

Healthy U Medicaid

Utilization Review Guidelines

Healthy U Contact Information –

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| Toll Free/Out of Salt Lake | 888-271-5870 | Submit Claims to: |
| Customer Service/Member Services | 801-587-6480 Opt. 1 | Attention: Claims Department |
| Claims/ Eligibility | 801-587-6480 Opt. 1 | PO BOX 45180 |
| Case Management/Utilization Review | 801-587-6480 Opt. 2 | Salt Lake City, Utah 84145-0180 |
| | Fax: 801-587-6433 | |
| Provider Relations | 801-587-6602 | |

Care Coordination will be provided through our Case Management Department for the following:

- ◆ Healthy U-Restricted patients – Please notify Healthy U if services are not provided by the Primary Care Provider (PCP)
- ◆ Obstetrical Patients - Contact U Baby Care at (801) 587-6480 Opt. 2 and notify the plan when admitted for delivery.
- ◆ Out of area non-emergent care.
- ◆ Patients identified, by referral, from physician, patient or utilization patterns where Case Management assistance is needed.
- ◆ Patients with complex needs related to physical health and/or psychosocial issues.

The following services will be reviewed for medical necessity prior to paying claims:

- ◆ **Abortion services**
- ◆ **Cosmetic Procedures**
- ◆ **Durable medical equipment:** over \$5,000 of billed charges
- ◆ **Home Health Care**
- ◆ **Hysterectomies and sterilization procedures inclusive of abdominal, vaginal or laparoscopic assisted**
- ◆ **Implants**
- ◆ **Orthotics**
- ◆ **Any service where Medicaid criteria is available**
- ◆ **Inpatient Hospital Stays** (please notify the plan when admitted)
- ◆ **Outpatient Speech Therapy**
- ◆ **Prosthetics**
- ◆ **Skilled Nursing Facility Admissions** (please notify the plan when admitted)
- ◆ **Synagis Immunization**
- ◆ **Transplant services:** lung heart, liver, kidney, bone marrow, cornea, etc.

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| <p align="center"><u>Healthy U does not require prior authorization.</u> Services will be paid according to Medicaid benefits and medical necessity.</p> |
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Services provided that are not medically necessary may result in the provider writing off the charges.

Services deemed 'medically necessary' do not guarantee payment if coverage terminates, benefits change, or benefit limits are exhausted.

Notification does not guarantee payment if coverage terminates, benefits change, or services provided are not medically necessary.

Utilization review means a review and confirmation program that determines medical necessity of any care service or treatment. In general all covered benefits are based on medical necessity and utilization review is not limited to the above list.