

Medical, Durable Medical Equipment (DME) & Medical Dental Coverage Policy Updates 9/15/2013

Please read this list of new or revised HealthPartners coverage policies. HealthPartners coverage policies and related lists are available online at <http://www.healthpartners.com> pathway: 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.

Medical Coverage Policies	Comments / Changes
Cosmetic Surgery	Policy clarified. Labiaplasty is added as an example of a generally non-covered cosmetic service associated with removal of excessive skin. Prior authorization continues to be required for all cosmetic service requests. Effective immediately.
Electric Tumor Treatment Fields (ETTF) to treat glioblastoma, i.e., NovoTTF-100A – DME	New policy, effective immediately. ETTF is covered per the criteria listed in the policy. Prior authorization is not required.
Feeding / Oral Function Therapy, Pediatric	New policy developed to clarify coverage available, effective immediately. Code 92526 (oral function therapy), along with the other codes in the policy will continue to require prior authorization as part of the habilitative or rehabilitative benefits, no changes at this time.
Investigational Services – List of non covered services	This policy has been updated effective 9/15/13, removing the following services: <ul style="list-style-type: none"> • Pharmacogenetic testing services require prior authorization as part of that unique coverage policy. • 0274T Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements requires prior authorization per the Minimally invasive and laser spine procedures policy. Please remember that the services that remain on this policy will deny to either provider or member liability based on use of the GA modifier.
Portable/unattended/home sleep tests	Policy revised, prior authorization will no longer be required when medical coverage criteria are met. Effective immediately.
Radioactive (Y-90) liver tumor embolization	New policy, effective immediately. Radioactive (Y-90) liver tumor embolization (radioactive yttrium 90 (Y-90) microspheres) is covered for liver cancers per the criteria listed in the policy. Prior authorization is not required.
DME Coverage Policies	Comments / Changes
Microprocessor Controlled Knee Prosthesis	New policy, effective immediately. Covered with criteria. Prior authorization is required.
Wearable cardioverter defibrillator and non-wearable automatic external defibrillator	Policy revised to add another criteria for which the wearable cardioverter defibrillator is covered. Effective immediately. Prior authorization is not required for the wearable device. The automatic external defibrillator continues to require prior authorization.

Pharmacy Coverage Policies	Comments / Changes
<p>Radium 223 (Xofigo)</p>	<p>New policy. Requires prior authorization from Pharmacy Administration. http://www.healthpartners.com/public/coverage-criteria/xofigo/</p> <p>Approved when used per FDA labeling in the treatment of patients with</p> <ol style="list-style-type: none"> 1) Castration-resistant prostate cancer, and 2) Symptomatic bone metastases, and 3) No known visceral metastatic disease. <p>Approvals will be given for six injections which is the maximum that will be covered per patient lifetime.</p> <p>Claims received without prior authorization may be denied effective 11/1/13.</p>
<p>Minimum/Maximum Drug Dosage</p>	<p>Reminder that claims may not be paid for quantities outside these limits. http://www.healthpartners.com/public/coverage-criteria/minimum-maximum-drug-dosage/</p> <p>This policy provides information about the minimum and maximum billing units allowed per administration for select medications administered by healthcare professionals. Quantities were determined using package labeling or other published clinical evidence.</p> <p>Claims that do not meet these standards may be denied effective 1/1/13.</p>
<p>Recently FDA-Approved Medications Coverage Policy</p>	<p>Reminder that select new drugs require prior authorization. http://www.healthpartners.com/public/coverage-criteria/fda-approved-medications/</p> <p>Prior authorization from Pharmacy Administration is required for newly approved, professionally-administered specialty medications.</p> <p>A complete and up-to-date list of drugs impacted by the policy is available on healthpartners.com at the following link: http://www.healthpartners.com/ucm/groups/public/@hp/@public/@cc/documents/documents/dev_058782.pdf</p> <p>As drugs are approved for use, Pharmacy Administration will identify impacted drugs. Effective dates of the prior authorization requirement for each drug will be clearly stated. This list of impacted drugs is subject to updates without further notice.</p> <p>Claims received without prior authorization may be denied effective 1/1/12 as this policy was published in November 2011.</p>

Contact the Medical Policy Intake line at 952-883-5724 for specific patient inquiries. For general policy and process questions contact 952-883-6333 or email medicalpolicy@healthpartners.com