

Fast Facts

JANUARY 2022

News for Providers from HealthPartners
Provider Relations & Network Management

Administrative

Make sure patients can find you

Patients are often seeking to connect with providers. For many, seeing a provider who shares their race, ethnicity or gender is important. This is true for many specialties, but we hear it particularly from those seeking behavioral health providers.

To ensure patients can easily find clinicians in your practice who meet their needs, please update your practice's information in our Provider Data Profile application.

Follow these quick and easy steps:

- Log in at healthpartners.com/provider using your username and password
- Click on **Provider Data Profiles**
- Make updates by clicking on **Edit Practitioner**, including race, country of origin and personal profile

If you need access to the Provider Data Profile application, contact your delegate (located in the help center after you log onto the portal).

No Surprises Act

The No Surprises Act becomes effective January 1, 2022. This law represents a significant change in the way non-contracted and out-of-network providers can bill and be reimbursed by HealthPartners. The Act prohibits balance billing of members by non-contracted and out-of-network providers for the following:

- Out-of-network emergency items and services
- Covered medical items and services (nonemergency) performed by an out-of-network provider at an in-network HealthPartners contracted facility
- Out-of-network air ambulance (rotary and fixed wing) items and services

Find more information at [FAQs on No Surprises](#) on the CMS website.

(path: cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-Part-49.pdf)

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Medical Policy updates – 1/1/2022

MEDICAL AND DURABLE MEDICAL EQUIPMENT (DME) & MEDICAL DENTAL COVERAGE POLICY

Please read this list of new or revised HealthPartners coverage policies. HealthPartners coverage policies and related lists are available online at [healthpartners.com](https://www.healthpartners.com) (path: Provider/Coverage Criteria). Upon request, a paper version of revised and new policies can be mailed to clinic groups whose staff does not have Internet access. Providers may speak with a HealthPartners Medical Director if they have a question about a utilization management decision.

Coverage Policies	Comments / Changes
Genetic testing: prenatal diagnosis (via amniocentesis, CVS or PUBS) and pregnancy loss	<p>Effective immediately, policy has been revised.</p> <p>Three topics are changing from not medically necessary to investigational when coverage criteria are not met:</p> <ul style="list-style-type: none"> • Chromosomal FISH (aneuploidy) analysis; • Chromosomal Microarray Analysis (CMA) for Prenatal Diagnosis; and • Conventional Karyotype Analysis for Prenatal Diagnosis. <p>Coverage criteria remain the same.</p>
Spinal fusion, lumbar	<p>Effective immediately, the following item is deleted from the Indications that are Not Covered section of the policy:</p> <p>Minimally invasive fusion approaches using only indirect visualization (surgeon does not have visualization of the surgical site with the naked eye). This would include endoscopic fusion and percutaneous fusion techniques using video or fluoroscopic imaging alone. An example includes, but is not limited to, Oblique Lateral Lumbar Interbody Fusion (OLLIF).</p>
Genetic testing: metabolic, endocrine, and mitochondrial disorders	<p>Effective: March 1, 2022.</p> <p>Policy revisions will be as follows:</p> <p><u>MTHFR Variant Analysis will no longer require prior authorization.</u></p> <p>Prior authorization is not applicable as MTHFR Variant Analysis is considered investigational/experimental for all indications, including:</p> <ul style="list-style-type: none"> • Evaluation for thrombophilia or recurrent pregnancy loss • Evaluation of at-risk relatives • Drug metabolism (e.g. pharmacogenetics testing)

Coverage Policies	Comments / Changes
<p>Genetic testing: metabolic, endocrine, and mitochondrial disorders - <i>Continued</i></p>	<p><u>Mitochondrial Genome Sequencing, Deletion/Duplication, and/or Nuclear Genes</u></p> <p>New criteria will be added to allow for medical necessity coverage:</p> <ol style="list-style-type: none"> 1. Mitochondrial genome sequencing (81460), deletion/duplication (81465), and/or nuclear genes analysis (81440) to establish or confirm a diagnosis of a primary mitochondrial disorder is considered medically necessary when: <ol style="list-style-type: none"> A. The member has a classic phenotype of one of the maternally inherited syndromes (e.g., Leber hereditary optic neuropathy, mitochondrial encephalomyopathy with lactic acidosis and stroke-like episodes [MELAS], myoclonic epilepsy with ragged red fibers [MERRF], maternally inherited deafness and diabetes [MIDD], neuropathy, ataxia, retinitis pigmentosa [NARP], Kearns-Sayre syndrome/CPEO); or of a nuclear DNA mitochondrial disorder (e.g., mitochondrial neurogastrointestinal encephalopathy [MNGIE]); or B. The member has non-specific clinical features suggestive of a primary mitochondrial disorder and meets all of the following: <ol style="list-style-type: none"> 1. Clinical findings of at least two of the following: <ol style="list-style-type: none"> a) Ptosis b) External ophthalmoplegia c) Proximal myopathy d) Exercise intolerance e) Cardiomyopathy f) Sensorineural deafness g) Optic atrophy h) Pigmentary retinopathy i) Diabetes mellitus and deafness j) Fluctuating encephalopathy k) Seizures l) Dementia m) Migraine n) Stroke-like episodes o) Ataxia p) Spasticity, and 2. Conventional biochemical laboratory studies, including at least: complete blood count, creatine kinase, uric acid, complete metabolic panel, lactate, blood amino acids, and urine organic acids, have been completed and are non-diagnostic, and 3. Additional diagnostic testing indicated by the member's clinical presentation (e.g., fasting blood glucose, electrocardiography, neuroimaging, electromyography, echocardiography, audiology, thyroid testing, electroencephalography, exercise testing) have been completed and are non-diagnostic.

Coverage Policies	Comments / Changes
<p>Genetic testing: hereditary cancer susceptibility – Minnesota Health Care Programs</p>	<p>Effective: March 1, 2022. MHCP Policy revisions will be as follows:</p> <p>Prior authorization will sometimes be required for BRCA1 and BRCA2 testing or hereditary breast cancer susceptibility panels (CPT 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81216, 81432, 81433). There will be a coverage list in order to find out whether prior authorization is required for a specific indication. Prior authorization requirements are based on both the procedure code (CPT) and primary diagnosis code (ICD-10-CM) associated with the genetic testing.</p> <p>Hereditary Breast Cancer Susceptibility Panels will be a new section to the policy, and will have new medical necessity coverage criteria as follows:</p> <p>A hereditary breast cancer susceptibility panel includes genes that are associated with inherited susceptibility to breast cancer.</p> <ol style="list-style-type: none"> 1. Genetic testing using a hereditary breast cancer susceptibility panel (81162, 81163, 81164, 81165, 81166, 81167, 81216, 81432, 81433, 0102U, 0129U) is considered medically necessary when: <ol style="list-style-type: none"> A. The member is 18 years or older, and B. The member meets at least one of the following: <ol style="list-style-type: none"> i. The member has a personal history of any of the following: <ol style="list-style-type: none"> a) Male breast cancer b) Bilateral breast cancer c) Triple-negative breast cancer, or ii. The member is a female who has a personal history of breast cancer, and <ol style="list-style-type: none"> a) Diagnosed \leq 50 years, or b) Diagnosed $>$ 50 years, and <ol style="list-style-type: none"> (a) One or more close relatives with breast cancer $<$50 years, or (b) Two or more close relatives with breast at any age, or (c) An unknown or limited family history, or iii. The member does not meet any of the above criteria, but has one or more first- or second-degree relatives meeting any of the above criteria, and C. The panel includes, at a minimum, sequencing of the following genes: <i>BRCA1</i>, <i>BRCA2</i>, and D. The panel does not include genes without known association with breast cancer by ClinGen. 2. Genetic testing using a STAT hereditary breast cancer panel (81162, 81163, 81164, 81165, 81166, 81167, 81216) is considered medically necessary when: <ol style="list-style-type: none"> A. The member meets one of the above criteria, and B. The member requires a rapid turn-around-time for decision making related to surgical interventions and treatment decisions. 3. Genetic testing using a hereditary breast cancer susceptibility panel (81162, 81163, 81164, 81165, 81166, 81167, 81216, 81432, 81433, 0102U, 0129U) is considered investigational for all other indications. 4. Hereditary breast cancer susceptibility panel targeted mRNA sequencing analysis for the interpretation of variants of unknown significance (0131U), when billed in addition, is considered investigational because it is typically either considered an existing component of the genetic testing process for quality assurance, or follow up testing without proven utility.

Contact the Medical Policy Intake line at **952-883-5724** for specific patient inquiries.

Pharmacy Policy updates

COMMERCIAL UPDATES:

Coverage Policies	Comments / Changes
Reminder: Medical Injectable Site-Of-Care program additions went live 1/1/22	<ul style="list-style-type: none"> Pembrolizumab (Keytruda), nivolumab (Opdivo), and trastuzumab (Herceptin and biosimilars) have been added. Omalizumab (Xolair), romosozumab (Evenity), and tildrakizumab (Ilumya) have been added.
Reminder: Pegfilgrastim (Neulasta and biosimilars) prior authorization addition went live 1/1/22	<ul style="list-style-type: none"> Additional clinical prior authorization (requiring NCCN recommendation of 1 or 2A) requirements have been added.
Reminder: Ustekinumab (Stelara) subcutaneous formulation was added to Self-Administered Drug List on 1/1/22, requiring pharmacy billing	<p>Stelara SQ has been added to the CMS self-administered drug list, as well as HealthPartners' self-administered drug list.</p> <ul style="list-style-type: none"> Stelara coverage will be processed through the pharmacy benefit, and patients will be required to self-inject subcutaneous Stelara. Stelara will continue to require prior authorization for coverage.

[Pharmacy Medical Policies](#) can be found in the medical coverage policy search page, searchable by drug name or billing codes. Policies will be searchable on, or in some cases before, the effective date of January 1, 2022.

(path: healthpartners.com/public/coverage-criteria)

Pharmacy Customer Service is available to providers (physicians and pharmacies) 24 hours per day and 365 days per year.

- Fax - **952-853-8700** or **1-888-883-5434** Telephone - **952-883-5813** or **1-800-492-7259**
- HealthPartners Pharmacy Services, 8170 33rd Avenue South, PO Box 1309, Mpls, MN 55440

HealthPartners Customer Service is available from 8 AM - 6 PM Central Time, Monday through Friday, and 8 AM – 4 PM Saturday. After hours calls are answered by our Pharmacy Benefit Manager.

For additional information, please contact HealthPartnersClinicalPharmacy@HealthPartners.com.

Government Programs

HealthPartners Minnesota Senior Health Options (MSHO) 2022 Supplemental Benefits

The MSHO plan provides comprehensive coverage for seniors covered by Medicare and Medical Assistance. HealthPartners also offers supplemental benefits to MSHO members. These benefits may change each year. Members can contact Member Services with questions about these and other benefits. The Supplemental Benefits for 2022 are as follows:

CARE & SUPPORT

- A tablet with education and wellness tools for members with diabetes, heart disease, cognitive impairment or depression*
- RideCare transportation to/from SilverSneakers® health club, health and weight management classes, Alcoholics Anonymous or Narcotics Anonymous meetings
- Foot care visits
- Independent Living Skills*
- Home delivered meals
- Unlimited visits to virtuwel®, a 24/7 online medical clinic
- An animatronic cat or dog that gives companionship and joy; lowers anxiety and loneliness*

SAFETY & PREVENTION

- Motion sensor night lights (2)
- Pedaler
- Readmission prevention
- In-home bathroom safety devices and installation
- Personal Emergency Response System (PERS)
- First aid kit

DENTAL & VISION

- Adult fluoride
- Periodic exams
- Scaling and root planning
- Periodontal maintenance
- Additional coverage for root canals on molars
- Crowns coverage
- An electric toothbrush
- Eyeglasses tints and coatings

HEALTHY LIVING

- Weight management program
- FarmboxRx fresh produce boxes with nutrition education (delivered up to two times each month)
- SilverSneakers® fitness program
- Healthy aging and cooking classes
- Wearable activity tracker
- Pocket hearing amplifier

FOR MEMBERS WITH A COGNITIVE IMPAIRMENT DIAGNOSIS, LIKE DEMENTIA OR ALZHEIMER'S

- Caregiver support including coaching and counseling through family caregiver services, short-term respite care, psychotherapy and transportation to these services*
- Adult Day Services*

*Available to members with specific diagnoses who meet eligibility criteria.

Enroll with Minnesota Health Care Programs (MHCP)

Contracted HealthPartners network providers must be screened and enrolled with the Minnesota Department of Human Services (DHS) in order to be eligible for reimbursement for services provided to Families and Children, Minnesota Senior Health Plus (MSC+), Minnesota Senior Health Options (MSHO) and Special Needs Basic Care (SNBC) or members. The requirement is part of the 21st Century Cures Act (Cures Act). HealthPartners and other health plans have been actively engaged with DHS regarding the provider enrollment process.

If providers are not enrolled with DHS yet, visit this page to learn more about enrollment on the DHS website: [MHCP Enrollment](#).

Providers or their delegate should register with the Minnesota Provider Screening and Enrollment (MPSE) portal to enroll providers online. The portal also allows providers to manage enrollment records and submit enrollment-related information. Visit the [MPSE Portal](#) page.

(<https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mpse/>)

Use of provider data by third parties

With new regulations regarding Interoperability and the need to have accurate and up-to-date information in directories, some health plans and state health plan exchanges are using third-party vendors for help in keeping their information up to date.

One of the biggest sources used by vendors is from the Centers for Medicaid & Medicare Services (CMS) National Plan & Provider Enumeration System (NPPES) system.

Please take the time to visit the NPPES website and validate the information for providers and verify that your locations are accurate. We want to remind our providers of the importance of reviewing your information on NPPES to ensure its accuracy.

Reviewing your demographic information and Type 1 and Type 2 NPI information can help ensure your information is showing correctly in directories. If there is information on NPPES that is out of date or NPI numbers that are no longer used, the information can be updated or inactivated if needed.

- Review your information on the [NPPES website](#).
- Review the [NPPES FAQs](#), which includes information on how to update information.

If you have questions regarding the content of this newsletter, please contact the person indicated in the article or call your HealthPartners Service Specialist. If you don't have his/her phone number, please call **952-883-5589** or toll-free at **888-638-6648**. This newsletter is available online at healthpartners.com/fastfacts.

Fast Facts Editors: Mary Jones and David Ohmann