, prior authorization will be required for CPT code 63663 (Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed).

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](#). To request additional training, contact us at Provider_Experience@harvardpilgrim.org. While Harvard Pilgrim encourages providers to request authorization electronically, we will continue to accept authorization requests by phone (800-708-4414) or fax (800-232-0816).

In addition, the following CPT and HCPCS codes will be added to the policy, and will be covered without prior authorization: 95980, 95981, 95982, C1767, C1778, C1820, L8679, L8680, L8682, L8683, L8686, L8687, and L8688.

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

### InterQual Criteria for Positive Airway Pressure Devices

Effective for dates of service beginning Nov. 20, 2020, Harvard Pilgrim will be adopting InterQual criteria for commercial medical review of positive airway pressure (PAP) devices for obstructive sleep apnea (OSA).

Harvard Pilgrim currently requires prior authorization for the following HCPCS codes for members 18 years of age or older and will continue to do so, but prior authorization will be managed by InterQual:

- E0601 – Continuous positive airway pressure (CPAP) device
- E0470 – Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
- E0471 – Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)

Please note that the authorization request details for these devices are changing as a result of InterQual criteria adoption. To obtain a CPAP device (E0601), you will need to submit one authorization request for the initial three-month rental period and then...
another request for the final purchase of the device after the initial three-month rental period is complete. For a respiratory assist device (E0470 or E0471), the initial authorization is good for a 12-month rental period. These devices may be reimbursed for a count of up to 15 months, but you will need to submit a second authorization request for the additional three months once the initial rental period has ended.

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. To request additional training, contact us at Provider_Experience@harvardpilgrim.org. While Harvard Pilgrim encourages providers to request authorization electronically, we will continue to accept authorization requests by phone (800-708-4414) or fax (800-232-0816).

For more information, please refer to Harvard Pilgrim’s new Positive Airway Pressure Devices for Sleep Apnea Medical Policy. 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).

**Kymriah and Yescarta Policies Updated**

Harvard Pilgrim covers the medications Kymriah and Yescarta with prior authorization for members of our commercial and StrideSM (HMO) Medicare Advantage plans.

The respective commercial and Medicare Advantage policies for these drugs outline the indications they may be used to treat and the criteria that must be met for coverage. Effective immediately, we have updated the policies to indicate that Kymriah and Yescarta are not covered for members previously treated with any CAR-T Therapy.

For more information, please refer to the following updated policies:

- Commercial Kymriah Medical Policy
- Commercial Yescarta Medical Policy
- StrideSM (HMO) Medicare Advantage Kymriah Medical Policy
- StrideSM (HMO) Medicare Advantage Yescarta Medical Policy

**InterQual Criteria for Invasive Treatment for Urinary Incontinence**

Beginning on Nov. 1, 2020, Harvard Pilgrim will be adopting customized InterQual criteria for commercial medical review of invasive treatment for urinary incontinence.

Harvard Pilgrim currently requires prior authorization for invasive treatment for urinary incontinence, and the prior authorization criteria for artificial urinary sphincter surgery
and periurethral bulking agents will remain on the policy. However, with the adoption of InterQual criteria, we will also require prior authorization for CPT code 57289 (Pereyra procedure, including anterior colporrhaphy). In addition, the following codes will be removed from the policy and will no longer require prior authorization:

- 53442 – Removal or revision of sling for male urinary incontinence (e.g. fascia or synthetic)
- 53446 – Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
- 53447 – Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
- 53448 – Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue
- 53449 – Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
- 57287 – Removal or revision of sling for stress incontinence (e.g., fascia or synthetic)

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. To request additional training, contact us at Provider_Experience@harvardpilgrim.org. While Harvard Pilgrim encourages providers to request authorization electronically, we will continue to accept authorization requests by phone (800-708-4414) or fax (800-232-0816).

For more information, please refer to the updated Invasive Treatment for Urinary Incontinence Medical Policy. 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).

**Medicare Advantage: Chronic Care Improvement Program for Hypertension**

As part of Harvard Pilgrim’s Centers for Medicare & Medicaid Services Chronic Care Improvement Program, Harvard Pilgrim developed a hypertension program to help support you, your practice and your patients diagnosed with hypertension. Below are just a few ways Harvard Pilgrim supports our Medicare Advantage members, and the primary care providers (PCPs) treating them.
Harvard Pilgrim sends an antihypertensive medication adherence report annually in the fall to PCPs, which lists Medicare Advantage members who have a diagnosis of hypertension and a gap in refilling their antihypertensive medication within the past 60 days. It also includes a graph displaying antihypertensive fill history, prescribers’ names, and phone numbers, as well as contact information for Harvard Pilgrim’s pharmacists for review or consultation.

In addition, every month, Harvard Pilgrim sends a Controlling Blood Pressure booklet to Medicare Advantage members newly identified as having hypertension. The booklet encourages:

- Self-monitoring of blood pressure control
- Physician-member engagement and medication review
- Medication adherence through a medication chart and adherence apps
- Blood pressure screening at every office visit or at least annually to identify, prevent, and treat uncontrolled high blood pressure and complications
- Blood pressure monitoring at home and describes how to get a blood pressure monitor
- Support through our nurse care manager program. To refer a patient, call 866-750-2068

In Harvard Pilgrim’s StrideSM (HMO) Member Newsletter, we include hypertension-related articles for our Medicare Advantage members at least once a year, covering topics such as the Dietary Approaches to Stop Hypertension (DASH) Eating Plan, medication adherence tools, and tips to control blood pressure at least once a year. This information can be found on the Health and Wellness page in the Medicare Advantage section of Harvard Pilgrim’s member website.

If you have any questions regarding this program, please call 800-287-9793. ✦

**Statin Use in Patients with Diabetes**

Harvard Pilgrim encourages the providers in our network to prescribe statins to members diagnosed with diabetes, and we offer support and coverage to facilitate statin use.

According to guidelines from the American College of Cardiology (ACC) and the American Heart Association (AHS), lowering LDL-C levels in patients with diabetes helps manage risk factors for atherosclerotic cardiovascular disease (ASCVD). While diabetes itself is an independent risk factor for ASCVD, this risk is exacerbated by the combination of diabetes with hypertension and dyslipidemia. Harvard Pilgrim recommends the ASCVD risk calculator provided by the ACC to estimate a given patient’s 10-year risk, but ACC, AHS, and American Diabetes Association guidelines indicate that patients 40 to 75 years of age with diabetes mellitus and an LDL-C level of
≥70 mg/dL should be started on moderate-intensity statins without the need to calculate their 10-year ASCVD risk.

In accordance with clinical guidelines, Harvard Pilgrim recommends that statins be the first line of defense before non-statins if the patient can tolerate a high-intensity statin, and that ezetimibe and PCSK9 inhibitors (e.g., Praluent, Repatha) be reserved for patients with cardiovascular disease who are statin intolerant or cannot achieve the desired LDL lowering. Praluent and Repatha should be used in combination with an optimized regimen of lipid-lowering therapy unless the patient exhibits statin intolerance.

While some patients may incorrectly be under the impression that you should avoid statins if you have diabetes, people with diabetes benefit the most from statins, which reduce their risk of heart attack, stroke, and death. Statins may increase blood sugars, but this does not offset the overall health benefit that statins provide. Patients prescribed statins should monitor their blood sugars, with their diet, and include regular exercise in their routines.

Harvard Pilgrim supports the use of statins in patients with diabetes by covering several generic statins on both the Commercial (Premium, Value, Core NH) and Medicare Advantage formularies. For Commercial members, we offer the following preferred generic formulary antilipemic agents at $0 cost share: atorvastatin 10 mg and 20 mg, simvastatin, and lovastatin. For Medicare Advantage members, we offer the following preferred generic formulary antilipemic agents on tier 1: atorvastatin, lovastatin, pravastatin, rosuvastatin, and simvastatin. Medicare Advantage members pay a $0 copay for Tier 1 drugs up until the catastrophic coverage phase of their plan.

We encourage the use of e-prescribing for elderly patients to mitigate barriers to pharmacy access as well as provider access. As a reminder, OptumRx is Harvard Pilgrim’s pharmacy benefit manager, and you can obtain a 90-day mail order supply of statins by submitting a mail service prescription to OptumRx Home Delivery.

Important Replacement Claim Billing Reminders

Harvard Pilgrim would like to remind providers of some key points regarding the correct billing of replacement claims. A replacement claim must completely replace the entire original claim; the information on the replacement claim voids and replaces the previously submitted claim.

If you have omitted charges or changed information on a claim — such as diagnosis codes, dates of service, or member information — you must submit the entire claim as a
replacement claim using type of bill frequency code 7 and include all the previous information, as well as any corrected or additional information. Please note that a replacement claim submitted without type of bill frequency code 7 may be considered a duplicate and consequently denied.

It is also important to note that replacement claims must be submitted within 90 days of the date of the first claim’s explanation of payment. As a reminder, replacement claims are accepted electronically. For complete information, please refer to Harvard Pilgrim’s commercial Replacement Claim Billing Payment Policy.

**Reminder: Physician’s Order Required for Nutritional Counseling**

Harvard Pilgrim reimburses nutritional counseling services provided by a contracted nutritionist or registered dietician, when ordered by the member’s PCP or a participating provider. Our commercial Nutritional Counseling Payment Policy outlines coverage of these services, including which services are and are not eligible for reimbursement and guidelines for proper billing.

We would like to remind our provider network that a physician/nurse practitioner’s order is required for all services, including tests. Please note that a referral is not sufficient without a physician/nurse practitioner’s order. For more information, refer to the Nutritional Counseling Payment Policy.

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

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