

# 5 Health Partners Provider Manual KidzPartners Benefit Summary



**Purpose:** This chapter provides a benefit summary for KidzPartners members.

**Topics:** ■ KidzPartners Benefit Summary



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# Overview

This chapter provides an overview of the benefits KidzPartners members are entitled to and guidelines for appropriately utilizing authorizations.

# Summary of Benefits

The following chart is a quick reference that lists many KidzPartners benefits and services. It indicates whether a PCP referral/script is required, and summarizes important guidelines. Additional information about covered and non-covered services follows this chart.

Prior authorization is ALWAYS REQUIRED for out-of-network services, except emergency/urgent care.

**Note:** Generally, DME services or items that are under \$500 per claim line and with specific HCPCS coding (NOT Code E1399) do not need prior authorization.

## KidzPartners Benefits

The following table lists the benefits available to KidzPartners members and any PCP referral/script and/or prior authorization requirements associated with those services.

**Table 1: KidzPartners Benefits**

Benefit/Service	PCP Referral/Script	Prior Authorization
AIDS Waiver Service	No	No
Ambulance (Emergency)	No	No
Ambulance (Non-Emergent): Nonpar or >\$500	No	Yes
Ambulatory Surgery Center/ Short Procedure Unit	No	Yes
Anesthesia	No	No
Assistant Surgeon	No	No
Audiology Services	Yes	No
Autism	Covered under Behavioral Health and administered by CompCare.	
Comprehensive Dental Services	No	No Dental service must meet medical necessity criteria to be covered.
Behavioral Specialist Consultant	Covered under Behavioral Health and administered by CompCare.	Yes
Blood/Blood Product	Yes (Outpatient)	Authorization may be required.

**Table 1: KidzPartners Benefits**

Benefit/Service	PCP Referral/Script	Prior Authorization
Burial	Not covered	
Case Management/MH/MR	No	No
Cleft Palate	Yes	Yes (surgery)
Crowns, Dentures	No	Yes
Diagnostic Radiology	Yes	No
PET Scan/CT/MRI	Yes	Yes
Drug & Alcohol Outpatient Services	Covered under Behavioral Health and administered by CompCare.	Yes
Durable Medical Equipment Purchase > \$500	No	Yes (prescription and letter of medical necessity)
Durable Medical Equipment Rental	No	Yes (prescription and letter of medical necessity)
Preventive Care Screening (excludes treatment)	No	No
Preventive Care Services	No	No
Family Based Therapy	Covered under Behavioral Health and administered by CompCare.	
Family Planning	N/A	No
Healthy Beginnings Plus (HB+)	No	No
Home Health Care	No	Yes (letter of medical necessity and COTT)
Hospice	No	Yes (letter of medical necessity)

**Table 1: KidzPartners Benefits**

Benefit/Service	PCP Referral/Script	Prior Authorization
Intermediate Care Facility, Intermediate Care Facility/Mental Retardation, Ombudsman Resource Center	No	Yes (HP responsible for physical health only)
Inpatient Hospital	Yes	Yes (for elective medical services)
Laboratory	Yes	No (must use capitated lab)
Medical Diagnostics	Yes	No
Medical/Surgical Supplies >\$500	No	Yes (prescription and letter of medical necessity)
Methadone Maintenance	Covered under Behavioral Health and administered by CompCare.	Yes (pregnant members only)
Mobile Therapy	Covered under Behavioral Health and administered by CompCare.	
Newborn Care	No	No
Nuclear Medicine - BC, PC	Yes	No
Nursing Care (County/Private Nursing Facilities)	Yes	<a href="#">Yes</a>
Obstetrical - Outpatient	No	No
Oral Surgery	No	Yes
Orthodontic	No	Yes
Orthotic > \$500	No	Yes
Pediatric Services - Outpatient	No	No
Periodontal Services	No	Yes

**Table 1: KidzPartners Benefits**

Benefit/Service	PCP Referral/Script	Prior Authorization
Pharmaceutical	Prescription	Yes (if not on formulary or designated as subject to prior auth)
Physical/Occupational/ Speech Therapy - In Home	No	Yes
Physical/Occupational/ Speech Therapy - Inpatient (non-rehab)	No	Yes
Physical/Occupational/ Speech Therapy - Inpatient (rehab unit/ facility)	No	Yes
Physical/Occupational/ Speech Therapy - Outpatient	No	Yes
Prosthetic Device > \$500	No	Yes (prescription and letter of medical necessity)
Prosthetic Professional	No	No (must meet basic medical necessity criteria)
Psychiatric	Covered under Behavioral Health and administered by CompCare.	Yes
Psychiatric Partial Hospitalization	Covered under Behavioral Health and administered by CompCare.	Yes
Radiation Therapy	Yes	No
Renal Dialysis	No	No
Sign Language Interpretation	No	No
Specially Adapted DME	No	Yes (prescription and letter of medical necessity)

**Table 1: KidzPartners Benefits**

Benefit/Service	PCP Referral/Script	Prior Authorization
Elective Inpatient Surgical Care	Yes	Yes
Outpatient Surgery/ Special Procedures	Yes	Yes

## KidzPartners Benefits During and After Pregnancy

This is a covered benefit and there are no limits to visits during the pregnancy.

## Copays for KidzPartners Members

KidzPartners members may be responsible for copayments. This information is distributed to members through their Member Handbooks and on KidzPartners' website, <http://www.KidzPartners.com> and is printed on the Member ID card.

## Covered Services

The following section provides an overview of the services covered by KidzPartners. However, member benefits may vary and this section does not address specific benefit packages available to KidzPartners members. If a conflict exists between this document and the member's benefit package, the benefit package takes precedence.

### Abortion Services

Abortion services are covered if the physician has determined, within the physician's best clinical judgment, as required by 18 PA. C.S. §3204, that the abortion is medically necessary to save the life of the mother. This information must be clearly documented in the members medical record.

### Allergy Testing and Treatment

The Primary Care Provider (PCP) is responsible for coordinating the treatment of allergies.

A referral/script may be issued to a participating KidzPartners allergist. The allergist must treat members within the scope of the referral/script requests only. The PCP and the allergist should agree upon a treatment plan and determine a schedule for patient visits to the allergist.

Once a desensitization program is initiated, the patient must return to the PCP for ongoing implementation of the treatment. In high-risk circumstances, by mutual agreement of the PCP and the allergist, the allergist may carry out the treatment plan.

In maintenance therapy situations that are carried out in the PCP's office, the allergist should provide at least a six-month supply of serum. When a new bottle of serum extract is initiated, the allergist may administer the first injection with a single additional referral/script from the PCP. Allergist should use Procedure Code 95136 for preparation of serum (12-15 doses) or Procedure Code 95137 for preparation of serum (30-40 doses).

Allergy RAST testing is covered only when performed by the participating lab to which the member is capitated.

## Ambulance

KidzPartners covers all emergency ambulance services with qualified transport services. All non-emergent transportation service must be provided by a KidzPartners-approved transportation service. Services \$500 and over must be prior authorized. All non-emergent services provided by non-participating transportation vendors will not be reimbursed without prior authorization from KidzPartners. For more information, see Transportation (Non-Emergent) on page 5-24.

## Ambulatory Surgical Center/Short Procedure Unit

For a procedure to be considered an Ambulatory Surgical or Short Procedure Unit (SPU) procedure, the care must involve all of the following services: (1) an operating room procedure; (2) general, regional or MAC (Monitored Anesthesia, Conscious) anesthesia; and (3) recovery room services. The procedure must be performed in connection with covered services which have been referred by the PCP to the physician performing the procedure. Claims for Ambulatory Surgery and SPU procedures must be billed using the appropriate national standard for billing code type, revenue codes, and procedures for all three services. All other procedures will be considered Outpatient Services. Prior authorization is required.

## Chemotherapy

Chemotherapy treatment is a covered benefit for KidzPartners members. Prior authorization is required if the chemotherapy is to be provided in an inpatient setting. If provided in an outpatient setting, no prior authorization or referral is needed. Once authorized, there is no limit to this benefit.

## Chiropractic Care

Services of a state-licensed chiropractor are covered only to provide treatment for manual manipulation of the spine to correct a subluxation demonstrated by x-rays. No authorization or referral/script is required when services are rendered by a participating physician.

## Dental

KidzPartners contracts with a dental benefits administrator/subcontractor; currently Doral Dental. All members are offered dental services effective the first day of eligibility as KidzPartners members. Certain services, including all SPU services, require prior authorization by the dental benefits subcontractor. All dental procedure(s) that require hospitalization must be prior authorized by KidzPartners' Inpatient Services department. Appropriate documentation must be provided when requesting prior authorization.

Members can receive dental services from a participating primary care dentist without a referral/script. All they have to do is choose a dentist from the list of dentists in the KidzPartners Provider Directory. The primary care dentist will coordinate member referrals to periodontists and other dental specialists according to the policies defined by the dental subcontractor and approved by KidzPartners.

## Diabetes Self-Management Training and Education

Outpatient Diabetes Self-Management Training and Education services furnished to an individual with diabetes are covered by KidzPartners when performed by a provider with Outpatient Diabetes Education Program recognition from the American Diabetes Association. For more information or for help finding a participating provider, the member or PCP should call the Provider Services Helpline or members can call the Member Relations department to self-refer (see Table 1: Service Department Contact Information on page 1-13).

## Diabetes Self-Management Supplies

Formulary diabetic test strips, lancets, glucose meters, syringes, and alcohol swabs are covered under the pharmacy benefit. These supplies can be obtained from any KidzPartners participating pharmacy with a prescription.

## Dialysis

Hemodialysis and peritoneal dialysis are covered benefits. Members requiring these services should be directed to a participating specialist. Most dialysis patients are eligible for Medicare benefits. In this case, KidzPartners becomes secondary insurance. Dialysis services do not need prior authorization or referral/script.

Please remember to submit a 2728-U form for members with end-stage renal disease (ERSD). If a 2728-U form is not filed, KidzPartners' Enrollment department will contact the dialysis center and request a copy.

## Durable Medical Equipment (DME)

Durable Medical Equipment is covered, so long as the provider directs patients to a KidzPartners participating DME vendor.

Key points to remember when prescribing DME items for KidzPartners members:

- All purchased DME items and outpatient services less than \$500 per claim line DO NOT require prior authorization from KidzPartners.
- All DME rentals require prior authorization, regardless of reimbursement value.
- If any portion of a purchased customized DME device has a reimbursement value greater than \$500, an authorization is required for the entire DME device.
- All special items which do not have their own HCPCS code (such as E1399) require prior authorization, regardless of reimbursement value.
- Authorizations are based on benefit coverage/medical necessity.

If you have questions, please call the KidzPartners Outpatient Services department during regular business hours. Providers who need help with urgent issues after business hours (about DME or such other outpatient services as discharge planning placements, home care, and transportation) can also call Outpatient Services (see Table 1: Service Department Contact Information on page 1-13) and leave a message, which will be forwarded to an on-call nurse case manager.

## Emergency Care

Emergency care in emergency rooms and emergency admissions are covered in full by Health Partners for both participating and non-participating facilities, with no distinction for in or out -of-area services. Member is not responsible for any payments.

Non-par follow-up specialty care for an emergency is covered by Health Partners, but Health Partners staff will outreach to the member to appropriately arrange for services to be provided in-network, whenever possible. Member is not responsible for any payments.

## Emergency Services (Act 68)

Members are instructed to go to the nearest ER or call 911 for emergency care. An emergency medical condition is defined by the Commonwealth's Department of Welfare as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention could reasonably be expected to result in:

- placing the health of the individual or, in respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy
- serious impairment to bodily function
- serious dysfunction of any bodily organ or part. Members are required to call their PCP as soon as possible after receiving emergency care, and to arrange follow-up care through their PCP.

Transportation and related emergency services provided by a licensed ambulance service shall constitute an emergency service if the condition is as described above.

## **Family Planning**

Family planning counseling services are covered by our Plan. If the PCP does not perform these services, he/she should refer the member to an obstetrician/gynecologist or a Family Planning Council site. Members also have the option to self-refer to the Family Planning Council. Members are not required to obtain family planning services from an in-plan provider. For further information, providers can call (on behalf of their members) Health Partners Member Relations (see Table 1: Service Department Contact Information on page 1-13).

## **Fitness Program**

Members are eligible to enroll once a year in any of KidzPartners' participating fitness centers, and can self-refer to these programs. For further information and direction, members should call the Member Relations Helpline (see Table 1: Service Department Contact Information on page 1-13).

## **Foot Care**

Medical and/or surgical treatment of conditions of the feet, such as, but not limited to, bunions, ingrown toenails, plantar warts and hammertoes, are covered. Treatment of corns, calluses, nails of feet, flat feet, fallen arches, chronic foot strain or symptomatic complaints of the feet, are not covered unless associated with disease affecting the lower limbs which requires the care of a podiatrist or a physician. Referral/script is required, but no prior authorization is needed.

## Gynecological and/or Obstetric Examinations

The PCP may perform routine gynecological exams and/or make referrals to gynecologists as appropriate. Members may also self-refer for any routine gynecological and/or OB services.

Providers are encouraged to notify Health Partners as soon as a pregnant member is identified. Providers can simply fax (215-967-4492) or mail the initial perinatal assessment form, or call the Baby Partners to advise us of a pregnant member and/or members who are at risk of poor birth outcomes during business hours or our 24-hour Member Relations line to arrange to have their care coordinated by Health Partners' care management team (see Table 1: Service Department Contact Information on page 1-13).

## Hearing Examinations

Audiometry/tympanometry is covered for children up to age 19.

## Home Health Care

Home Care services are covered when medically necessary for up to 60 visits per year. KidzPartners can facilitate the following care in the home when medically necessary: registered nurse, physical therapy, occupational therapy, speech therapy, and medical social worker intermittent visits. Prior authorization is required for all home health services except the initial evaluation. Parenteral and enteral nutrition, respiratory therapy, and IV antibiotic therapy are also covered home care benefits if they have been authorized prior to the care.

Two maternity home health care visits can be provided within 48 hours of discharge from a facility after 48 hours of inpatient care for normal delivery and 96 hours of inpatient care for cesarean delivery.

## Hospice Care

KidzPartners will refer members to a participating hospice if they wish to elect hospice coverage. Members may remain enrolled in KidzPartners even though they have elected hospice coverage. Members may continue to receive care unrelated to the terminal condition through KidzPartners and may also use a KidzPartners participating physician as their hospice attending physician. KidzPartners will cover hospice services when:

- A doctor certifies that the patient is terminally ill and is expected to live six (6) months or less, and
- A patient chooses to receive palliative care only instead of therapeutic care for the terminal illness, and
- Care is provided by a KidzPartners participating hospice program.

The hospice benefit is in-home palliative and supportive medical, nursing and other health care services which are designed to meet the special physical, psychological, spiritual and social needs of dying members and their families (spouse and children, siblings of a terminally ill child, and other persons involved in caring for the individual).

When hospice services in home are not able to be maintained due to lack of social support or symptom management, an inpatient setting may be indicated and would require prior authorization (see Table 1: Service Department Contact Information on page 1-13).

Coverage includes:

- Physician and nursing services
- Medications including outpatient prescription drugs for pain relief and symptom management

- Physical, occupational and speech therapy
- Medical social services and counseling to beneficiary and family members
- Short-term inpatient care (for under 21), including respite care (a short stay intended to give temporary relief-up to five days in a row-to the person who regularly assists with home care) is covered while in hospice program.

## Hospital Services

Members are entitled to a maximum of ninety (90) days per year for hospital services (medical and mental health, combined), when obtained at a KidzPartners participating hospital, when those services can only be provided in an inpatient hospital setting. All medical hospital admissions, including those admitted through the emergency room, as well as elective admissions, must be called in to Health Partners' Inpatient Services department for authorization within two business days. Transfers to non-participating facilities require prior authorization before transfer occurs. Prior authorization is needed, except in the following instances:

- medical emergency
- urgently needed services obtained outside of the service area
- when KidzPartners approves, in advance, a stay in a hospital that does not participate with KidzPartners.

After the effective date of coverage, medically necessary care will be provided until discharge including room, meals and general nursing care in a semi-private room (unless other accommodations are medically necessary)

- Physician services
- Special care units such as intensive care or coronary care units
- Special diets, when medically necessary
- Blood transfusions and their administration
- X-ray, laboratory and other diagnostic tests
- Services and supplies furnished by the hospital for inpatient medical and surgical treatment
- Operating and recovery room
- Oxygen, medication and anesthesia
- Use of durable medical equipment such as wheelchairs
- Rehabilitation services such as physical therapy, occupational therapy and speech pathology
- Inhalation therapy, chemotherapy, and radiation therapy
- Kidney, heart, heart/lung, lung, liver, bone marrow and cornea transplants for approved indications in Medicare-certified transplant facilities or transplant facilities approved by KidzPartners
- Maintenance dialysis in an approved renal dialysis facility or hospital

All hospitals that are contracted on a DRG basis must also notify Inpatient Services with an admission review within two business days. Using Interqual® criteria, the admission is approved (if it meets criteria) at the DRG rate for that facility. It is the responsibility of the hospital's case management department to contact Health Partners' Inpatient Services department with discharge dates and disposition of the patient. If the date of the admission or procedure changes, then Health Partners will need to be notified so that the authorization can match the incoming claim.

For those hospitals contracted for per-diem reimbursement, the Inpatient Services department performs daily reviews. If the chart is unavailable for Inpatient Services to conduct a review, then the KidzPartners Inpatient Services case manager must be notified and a retrospective review of that day will be conducted the next business day. If a review cannot be obtained at this point, then the day will be denied based on untimely review.

Medical necessity for acute care hospitals is determined by application of Interqual® criteria. KidzPartners does not reimburse acute care hospitals for services that do not require acute hospital levels of care. If the Inpatient Services department decision denies acute hospital levels of care, a written notice of denial is issued to the hospital. The notice includes instructions for pursuing an appeal of this determination. A facility that has been denied services should submit a letter of appeal and a copy of the medical chart within 30 calendar days to Health Partners' Inpatient Services department, Attn: Appeals Coordinator, 901 Market Street, Suite 500, Philadelphia, PA 19107.

The admitting physician may request an expedited appeal with the Medical Director. Physician-to-physician discussion is always available during the review process by calling **215-967-4570**.

The PCP (or the covering hospital physician or hospitalist) should make rounds on admitted patients regularly regardless of the provider admitting the patient. Health Partners will look to the PCP for assistance in ensuring appropriate utilization of hospital services.

In the event of a serious or life-threatening emergency, the member should be directed to the nearest emergency facility.

## Immunization

All child immunizations are a covered benefit under the KidzPartners Preventive/Well-Child Care benefit.

## Injectables

Certain injectables, such as oncology products and/or home infusion/IV formulations, are covered as a medical benefit.

For injectables covered under the pharmacy benefit, please see information about our Specialty Medication Program located in the Pharmacy entry in this section.

## Laboratory

Outpatient laboratory services are provided through LabCorp, Inc. Locations of participating labs can be found online via PROVIDER Plus+ (<http://www.KidzPartners.com>). Physicians must complete the LabCorp requisition form. Stat lab work may be ordered from a KidzPartners participating hospital lab with a script. Laboratories must be CLIA-approved.

## Mammograms

Screening mammographic examinations are covered annually. Members may self refer for mammograms to any participating site that provides this screening. No referral/script or authorization is needed if the provider is in the KidzPartners network.

## Medical Supplies

Perishable but medically necessary items that are used to treat injuries (including anklets, bandages, soft cervical collars, casts, cartilage knee braces, clavicle straps, wrist splints wrist/forearm splints, cock-up splints, elastic bandages, nasal splints, slings, finger splints, cold/hot packs, and straps for tennis elbow) and that have valid codes do not require prior authorization from Outpatient Services if items are less than \$500 per claim line.

## Medical Visits

Outpatient medical visits performed in a physician's office, hospital, skilled nursing facility or at home, by a KidzPartners participating physician/provider, are covered. A PCP referral/script is needed for specialist visits.

## Mental Health and Substance Abuse Treatment

Mental Health and Substance abuse services are provided through a subcontractor, CompCare. All services other than emergency must be prior authorized by CompCare. Members should call **877-710-8222** to obtain mental health or substance abuse services.

Inpatient mental health services are limited to 90 days per year combined with acute medical hospitalization. One inpatient day may be exchanged for two days of partial hospitalization. Outpatient Mental Health Services are limited to 50 visits per year.

Drug and Alcohol Abuse Treatment benefits include: inpatient services limited to seven (7) days per admission, Non-Hospital Residential Treatment, limited to ninety (90) days per year and up to 90 separate sessions of Outpatient Services. All Drug and Alcohol Abuse treatment must be authorized by CompCare.

## Nebulizer Treatment

PCPs are reimbursed for nebulizer treatments performed in their offices.

## Newborn Care

Newborns are covered under the mother's insurance for the first 31 days. Services include, but are not limited to, routine nursery care, prematurity services, newborn hearing screens, preventive/well-child healthcare services and coverage for injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

## Pharmacy

The KidzPartners drug benefit has been developed to cover medically necessary prescription products for self-administration in an outpatient setting. The KidzPartners formulary and prior authorization processes are key components of the benefit design. Health Partners, through its Pharmacy Department, provides prescription benefits for our members with the use of a closed formulary. The KidzPartners Formulary covers many generic drugs, whether listed or not, with exceptions for DESI (Drug Efficacy Study Implementation) drugs, medications used for weight gain or loss (except for drug products being used to treat AIDS wasting and cachexia), and agents used for cosmetic purposes. Generic drugs must be prescribed and dispensed when an A-rated generic drug is available.

The drugs listed in the KidzPartners Formulary are intended to provide broad options to treat the majority of patients who require drug therapy in an ambulatory setting. The medications included in the formulary are reviewed and approved by the KidzPartners Pharmacy and Therapeutics Committee, which includes practicing physicians and pharmacists from the KidzPartners provider community. The goal of the formulary is to provide safe and cost-effective pharmacotherapy based on prospective, concurrent, and retrospective review of medication therapies and utilization. The formulary is posted on our website at [http://www.healthpart.com/provider\\_formulary.asp](http://www.healthpart.com/provider_formulary.asp).

For additional printed copies, please call the Provider Services Helpline (see Table 1: Service Department Contact Information on page 1-13)

## ***KidzPartners Pharmacy Benefit Design***

A maximum of a 30-day supply of medication is eligible for coverage in an outpatient setting. Refills can be obtained when 75% of utilization has occurred. The prescriber is urged to prescribe in amounts that adhere to FDA guidelines and accepted standards of care.

### ■ Pharmacy Benefit Limits

Limitations to the KidzPartners pharmacy benefit include:

- no prescription limits for any group
- Over the Counter (OTC) medications are not covered under the benefit unless specifically stated in the formulary
- all groups have the same formulary and benefit design, but may differ in copayment amounts
- copayments do not apply to Specialty medications, diabetic supplies including test strips, glucose meters and lancets
- diabetic supplies including test strips, glucose meters, lancets, syringes and insulin are covered and processed under the pharmacy benefit according to the formulary
- specialty medications are covered and processed under the pharmacy benefit with prior authorization, if applicable. The specialty vendor will be utilized for these services unless prior approval has been provided by the pharmacy department
- members 18 years of age and younger are qualified for the KidzPartners pharmacy benefit

### ■ Pharmacy Copay Design

Copayments for pharmacy benefits vary depending upon the level of coverage the member has. This design is:

- No Cost Group - no prescription copayments
- Low Cost Group - copayments include
  - \$6.00, generics
  - \$9.00, brand
- Full Cost Group - copayments include
  - \$10.00, generics
  - \$18.00, brand

The formulary covers preferred, medically necessary prescription products. Certain listed formulary drugs such as aspirin and acetaminophen are covered with a doctor's prescription. Blood glucose test strips, alcohol swabs, syringes and lancets (along with one blood glucose monitor per year) are only covered through the pharmacy benefit with a prescription. The preferred diabetic supplies are Bayer Healthcare.

## ***Pharmacy Prior Authorization***

There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through Prior Authorization/Medical Exception.

To ensure that select medications are utilized appropriately, prior authorization may be required for the dispensing of specific products. These medications may require authorization for the following reasons:

- Non-formulary medications, or benefit exceptions requested for medical necessity
- Medications and/or treatments under clinical investigation
- Duplication of Therapy Edits will be hard coded to assure appropriate utilization of multiple drugs within the same therapeutic categories (e.g., duplication of two SSRIs).
- All brand name medications when there is an A-rated generic equivalent available
- Prescriptions that exceed set plan limits (days supply, quantity, refill too soon, and cost)
- New-to-market products prior to review by the P&T Committee
- Orphan Drugs/Experimental Medications
- Selected injectable and oral medications
- Specialty medications
- Drugs that exceed \$1,000 in cost per prescription

To request a prior authorization the physician or a member of his/her staff should contact Health Partners. All non-emergency requests can be faxed (866-609-9449) 24 hours per day; calls should be placed from 9:00 A.M. to 5:00 P.M., Monday through Friday. In the event of an immediate need after business hours, the call should be made to KidzPartners' Member Relations Helpline (see Table 1: KidzPartners Benefits on page 5-6). The call will be evaluated and routed to a clinical pharmacist on-call (24/7).

The physician may use the Prior Authorization/Medical Exception form or a letter of request, but must include the following information for quick and appropriate review to take place:

- Specific reason for request
- Name and recipient number of member
- Date of Birth of member
- Physician's name, license number, and specialty
- Physician's phone and fax numbers
- Name of primary care physician if different
- Drug name, strength, and quantity of medication
- Days supply (duration of therapy) and number of refills
- Route of administration
- Diagnosis

- Formulary medications used, duration and therapy result
- Additional clinical information that may contribute to the review decision

Copy-ready prior authorization forms are included in the Appendix of this manual. All prior authorization forms are also available on the Health Partners website at <http://www.healthpart.com>.

Upon receiving the Prior Authorization Medical Exception Request from the prescriber, Health Partners will render a decision within 24 hours. Approval or denial letters are mailed to the member or parent/guardian, in the case of a child. A copy of the member denial letter will also be mailed or faxed to the prescribing physician. At anytime during normal business hours, the prescribing physician can discuss the denial with a clinical pharmacist or can have a peer to peer discussion with the medical director by calling the pharmacy department.

Whenever the Health Partners Pharmacy department is unavailable for consultation or prior authorization for a new medication, an automated five (5) day supply of medication (if FDA approved) can be dispensed at the point of sale by the discretion of the dispensing pharmacist. In the case of a refill for a medication used continuously without a break of more than 30 days, or a PRN medication used without a break of more than six months, a 15-day supply can be dispensed. Prior to dispensing of medication, the pharmacy must confirm member eligibility.

If a member presents at a pharmacy a prescription which requires prior authorization, whether for a non-formulary drug or otherwise, and if the prior authorization cannot be processed immediately, KidzPartners will allow the pharmacy to dispense an interim supply of the prescription under the following circumstances:

- If the recipient is in immediate need of the medication in the professional judgment of the pharmacist and if the prescription is for a new medication (one that the recipient has not taken before or that is taken for an acute condition), Health Partners will allow the pharmacy to dispense a 5-day supply of the medication to afford the recipient or pharmacy the opportunity to initiate the request for prior authorization.
- If the prescription is for an ongoing medication (one that is continuously prescribed for the treatment of an illness or condition that is chronic in nature in which there has not been a break in treatment for greater than 30 Days), Health Partners will allow the pharmacy to dispense a 15-day supply of the medication automatically, unless Health Partners mailed to the member, with a copy to the prescriber, an advanced written notice of the reduction or termination of the medication at least 10 days prior to the end of the period for which the medication was previously authorized.

Health Partners will respond to the request for prior authorization within 24 hours from when the request was received. If the prior authorization is denied, the recipient is entitled to appeal the decision through several avenues. The 5-day or 15-day requirement does not apply when the pharmacist determines that taking the medication, either alone or along with other medication that the recipient may be taking, would jeopardize the health and safety of the recipient.

The goal of the drug benefit program is to provide safe and cost-effective pharmacotherapy to our members.

### ***Specialty Medication Program***

Health Partners supports appropriate use of specialty medications (high end injectables and oral medications) and has established procedures for prescribing and suppliers. Under the direction of the KidzPartners Pharmacy department, the physician provider has the primary responsibility for obtaining prior authorization for medications included in this program. The prescribing physician will need to send the completed medical request with all pertinent lab information to the Health Partners Pharmacy department (see Table 1: Service Department Contact Information on page 1-13). Providers that are contracted to provide medications in the office and who carry the medication for patient administration can submit claims for payment without prior authorization.

In addition, the prescriber can always call Health Partners' Pharmacy department for assistance with the prior authorization on specialty medications.

Copy-ready Specialty Medication prior authorization forms are included in the Appendix of this manual. All prior authorization forms are also available at <http://www.healthpart.com>.

Medications that can be obtained through the retail pharmacy benefit without prior authorization may include, but are not limited to, the following:

- Diphenhydramine
- Imitrex
- Insulin
- Depo-Provera 150 mg for contraception
- Epinephrine (bee sting kits)
- vitamin B-12
- heparin
- ceftriaxone
- triamcinolone
- methylprednisolone
- haloperidol decanoate
- fluphenazine decanoate
- Glucagon Emergency Kit
- Penicillin G

Specialty medications are processed through the pharmacy department and require a prior authorization/medical exception. This list includes, but is not limited to, the following specialty medications:

- Synagis
- Fuzeon
- Lupron
- Gleevec
- Synvisc
- Arixtra
- Revlimid
- Neulasta
- Thalomid
- Tykerb
- Avonex
- Neupogen
- Tysabri
- Humira

- Nexavar
- Xolair
- Botox A
- Hyalgan
- Norditropin
- Ribavirin
- Zoladex
- Copaxone
- Infergen
- Risperdal Consta
- 17-alpha hydroxyprogesterone caproate
- Enbrel
- Intron A
- Pegasys
- Epogen
- Serostim
- Forteo
- Lovenox
- Procrit
- Supartz

## Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST)

Members may be referred by the PCP for outpatient PT/OT/Speech to a participating KidzPartners provider. Prior authorization is required for all outpatient PT/OT/Speech. Prior authorization is not required for outpatient evaluation. This benefit covers up to 60 visits per year for each type of therapy.

## Preventive “Well Child” Services

Preventive health services are designed to ensure early detection and treatment of conditions and illnesses in KidzPartners members. Services include physical examinations, immunizations, dental care, vision testing and treatment, hearing testing, and screening for certain medical conditions. Certain counseling services, such as pregnancy and STD prevention for sexually active adolescents, are also included.

Our Pediatric and Adolescent Preventive Care Flow Sheets, Screening Schedule, and Pediatric Immunization Schedule are designed to assist PCPs in delivering services. For more information, see Pediatric Preventive Health Maintenance on page 11-35. PCP success in delivering these vital pediatric preventive services in accordance with these standards will be closely audited by Health Partners. Services not on the Medical Assistance fee schedule, or that exceed the fee schedule in amount, duration or scope, may be covered under this program. Contact Health Partners for further information (see Table 1: Service Department Contact Information on page 1-13).

## Prosthetics/Orthotics

Purchase and fitting of prosthetic devices and supplies which replace all or part of an absent body organ and its adjoining tissues or replace all or part of the function of a permanently useless or malfunctioning body organ require prior authorization by the Health Partners' Inpatient or Outpatient Services department. Off-the-shelf orthotics costing less than \$500 do not require prior authorization. Orthotics over \$500 and customized devices require prior authorization.

## Radiation Therapy

Radiation therapy services are covered, when referred by the PCP.

## Rehabilitation

Inpatient rehabilitation requires a prior authorization. Rehabilitation services are covered up to the combined inpatient limit of 90 days with medical and mental health in a KidzPartners participating rehabilitation facility.

## Respiratory Therapy

Respiratory therapy services are covered when referred by a PCP, and provided by a licensed respiratory therapist in a network facility.

## Smoking Cessation

Smoking cessation programs generally scheduled activities and meetings designed to help participants stop the habit of smoking. These programs are a covered benefit for KidzPartners members and do not require either a prior authorization or referral/script from the member's PCP.

## Skilled Nursing Facility

Services for inpatient care Skilled Nursing Facility Services are covered up to the combined inpatient limit of 90 days with medical and mental health in a KidzPartners participating skilled nursing facility. Services must be prior authorized by Health Partners' Inpatient Services department. Medically necessary skilled nursing and related services are covered on an inpatient basis in semi-private accommodations for patients requiring skilled nursing services, but not requiring confinement in a hospital.

## Specialist Visits

PCP referrals to KidzPartners participating specialists and other providers are covered. Referrals to non-participating physicians and other licensed allied health personnel will be covered only when issued by the PCP and prior authorized by Health Partners. The referral/script is valid for sixty (60) days from the date of issue.

A PCP is not restricted regarding the specialist referral/script criteria (i.e. length of time the member sees the specialist or the number of visits that comprises). If the specialist does not participate with KidzPartners, the referral/script is based upon prior authorization and these claims are adjudicated accordingly. PCP's are expected to keep all referrals on file in the patient's record. Members are given a copy of the referral/script to bring to the specialist office to confirm that the PCP made the referral/script.

## Suturing

PCPs are reimbursed fees for suturing performed in their offices.

## Transportation (Non-Emergent)

Non-emergent transportation services require prior authorization unless under \$500 per line item. However, prior authorization is not needed for participating ambulance/paratransit providers providing transportation between participating hospitals, or from a participating hospital to a psychiatric facility.

Some of KidzPartners' participating hospitals provide limited, non-urgent transportation to their facilities on a scheduled basis for services such as diagnostic testing.

## Vision Care

KidzPartners covers routine eye examinations for all members. Members do not need a referral/script from their PCPs if they use a participating provider. However, members must have a referral/script from their PCPs to see an eye care specialist for services other than routine eye exams.

KidzPartners members are covered for two pairs of prescription eyeglasses or prescription contact lenses each year through a subcontracted provider – Davis Vision.

Members can choose an eye care provider from the KidzPartners Provider Directory.

## Weight Watchers

KidzPartners members pay \$2 per week to a Weight Watchers program. Once enrolled, members must adhere to Weight Watchers criteria and lose one pound per month for a minimum two pounds per cycle (one cycle = 10 weeks).

## Non-Covered Services

The following services and benefits are excluded or limited under the KidzPartners plan.

- Acupuncture
- Artificial insemination/infertility treatment
- Cosmetic surgery, except to correct a serious disfigurement or deformity caused by disease or injury that occurred while the patient was a participating member; or for the treatment of congenital anomalies to restore a part of the body to its proper function
- Health club memberships except when stipulated by contract with KidzPartners
- Personal convenience items or services
- Reversal of tubal ligation
- Services available through other programs such as workers' compensation, Veterans Administration, other governmental programs/agencies or other insurance coverage
- Services for which neither the member nor another party on his or her behalf has any legal obligation to pay

- Services not provided by, or arranged through a provider, medical office, or dental office participating with KidzPartners, except for emergency services or services that may be self-referred-unless authorized by Health Partners
- Services not reasonable or medically necessary for the diagnosis or treatment of an illness or injury, or for restoration of physiologic function (except preventive services)
- Services performed by immediate relatives of members, or by others in the member's household
- Transportation services, other than those Ambulance and Non-Emergent Transportation services described earlier.

**Note:** *Health Partners will not cover services that are harmful to members, are of inferior quality or are medically unnecessary as may be the case with a serious and clearly preventable adverse event. In addition, financial compensation for any and all services rendered as a result of or increased by a preventable serious adverse event will be withheld or recovered.*

