

## Quality Management

### **MY 2023 HEDIS Medical Record Review**

Aspirus Health Plan's HEDIS Medical Record Review Vendor (Datavant on behalf of Optum) will be contacting clinics in the coming weeks to coordinate medical record review for Aspirus Health Plan members seen at your clinics. As a contracted provider you are obligated to allow Aspirus Health Plan and its vendor to conduct this review. HEDIS measures are nationally used by all accredited health plans. Medical record review is an important component of the HEDIS compliance audit. It ensures that medical record reviews performed by our vendor meet audit standards for sound processes and that abstracted medical data are accurate.

Why is HEDIS important to physicians? HEDIS measures track a health plan's and physician's ability to manage health outcomes. Generally, strong HEDIS performance reflects enhanced quality of care. With proactive population management, physicians can monitor care to improve quality while reducing costs. It's not just about the scores. It's about the woman whose pap smear led to early detection and treatment of her cervical cancer. Or the toddler who didn't get whooping cough because he received the appropriate scheduled immunizations. Or the 65-year-old who kept up with screenings that revealed increased cholesterol. As a result, he received appropriate treatment and potentially avoided another heart attack.

We would appreciate your cooperation with collecting medical record review information at your clinic site(s). We appreciate your clinic's assistance in making this a smooth process.

### **Serving a Culturally and Linguistically Diverse Membership**

Cultural and linguistic competence is the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by their patients/consumers to the health care encounter. Cultural and linguistically appropriate services lead to improved outcomes, efficiency, and satisfaction.

The Wisconsin Department of Health and Human Services offers online learning and resources for the National Cultural Competency and Language Access (CLAS) Standards. For a listing of DHS Resources visit: [Cultural Competency and Language Access | Wisconsin Department of Health Services](#). The CLAS Standards are aimed at health care professionals and organizations to ensure equitable, respectful care is provided to diverse populations.

For more information regarding National CLAS Standards, click on the following link, [Culturally and Linguistically Appropriate Services - Think Cultural Health \(hhs.gov\)](#).

Culture Care Connection is an online learning and resource center, developed by Stratis Health, aimed at supporting health care providers, staff, and administrators in their ongoing efforts to provide culturally-competent care to their patients.

For more information regarding Stratis Health's resource center, click on the following link, <http://www.culturecareconnection.org/>.

### **Mental Health Crisis Line and Medication Resources**

After-hours mental health options are available both locally and nationally for individuals with urgent mental health needs. In Wisconsin, support services for those facing a mental health crisis include the option to call, text, or message online for all types of issues that can cause emotional distress. Local County Crisis Line\* and National Crisis Service\*\* contact information is provided below.

Mental health medication accessibility is taken into account when determining our formulary. There are medications used to treat mental health conditions on our Tier 1 formulary. Medication coverage can be accessed in the electronic medical record (EMR) at point-of-prescribing by accessing the ePrescribing tool within the EMR application. Prescribers can also access Aspirus Health Plan Formularies by logging into the Prescriber Portal with their NPI and State on the Navitus website: [Prescribers \(navitus.com\)](https://www.navitus.com/prescribers).

\*Wisconsin County Crisis Line contact information - <https://www.preventsuicidewi.org/county-crisis-lines>

\*\*National Crisis Service resources are also available 24/7 across the United States by calling or texting to 988 or chat online at 988lifeline.org

# Medical Management

## **Affirmative Statement About Incentives**

Aspirus Health Plan does not specifically reward practitioners or other individuals for issuing denials of coverage or service care. Financial incentives for utilization management decision-makers do not encourage decisions that result in under-utilization. Utilization management decision making is based only on appropriateness of care and service and existence of coverage.

## **Member's Rights and Responsibilities**

Aspirus Health Plan presents the Member Rights & Responsibilities with the expectation that observance of these rights will contribute to high quality patient care and appropriate utilization for the patient, the providers, and Aspirus Health Plan. Aspirus Health Plan further presents these rights in the expectation that they will be supported by our providers on behalf of our members and an integral part of the health care process. It is believed that Aspirus Health Plan has a responsibility to our members. It is in recognition of these beliefs that the following rights are affirmed and presented to Aspirus Health Plan members. (See final page of this Provider Newsletter for a copy of the Statement of Member's Rights & Responsibilities.

## **Out of Network Forms**

Please ensure you are using the most recent version of Aspirus Health Plan Out-of-Network Referral Request Form. This is found on the Provider Resources section. Incomplete/outdated forms may result in a delay in processing the out-of-network request.

## **Prior Authorization Forms**

Please ensure you are using the most recent version of Aspirus Health Plan Prior Authorization Request form(s). These are found on the Medical Policy section of the Aspirus Health Plan website. Incomplete/outdated forms may result in a delay in processing the prior authorization request.

## **Adverse Determination – To Speak to a Physician Reviewer**

Aspirus Health Plan attempts to process all reviews in the most efficient manner. We look to our participating practitioners to supply us with the information required to complete a review in a timely fashion. We then hold ourselves to the timeframes and processes dictated by the circumstances of the case and our regulatory bodies. Practitioners may, at any time, request to speak with a peer reviewer at Aspirus Health Plan regarding the outcome of a review by calling (866) 631-5404, option 4 and the Intake Department will facilitate this request. You or your staff may also make this request of the nurse reviewer with whom you have been communicating about the case and she/he will facilitate this call. If, at any time, we do not meet your expectations and you would like to issue a formal complaint regarding the review process, criteria or any other component of the review, you may do so by calling or writing to our Customer Service Department.

Phone number: (866) 631-5404, Option 4

Address: Aspirus Health Plan, Grievance Department

P.O. Box 1062

Minneapolis, MN 55400

## **MEDICAL POLICY**

Medical Policy documents are available on the Aspirus Health Plan website to members and to providers without prior registration. The most current version of Medical Policy documents are accessible under the [Medical Policy section](#) on the Aspirus Health Plan website (<https://www.aspirushealthplan.com/>). (Click on Providers on the bottom of the page then choose Medical Policies).

If you wish to have paper copies of these documents, or you have questions, please contact the Medical Policy Department telephonically at (763)-847-4477 or 1-800-940-5049 ext. 4477.

## **Prior Authorization List**

- Bariatric Surgery: deleted CPTS 43850, 43855
- Cardiovascular
  - under Left Atrial Appendage Closure (LAAC) deleted CPT 33269

- under Ventricular Assist Device Implantation, deleted CPTs 33990, 33991, 33995
- Cosmetic (potentially) and/or Reconstructive Procedures: under Breast reconstruction, added HCPCS S2066, S2067, S2068
- DMEPOS, Continuous glucose monitor: added CPT 0446T
- Laboratory Testing
  - added CPTs 0388U, 0391U, 0392U, 0396U, 0400U, 0409U, 0411U
  - deleted CPTS 0091U, 0337U, 0338U, 0397U
- Transplantation
  - Blood/bone marrow/ hematopoietic/stem cell deleted CPT 38243
  - Solid Organ added HCPCS S2053, S2054, S2060, S2065, S2102.

### **Durable Medical Equipment, Prosthetics, Orthotics, and Supplies List**

- No revisions

### **Medical Clinical Policies for Medical Necessity Determination**

- New: Skin Tag and Lipoma Removal (MC/G020)
- Revised (substantive clinical revisions)
  - Breast Reconstruction (MC/G004) - II.A. revised from an “and” statement to an “or” statement
  - Breast Reduction and Gynecomastia Surgery (MC/G002) - IV.B.1. revised from an “and” statement to an “or” statement
  - Cardiac Devices & Procedures for Occlusion of Left Atrial Appendage (MC/A008) - Revised to separate out percutaneous approach and indications from open surgical approach
  - Chiropractic Services (MC/N009) - Revised to adopt NCQA-accredited health plan’s guideline for medical necessity review
  - Cryoablation/Cryosurgery for Oncology Indications (MC/I007) - revised under V. D. to reflect updated NCCN guidelines
  - DMEPOS, Continuous Glucose Monitoring Systems for Long-term Use (MC/L008) - I. and II. revised to reflect updated professional societies’ guidelines (AAACE and ADA)
  - DMEPOS, Standing Systems and Gait Trainers (MC/D007) - Revised III.B. to include example of when gait trainers would be appropriate for therapeutic ambulation
  - Fetal Procedures In Utero (MC/G017)
    - revised I.F. to expand a condition and indications for treatment
    - added II. new indications
  - Gender Reassignment, Surgical Treatment for Gender Dysphoria (MC/G019)
    - revised to reorganize the GUIDELINES section
    - revised II.C. and added III. to include additional indications
  - Genetic Testing, Hereditary Cancer Syndromes (MC/L010) - IV.A.1.i.2); IV.B.1.b.6)/2.b.6); and Attachment A addition of BMP1A gene in Gastric Cancer revised to reflect updated NCCN guidelines
  - Hyperbaric Oxygen Therapy (MC/G011) - I.D. revised to reflect an additional indication
  - Intervertebral Disc Prosthesis, Cervical and Lumbar (MC/F022 - I.C.4. revised to reflect additional acceptable imaging findings
  - Molecular Testing, Tumor Neoplasm Biomarkers (MC/L012)
    - III.A. addition of Table 2; III.C addition; and III.F.1.b. addition to reflect updated NCCN guidelines
    - revised III.B. to specify that only the Breast Cancer Index (BCI) test applies to extended adjuvant systemic therapy
    - revised III.C.2. and 4, and III.F.4.c. to reflect NCCN guideline updates
    - revised III.H. coverage statement to align with NCCN’s positions to allow broader molecular testing panels when supported by evidence
  - Neurostimulation, Hypoglossal Nerve (MC/I012)
    - Added I.A. for new FDA-approved indications
    - Revised I.B.1. and I.B.2. due to updated FDA-approved indications
    - Revised I.B.4. to mirror how failure of PAP is defined in the clinical trials that led t the FDA approval

- Nuclear Medicine, Cardiac Positron Emission Tomography, Cardiac PET/ Computed Tomography (MC/L023) - Revised I.A.1. based on newly updated ACR-ACNM-SNMMI-SPR-STR Practice Parameters
  - Obstructive Sleep Apnea, Surgical Treatment in Adults (MC/C007) - revised II.B. to align with how the FDA label defines failure of positive airway pressure (PAP)
  - Occupational Therapy and Physical Therapy (MC/N003) - Deleted the statement regarding written orders; this is not routinely assessed as part of the medical necessity determination
  - Panniculectomy, Excision/Removal of Hanging/Redundant Skin/Tissue (includes lipectomy) (MC/G003)
    - Panniculectomy, Excision/Removal of Hanging/Redundant Skin/Tissue (includes lipectomy) (MC/G003)
    - deleted the lipoma section and is included in the newly created policy for skin tag and lipoma removal
  - Radiation Therapy, Selective Internal Microspheres (MC/L025)
    - V.A. revised to capture the drug class and an additional SSA
    - V.B. revised for clarity
  - Radiation Therapy, Stereotactic Body Radiation Therapy or Stereotactic Radiosurgery (MC/L013) - revised to reflect updated ASTRO policies
  - Scar Revision (MC/G016) - I.C.1. revised from an “and” statement to an “or” statement
  - Speech Therapy (MC/N004) – Deleted statement regarding written orders; this is not routinely assessed as part of the medical necessity determination
  - Total Joint Arthroplasty of Hip or Knee, Elective (MC/F025) - Deleted I.C. and II.C. requirement of nicotine cessation counseling
  - Ventricular Assist Devices (VAD) and Total Artificial Heart (MC/A006) - I.A.3.e. revised to allow for EF of 25%
- Retired: Home Health Services, Private Duty/Extended Hours (MC/N008)

### **Medical Clinical Policies for Coverage Benefit Determination**

- New: New/Emerging Technology/Health Care Services, Omnibus Code List (MP/N003)
- Revised
  - Cosmetic Procedures/Treatments (MP/C002) - deleted artificial iris as an excluded service
  - Coverage Determination Guidelines (MP/C009) - revised statements to further describe the coverage hierarchy
  - Pharmacogenetic / Pharmacogenomic Testing (MP/P013)
    - revised to reflect that CYP2C9 testing investigative
    - revised to include the recently approved Companion Diagnostic tests
  - Prenatal, Preventive Services and Routine Services (MP/P021) - revised to reflect HRSA screening guidelines for diabetes mellitus
  - Special Coverage for COVID-19 Testing After Expiration of the Public Health Emergency (MP/C016) - revised to reflect specific coverage provisions for these services
- Retired: None

### **Medical/Surgical and Behavioral Health Care Services Investigative List**

- Additions
  - Absolute Quantitation of Myocardial Blood Flow (AQMBF) Obtained by Cardiac PET/CT
  - Molecular testing, gene expression profiling of urinary biomarkers in the detection and management of bladder cancer
  - Multiplex autoantigen microarray testing in systemic lupus erythematosus (SLE)
  - Non-pneumatic compression controller with sequential calibrated gradient pressure for treatment of lymphedema
  - Pharmacogenetic, routine testing for DPYD gene mutation prior to initiation of fluoropyrimidine treatment
  - Radiofrequency ablation, posterior nasal nerve for chronic rhinitis (eg, RhinAer stylus)
  - Subacromial balloon spacer in irreparable rotator cuff tears

- Thoracoscopic closure (occlusion) of the left atrial appendage (LAA) as a stand-alone procedure or as an adjunct to thoracoscopic atrial fibrillation ablation
- Whole transcriptome RNA sequencing for oncology indications, except for Pediatric Acute Lymphoblastic Leukemia
- Revisions
  - Molecular testing, circulating tumor cells (CTC)/markers (ctDNA) or cell-free DNA (cfDNA) testing for the detection of/screening for undiagnosed cancer conditions
  - Molecular testing, circulating tumor cells (CTC)/markers (ctDNA) or cell-free DNA (cfDNA) testing in the management of cancer conditions
- Deletions
  - Absolute Quantitation of Myocardial Blood Flow (AQMBF) Obtained by Cardiac PET/CT
  - Continuous glucose monitoring (CGM) systems for long-term use in non-insulin-treated Type 2 diabetes mellitus
  - Continuous glucose monitoring system, implantable interstitial glucose sensor
  - Magnetic sphincter augmentation (MSA) for gastroesophageal reflux disease (GERD)
  - Transurethral waterjet ablation of prostate

Please visit <https://www.aspirushealthplan.com/> for the most current version.

## Pharmacy

Pharmacy Policy documents for coverage of provider-administered drugs are available on the Aspirus Health Plan website to members and to providers without prior registration. The most current version of Pharmacy Policy documents are accessible under the Pharmacy Policies area on the Aspirus Health Plan website (<https://www.aspirushealthplan.com/>). (Click on Providers on the bottom of the page then choose Pharmacy Policies).

If you wish to have paper copies of these documents, or you have questions, please contact the Pharmacy Policy Department telephonically at (763)-847-4477 or 1-800-940-5049 ext. 4477.

Pharmacy criteria documents for coverage of drug requests under the Pharmacy benefit are available at Navitus.com by clicking on Prescriber Portal, then choosing Prior Authorization.

### **Pre-Payment, Post Service Claim Edit Program (PSCE)**

The official PSCE program was terminated effective 1/1/24. All drugs should still be dosed to follow FDA labeling. Anything outside of what is approved by the FDA should be requested through the PA process. The request will be reviewed according to policy, Off-Label Drug Use PP/O002.

### **Prior Authorization List**

Additions (effective 12/22/2023)

- Altuviiiio (antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehtl) J7214
- Briumvi (ublituximab-xiiy) J2329
- Epkinly (epcoritamab-bysp) C9155
- Lamzede (velmanase alfa-tyvc) J0217
- Leqembi (lecanemabirmb) J0174
- Qalsody (tofersen) J1304
- Rezzayo (rezafungin) J0349
- Syfovre (pegcetacoplan) J2781
- Zynyz (retifanlimab-dlwr) J9345

# Complex Case Management

## Our RN Complex Care Coordinators Can Make a Difference for Your Patients

RN Complex Care Coordinators are here to help our mutual customers by:

- Coordinating health care among providers
- Providing education regarding their health care needs, concerns and adherence to treatment plans
- Supporting and advocating for improved health care experiences and outcomes
- Locating available community resources
- Assisting them to become better health care consumers

The RN Complex Care Coordination team are RN's who work one-on-one with your patients, treating each person as an individual with unique needs and challenges. The goal and efforts have been aimed at optimizing connections both within the health care system and community to support the patient, set and work on health-related goals, and make the patient more confident in their ability to achieve their optimal health status.

The RN Complex Care Coordination team is ready to help with your patients. If you have a patient, you feel might benefit from the service, please contact the RN Complex Care Coordination Team at 715-843-1061 or [CDMHRT-AspirusInc-Intake@aspirus.org](mailto:CDMHRT-AspirusInc-Intake@aspirus.org).

## Coding

### ICD-10-CM Coding Reminder

#### **Z79.899 Long-term (current) drug therapy**

Claims reported with diagnosis Z79.899 (Other long term (current) drug therapy) associated with drug testing (CPT® codes 80305 – 80307, 80320 – 80377, HCPCS codes G0480 – G0484 and G0659) will result in the claim being denied for incorrect diagnosis. Resource for this determination is the ICD-10-CM Official Guidelines for Coding and Reporting, Chapter 21: Factors influencing health status and contact with health services (Z00 – Z99) which notes this direction (page 93 of the FY 2024 Guide);

- Codes from this category indicate a patient's continuous use of a prescribed drug (including such things as aspirin therapy) for the long-term treatment of a condition or for prophylactic use. *It is not for use for patients who have addictions to drugs. This subcategory is not for use of medications for detoxification or maintenance programs to prevent withdrawal symptoms in patients with drug dependence (e.g., methadone maintenance for opiate dependence). Assign the appropriate code for the drug use, abuse, or dependence instead.*
- This is not the default diagnosis code for patients taking medication(s) on a long-term basis.
- Clinics and facilities are accountable for knowing appropriate diagnosis coding guidelines.

# Member Rights and Responsibilities

Aspirus Health Plan is committed to maintaining a mutually respectful relationship with you that promotes high-quality, cost-effective health care. The member rights and responsibilities listed below set the framework for cooperation among you, practitioners, and us.

## As our member, you have the following rights and responsibilities:

1. A right to receive information about us, our services, our participating providers and your member rights and responsibilities.
2. A right to be treated with respect and recognition of your dignity and right to privacy.
3. A right to available and accessible services, including emergency services, 24 hours a day, 7 days a week.
4. A right to be informed of your health problems and to receive information regarding treatment alternatives and risks that are sufficient to assure informed choice.
5. A right to participate with providers in making decisions about your health care.
6. A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
7. A right to refuse treatment.
8. A right to privacy of medical and financial records maintained by us and our participating providers in accordance with existing law.
9. A right to voice complaints and/or appeals about our policies and procedures or care provided by participating providers.
10. A right to file a complaint with us and the Wisconsin Office of the Commissioner of Insurance and to initiate a legal proceeding when experiencing a problem with us. For information, contact the Wisconsin Office of the Commissioner of Insurance at 1.800.236.8517 and request information.
11. A right to make recommendations regarding our member rights and responsibilities policies.
12. A responsibility to supply information (to the extent possible) that participating providers need in order to provide care.
13. A responsibility to supply information (to the extent possible) that we require for health plan processes such as enrollment, claims payment and benefit management, and providing access to care.
14. A responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
15. A responsibility to follow plans and instructions for care that you have agreed on with your providers.
16. A responsibility to advise us of any discounts or financial arrangements between you and a provider or manufacturer for health care services that alter the charges you pay.