

## New: Member Travel Benefit for Selected Services

Point32Health and its family of companies, including Harvard Pilgrim Health Care and Tufts Health Plan, has developed a comprehensive travel benefit to support its members and employees who are unable to obtain access to covered services in their state of residence due to state laws restricting or prohibiting providers from providing such covered benefits. This action is in response to the recent Supreme Court decision, *Dobbs v. Jackson Women's Health Organization*, which overturned the long-standing precedent of *Roe v. Wade*, as well as gender affirming surgeries prohibited by certain state laws.

The new travel benefit is available, for dates of service beginning June 1, 2022, to fully-insured commercial accounts with more than 50 members that have coverage for these benefits (pending regulatory approval), as well as offered to all self-funded commercial accounts. Self-insured accounts may also opt to offer this benefit to members.

In addition to the travel benefit, Point32Health is also developing a comprehensive care navigation program aimed at helping its members find access to reproductive health care services, gender affirming surgeries, and support. The program, when developed, will apply across the Company's product lines.

In [this article](#) from Boston nonprofit news organization WBUR, Dr. Claire Levesque, chief medical officer for commercial products at Point32Health — the parent company of Tufts and Harvard Pilgrim — said of our desire to provide equal coverage to members across the country: "It's a very important health equity issue. Vulnerable individuals are caught in this trap right now and have more difficulty finding a way to travel to get the services."

Dr. Levesque added, "I just feel that this is getting in the middle of physician-patient privacy. The physician and the patient should be able to make a private decision about treatment."

Locally governors in Massachusetts, Maine, and Rhode Island have signed executive orders protecting abortion access in their states and putting processes in place to limit actions against health care workers who provide abortion care to out-of-state individuals. On July 8, President Joe Biden signed an executive order aimed at safeguarding access to abortion and contraception, protecting patient privacy, and promoting the safety and security of those seeking and providing abortion services.

In addition, [this letter from the Department of Health and Human Services](#) addresses enforcement of the federal Emergency Medical Treatment and Active Labor Act (EMTALA), which protects health care providers' clinical judgement and the action you take to provide stabilizing medical treatment to your pregnant patients, regardless of the restrictions in the state where you practice.

Members may contact the Member Services team listed on their health plan member ID cards for any questions. Commercial employer groups and brokers should contact their sales executive and/or account manager for additional details on these enhancements. ◆

## No Surprises Act Out-of-Network Provider Payment Disputes

The No Surprises Act provides federal protections for patients by prohibiting surprise billing and balance billing for certain services, particularly in instances when patients have little or no choice when it comes to who provides their care. Out-of-network providers are generally prohibited from balance billing Commercial members for the following services:

- Out-of-network emergency care
- Certain non-emergent services by out-of-network providers during visits to in-network facilities
- Out-of-network air ambulance services

Out-of-network claims that qualify for No Surprises Act protections are priced by Harvard Pilgrim at the Qualified Payment Amount (QPA). Out-of-network providers who disagree with the QPA may initiate a 30-business-day open negotiation process by contacting Zelis, our delegate for pricing out-of-network claims, by calling 888-266-3053 or email [NSA@Zelis.com](mailto:NSA@Zelis.com).

If an agreement cannot be reached through the open negotiation process, the out-of-network provider may request an Independent Dispute Resolution (IDR) through the [CMS website](#) within 4 business days. Visit our [No Surprises Act webpage](#) for more information. ♦

**Botox No Longer Available Through US Bioservices**

We want to update providers on how to obtain Botox as a medical drug for in-office injection, as US Bioservices is no longer available as a specialty pharmacy option.

You should continue to request authorization for Botox through CVS Health-Novologix, which conducts medical necessity review for certain medical drugs on behalf of Harvard Pilgrim. Previously, once an approval was granted, providers could elect to buy and bill the medication or could obtain Botox through our specialty pharmacy program through US Bioservices or Accredo.

While you can still buy and bill Botox, or have it delivered to your office through Accredo via our specialty pharmacy program, US Bioservices no longer dispenses Botox prescriptions.

Please keep in mind that if you have an existing authorization for Botox that extends beyond July 31, 2022 and US Bioservices is currently dispensing the drug to your office, you'll need to contact CVS Health-Novologix on or after August 1 to submit a new authorization request with Accredo as the specialty pharmacy.

<b>What This Change Means — Options for Obtaining Botox</b>	
<b>Existing authorizations</b>	
<i><b>If you currently:</b></i>	
Buy and Bill	No action needed
Receive Botox through Accredo	
Receive Botox through US Bioservices & authorization ends prior to 7/31/2022	
Receive Botox through US Bioservices & authorization continues beyond 8/1/2022	<b>ACTION NEEDED:</b> Contact CVS Health-Novologix to request a new authorization with Accredo as the rendering provider (requests were already submitted to end date any existing authorizations with US Bioservices as rendering provider effective 7/31/2022), or, if you would prefer to Buy and Bill, request a new authorization with your name/organization as the rendering provider.
<b>New authorization for Botox</b>	
Authorization beginning 8/1/2021 or later	Buy and Bill Botox OR OR

	Elect to receive Botox through Accredo via the specialty pharmacy program
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US Bioservices will be notifying members who recently received a Botox prescription administered by a physician by phone call to make them aware of the change. Providers will also receive a written notice.

Harvard Pilgrim maintains a Specialty Pharmacy Medical Drug List of medical drugs available through specialty pharmacies and processed under the medical benefit, as well as the applicable pharmacies. Please refer to the [updated list](#) for more information. ◆

## Prior Authorization for Orthognathic Surgery

Harvard Pilgrim will require prior authorization for orthognathic surgery for Commercial members, effective for dates of service beginning Oct. 1, 2022, and the following InterQual criteria subsets will be used for medical review:

- Bone Augmentation, Mandible
- Bone Augmentation, Maxilla
- Osteotomy, Anterior Segment, Mandible
- Osteotomy, LeFort I
- Osteotomy, Sagittal Split, Mandible Ramus
- Osteotomy, Maxillary Buttress, +/- Mid Palatal Osteotomy
- Osteotomy, Anterior Segment, Maxilla

When submitting authorization requests to InterQual through HPHConnect, electronic authorization questionnaires will guide you through the criteria. You may view and print the applicable SmartSheet questionnaires by navigating to [www.harvardpilgrim.org/providerportal](http://www.harvardpilgrim.org/providerportal) and selecting Resources and then the Upcoming InterQual link.

For more information, including codes for which prior authorization will be required, please refer to Harvard Pilgrim's [Orthognathic Surgery for Severe Oral-Maxillofacial Functional Disorders Medical Policy](#). Codes listed on the policy include — but are not limited to — the following CPT codes, which have been removed from the Gender Affirming Services Medical Policy but will continue to require prior authorization under the Orthognathic policy:

- 21141 – Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft
- 21142 – Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft
- 21143 – Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft
- 21145 – Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
- 21146 – Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)

- 21147 – Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)
- 21188 – Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
- 21230 – Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
- 21244 – Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
- 21245 – Reconstruction of mandible or maxilla, subperiosteal implant; partial ◆

## **Updates to Non-Covered Services Medical Policy**

Harvard Pilgrim is updating our Commercial New Technology Assessment and Non-Covered Services Medical Policy, effective for dates of service beginning Oct. 1, 2022.

As a result, Eversense Continuous Glucose Monitoring System will be removed from the policy and will be open to pay, and the following services/technologies will be added to the policy and will no longer be covered:

- Bioidentical Hormone Replacement Therapy for Menopause (BHRT)
- Diabetes Sentry Nocturnal Hypoglycemia Alarm
- Dual energy x-ray absorptiometry (DEXA), body composition study, one or more sites
- Telcare Glucose Monitor
- The Use of Information Communication Technology (ICT) to Improve Treatment Adherence in Patients with Diabetes
- Whole Body Vibration for Promotion of Bone Growth in Postmenopausal Women
- RosettaGX Reveal (Rosetta Genomics Ltd.)
- Thyroid Hormone Receptor Beta (THRB) Gene Testing

In addition, the CPT codes below will be added to the policy and will be considered experimental/investigational and no longer covered:

- 83037
- 0015M
- 0204U
- 0256U
- 0245U

For more information, please refer to the updated [New Technology Assessment and Non-Covered Services Medical Policy](#). ◆

## Temporomandibular Joint Disorders Medical Policy Updates

Effective for dates of service beginning Oct. 1, 2022, Harvard Pilgrim is updating our Temporomandibular Joint Disorders Medical Policy, which will be renamed Temporomandibular Joint Disorder Treatment Medical Policy and will utilize InterQual criteria for prior authorization review.

With the update, we will adopt the following InterQual subsets:

- Arthroplasty, temporomandibular joint (TMJ)
- Arthroscopy, temporomandibular joint (TMJ)
- Reconstruction, temporomandibular joint (TMJ)

In addition, CPT codes 21010 (Arthrotomy, temporomandibular joint), 21060 (Meniscectomy, partial or complete, temporomandibular joint [separate procedure]), and 21085 (Oral surgical splint) will be removed from the policy and no longer require prior authorization.

The following codes will also be added to the policy and will require prior authorization:

- 21194 – Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
- 21195 – Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
- 21196 – Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
- 21244 – Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
- 21245 – Reconstruction of mandible or maxilla, subperiosteal implant; partial
- 21246 – Reconstruction of mandible or maxilla, subperiosteal implant; complete
- 21247 – Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
- 21248 – Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
- 21249 – Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
- 21255 – Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
- 29800 – Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)

When submitting authorization requests to InterQual through HPHConnect, electronic authorization questionnaires will guide you through the criteria.

For more information, including coverage criteria, exclusions, and coding, please refer to the updated [Temporomandibular Joint Disorders 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). ◆

## Updates Regarding OncoHealth Drugs

Harvard Pilgrim and OncoHealth — our oncology and radiation oncology medical management vendor — have developed medical necessity criteria for the medication Opdualag (HCPCS J9999), which was approved by the FDA in March 2022 for the treatment of metastatic/unresectable melanoma and will require prior authorization for Commercial members.

In addition, we have made some updates to our criteria for the medication Xgeva (HCPCS J0897) for Commercial members, per FDA labeling and guidance from the National Comprehensive Cancer Network. These updates involve administration and monitoring of calcium and vitamin D as needed to treat or prevent hypocalcemia, as well as noting that denosumab/Xgeva may not be administered concurrently with bisphosphonate therapy.

You can review the complete prior authorization criteria for Xgeva and Opdualag for oncology indications on the [Oncology Analytics website](#). To request authorization, contact OncoHealth by fax (800-264-6128), phone (877-222-2021), or online via HPHConnect. ◆

## Update to Commercial Ultomiris Medical Policy

Harvard Pilgrim is updating our Commercial medical policy for the medication Ultomiris (HCPCS J1303) to allow coverage for the treatment of adult patients with generalized myasthenia gravis who are anti-acetylcholine receptor antibody-positive, effective for dates of service beginning Aug. 22, 2022.

To request authorization, please contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882).

For more information, including complete coverage criteria for initial approval and continuation of therapy, as well as FDA-approved maximum dosage and frequency limits, refer to Harvard Pilgrim's Commercial [Ultomiris Medical Policy](#). ◆

## 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, the following:

- 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 to the degree possible ◆

## Language Interpretation Services Reminders

Harvard Pilgrim Health Care knows how important it is for our providers to meet the needs of patients and provide the most culturally appropriate care possible. To that end, we would like to remind you that we have language interpretation services available to aid in the care of your patients. Providers can access our free languages interpretation services in more than 160 languages whenever you need them to support your patients by calling 800-264-1548.

TTY telephone technology is also available for communicating with deaf and hearing-impaired patients. Harvard Pilgrim uses Telecommunications Relay Service (TRS), a public service, for TTY communications. To access TRS, please call 711.

For more information, please refer to the [Member Rights and Responsibilities](#) chapter of the Harvard Pilgrim Health Care *Provider Manual*. ◆

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

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