



Health Partners Plans

June 1, 2021

RE: COVID-19 Update – Authorization Process Changes – UPDATE TO PRIOR COMMUNICATION

Dear Provider,

As we see the COVID-19 health crisis improving throughout Pennsylvania, Health Partners Plans (HPP) will be changing some of its practices to align with the Pennsylvania Department of Human Services (DHS) Medical Assistance Bulletin 99-21-03, which was released on April 30, 2021. This bulletin supersedes Pennsylvania DHS Provider Quick Tip #241, which was released on May 7, 2020.

The following changes to our processes and requirements will go into effect **July 1, 2021** for all HPP lines of business.

- Prior authorization requirements will be reinstated for the following services:
 - Inpatient Hospital Admissions
 - Home Health
 - Inpatient Rehabilitation Services
 - Skilled Nursing Facility Services
 - Medical Supplies and DME
 - Radiology -prior authorizations of CT scan of the chest (specifically procedure codes 71250, 71260, and 71270)

- Prior authorization requirements, as specified in Pennsylvania DHS Provider Quick Tip #241, **continue to be suspended for shift care services**, which are billed using procedure codes S9122, S9123 and S9124.
 - Children under the age of 21 who were authorized through the prior authorization process to receive shift care services prior to or after the issuance of Quick Tip #241 can continue to receive the authorized hours of services without the need for reauthorization.
 - Children under the age of 21 who are not currently receiving shift care services will be required to receive prior authorization of these services before they can be initiated. Once services are authorized, the authorized hours of services will continue without need for reauthorization. Requests to increase the number of hours beyond what was authorized will require prior authorization. Once the increase in services is authorized, the authorized hours of care will continue without need for reauthorization. Procedure code S9122 requires authorization through the program exception process.

Please note while the authorization requirements will be suspended for claims payment purposes for shift care services, as specified above, services will be subject to a retrospective review for medical necessity.

We will continue to keep you informed of any additional changes as directed by DHS or the Centers for Medicare and Medicaid Services (CMS). To help you stay abreast of the latest information, please visit our

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COVID-19 Resources for Providers webpage at [HPPlans.com/covid](https://www.hppplans.com/covid). This page is updated as regulators, the CDC or HPP release new information. We strongly encourage you to check this webpage routinely for the most current information regarding our members, plans and employees.

HPP remains fully operational and our remote workforce can assist you and our members with the same high-quality service and support that you have come to expect from us during the past 30-plus years. As always, we appreciate our partnership with you to continually improve the health outcomes of our members.

Sincerely,

Howard Lu

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Vice President & Chief Clinical Officer

Michael K. Krusen

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