



PROVIDER CONNECTION

University of Utah Health Plans
Provider Publication
August 2019

REMINDER: PROVIDER CONNECTION NOW AVAILABLE ONLY ONLINE

As we notified you in the Fall 2018 edition, *Provider Connection* is now available only online. Moving to digital-only content reduces our environmental impact and administrative costs. You'll continue receiving important information in the newsletter, such as announcements, updates to medical policies, helpful tips, and more. If you currently receive the newsletter in the mail, we will send a postcard to your office when new editions are available. The postcard will provide a link to the online location.

In addition to being the environmentally responsible solution, having the newsletter online makes it easier to share with everyone in your office. To ensure you receive the latest newsletter as soon as it's available, [subscribe to our email list](#). We promise we won't spam you, and we'll never share your information.

Subscribe today to stay in the know.

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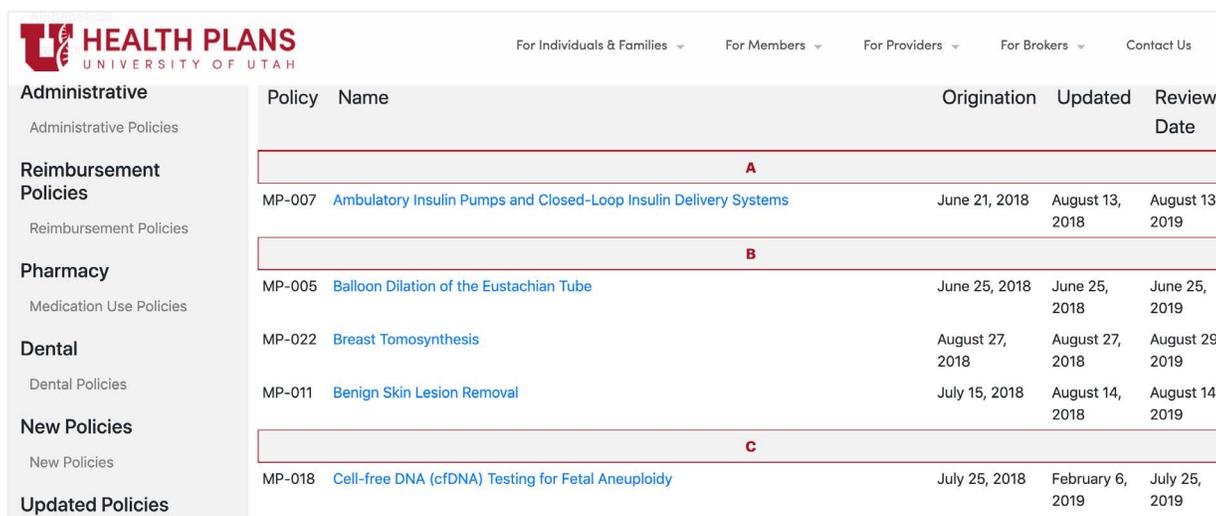
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HEALTH PLANS
UNIVERSITY OF UTAH

YOU ASKED, WE LISTENED – COVERAGE POLICIES NOW ONLINE

University of Utah Health Plans coverage policies including Medical, Administrative, Reimbursement, Pharmacy, and Dental policies are now available on our website in the “Forms & Guidelines” section. Find out before rendering services whether a procedure requires prior authorization, if a modifier is required, a medication has step-therapy recommendations, and much more—with just a few mouse-clicks. We’re adding content on a regular basis, so continue checking the site often. Visit our [Coverage Policies site](#) today and bookmark the page in your internet favorites for convenient access to this helpful decision-making information.



HEALTH PLANS UNIVERSITY OF UTAH		For Individuals & Families	For Members	For Providers	For Brokers	Contact Us
Administrative	Policy	Name	Origination	Updated	Review	Date
Administrative Policies	A					
	MP-007	Ambulatory Insulin Pumps and Closed-Loop Insulin Delivery Systems	June 21, 2018	August 13, 2018	August 13, 2019	
	B					
Reimbursement Policies	MP-005	Balloon Dilation of the Eustachian Tube	June 25, 2018	June 25, 2018	June 25, 2019	
Pharmacy	MP-022	Breast Tomosynthesis	August 27, 2018	August 27, 2018	August 29, 2019	
Medication Use Policies	MP-011	Benign Skin Lesion Removal	July 15, 2018	August 14, 2018	August 14, 2019	
Dental	C					
Dental Policies	MP-018	Cell-free DNA (cfDNA) Testing for Fetal Aneuploidy	July 25, 2018	February 6, 2019	July 25, 2019	
New Policies						
Updated Policies						

Sample Coverage Policies page

Have a question about a coverage policy? Email coveragepolicies@hsc.utah.edu for a direct response from our policy team.

GET NOTICED – IS YOUR DIRECTORY INFORMATION UP TO DATE?

Patients appreciate being able to find information about their providers in U of U Health Plans network directories. They especially appreciate accurate information when they’re looking for a new provider. We’ve made it even easier for you to keep your office information up to date.

It only takes a moment to check your information using our [Find a Provider](#) tool. Select any type of plan, then one of the networks with which you participate. When you search for your practice, you’ll view exactly what our members see.

Changes needed? Simply complete our [Provider Information Update](#) Form and click “Submit” at the bottom of the form. And while you’re at it, if you have a clinic website you’d like us to publish in our online directories, submit the web address (URL) on the same form.

It’s easier than ever to find the form for future updates. Visit uhealthplan.utah.edu/for-providers and click on the “Provider Relations & Contracting” section, then click on the “Provider Information Update Form” tab.

SHARED DECISION MAKING TOOLS FOR PATIENT-CENTERED HEALTH CARE

U of U Health Plans is excited to promote the use of shared decision-making (SDM) tools to involve our members in their health-care decisions. Beyond pamphlets or reference information materials, SDM tools help guide a patient through treatment decisions with the collaboration, guidance, and expertise of their clinicians.

According to the [National Learning Consortium](#), “Shared decision making is a key component of patient-centered health care. It is a process in which clinicians and patients work together to make decisions and select tests, treatments and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values.”



Benefits of using SDM tools

Development of SDM tools has increased in the last decade. University of Utah Health, with a \$5 million grant from the Patient Centered Outcomes Research Institute and the American Heart Association, is creating a [center to develop and test SDM tools for atrial fibrillation](#). The Mayo Clinic will be a collaborative partner for conducting the research.

View the SDM tools currently available from the [Mayo Clinic Shared Decision Making National Resource Center](#).

Additional Resources:

- » [The SHARE Approach – 5 Essential Steps of Shared Decision Making](#): Agency for Healthcare Research and Quality (AHRQ), program information
- » [New Era of Patient Engagement](#): Health Affairs, scholarly article
- » [Shared Decision Making in Preventive Health Care](#): National Center for Biotechnology Information, scholarly article

FIND SPECIALIZED CARE WITH OUR IMPROVED ONLINE DIRECTORY

University of Utah Health Plans members can now search for behavioral health providers who specialize in the specific area of care members need. Using our “Find a Provider” tool, members can select the “Provider Specialty” and “Provider Area of Interest” that will lead them to the providers most qualified to address the member’s concern.

For example, rather than choosing a “Psychology” specialist then finding out at their appointment that the therapist’s focus is on depression rather than addressing addictive behaviors, members can choose a gambling addiction specialist directly. Additional fields such as Provider Language, Gender, and Hospital Affiliation will help our members identify the providers who will make them feel the most comfortable.

The “Provider Area of Interest” functionality helps our members receive the best care with the least frustration, quickly and easily. If you are a behavioral health professional, please review your profile in our [online directory](#) and email any changes needed to [Provider Relations](#). Medical areas of interest will be added in future upgrades.



COORDINATE WITH OUR COMPLEX CARE AND DISEASE MANAGEMENT TEAMS

Have you utilized our Care Management programs for Complex Care Management and Disease Management for members with Asthma or Congestive Heart failure, yet?

Our Care Management programs offer members individual attention and online resources to help meet their health-care goals. Services include education, advocacy, and coordination of members’ needed services. Our Care Managers work with our members and the treating provider and/or Primary Care Provider to help our members reach optimal health.

Reach out to our Care Managers at any time to request assistance with managing your patient’s overall healthcare services. The programs are available with no out-of-pocket cost for members who are interested in our care management nursing services. To refer a patient, contact us at **801-587-6480**, Option 2.

Learn more about available [Care Management services](#).

HEALTHY U MEDICAID

WE'RE THE NEW MEDICAID BEHAVIORAL HEALTH ADMINISTRATOR FOR SUMMIT COUNTY

Beginning September 1, 2019, University of Utah Health Plans will administer Medicaid services as well as state-mandated behavioral health services to Summit County residents. We're proud to be selected for this first partnership in Utah where one of the established Medicaid Accountable Care Organizations (ACO) providing medical care to a county's residents has been chosen to administer coverage of mental health and substance abuse services to a wider county population.

- » More than 6,000 Summit County residents will be eligible for the Healthy U Behavioral program
- » Includes behavioral health and substance use disorders
- » Services extend to adults, teens, and children
- » Watch for more information on uhealthplan.utah.edu

The Healthy U Behavioral Network provides Summit County residents with devoted behavioral health professionals in and near the community—increasing access to and reducing wait times for essential services. Making behavioral health care more accessible to county residents strengthens the integration between mental and physical health, thereby treating the whole person in a single continuum of care, increasing the likelihood of favorable outcomes.

Previously, several of these services were provided by Valley Behavioral Health. Please make sure everyone in your office is aware that, effective September 1, Healthy U Behavioral is the approved Medicaid plan for behavioral health services in Summit County.

Join with us to ensure everyone in the Summit County community receives the behavioral health support they may need. Watch for more information on uhealthplan.utah.edu.

DON'T SKIP THE FINAL STEP— CONSENT FOR STERILIZATION FORM

We appreciate your efforts to ensure sterilization services for Medicaid members are properly prior authorized and documented with the Medicaid **"Consent for Sterilization"** form.

We've noticed that an important area of the form is often being overlooked when it is submitted. At the end of the form, in the section marked **"Instructions for use of alternative final paragraph,"** remember to circle the statement that applies and cross out the statement which does not apply to this patient's consent form.

PHARMACY

Our medication and pharmacy information is updated as changes occur. Please visit our [Pharmacy Forms & Guidelines](#) site at least quarterly to view the most recent information.

MEDICATION USE POLICIES AVAILABLE ON PHARMACY SITE

We want our Pharmacy tools to be convenient; therefore, our [Medication Use Policies](#) (MUP) are now available on our Pharmacy website. MUPs are the retail pharmacy Prior Authorization (PA) criteria forms you should use to submit a PA request for medications listed on the Preferred Drug List or formulary that require PA.

Please use the General Pharmacy Prior Authorization Form for drugs, therapeutic classes, or conditions without a specific form available. You can also use the general form for exception requests for quantity limits or step therapy.

Visit our [Medication Use Policies](#) often as we work to improve your experience. We value your feedback!

CODING CORNER

REPORTING BEHAVIORAL HEALTH CARE COORDINATION

Recognizing that mental health is an integral part of a person’s overall health, we encourage PCPs and behavioral health professionals to coordinate care of at-risk individuals. To facilitate integrated care coordination, we are now covering the following services.

CPT	Brief Description	Limitations
99483	Assessment of and care planning for a patient with cognitive impairment	One per month
99484	Care management services for behavioral health conditions	One per month
99492	Initial psychiatric collaborative care management	One per member per lifetime per clinic
99493	Subsequent psychiatric collaborative care management	One per month
99494	Initial or subsequent psychiatric collaborative care management	One per month – Can only be billed in conjunction with 99493

Learn more about [Behavioral Health Integration Services](#).

COVERAGE CHANGES FOR AFFECTED CODES

Please be aware that, **effective July 1**, the following coverage changes were implemented:

Noncovered Codes			
CPT	Brief Description	CPT	Brief Description
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service
Codes Requiring Preauthorization			
CPT	Brief Description	CPT	Brief Description
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type
E1399	Durable medical equipment, miscellaneous	29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
45399	Unlisted procedure, colon	58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
64568	Incision for implantation of cranial nerve neurostimulator electrode array and pulse generator		

REPORTING POTENTIALLY GENDER-SPECIFIC SERVICES

On occasion, it may be appropriate to render a gender-specific service in a situation where the typical gender-specific claims editing would not apply. The Centers for Medicare & Medicaid Services (CMS) has provided guidance on the correct way to report these services. U of U Health Plans follows these guidelines.

- » Institutional providers should report **Condition Code 45** *Ambiguous Gender Category* on claims related to transgender or hermaphrodite issues.
- » Professional providers should report **Modifier KX** *Documentation on File* on the detail line of any gender-specific procedure code(s).

Be certain to report the condition code or modifier to ensure claims are processed correctly and timely.

Learn more:

[CMS Manual System, Transmittal 1877, Dated December 18, 2009](#)

[MLN Matters®, Number: MM6638, Dated December 18, 2009](#)

REMINDER: COLOGUARD DNA ANALYSIS NOT COVERED

As noted in the [Fall 2018 Edition of Provider Connection](#), U of U Health Plans does not cover DNA analysis of stool, including Cologuard®, as a screening method for colon cancer. As this testing is not covered, the vendor, Exact Sciences, may directly bill the patient for this test.

U of U Health Plans complies with the Affordable Care Act requirement that plans cover colon cancer screening for members ages 50 to 75 at no out-of-pocket expense to the member.

The following screening tests are covered at no cost to the member.

- » Fecal Occult Blood Testing
- » FIT Testing
- » Colonoscopy
- » Flexible Sigmoidoscopy
- » Barium Enema

Please share this information with all clinicians and others on your staff who may receive questions about colorectal testing.

PRIOR AUTHORIZATION REQUIRED FOR ELECTIVE TOTAL JOINT REPLACEMENT

Historically, elective arthroplasty surgery has occurred in an inpatient setting with determination of medical necessity accomplished during the inpatient admission process. Beginning in January 2019, CMS no longer considers these procedures to be “inpatient only;” therefore, it is necessary to determine medical necessity through the prior authorization process.

Please be aware that, **effective July 1, 2019, prior authorization is required for all total knee and total hip, and other arthroplasty procedures** to determine medical necessity of the procedure. We previously notified providers of this requirement who have submitted claims in the past for these procedures.

If a provider in your clinic has scheduled a joint-replacement procedure, submit a Prior Authorization Request well in advance of the surgery date. Complete all required information and upload all supporting documentation and imaging with your initial request.



REMINDER: RESPONSIBILITY FOR NOT MEDICALLY NECESSARY SERVICES

Services that are considered to be not medically necessary for the diagnosis or treatment of a condition will be denied as a provider write off. Our members cannot be billed for the service unless they have agreed **in writing prior to the service** that they will be responsible if the specified service is denied by their benefit plan.

To indicate that the member has agreed to pay, report **Modifier GA Waiver of liability statement issued as required by payer policy, individual case** on the claim.

Note: Healthy U members may never be balance billed for a covered service that is denied as not medically necessary.

COVERAGE POLICY UPDATES

University of Utah Health Plans uses coverage policies as guidelines for coverage determinations in accordance with the member's benefits. Quarterly notice of recently approved and revised coverage policies is provided in Provider Connection for your convenience. The Coverage Policy Updates section of this newsletter does not guarantee coverage is provided for the procedures listed. Coverage policies are used to inform coverage determinations but do not guarantee the service is a covered service.

For more information about our coverage policies, visit our [Coverage Policies](#) website or contact your [Provider Relations consultant](#).

NEW MEDICAL POLICIES		
Policy Number	Policy Name	Effective Date
MP-036 (New)	Transcutaneous (Non-implantable) Vagus Nerve Stimulation (e.g., gammaCore®-S)	5/29/19
Commercial Plans: U of U Health Plans does NOT cover non-implantable (transcutaneous) vagus nerve stimulation devices (e.g., gammaCore-S) as they are considered investigational for all indications.		
MP-037 (New)	Chromoendoscopy as an Adjunct to Colonoscopy	5/29/19
Commercial Plans: U of U Health Plans does NOT cover chromoendoscopy and/or virtual chromoendoscopy as adjunct to diagnostic or screening colonoscopies as they are considered investigational.		

COVERAGE POLICY UPDATES (Continued)

MP-042 (New)	Electric Tumor Treatment Field Therapy for the Treatment of Glioblastoma Multiforme	5/29/19
<p>Commercial Plans:</p> <p>U of U Health Plans may cover tumor treatment field therapy for the treatment of glioblastoma multiforme in limited circumstances when certain criteria are met (treatment is limited to 6-month increments).</p> <p>U of U Health Plans requires reauthorization for tumor treatment field therapy in the treatment of glioblastoma multiforme, every 6 months to assess tumor stability or progression and compliance with therapy.</p> <p>U of U Health Plans does NOT cover tumor treatment field therapy devices for indications that are not approved or cleared by the FDA.</p> <p>U of U Health Plans does NOT cover tumor treatment field therapy for any other tumor type, location, or circumstances as current evidence in other malignancies is insufficient to reach conclusions regarding efficacy and safety.</p>		
Revised Medical Policies		
Policy Number	Policy Name	Effective Date
MP-001 (Revised)	Transcranial Magnetic Stimulation (TMS)	5/28/19
Removed pregnancy or breastfeeding as a contraindication to TMS.		
New Reimbursement Policies		
Policy Number	Policy Name	Effective Date
REIMB-002 (New)	Urine Drug Screen Testing In the Outpatient Setting	7/1/19
<p>Commercial Plans:</p> <p>U of U Health Plans COVERS the following urine drug testing in the outpatient setting:</p> <ul style="list-style-type: none"> » <i>Presumptive Drug Testing</i> – CPT 80305 and 80306 » <i>Definitive Drug Testing</i> – HCPCS G0480, G0481, G0482, G0483, and G0659 <p>U of U Health Plans limits coverage of urine drug testing to one (1) presumptive and one (1) definitive test per day per member as medically necessary. Testing for drugs of abuse should not be performed more frequently than the standard of care for a particular clinical indication. The testing frequency must be medically necessary and documented in the member’s medical record.</p> <p>Read about medically necessary frequency, exceptions, and exclusions.</p>		
REIMB-016 (New)	Intrathecal or Epidural Pump Refill	6/26/19
<p>Commercial Plans:</p> <p>For the refill of implanted intrathecal or epidural infusion pumps, U of U Health Plans COVERS CPT 62369 or 62370.</p> <p>U of U Health Plans does NOT cover HCPCS S9328 for the refill of implanted intrathecal or epidural pain pumps as this code is intended for use only with continuous IV infusions.</p>		