HPV Policy Clarification

Below is a clarification of the indications and limitations of UPMC Health Plan’s Human Papillomavirus (HPV) Testing Policy.

There continues to be ongoing patient confusion regarding the HPV testing procedures for UPMC Health Plan. Please reemphasize to your patients that you are ordering this test and ask them if they have testing information from the recent past.

INDICATIONS

1. HPV DNA testing is considered medically necessary for assessment of women with atypical squamous cells of undetermined significance (ASC-US).
   - If HPV is positive, proceed to colposcopy.
   - If HPV test is negative and no change in ASC-US, rescreen with Pap only.
2. The use of a combination Pap smear and HPV test is considered medically necessary for screening women aged 30 years and older.
   - If both HPV and Pap tests are negative, then rescreening of HPV with Pap should only be done in 3 years. Automatic rescreening with HPV and Pap in one year is not medically necessary. Rescreening with HPV before 3 years will not be covered.
   - If only HPV is positive, then rescreen the member in 1 year for HPV to determine if HPV has cleared up.
   - If only Pap is positive and is greater than ASC-US, proceed to colposcopy.
   - If the second HPV test is also positive, proceed to colposcopy.
3. Follow-up of CIN 1 preceded by ASC-US, ASC-H or LSIL, with HPV testing OR cervical cytology, is considered medically necessary in adult women (more than 20 years of age).
   - If there is one negative HPV test at 12 months or two negative cervical cytology screenings at 6 months, then returning to routine follow-up cytologic screening is recommended. Rescreening with HPV after 12 months will not be covered.
   - If HPV testing is positive or follow-up cytology is greater than or equal to ASC-US, then colposcopy is recommended.

LIMITATIONS

1. HPV testing is not indicated in the following:
   a. In women under 30 years of age EXCEPT as in #3 above; or
   b. In women with a definitive interpretation of cervical cancer.
2. Testing should be stopped in women over 70 years old.
3. Testing is not of value after a hysterectomy for a benign condition.
4. Cervicography or speculoscopy are considered experimental and investigational for screening or diagnosis of cervical cancer. Similarly, video colposcopy is considered experimental at this time.

For more information or a complete version of this policy, please refer to the online Policy and Procedure Manual at www.upmchealthplan.com.

Health Management Referral Form

The Health Management Referral Form posted on the Health Plan website has been updated (one of the fax numbers has changed). Discard any old forms. Print out and use only the form posted on our website.

You can obtain the form by visiting www.upmchealthplan.com and selecting the “For Providers” link. Next select “For Your Patients” and click on the “Health Management Referral Form” link.
Cover the Uninsured Week

Cover the Uninsured Week is the nation’s largest effort to highlight the fact that 46 million Americans, including 9 million children, are living without health care coverage. This annual weeklong effort was initiated in 2003 to rally business leaders, educators, students, health care professionals, faith leaders, and active citizens to help raise awareness and make sure that access to health insurance is a top priority for our nation’s policy makers.

In recognition of the seventh annual Cover the Uninsured Week, which took place March 22–28, 2009, UPMC Health Plan would like to remind our providers that health insurance options exist for uninsured children. One of these options is the Children’s Health Insurance Program (CHIP). CHIP is a state and federally funded children’s health insurance program that provides free, low-cost, and full-cost health insurance to children. This program is available to all children who fall within CHIP income guidelines and are not eligible for Medical Assistance or covered by private insurance.

Through the state’s Cover All Kids initiative, CHIP is now available to all uninsured children and teens under age 19, regardless of family income. Based on federal and state eligibility requirements, some families will not have to pay for CHIP, while other families with higher incomes will have low monthly premiums and copayments for some services.

UPMC Health Plan is one of the four health plans that offer a CHIP product in western Pennsylvania. UPMC Health Plan’s CHIP product is called UPMC for Kids™. UPMC Health Plan accepts applications directly from families and provides comprehensive health insurance benefits for children and teens, including dental, vision, and prescription drug coverage. In addition to comprehensive CHIP benefits, UPMC for Kids offers choices for enhanced services, such as orthodontia benefits (if medically necessary), nutritional counseling and medical nutritional therapy for any diagnosis, and access to a 24-hour nurse advice line.

As a health care professional, you are in a great position to identify uninsured children when they come to your office and assist them in obtaining UPMC for Kids coverage. We would like your help in getting children and teens insured. It’s easy to apply!

Families can enroll by:
1. Calling UPMC for Kids at 1-800-978-8762.
2. Completing a paper application.
3. Calling the state’s CHIP line at 1-800-986-5437.
4. Completing an application online at www.compass.state.pa.us.
5. Being referred from their local County Assistance Office.

If you have any questions about UPMC for Kids or would like to request application materials for your office, please contact UPMC for Kids Provider Services at 1-800-650-8762. Staff members are available Monday through Friday from 8 a.m. to 5 p.m. Information about our UPMC for Kids product is also available on our website at www.upmchealthplan.com/upmcforkids.

Provider OnLine Enhancement

As a UPMC Health Plan participating provider, you may already know that there is a great tool available for you and your staff to assist with and enhance your office business processes. The tool is Provider OnLine — and we are making it even better.

You or your staff can access valuable information at www.upmchealthplan.com by entering your user ID in the login box on our homepage. First-time users can create an account using the registration form as indicated.

At UPMC Health Plan’s Provider OnLine, you are able to access:

- **Patient Information**
  - Up-to-date eligibility
  - Patient’s primary insurance coverage
  - PCP information
  - Historical information

- **Claims Information**
  - View real-time patient and claims data.
  - Interact with the Health Plan on claims issues via the online messaging system.
  - Get an immediate response if mistakes are made submitting a claim (using HIPAA 837 forms).

- **Other**
  - Reduce the number of telephone calls you and your staff need to make to the Health Plan.
  - Receive 24-hour access to all of the above.

We Listened to Your Feedback …

Even the best things can be improved. So we worked to make your navigation easier by:

- Enabling the back browser button.
- Implementing page-level security settings. Changing the provider selection no longer requires you to leave the page you are working on and then return.
- Providing a consolidated view of a member’s eligibility, claim, and other member contact information (i.e., other family members).

While our information regarding claims was already very good — we have made it even better. The Enhanced Claim Inquiries function now includes:

- Claim financials at the top of the claim
- Front-page snapshot of high-level claim information
- Patient account number on each claim
- Drop-down provider selection menu

And We’re Not Through Yet …

Keep your eyes open for additional Provider OnLine briefs coming your way. We are currently working on electronic Provider OnLine application and physician fee schedules.

HEDIS Chart Review

UPMC Health Plan is visiting a number of physician practices this spring to review randomly selected patient charts. A nurse will call to schedule an appointment with the practices and will fax a list of patients prior to arriving at the office. We will send other practices fax requests for patient records.

The Health Plan needs this information to determine compliance scores for the Healthcare Effectiveness Data and Information Set® (HEDIS). Chart reviews will run through May 31, 2009.

Thank you for your assistance with the HEDIS chart review.

Reminder

Attention UPMC for Life Specialty Plan providers:

Please submit copayments, deductibles, and coinsurance to Access as the secondary insurance coverage. If you have any questions, please contact your Network Manager.

DID YOU KNOW?

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