

## COVID-19 Vaccines and Boosters

Together with you, we want to ensure patients have received their COVID-19 vaccines and boosters. To ensure all eligible individuals are up to date with their vaccine and boosters, the Center for Disease Control and Prevention (CDC) has created the [COVID-19 booster tool](#) and corresponding [COVID-19 Booster Frequently Asked Questions](#) for individuals to confirm whether they are due for a vaccine or booster.

The states in which we do business also have resources for you to share with your patients:

- [Massachusetts](#), including a series of [videos, flyers, and graphics](#) to help build trust in vaccine safety and efficiency
- [Maine](#)
- [Connecticut](#)
- [New Hampshire](#)

For more information on the efforts the Massachusetts Executive Office of Health And Human Services (EOHHS) is taking to ensure the 3.2 million Massachusetts eligible residents receive their first or second booster dose, refer to the Massachusetts [COVID-19 Updates and Information](#) website. ◆

## Promoting the Flu Vaccine

The flu season runs from October through April each year, and given the ongoing COVID pandemic, it's particularly important to emphasize the importance of getting the 2022-2023 flu vaccine to your patients. The Centers for Disease Control and Prevention (CDC) notes that September and October are good times for patients to vaccinate against the flu.

Providers play a vital role in informing patients about protecting themselves against the flu and making healthy decisions about scheduled vaccinations. You are trusted to address widespread disinformation, dispel misconceptions, and engage patients in their health, including vaccination safety and efficacy.

Because members who are eligible for a COVID-19 booster may not be aware that they can receive it at the same time as their flu shot, providers may wish to emphasize the convenience and efficiency of doing so.

The CDC continues to recommend that patients ages six months and older, including pregnant women, receive a flu vaccine every year, with rare exceptions. Flu vaccination provides important protection from influenza and its complications, with the [CDC reporting](#) that in the 2019-2020 flu season alone, the flu vaccine prevented an estimated 7.5 million illnesses, 3.7 million medical visits, 105,000 hospitalizations and 6,300 influenza-related deaths in the United States.

Harvard Pilgrim covers flu vaccines at retail pharmacies for a \$0 cost share for commercial members age 3 years and older. For Medicare Advantage members, flu vaccines are covered at \$0 cost share (billed under Part B) at retail pharmacies or in doctors' offices.

The Centers for Disease Control and Prevention has a robust [Influenza website](#) that provides valuable information about vaccination, infection control, prevention, treatment, and diagnosis of seasonal influenza — including [Information for Health Professionals](#) and [Influenza ACIP Vaccine Recommendations](#) pages. ◆

## Update on Pediatric Infant Formula

Harvard Pilgrim announced in the [June issue](#) of our provider newsletter that we would waive prior authorization for pediatric infant formula until Aug. 18, 2022. Since supply chain issues remain, members may continue to obtain coverage for prescription infant formula, under their medical benefit, at a pharmacy without prior authorization through Oct. 31, 2022. ◆

## Transforming Kidney Health Management

We're pleased to announce that Point32Health, the parent company of Harvard Pilgrim Health Care and Tufts Health Plan, is collaborating with Monogram Health for in-home chronic kidney disease (CKD stages 3b-5) and end-stage renal disease (ESRD) care management services for commercial fully insured members, effective Sept. 1, 2022. Monogram Health is a leading value-based provider of in-home nephrology, primary care, and benefit management services for individuals with CKD and ESRD.

As the management of CKD often results in poor outcomes and high costs, we are collaborating with Monogram to identify and address CKD earlier by leveraging analytics, multidisciplinary medical management, and industry expertise. The program goals include enhancing the member experience, improving health outcomes, and addressing the rising risk associate with this population as well as social determinants of health and health inequities in underserved communities.

To supplement the care provided by the member's nephrologist, Monogram provides high-touch, in-person care through an interdisciplinary care team made up of physicians, advanced practitioners, pharmacists, dietitians, registered nurses, and social workers. Individualized care plans and observations derived from in-home visits will be communicated and shared with the member's providers. Members without a nephrologist will be offered primary nephrology care in addition to care management support.

To learn more about the program, please refer to this [FAQ](#). Monogram Health will also be offering several webinars to provide an overview of the program. To register for an upcoming webinar, click on the date below that works best for you and submit the requested information:

- [Thursday Sept. 8 at 12:30 p.m.](#)
- [Friday Sept. 9 at 9:30 a.m.](#)
- [Thursday Sept. 15 at 12:30 p.m.](#)
- [Wednesday Oct. 5 at 5 p.m.](#)
- [Monday Oct. 24 at 8:30 a.m.](#)

For more information about Monogram Health, visit [www.monogramhealth.com](http://www.monogramhealth.com). If you have questions, contact Monogram Health's Provider Services at 855-529-2778 or [PCPservices@monogramhealth.com](mailto:PCPservices@monogramhealth.com). ◆

## Provider Resources for Suicide Prevention

Primary care offices are most often patients' first stop for any health care needs, and they are a likely setting for identifying individuals at risk of suicide. The [Suicide Prevention Resource Center \(SPRC\)](#) notes that people who die by suicide are more likely to have seen a primary care provider (PCP) in the previous month before their death than any other health care provider.

The SPRC believes PCPs are in the position to implement some of the most effective strategies for suicide prevention, such as:

- Establishing protocols for screening, assessment, intervention, and referral
- Training staff in suicide care such as safety planning and lethal means counseling
- Creating relationships with behavioral health practices for referrals and transmitting patient health information to behavioral health providers to ensure continuity of care
- Following up with at-risk patients by phone between visits
- Providing information to patients on the [National Suicide Prevention Lifeline](#), which patients can access by calling or texting 988, 24 hours a day, 7 days a week. The new 988 three-digit lifeline, which became active across the United States in July, makes it easier for people to access free, confidential mental health crisis services.

## Resources for your practice

The SPRC and other organizations offer many useful resources for providers to access to assist in suicide prevention, including:

- **Suicide Prevention Toolkit** — This [online toolkit](#) aids PCPS in integrating suicide prevention into their practices and includes educational modules, patient management tools, state specific resources, and tips and resources for health care provider self-care.
- **In-person workshops** — in Massachusetts, the [Samaritans](#) not only offers grief support services, suicide prevention and community education to patients (including the Hey Sam texting service for youths that is staffed by callers' peers) but also can support providers by working with your office to schedule trainings and providing information for staff. For more information, visit the Community Education & Outreach [page](#) on Samaritans' website.
- **SAMHSA tools and trainings** — The Substance Abuse and Mental Health Services Administration (SAMHSA) offers [provider tools, training, and assistance](#) on a variety of topics related to suicide, mental health, and substance use disorders.
- **Zero Suicide Toolkit for health systems** — The National Action Alliance for Suicide Prevention, a public-private partnership focused on transforming health care systems to significantly reduce suicide and changing the public conversation around suicide and its prevention, offers a [Zero Suicide Toolkit](#) for health care systems.

At Point32Health, the parent organization of Harvard Pilgrim Health Care and Tufts Health Plan, we are committed to supporting providers in caring for the whole person, which includes mental health as well as physical health. By working together with you, we can make a difference in promoting mental health, reducing the impact of behavioral health conditions, and improving the well-being of our members. ◆

## Migration to 2022 InterQual SmartSheets

As you are likely aware, Harvard Pilgrim utilizes InterQual criteria for clinical authorization review for a number of services/medical policies.

Please note that for the policies listed below, we will be adopting 2022 InterQual SmartSheets to replace the previous versions currently in use:

- Bronchial Thermoplasty Medical Policy
- Endoscopic Sinus Surgeries Medical Policy
- Implantable Neurostimulators Medical Policy
- Obstructive Sleep Apnea Surgeries Medical Policy

- Oral Devices for Obstructive Sleep Apnea Medical Policy
- Positive Airway Pressure Devices for Sleep Apnea Medical Policy
- Bariatric Surgery Medical Policy
- Cholecystectomy Medical Policy
- Hysterectomy Medical Policy
- Osteogenesis Stimulators Medical Policy
- Procedures for the Treatment of Benign Prostatic Hypertrophy Medical Policy
- Varicose Vein Procedures Medical Policy
- Temporomandibular Joint Disorder Treatment Medical Policy
- Cosmetic and Reconstructive Nasal Procedures Medical Policy
- Outpatient Pulmonary Rehabilitation Medical Policy
- Breast Surgeries Medical Policy
- Cosmetic and Reconstructive Skin Procedures Medical Policy
- Gynecomastia Surgery Medical Policy
- Panniculectomy/Removal of Redundant Skin and Subcutaneous Tissue Medical Policy
- Cosmetic and Reconstructive Eye Procedures Medical Policy
- Orthognathic Surgery for Severe Oral-Maxillofacial Functional Disorders Medical Policy

To view the InterQual SmartSheet criteria, please log into [HPHConnect](#). ◆

## **Prior Authorization for UVB Home Units for Skin Disease**

Harvard Pilgrim will require prior authorization for UVB home units for skin disease, effective for dates of service beginning Nov. 1, 2022, for members of our Commercial plans.

We've developed a medical policy for the management of these authorizations, which outlines Harvard Pilgrim's clinical coverage criteria and exclusions.

Coverage of the purchase of a UVB home phototherapy unit may be authorized when the member has a diagnosis of moderate-to-severe psoriasis and a history of frequent psoriasis flares that require home therapy for suppression, or when the member has a diagnosis of severe atopic dermatitis/eczema, has failed first line therapies, and meets all the criteria on the policy specific to that indication. Home UVB treatment may also be considered in cases of chronic idiopathic hand and foot dermatitis refractory of other treatments and causing disability.

The following HCPCS codes related to UVB home units will require prior authorization:

- E0691 – Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less

- E0692 – Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel
- E0693 – Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel
- E0694 – Ultraviolet multidirectional light therapy system in 6-foot cabinet, includes bulbs/lamps, timer and eye protection

For complete information, please refer to Harvard Pilgrim's [UVB Home Units for Skin Disease Medical Policy](#). ◆

## Prior Authorization for Alymsys and Fynetra

Harvard Pilgrim will require prior authorization for the medications Alymsys and Fynetra for members of our Commercial and Stride<sup>SM</sup> (HMO) Medicare Advantage plans, effective for dates of service beginning Oct. 1, 2022.

Alymsys is a biosimilar of the drug Avastin, and Fynetra is a biosimilar of Neulasta. Harvard Pilgrim currently requires prior authorization for Avastin and Neulasta and their other biosimilars for both commercial and Stride<sup>SM</sup> (HMO) Medicare Advantage plans.

Alymsys should be reported using HCPCS code J3490 for non-oncology purposes and using HCPCS code J9999 for oncology purposes.

Fynetra should be reported using J3590 for both oncology and non-oncology purposes.

To request authorization for Alymsys or Fynetra for **non-oncology purposes**:

- For Commercial members, contact CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882) for Commercial members
- For Stride<sup>SM</sup> (HMO) Medicare Advantage members, contact the Medicare Advantage Provider Service Center at 888-609-0692

To request authorization for **oncology purposes** for Commercial or Stride<sup>SM</sup> (HMO) Medicare Advantage members, contact OncoHealth by fax (800-264-6128) or phone (877-222-2021), or online via HPHConnect.

For complete information, refer to Harvard Pilgrim's [Alymsys Medical Policy](#) and the Long-Acting GCSFs policy on [OncoHealth's Harvard Pilgrim Prior Authorization Policies page](#). In addition, [OncoHealth's Harvard Pilgrim Chemotherapy HCPCS J-Codes List](#) will be updated to reflect these prior authorization requirements. ◆

## Cosmetic and Reconstructive Eye Procedures Medical Policy Updates

Harvard Pilgrim has updated our Commercial Cosmetic and Reconstructive Eye Procedures Medical Policy, which has been renamed Blepharoplasty Upper/Lower Eyelid, Brow Ptosis Repair, Upper Eyelid Blepharoptosis Repair Medical Policy.

The policy utilizes InterQual criteria for medical necessity review, and some updates have been made to certain criteria associated with the policy. Among the updates, we will now apply criteria from an additional InterQual Smartsheet: Brow Ptosis Repair and Blepharoplasty, Lower. Harvard Pilgrim has also

removed the eyelid procedure codes 67909, 67911, 67912, 67950, and 67961 from the policy, and they will no longer require prior authorization for coverage.

For more information, refer to the [Blepharoplasty Upper/Lower Eyelid, Brow Ptosis Repair, Upper Eyelid Blepharoptosis Repair Medical Policy](#). ◆

## InterQual Criteria for Vertebroplasty and Kyphoplasty

Harvard Pilgrim requires prior authorization for percutaneous vertebroplasty and kyphoplasty for members of our Commercial plans, and effective Nov. 1, 2022, we're updating the associated medical policy to utilize InterQual for medical necessity review.

The policy will draw upon the following criteria:

- Vertebroplasty (2022)
- Kyphoplasty (2022)

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 logging into [HPHConnect](#) and selecting Resources and then the Upcoming InterQual link.

For more information, please refer to Harvard Pilgrim's [Vertebroplasty and Kyphoplasty Medical Policy](#).

*\* Editor's note: we updated this article to specify that we will apply the new InterQual criteria beginning Nov. 1, 2022.*



## Mohs Micrographic Surgery Medical Policy Update

Harvard Pilgrim Health Care maintains a Commercial policy for the medical management of Mohs micrographic surgery, which is a specialized surgical technique for the thorough removal of complex and ill-defined skin cancers.

We have updated this policy to clarify that the procedure is considered reasonable and medically necessary when performed by a physician (e.g., dermatologist, plastic surgeon) who is certified by the American College of Mohs Surgery and trained in Mohs micrographic surgery techniques and pathological identification.

For complete information, please refer to the updated [Mohs Micrographic Surgery Medical Policy](#). ◆

## New Medical Policy for Breast Pumps

Harvard Pilgrim has developed a new Commercial medical policy related to the coverage of breast pumps, for which prior authorization is not required. The policy outlines dedicated coverage criteria related to the purchase of manual and electric breast pumps, as well as the rental of hospital-grade electric breast pumps.

For more information, including complete coverage criteria and associated coding, please refer to Harvard Pilgrim's new [Breast Pumps Medical Policy](#). ◆

## NIA Code Coverage and Prior Authorization Update

Harvard Pilgrim will now provide coverage, with prior authorization, for the medically necessary use of magnetic resonance spectroscopy (CPT code 76390) for members of our Commercial plans.

Clinical review and prior authorization requests for this service are managed by Harvard Pilgrim's partner, [National Imaging Associates, Inc. \(NIA\)](#).

Our [NIA 2022 Utilization Review Matrix for Commercial Members](#), as well as our Commercial [Radiology Payment Policy](#) and [Non-Covered Services Payment Policy](#), have been updated to reflect this coverage.



## Medicare Advantage: Prior Authorization for Tepezza

Effective for dates of service beginning Nov. 1, 2022, Harvard Pilgrim will require prior authorization for coverage of the medication Tepezza (HCPCS code J3241: Injection teprotumumab-trbw, 10mg) for members of our Stride<sup>SM</sup> (HMO) Medicare Advantage plans.

Tepezza (teprotumumab-trbw) is an insulin-like growth factor-1 receptor inhibitor indicated for the treatment of thyroid eye disease. Harvard Pilgrim's newly developed Stride<sup>SM</sup> (HMO) Medicare Advantage Tepezza Medical Policy outlines the criteria that must be met for prior authorization, which include:

- The member has a documented diagnosis of Thyroid Eye Disease (TED)
- Tepezza is being prescribed by, or in consultation with, an ophthalmologist or endocrinologist
- The member is at least 18 years of age

For complete information, refer to the [new policy](#). ◆

## Help Us Keep Directory Information Up to Date

The Centers for Medicare & Medicaid Services and other regulatory bodies, as well as the [federal No Surprises Act of 2021](#), require health plans to maintain and update data in provider directories — and we rely on providers to review their data and notify us of changes as they happen to ensure that members have access to accurate information. Provider demographic information in our [Provider Directory](#) must reflect accurate data at all times and should mirror the information members may receive directly from the practice or via patient appointment call centers.

On at least a quarterly basis, providers should review and verify the accuracy of their demographic data displayed in our Provider Directory. Any changes to data should be reported via the [CAQH ProView DirectAssure®](#) tool for those who have implemented it. If your practice has not yet implemented CAQH, please submit a Provider Change Form to Harvard Pilgrim's Provider Processing Center by email at [PPC@point32health.org](mailto:PPC@point32health.org) to report changes to demographic data or to your address, panel status (open or closed) for each individual provider, institutional affiliations, phone number, or other practice data.

Consistent with provisions related to the federal No Surprises Act of 2021, failure to review and update demographic information at least quarterly may result in suppression from Harvard Pilgrim's Provider Directory until the information is validated. In addition, if Harvard Pilgrim identifies potentially inaccurate provider information in the directory, we may outreach to your practice to validate or obtain accurate



information. If we are unable to obtain a timely response, the provider's applicable location may be subject to suppression in the directory until up-to-date information is received. In addition, please keep the following in mind:

- **Practice location** — As new providers join your practice, it is important that only practice locations where the provider regularly administers direct patient care are submitted for inclusion in the Harvard Pilgrim provider directory. Locations in which a provider may occasionally render indirect care — such as interpretation of tests or inpatient-only care — should be specified to ensure the location information is included in the provider's demographic profile, but not in the provider directory.
- **Timely notice** — As a reminder, notification of address, acceptance of new patients, provider terminations, and other demographic information changes should be submitted at least 30 days in advance.
- **CAQH information** — For more information about CAQH ProView [DirectAssure](#), including benefits, how the process works, and a demonstration video on how to use it, visit the [DirectAssure](#) page on CAQH's website.

For questions, call the commercial Provider Service Center at 800-708-4414 or the Medicare Advantage Provider Service Center at 888-609-0692. ◆

## Radiology Payment Policy Updates

Harvard Pilgrim is updating our Commercial Radiology Payment Policy, effective for dates of service beginning Nov. 1, 2022, to incorporate the following edits in support of correct coding practices.

CPT codes 76885 and 76886 for infant hip ultrasound will be denied when they are billed with a screening or normal exam diagnosis as the only diagnosis on the claim line. This update aligns with guidance from the American Academy of Pediatrics and the American Academy of Orthopaedic Surgeons, who assert that newborn ultrasound screening for hip dysplasia is not recommended.

In addition, Harvard Pilgrim will deny services in the CPT code range 70450-70553 for MRI and CT scans of the head and neck when they are billed and the only diagnosis on the claim line is benign paroxysmal positional vertigo (BPPV). According to the Academy of Otolaryngology Head and Neck Surgery Foundation and the American Academy of Family Physicians, MRIs and CT scans should not be used in diagnosing BPPV when no other neurological abnormalities are present; this diagnosis should be based on clinical history and physical examination with a positive result on the Dix-Hallpike test or supine roll test.

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