

# Healthy U Medicaid

## Utilization Review Guidelines

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### Healthy U Contact Information –

Toll Free/Out of Salt Lake	888-271-5870	<b>Submit Claims to:</b>
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	

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### 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 (Notify the plan when admitted)
- ◆ Outpatient Speech Therapy
- ◆ Prosthetics
- ◆ Skilled Nursing Facility Admissions (Notify the plan when admitted)
- ◆ Synagis Immunization
- ◆ Transplant services: lung heart, liver, kidney, bone marrow, etc.

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<p><b><u>Healthy U does not require prior authorization.</u></b> Services will be paid according to Medicaid benefits and medical necessity.</p>
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All inpatient services provided by a nonparticipating Healthy U facility require notification upon admission to the UM department. All other services from a nonparticipating Healthy U provider require prior approval from them UM department.

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.