

**Point32Health's Corporate Address**

Point32Health, the parent company of Harvard Pilgrim Health Care and Tufts Health Plan, now has a new corporate address:

1 Wellness Way  
Canton, MA 02021-1166

We've since closed our Wellesley location. Mail correspondence that was previously sent to our Wellesley office should now be directed to our Canton mailing address.

However, our Quincy office (1600 Crown Colony Drive) and mail operations remain open, and our Quincy claims submission address is unchanged. Keep in mind, though, that we strongly encourage providers to submit claims electronically for faster processing. For more information on electronic and paper claims submission, including a list of payer IDs and addresses, please refer to our [Claims Submission Guidelines Policy](#).

Mail forwarding will be available until December 1, 2022 to give you time to update your notes and systems accordingly. ◆

**2022 Physician Group Honor Roll Announced**

Harvard Pilgrim would like to congratulate the 68 physician groups in our commercial provider network named to our 20th annual Physician Group Honor Roll. The annual Honor Roll highlights physician groups that have achieved exceptional results in their approach to disease prevention and the treatment of acute and chronic illness for both adult and pediatric patients.

Harvard Pilgrim selected the Honor Roll physician groups based on clinical performance measured against NCQA's national HEDIS quality benchmarks in three domains of clinical care: acute, chronic, and preventive care. Physician groups were identified as Honor Roll practices based on performance on 15 measures, such as appropriate treatment for children with upper respiratory infection, comprehensive diabetes care, and breast cancer screenings. Fifteen practices achieved "With Distinction" status, meaning they exceeded NCQA's national 90th percentile in these domains of clinical care.

"We recognize that the extensive, unfamiliar challenges presented by the COVID-19 pandemic have put significant strain on our provider network, and on health care professionals everywhere," said Dr. Claire Levesque, MD, Point32Health's Chief Medical Officer, Commercial Products. "In light of these challenges, attaining the clinical results required to be named to the

Honor Roll is an especially meaningful accomplishment — and we applaud these providers for their continued excellent work.”

Honor Roll physician groups are noted in Harvard Pilgrim’s [Provider Directory](#), enabling members to evaluate and select providers based on quality and safety performance. You can view the complete list of this year’s recipients and learn more about Harvard Pilgrim’s methodology [here](#).

As two organizations known for strong legacies of quality performance, Harvard Pilgrim and Tufts Health Plan look forward to new opportunities in the coming years for cutting-edge joint quality recognition programs.

## COVID-19 Updates

As a reminder, please refer to our [COVID-19 Information for Providers webpage](#) for the most up-to-date information on COVID-19, including coverage of home tests, diagnostic testing and treatment, vaccines, and telehealth/telemedicine, as well as billing and coding guidance and other information. Be sure to check back regularly for the latest updates. ◆

## Gender Affirming Services Medical Policy

Effective for dates of service beginning April 1, 2022, Harvard Pilgrim Health Care has updated our Gender Affirming Services Medical Policy (previously called the Transgender Health Services Medical Policy) to require prior authorization for the following services:

- Vulvectomy
- Vulvoplasty
- Cheek Augmentation
- Hairline Advancement
- Lateral Canthopexy
- Lip Lift
- Lysis Intransal Synechia
- Reduction Thyroid Chondroplasty
- Hair removal by electrolysis or laser for face and neck
- Speech therapy

Codes added to the policy to require prior authorization include:

14040 — Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less

14041 — Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm

15769 — Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)  
15771 — Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate  
15772 — Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)  
54520 — Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach  
58661 — Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)  
58720 — Salpino-oophorectomy, complete or partial, unilateral or bilateral (separate procedures)  
21282 — Lateral canthopexy  
30560 — lysis intranasal synechia  
17380 — Electrolysis epilation, each 30 minutes  
21249 — Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete

In addition, several codes were removed from the policy and will no longer require prior authorization.

For complete details on coverage and authorization requirements, please refer to the updated [Gender Affirming Services](#) Medical Policy. ◆

### **Medical Drug Policy Review**

As a reminder, CVS Health–NovoLogix conducts medical necessity and utilization review for non-oncology medical drugs on behalf of Harvard Pilgrim, to ensure that these medications are being used in a clinically appropriate and effective manner.

Harvard Pilgrim utilizes industry standard medical necessity criteria developed and maintained by CVS Health–NovoLogix to manage the prior authorization request and review process. The associated prior authorization policies are reviewed and updated on a rolling basis.

Please remember to periodically review the most up-to-date criteria, which you can find on the [Medical Drug Prior Authorization \(CVS Health–NovoLogix\)](#) page on Harvard Pilgrim’s provider website. ◆

**InterQual Criteria: Benign Prostatic Hypertrophy Invasive Treatment**

Effective for dates of service beginning April 1, 2022, Harvard Pilgrim will require prior authorization for procedures for the treatment of benign prostatic hypertrophy, including UroLift, for commercial members.

Customized InterQual criteria (drawing from the Prostatectomy, Transurethral Resection (TURP) and Prostatectomy, Transurethral Ablation (TUNA) subsets) will be used for commercial medical review for the following codes:

- 52601 – Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
- 52630 – Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
- 52648 – Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
- 52441 – Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
- 52442 – Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant
- 52450 – Transurethral incision of prostate
- 53850 – Transurethral destruction of prostate tissue; by microwave thermotherapy
- 53852 – Transurethral destruction of prostate tissue; by radiofrequency thermotherapy

We encourage providers and office staff to submit their authorization request through HPHConnect, where an electronic authorization questionnaire will guide you through the criteria. Using HPHConnect allows for a quicker response time — you can receive an on-the-spot approval if you meet the criteria on the Smartsheet questionnaires.

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](mailto: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 [Procedures for the Treatment of Benign Prostatic Hypertrophy](#) 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). ♦

### **No Prior Authorization for Invasive Urinary Incontinence Procedures**

Harvard Pilgrim would like to inform our provider network that prior authorization is no longer required for our commercial members for coverage of invasive procedures for the treatment of urinary incontinence designated by the following codes:

- 51715 – Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
- 51840 – Anterior vesicourethropexy, or urethropexy (e.g., Marshall-Marchetti-Krantz, Burch); simple
- 51841 – Anterior vesicourethropexy, or urethropexy (e.g., Marshall-Marchetti-Krantz, Burch); complicated (e.g., secondary repair)
- 51845 – Abdomino-vaginal vesical neck suspension, with or without endoscopic control (e.g., Stamey, Raz, modified Pereyra)
- 51990 – Laparoscopy, surgical; urethral suspension for stress incontinence
- 51992 – Laparoscopy, surgical; sling operation for stress incontinence (e.g., fascia or synthetic)
- 53440 – Sling operation for correction of male urinary incontinence (e.g., fascia or synthetic)
- 53444 – Insertion of tandem cuff (dual cuff)
- 53445 – Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
- 57288 – Sling operation for stress incontinence (e.g., fascia or synthetic)
- 57289 – Pereyra procedure, including anterior colporrhaphy

Prior authorization requests for these procedures was previously managed via *HPHConnect* using the Bladder Neck Suspension/Sling, Female (Version 2021) and Urethral Sling, Male (Version 2021) InterQual® criteria, as identified on Harvard Pilgrim’s commercial Invasive Treatment for Urinary Incontinence Medical Policy. As prior authorization is no longer required, this policy has been archived. ♦

### **Factor in Social Determinants of Health for Improved Outcomes**

Social Determinants of Health (SDoH), socioeconomic and environmental factors that can impede or improve health, have always been a reality, but the trend of payers and providers factoring them into the impact on patients’ overall health is more recent.

Recently, the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) updated the ICD-10-CM code set with 11 new diagnosis codes describing

SDOH. The new Z codes were created to provide additional information regarding SDOH data such as housing, food insecurity, or transportation.

Addressing a patient's health-related social needs can lead to better health outcomes and lower total health care costs. Harvard Pilgrim encourages providers to use the specialized SDOH ICD-10 codes whenever possible, as they help to provide a more complete picture of the member. Below is a list of the new Z codes that have been added to the diagnosis classification:

- **Under category Z55 (Problems related to education and literacy)**
  - 5 – Less than a high school diploma
- **Under category Z58 (Problems related to physical environment)**
  - 6 – Inadequate drinking-water supply
- **Under category Z59 (Problems related to housing and economic circumstances)**
  - 00 – Homelessness unspecified
  - 01 – Sheltered homelessness
  - 02 – Unsheltered homelessness
  - 41 – Food insecurity
  - 48 – Other specified lack of adequate food
  - 811 – Housing instability, housed, with risk of homelessness
  - 812 – Housing instability, housed, homelessness in past 12 months
  - 819 – Housing instability, housed unspecified
  - 89 – Other problems related to housing and economic circumstances

For more information, refer to [CMS](#). ◆

### 2022 Schedule Updates

On April 1, 2022, Harvard Pilgrim will update its:

- Standard professional fee schedule, incorporating recently released Medicare relative value units (RVUs) and laboratory rates for 2022.
- Durable medical equipment (DME) fees, which may also include changes resulting from Harvard Pilgrim's annual review of purchase (NU), maintenance (MS), and rental (RR) terms, and item limits.

Beginning in mid-February, providers may request 2022 sample fee schedules by calling the Provider Service Center at 800-708-4414. ◆

### Coverage of Venipuncture

Under Harvard Pilgrim Health Care's existing payment policies, CPT code 36415 (collection of venous blood by venipuncture) is not separately reimbursed when a related evaluation and

management (E/M) or blood laboratory service has also been billed on the same day by a provider within the same group and/or billed under the same federal tax identification number. Venipuncture is considered an integral component of the E/M professional or laboratory service and is not separately reimbursed.

This is documented in our [Laboratory and Pathology](#) and [Evaluation and Management](#) payment policies.

Effective for dates of service on or after April 1, 2022, this network standard coverage of venipuncture will apply to our Connecticut providers to ensure consistency with all other states in our service area. ◆

## **Harvard Pilgrim's Access to Care Standards**

One of Harvard Pilgrim's fundamental priorities is ensuring the best possible access to care for the members we serve. To that end, Harvard Pilgrim maintains commercial and Stride<sup>SM</sup> (HMO) Medicare Advantage policies that outline network practitioner standards regarding clinician availability, timeliness of appointments, and telephone accessibility, among other things.

### **Commercial Practice Site Standards Policy**

The [Practice Site Standards](#) highlights specific standards in a variety of areas from telephone accessibility to standards for the office, waiting room, and exam rooms. Access to care guidelines include, but are not limited to:

- In general, PCPs should not keep members with a scheduled appointment waiting an unreasonable length of time
- Acceptable telephone coverage available after primary care office hours and reasonable time between pick up and connection
- Emergency coverage available on a 24-hour basis for all covered services
- Urgent appointments within 24 hours
- Non-urgent appointment timeframes vary with state guidelines for MA, ME, and NH. Typically, PCPs' symptomatic or medically necessary office visits should be available within 7 days.
- For specialty adult and pediatric providers, initial non-urgent visits should be available within 14 days and urgent visits for most states within 7 days (24 hours for ME)

### **Medicare Advantage Access to Care Standards**

Likewise, the Medicare Advantage [Access to Care](#) policy outlines standards and requirements for Harvard Pilgrim network providers regarding accessibility and timeliness of care provided. The Centers for Medicare and Medicaid Services (CMS) requires that practitioners maintain convenient hours of operation and non-discriminatory access to services. To that end, the

policy indicates that practitioners must provide coverage for their practice 24 hours a day, seven days a week with a published after-hours telephone number, pager or answering service, or a recorded message directing members to a provider for after-hours care instruction.

Other access to care requirements include but are not limited to:

- Preventive care appointment or immunization: within 90 days of a member's request
- Scheduled appointments: within 30 minutes of member's arrival
- Routine/well care appointment: within one month of a member's request
- Urgent appointment: within 48 hours of a member's request
- Telephone responsiveness: Providers should give a timely response to incoming phone calls. Providers should answer calls in six rings or less and limit hold time to two minutes or less.

In addition, all services must be accessible to all members — including those with limited English proficiency or reading skills and those with diverse cultural and ethnic backgrounds — and provided in a culturally competent manner. For complete information, please refer to our commercial [Practice Site Standards](#) and Medicare Advantage [Access To Care](#) policies. ◆

### 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 ◆

### **Update to Dermatology Payment Policy**

Harvard Pilgrim is updating our commercial Dermatology Payment Policy, effective for dates of service beginning April 1, 2022. With the update, for professional claims, photochemotherapy services (CPT codes 96910 or 96912) will not be reimbursed when billed without an appropriate diagnosis.

In accordance with the American Academy of Dermatology Association, photochemotherapy services are considered appropriate for the treatment of indications including, but not limited to atopic dermatitis, lichen planus, psoriasis, and vitiligo.

For more information, please refer to the updated [Dermatology Payment Policy](#). ◆

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

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Read *Network Matters* online at [www.hphc.org/providers](http://www.hphc.org/providers). For questions or comments about *Network Matters*, contact Anmarie Dadoly at [anmarie\\_dadoly@harvardpilgrim.org](mailto:anmarie_dadoly@harvardpilgrim.org) or (617) 509-8074.