

PHARMACY

Prior Authorization Updates

Effective November 1, 2021, the following medications moved from excluded coverage to requiring prior authorization:

- » Excivity
- » Tivdak

Effective January 1, 2022, the following medications will require prior authorization:

- » Adcetris
- » Adynovate
- » Beleodaq
- » Besremi
- » Blincyto
- » Camptosar
- » Coagadex
- » Elitek
- » Ellence
- » Empliciti
- » Folutyn
- » Humate-P
- » Idamycin PFS
- » Idelvion
- » Imlygic
- » Ixempra Kit
- » Jevtana
- » Jivi
- » Khapzory
- » Kyprolis
- » Leukine
- » Mozobil
- » Mylotarg
- » Nuwiq
- » Ozurdex
- » Portrazza
- » Prialt
- » Retisert
- » Scemblix
- » Torisel
- » Totect
- » Tretten
- » Wilate
- » Zaltrap
- » Zevalin Y-90

Effective February 1, 2022, the following medication will move from prior authorization required to excluded:

- » Rituxan

Effective November 1, 2021, the following medication moved from prior authorization required to covered:

- » Fentanyl Citrate Injection

Effective February 1, 2022, the following medication will move from covered to excluded:

- » Triptodur

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MEDICAL MANAGEMENT

Behavioral Health Day Treatment

Effective January 1, 2022, Behavioral Health Day Treatment will require prior authorization. When submitting a request, please use the Pre-Authorization/Prior-Authorization-Behavioral Health form found on our website at [HealthTradition.com/Provider/Provider-Forms](https://www.healthtradition.com/Provider/Provider-Forms).

Genetic Testing

Effective January 1, 2022, the following Genetic Tests will no longer require prior authorization:

- » 81420- Fetal chromosomal aneuploidy (e.g., trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21
- » 81422- Fetal chromosomal microdeletion(s) genomic sequence analysis (e.g., DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood
- » 81507- Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy
- » 81511- Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)

CODE COVERAGE

Multiple Occupational, Physical and Speech Therapy Reimbursement Policy

Health Tradition has adopted the Centers for Medicare and Medicaid Services (CMS) duplicative Practice Expense (PE) guidelines, including the pre-service and post-service activities. The duplicative components include cleaning the room and equipment, education, instruction, counseling, coordinating home care, greeting the patient, providing the gown, obtaining measurements (e.g., range of motion) and post-therapy patient assistance. CMS has established Relative Value Units (RVUs) for each component of a procedure: work expense, practice expense and malpractice expense. The procedure with the highest PE value is reimbursed at the contracted rate.

Effective January 1, 2022, to align with the CMS Multiple Procedure Payment Reduction (MPPR) Policy, Health Tradition will update our reimbursement policy regarding Multiple Occupational, Physical and Speech Therapy procedures when more than one therapy procedure is provided to the same patient on the same day by the same provider. This applies to professional procedure codes identified in the CMS National Physician Fee Schedule (NPFSS) with a Multiple Procedure indicator of 5.

Procedure Codes with Multiple Procedure Indicator "5":

92507, 92508, 92521, 92522, 92523, 92524, 92526, 92597, 92607, 92609, 96125, 97012, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97110, 97112, 97113, 97116, 97124, 97140, 97150, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530, 97533, 97535, 97537, 97542, 97750, 97755, 97760, 97761, 97763, G0281, G0283, G0329

This policy will affect professional claims with a date of service of January 1, 2022, and after.

The reimbursement will be as follows for the second and subsequent therapy procedure codes based on the contracted allowed amount:

- » Therapy Procedure Code with the Highest Practice Expense (PE) Value Payable: 100%
- » Therapy Procedure Code with the Second Highest Practice Expense (PE) Value: 22.95%
- » All other Therapy Procedure Codes: 22.95%

Occupational and Physical Therapy Assistant Reimbursement Policy

Effective January 1, 2022, Health Tradition will follow the Centers for Medicare and Medicaid Services (CMS) final rule requiring modifiers for services performed by Occupational Therapy Assistants (OTA) and Physical Therapy Assistants (PTA) when the care exceeds 10% of the total care provided, or whenever the care is solely performed by an OTA or a PTA.

The ruling identifies modifier CO for services performed by an OTA and modifier CQ for services performed by a PTA. These modifiers are to be included on the claim and when applicable on the same line item where a GO or GP modifier may also be provided. The clinical documentation should indicate the actual time spent by the OTA or PTA. Modifiers CO and CQ will reduce reimbursement by 15% of the contracted allowed amount.

PROVIDER NEWSLETTER NOTICE

Important Update—Action Required

Please be advised Health Tradition will be moving towards an electronic delivery of the provider newsletter. The provider newsletter will no longer be mailed to your physical location. However, the quarterly issues will continue to be accessible on the Health Tradition website and Maddy Portal.

To ensure receipt of future provider newsletters via email, please subscribe by visiting <http://cloud.email.neugenhealth.com/HealthTraditionProviderNews> and following the below steps:

- » Click on the "Subscribe to our Provider Newsletter" button
- » Fill out the form (Note: The asterisk [*] signifies required fields)
- » Click on the Email Opt-in box
- » Click on the Subscribe button to complete

REMINDERS

Vitamin D Assay Testing Policy

On January 1, 2019, Health Tradition implemented a policy which only covers Vitamin D Assay testing for specific diagnoses or in higher risk patients when results are used to institute or monitor more aggressive therapy. Vitamin D Assay testing is not covered for routine health checks, general screenings, or in the absence of specific diagnoses or risk factors. The research available does not support general screening for Vitamin D deficiency at a population level. In addition, the U.S. Preventive Services Task Force (USPSTF) found no studies that evaluated the direct benefit

of screening for Vitamin D deficiency in adults. The Vitamin D Assay Testing Policy is published on Health Tradition's website in the Provider tab under Medical Policies.

The policy outlines the diagnoses/conditions in which Vitamin D Assay testing will be covered. In addition, the policy lists the general utilization parameters for Vitamin D Assay testing. When submitting claims for Vitamin D Assay tests, be sure to list the appropriate ICD-10 diagnosis code along with medical records that reflect the specific reason for the test.

Vitamin D Assay tests done for screening or in the absence of a diagnosis/condition listed in the policy will be denied as not medically appropriate and provider liability for network providers.

PROVIDER RESOURCES

Provider Portal

Maddy Portal

Maddy is your go to for all of your provider health insurance needs. She's our online health portal that gives you access to information about Health Tradition benefits.

With Maddy You Can:

- » Access member eligibility, benefits, claims and authorizations
- » Submit authorization requests
- » Contact customer service
- » and more!

To Sign Up:

- » Visit MaddyPortal.com
- » Select "Provider"
- » Create an account username and password

Questions?

Contact our customer service team at [844.825.9319](tel:844.825.9319).

Provider IVR

The Provider IVR is designed to get you the information you need, when you need it, quickly and easily. You can verify eligibility, benefits, services that require prior authorization and claim status. In addition, you can request a fax back of this information. When you access the IVR you will receive a series of prompts requesting the Member ID Number and Date of Birth. The Provider IVR is available at [844.825.9319](tel:844.825.9319). If you have additional questions, our knowledgeable Customer Service Representatives are ready to assist you.

Provider Page

Under the 'For Providers' section on the Health Tradition website you can find the Provider Manual, which provides

you and your staff with an overview of the Health Tradition plans, processes and procedures. You can also find the latest information on COVID-19 and telehealth coverage, provider forms, services that require prior authorization, and much more! Visit this site today at

HealthTradition.com/Provider.

BUSINESS ADDRESSES

Correspondence Mailing Address:

Health Tradition
P.O. Box 21171
Eagan, MN 55121

Physical Address:

Health Tradition
45 Nob Hill Road
Madison, WI 53713

Claims Mailing Address:

Health Tradition
P.O. Box 21191
Eagan, MN 55121

Health Tradition Health Plan Claim Payor ID#: HLHT

HOURS OF OPERATION

Hours: Monday - Friday: 7:30 a.m. to 5:00 p.m.

Provider Service

Telephone: 844.825.9319 or 608.395.6598

Fax: 608.781.9654

HealthTradition.com

PRIOR AUTHORIZATION

All services that require prior authorization under Health Tradition are located on our website at

HealthTradition.com/Provider/Provider-Forms. You can also locate this information through the Maddy Portal for Providers.

Medical Prior Authorization:

Maddy Portal: MaddyPortal.com

Form: Pre-Authorization/Prior-Authorization Request Form

Fax: 608.781.9654

Urgent Fax: 608.467.4964

Behavioral Health Prior Authorization:

Form: Pre-Authorization/Prior-Authorization - Behavioral Health Form

Fax: 608.467.4964

Oncology Prior Authorization:

Form: Preauthorization/Prior-Auth Oncology Request

Fax: 608.467.5431

HEALTH
TRADITION

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*Sign up to receive this via email at
HealthTradition.com/Provider*

PROVIDER NETWORK CONTACTS

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