Fast Facts

HealthPartners

FEBRUARY SPECIAL EDITION 2023

News for Providers from HealthPartners
Provider Relations & Network Management

Administrative

Drug Formulary updates

COMMERCIAL DRUG FORMULARY

Updates include

- Estrogen/methyltestosterone, from a non-formulary status, to an excluded status. This product has not been found by the FDA to be safe and effective.
- Metformin solution (Riomet), from a non-formulary status, to non-formulary with prior authorization. Preferred alternatives include metformin tablets.
- Brivaracetam (Briviact), from F-PA, to F-PA-QL. A quantity limit has been added.

Please see the formulary for details, at **healthpartners.com/formularies**. Updates will be posted by April 1.

POLICIES AND CONTACT INFORMATION

Quarterly Formulary updates and additional information such as Prior Authorization and Exception Forms, Specialty Pharmacy information, and Pharmacy and Therapeutics Committee policies are available at **healthpartners.com/provider/admin tools/pharmacy policies**, including the **Drug Formularies**.

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**.

INSIDE THIS ISSUE

Medical Policy updates – 02/01/2023

MEDICAL, BEHAVIORAL HEALTH, 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** *(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
Spinal decompression surgeries	• Effective 4/1/2023 ○ Prior authorization is required for initial and repeat/reoperation cervical, thoracic and lumbar spinal decompression surgeries (e.g., laminectomy, laminoplasty, laminotomy, foraminotomy, facetectomy, discectomy, corpectomy, etc.). • Please see the new published policy for coverage criteria details. • Prior authorization requirements do not apply to members of self-insured groups.
Hip and knee joint replacement surgery	• Correction to notice issued on 11/1/2022. Effective immediately, policy revised to indicate for medial or lateral arthroplasty, the MCG Care Guideline, GRG: Musculoskeletal Surgery or Procedure GRG (SG-MS) (General Recovery Care) = will apply. • Please see published policy for details.

Hip and knee joint replacement surgery policy change

EFFECTIVE 1/1/2023

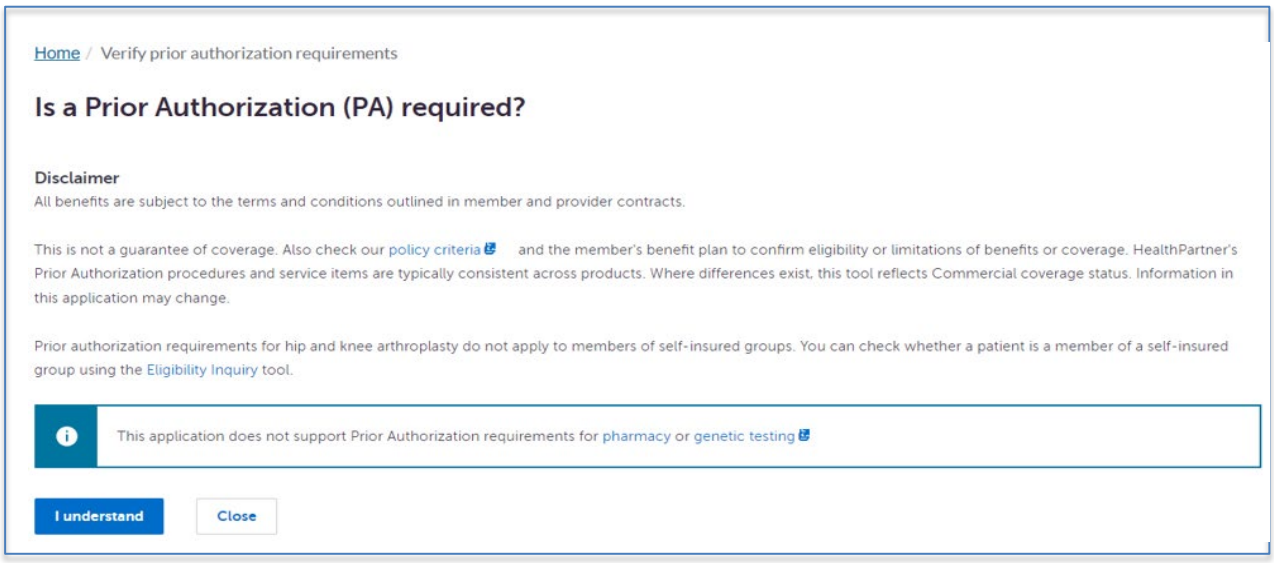
HealthPartners will require provider authorization for hip and knee joint replacement and revision. This policy is applicable to all members who have HealthPartners fully insured coverage, including fully insured commercial members, Minnesota Health Care Programs (Medicaid) members and Medicare Advantage Members. Prior authorization requirements for hip and knee arthroplasty do not apply to self-insured members.

IMPORTANT INFORMATION

- **Prior auth links:** **Prior Authorization Form – Knee** **Prior Authorization Form - Hip**
- Prior authorizations can be submitted online by logging into your HealthPartners Provider Portal account and creating a new **prior auth request**.
- Here is a link to the coverage criteria for hip and knee replacement and revisions: **Hip/knee joint replacement policy**.
- You can check which procedure codes require prior authorization at **healthpartners.com/verifyparequirements** or visit **healthpartners.com/provider-public/**, then click on *Verify PA requirements* in the **Shortcuts** box on the left-hand side of this landing page. This application can be used to determine if any procedure codes require prior authorization, not just hip and knee replacement and revision codes.

FREQUENTLY ASKED QUESTIONS

1. **How are surgeries scheduled prior to announcement of this policy handled?** All hip and knee replacement and revisions surgeries for fully insured members will require prior authorization effective 1/1/2023, even if the surgery was scheduled before this policy was announced. Prior authorizations for these procedures should still be submitted.
2. **Does the surgical practice or hospital submit the prior authorization form?** The surgical practice should submit the prior authorization form. The surgical practice has the clinical information necessary to complete the form.
3. **Are all fully insured members included?** Yes, commercial fully insured members from plans issued MN, ND, SD, IA and WI are included. Government-sponsored plans are also included.
4. **What happens if I submit a prior authorization form for a self-insured member?** You will receive a response from HealthPartners indicating this member does not require a prior authorization for this service.
5. **Why is HealthPartners choosing to prior authorize these procedures?** Hip and knee replacements and revisions are expensive procedures, cost in excess of $23,000, and we need to verify that members meet surgical criteria prior to incurring an expense of this magnitude.



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 Editor: Mary Jones