



PROVIDER CONNECTION

University of Utah Health Plans
Provider Publication
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PROVIDER CONNECTION: YOUR NEED-TO-KNOW SOURCE

Provider Connection delivers timely updates regarding University of Utah Health Plans provider networks and products every quarter: February, May, August, and November. Within this newsletter, you'll find announcements, updates to medical policies, helpful tips, and more.

Accessing 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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HEALTH PLANS
UNIVERSITY OF UTAH

PERSONAL MESSAGE FROM OUR CEO

We at University of Utah Health Plans could not be more proud to affiliate with you, our network of dedicated providers, than we are right now. The COVID-19 virus has put all of us in a state of uncertainty and risk, but the willingness you all have to meet this challenge head on and help keep our community safe and healthy is a testament to your character and dedication amidst the crisis.

We also feel a sense of dedication to support you as best we can. You are the frontlines that keep our community safe and we feel a deep obligation to treat our network of providers like true partners. We are doing the following to recognize, support, and compensate you during this pandemic:



- » We have expanded our telehealth coverage policies to ensure your patients can continue to access care with you virtually and telephonically.
- » We are working extra hard to ensure there are no unnecessary delays in payments to you.
- » We are monitoring our customer service levels very closely to ensure your patients are provided with the most accurate and timely information so they can receive the care and treatment that they need.
- » Additional details are provided on uhealthplan.utah.edu/for-providers/coronavirus.

Your patients rely so much on both of us to get and stay well. We want to continue to be a trusted source in their healthcare team; and in that vein, if there is anything you think of that we can do better or begin doing, I am all ears. I want to be responsive to the patients' needs and, in extension, your needs.

This virus has humbled a lot of us and I recognize that there is a lot more to be done by health plans at large to improve our healthcare system. I know that U of U Health Plans, and I personally, can learn and grow from these trying times. I hope you will trust us enough to let us know what we can do to improve. We have a very resilient and talented team at U of U Health Plans; we want to find ways to deepen our partnership with you. Please accept my personal thanks for all you do for your patients, whether or not they are members of U of U Health Plans. I trust that, together, we will continue to find ways to improve and advance the lives of our members and your patients.

With kindest regards for you and your family's safety and good health,

Chad Westover
Chief Executive Officer
University of Utah Health Plans

For more information

Visit [Provider Information Regarding COVID-19](#) often to stay current with updates from U of U Health Plans. Please share this link with others in your office who may rely on the information.

NEW CHIEF MEDICAL OFFICER

After a national search, we are happy to announce that Howard R. Weeks, MD, MBA, has been appointed Chief Medical Officer (CMO) for University of Utah Health Plans starting July 1, 2020. Dr. Weeks is a professor (clinical) in the Department of Psychiatry at University of Utah School of Medicine and Medical Director of Behavioral Health for U of U Health Plans. He is also actively involved in leadership of the Utah Medical Group and currently serves as Immediate Past-President of the Utah Medical Association. Weeks was the Associate Chief Medical Information Officer for University of Utah Health and has served as the Interim CMIO overseeing the University Enterprise Data Warehouse as well as the clinical operation of Electronic Medical Records.



“Dr. Weeks will bring invaluable leadership experience, knowledge of the University’s health system, and clinical expertise to this key position,” Chad Westover, CEO of U of U Health Plans, said announcing the appointment. “His training and clinical work in psychiatry will serve us well. Mental health benefits are an increasingly crucial area of focus for U of U Health Plans in serving our expanding membership throughout the Mountain West.

“He succeeds Doug Hasbrouck, MD, a seasoned CMO with experience from various health plans, who has ably served as our interim CMO,” Westover said.

“Even beyond the current COVID-19 pandemic, healthcare faces enormous challenges,” Weeks said regarding his new role. “But the University and U of U Health Plans are in a unique position to leverage the benefits of an integrated healthcare delivery system to solve these challenges. Improved integration between mental health and physical medicine is critical to the citizens of the Mountain West.” Weeks cited U of U Health Plans’ expansion of mental health services in Summit County as a great example of leveraging the expertise of University of Utah Health to help more patients.

Dr. Weeks grew up in North Carolina, where he received a degree in chemical engineering at North Carolina State University. He stayed in his home state and attended Duke University School of Medicine, earning a Doctorate of Medicine. At U of U Health, Weeks trained in the novel Triple Board Program designed to train child psychiatrists with a solid foundation in pediatrics. Weeks is board certified in adult psychiatry, child and adolescent psychiatry, and he is also boarded in clinical informatics.

Russell Vinik, MD, served as CMO of U of U Health Plans beginning in 2015 and held the position until he moved to University Hospital administration to support the COVID-19 response and for a future role to be announced. Michael E. Good, MD, CEO of U of U Health, SVP for Health Sciences, and Dean of the School of Medicine, praised Vinik for his work. “We owe Russell thanks and high praise for the measures he developed in response to the pandemic, which enabled our health system to safely reopen.”

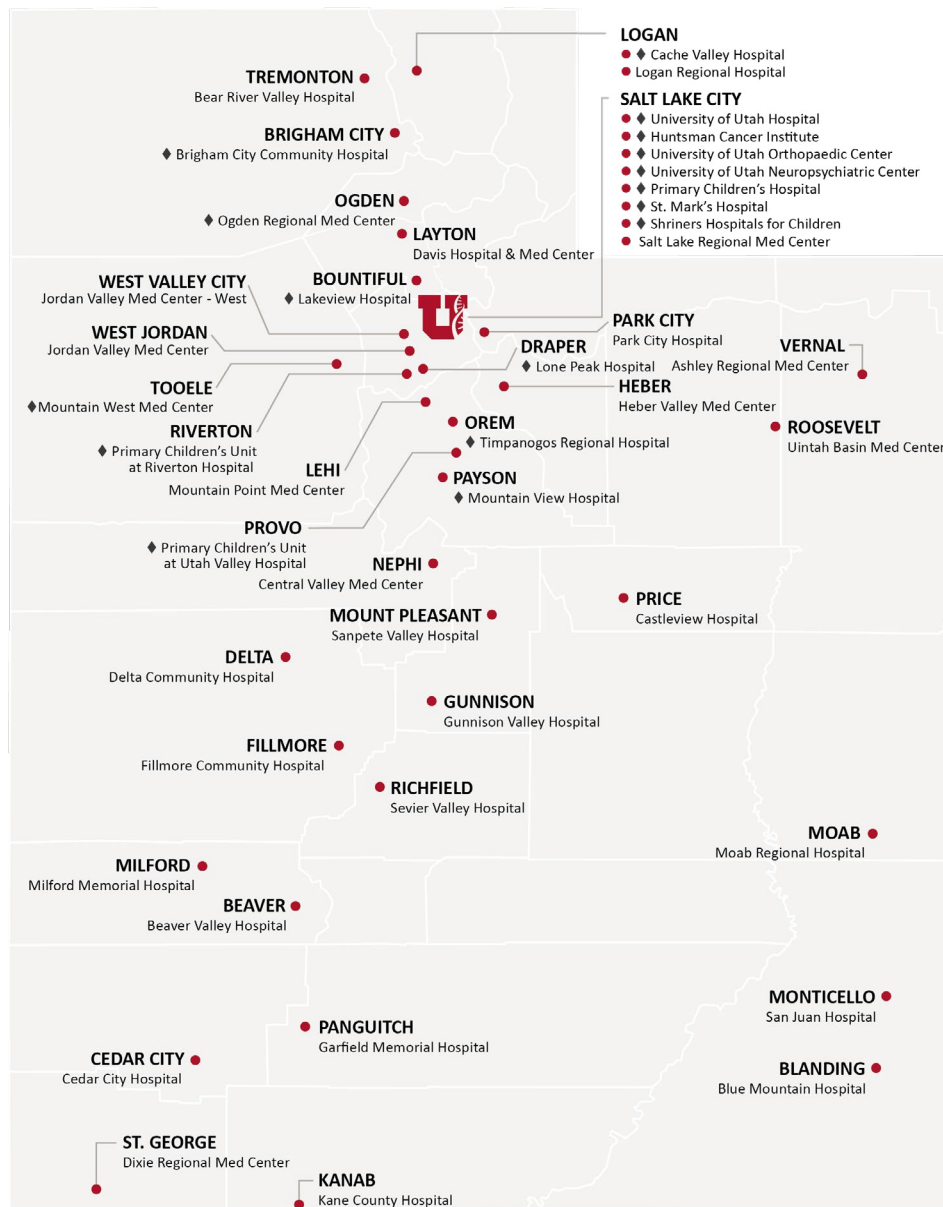
Please join us in welcoming Dr. Weeks to this new role.

IN-NETWORK HOSPITALS AND HOW TO FIND THEM

Referring members for nonemergent or laboratory services is always important, but never more so than when referring them to a hospital for their care. With our partnerships with University of Utah Health, MountainStar Healthcare®, and Steward Health Care, our in-network hospitals are conveniently located throughout Utah. Keep this handy diagram to be certain you're referring your patients to one of our quality in-network hospitals.

HOSPITAL DIRECTORY

◆ **HEALTHY**PREFERRED ● **HEALTHY**PREMIER



In-network hospitals are also easy to find on our [Provider Search](#) page. Choose the member's network, then click the "Facility" option in the "Search Type" field.

COVID-19 BENEFIT COVERAGE EXTENDED THROUGH 2020

U of U Health Plans is pleased to announce we are expanding our temporary COVID 19 benefit coverage throughout the remainder of the 2020 calendar year.

After careful consideration of recent pandemic projections, we've decided to extend our 100% benefit coverage for commercial business (group and individual), rather than ending the coverage on June 30, as previously announced. This coverage includes COVID related testing, ER, urgent care and outpatient visits, and telehealth services. Healthy U Medicaid also offers full benefit coverage for several COVID related services, where possible within Utah Medicaid guidelines.

View the most current information about our [CORONAVIRUS: COVID 19 Coverage and Care](#).



REMINDER: COLLECTING MEMBERS' COST-SHARING AMOUNTS

We recognize that many people in our communities are experiencing difficult financial situations at this time. As well-intentioned as it may be, forgiving copayments or coinsurance amounts is in violation of federal laws and contractual obligations. Member copayments can be waived only if the member has requested financial arrangements and demonstrated a "needs-based inability" to pay their cost-sharing amounts.

We all bear responsibility to control healthcare spending. Applying and collecting agreed upon cost-share amounts is an important step toward this goal.

COMPLETE AND ATTEST TO ADA ASSESSMENT INFORMATION TODAY

We are dedicated to ensuring our members have access to network providers who comply with Americans with Disabilities Act (ADA) standards. These requirements include appropriate physical access, reasonable accommodations, and accessible equipment for members with physical and mental disabilities. We include in our provider directories this information for each network provider listed. If you have not already completed the [Assessment and Attestation Tool for ADA Compliance](#), please complete this short survey as soon as possible.

2020 CULTURAL COMPETENCY TRAINING AND ATTESTATION

U of U Health Plans values diversity and we strive to ensure every member receives the highest quality of care in a culturally appropriate manner—at Every. Single. Visit. Our state and nation grows more diverse every year and, as recent events have reminded us, our understanding of how to interact with friends, family, and patients is changing, as well.

As we care for patients and their families from different backgrounds or with varied experiences, it is critical that we as healthcare professionals seek to understand and meet their needs in a manner that cultivates trust and mutual respect. Providing culturally competent care results in better treatment for all people and, in many cases, better outcomes.



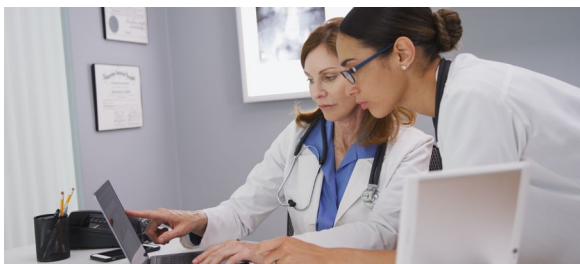
We rely on you and your staff to provide culturally competent care to your diverse patient population. As a contracted provider, it is your responsibility to review Cultural Competency Training provided by U of U Health Plans, or by another approved entity, every year and to attest to completion of that training. It is not necessary to complete the training module provided by every insurance carrier with which you do business; you may complete one training module, but you do need to attest to each carrier that you have completed a training and, often, state which training module you completed.

Visit [U of U Health Plans](#) and scroll down to the Provider Education section. We encourage you to complete the [Cultural Sensitivity Training](#) module or a similar cultural sensitivity course, and submit the [Attestation for Cultural Sensitivity Training](#). A good time to review the Cultural Sensitivity Training is during your next staff or in-service meeting.

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 healthcare 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 **801-213-4008**, Option 2.

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

SHARED DECISION MAKING TOOLS FOR PATIENT-CENTERED HEALTHCARE

U of U Health Plans is excited to promote the use of shared decision-making (SDM) tools to involve our members in their healthcare 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 healthcare. 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 and University of Utah Health partners with nationally recognized resources to develop these important resources. 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

HEALTHY U MEDICAID

PHYSICIAN ASSISTANTS MUST BILL UNDER SUPERVISING PHYSICIAN

In Utah, Physician Assistants (PAs) providing services to Healthy U members or through the HOME Program must bill through their supervising physician.

There is one exception: if a PA is the only provider at a Rural Health Center, then that PA can bill directly. Otherwise, regardless of whether the PA is acting as a primary care provider or a specialist, they must bill under the supervising physician to be paid.

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.



CHANGES TO PREFERRED AUTOIMMUNE DISEASE MEDICATIONS

The preferred/non-preferred medications for autoimmune diseases changed on June 1, 2020. These changes are listed in our Pharmacy Coverage Policies. Preferred medications are summarized below.

PREFERRED AUTOIMMUNE DISEASE MEDICATIONS		
Disease State	Preferred Brands	Policy Number
Ankylosing Spondylitis	Preferred Brands: Cimzia® (certolizumab), Humira® (adalimumab), Simponi® (golimumab)	Pharm-003
Crohn's	Preferred Brands: Cimzia, Humira, Stelara® (ustekinumab)	Pharm-019
Juvenile Idiopathic Arthritis	Preferred Brand: Humira Note: Kineret® (anakinra) may be allowed as medically necessary as first line treatment for members with systemic features.	Pharm-041
Psoriasis	First line agents: Cimzia, Humira, Otezla® (apremilast), Stelara, Skyrizi® (risankizumab-rzaa), Tremfya® (guselkumab)	Pharm-061
Psoriatic Arthritis	Preferred First line agents: Cimzia, Humira, Otezla, Simponi, Stelara Preferred with a double step; after trial and failure of at least two first line agents with the exception of Otezla: Xeljanz/XR® (tofacitinib)	Pharm-062
Rheumatoid Arthritis	Preferred Brands: Cimzia, Humira, Simponi, Rinvoq® (upadacitinib), Xeljanz/XR	Pharm-065
Ulcerative Colitis	Preferred Brands: Humira, Simponi, Stelara Preferred Brand with a double step, after trial and failure of BOTH first line agents: Xeljanz	Pharm-075

Reminder:

[Pharmacy Prior Authorization forms](#) are available online with specific requirements for use and limitations listed in the form.

REALRx PBM TRANSITION

All U of U Health Plans members are now served by our new Pharmacy Benefits Manager (PBM), RealRx.

Questions?

Call the Pharmacy Customer Service number on the back of the Member ID card, Customer Service, or visit RealRxhealth.com.

Line of Business	Customer Service
Healthy U	855-856-5694
Utah Individual and Family Plans	855-869-4769
University of Utah Employee Plan	855-856-5690
Commercial Groups	855-859-4892
Mountain Health CO-OP (MHC)	855-885-7695
Fax for all plans	888-509-8142

PLACE OF SERVICE FOR INTRAVENOUS THERAPIES

Many factors inform the appropriate place of service for administration of intravenous therapies: complexity, possible reactions or other contraindications, and patient mobility are just a few of the considerations. As sites of service vary, so too does the cost of care—directly impacting our members’ out-of-pocket costs.

U of U Health Plans covers administration of medically necessary intravenous therapies when provided in the most appropriate place of service. In some instances, due to potential safety concerns, a hospital setting (inpatient or outpatient) may be necessary. However, when safety or availability is not a concern, less costly sites of service (e.g., infusion center, specifically contracted vendor, or home care) is preferred.

View [Pharm-026 Gonadotropin Releasing Hormone \(GnRH\) Agonists and Antagonists](#) for guidelines about appropriate places of service for intravenous infusions.

CODING CORNER

REMINDER: DRY NEEDLING NOT COVERED

On January 1, 2020, CPT 20560 *Needle insertion(s) without injection(s); 1 or 2 muscle(s)*; and CPT 20561 *Needle insertion(s) without injection(s); 3 or more muscles* were added to medical code sets. Review of available published, peer-reviewed literature is insufficient to demonstrate proven benefit and the procedures are considered investigational. As a result, **U of U Health Plans does not cover CPT 20560 or CPT 20561.**

COVERAGE UPDATES TO SPECIFIC CODES

As responsible stewards of our members' healthcare needs and premium dollars, we continually review recommendations from federal agencies and trusted medical literature to make decisions regarding delivery and reimbursement for medical services. Recent literature reviews indicate the need for the following coverage updates.

CPT CODES and DESCRIPTIONS	REIMBURSEMENT UPDATE
CPT 83090 <i>Homocysteine Testing</i>	<p>Homocysteine testing is sometimes performed by providers as part of an assessment for cardiovascular risk and also in the screening, evaluation, and management of patients with venous thromboembolism or risk of venous thromboembolism. Alternative and complementary medicine providers also use this testing. Current published literature does not support this test to have a proven benefit in these settings.</p> <p>Effective October 1, 2020, U of U Health Plans will no longer cover CPT 83090. View Medical Policy-055, Homocysteine Testing.</p>
CPT 84402 <i>Testosterone, free</i> CPT 84403 <i>Testosterone, total</i> CPT 84110 <i>Testosterone; bioavailable, direct measurement</i>	<p>Testosterone testing in women should be limited to a few circumstances in which a woman is demonstrating signs or symptoms of a condition suggestive of abnormal testosterone production. A review of claims over the past year has shown that this testing is almost universally being performed to evaluate for low libido or fatigue and for use in monitoring testosterone therapy used to treat these problems, none of which have been demonstrated in the peer-reviewed published literature to show health benefits for women. Use in these settings is considered an alternative and complementary medicine practice that is not covered by U of U Health Plans.</p> <p>Consequently, effective July 1, 2020, these codes are considered investigational and will not be covered for women unless specific clinical conditions are present.</p>
CPT 82679 <i>Estrone</i>	<p>Testing for estrone levels has not been established to have clinical utility except possibly in very limited clinical settings around infertility or a few other rare circumstances; and estrone therapy has not been shown to be beneficial over standard hormone therapy. Review of claims has shown this testing is predominantly being used in alternative and complementary medicine practices or infertility clinics neither of which are cover by the plan.</p> <p>Consequently, effective July 1, 2020, CPT 82679 is no longer covered and is considered an investigational test as clinical utility of this testing is not established.</p>
CPT 82627 <i>dihydroepian-dosterone sulfate (DHEA-S)</i>	<p>Testing for DHEA-S levels has not been established to have clinical utility except in very limited clinical settings for a few uncommon circumstances. Review of claims show this testing is predominantly being used in alternative and complementary medicine practices or infertility clinics, neither of which are cover by U of U Health Plans.</p> <p>Consequently, effective July 1, 2020, CPT 82679 is no longer covered and is considered an investigational test as clinical utility of this testing is not established.</p>
CPT 82306 <i>Vitamin D; 25 hydroxy, includes fraction(s), if performed</i> CPT 82652 <i>Vitamin D; 1,25-dihydroxy, includes fraction(s)</i>	<p>The United States Preventive Services Task Force (USPSTF) and the Choosing Wisely Initiative no longer recommend routine screening for vitamin D deficiency, as the benefit of this testing has not been established. In addition, 1,25-dihydroxyvitamin D has very limited clinical utility in a few clinical situations. Current recommendations support performing this testing only in specific circumstances.</p> <p>Consequently, effective October 1, 2020, U of U Health Plans will no longer cover CPTs 82306 or 82652 if performed as a screening test. These codes will be covered with specific diagnoses listed in Medical Policy-056, Vitamin D Testing.</p>

COVERAGE POLICY AND PRIOR AUTHORIZATION UPDATES

University of Utah Health Plans uses coverage policies as guidelines for coverage determinations in accordance with the member’s benefits. Effective January 1, 2020, all new and updated policies, including policies for services requiring prior authorization, are posted on our [Coverage Policies](#) website for 60 days prior to their effective date.

Quarterly notice of recently approved and revised coverage policies is provided in Provider Connection for your convenience. The information listed are summaries of the policy. Click on the hyperlinked policy number to view the coverage policy in its entirety.

Also included here are any updates to which services require prior authorization. Visit our [Prior Authorization](#) site frequently to view all medical services that require prior authorization, links to our coverage policies, and information on submitting an authorization request. Services that do not yet have a policy are reviewed using Interqual® criteria.

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

NEW POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
Admin-015 (New)	Category III CPT Codes	6/13/20
Commercial Plan: U of U Health Plans considers services and procedures listed in the published Category III CPT Code list as investigational, experimental, and unproven unless specifically indicated as covered. Section 1862(a)(1)(A) of the Social Security Act is the basis for denying payment of these codes.		
Reimb-015 (New)	Oral Appliances for Obstructive Sleep Apnea	10/01/20
Commercial Plan: U of U Health Plans covers custom fabricated oral appliances as monotherapy using HCPCS E0486 for the treatment of obstructive sleep apnea when coverage criteria are met. U of U Health Plans does not cover any oral appliances as they are a benefit exclusion and are therefore noncovered for obstructive sleep apnea (OSA) in the following circumstances: <ul style="list-style-type: none"> » Oral appliances that are available over the counter » Oral appliances that are prefabricated » Oral appliances used as a treatment for snoring without a diagnosis of OSA » Oral appliances used to treat dental conditions such as bruxism » Concurrent coverage of an oral appliance and a CPAP or BIPAP to treat OSA as duplicate therapies when intended only for personal comfort or convenience 		

NEW POLICIES (Continued)		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
Reimb-015 (New)	Oral Appliances for Obstructive Sleep Apnea <i>(Continued from previous page)</i>	10/01/20
<p>U of U Health Plans does not cover E0485, <i>Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustments</i>. These are considered a noncovered benefit as they are available over the counter without a prescription.</p> <p>All elements considered bundled into E0486 are included in the payment for device and should not be billed separately. The following codes are considered bundled into E0486:</p> <ul style="list-style-type: none"> » 21085 <i>Impression and custom preparation; oral surgical splint</i> » 21089 <i>Unlisted maxillofacial prosthetic procedure</i> » 21110 <i>Application of interdental fixation device for conditions other than fracture or dislocation, includes removal</i> » 70350 <i>Cephalogram, orthodontic</i> » 70355 <i>Orthopantomogram (e.g., panoramic x-ray)</i> » 70486 <i>Computed tomography, maxillofacial area; without contrast material</i> » 70487 <i>Computed tomography, maxillofacial area; with contrast material(s)</i> » 70488 <i>Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further section</i> » 76497 <i>Unlisted computed tomography procedure (e.g., diagnostic, interventional) code used for Cone Beam CT</i> » 99201 thru 99205, 99211 thru 99215 – <i>Evaluation/Management codes</i> <p>Please see policy for additional details.</p>		
Reimb-022 (New)	Modifier -90 Reference (Outside) Laboratory	8/12/20
<p>Commercial Plan:</p> <p>U of U Health Plans will NOT reimburse laboratory tests billed by a party other than the performing laboratory (POS 81), nor tests submitted with Modifier -90 appended to the laboratory test procedure code.</p> <p>U of U Health Plans does NOT permit pass through billing; therefore, balance billing of such services to our members is not allowed.</p>		
MP-004 (New)	Hypoglossal Nerve Stimulator for Obstructive Sleep Apnea	7/01/20
<p>Commercial Plan:</p> <p>U of U Health Plans does NOT cover hypoglossal nerve stimulation for obstructive sleep apnea (OSA) or any other indication, as it is considered investigational and/or not medically necessary.</p>		
MP-055 (New)	Homocysteine Level Testing	10/01/20
<p>Commercial Plan:</p> <p>U of U Health Plans does NOT cover Homocysteine Level testing for cardiovascular disease or any other indication as it is considered investigational.</p> <p>U of U Health Plans does NOT cover homocysteine plasma levels in the screening, evaluation, and management of patients with venous thromboembolism or risk of venous thromboembolism as it is considered INVESTIGATIONAL.</p>		
MP-056 (New)	Vitamin D Testing	8/24/20
<p>Commercial Plan:</p> <p>U of U Health Plans is beginning to limit coverage of vitamin D testing to the specific circumstances that have demonstrated an impact of health outcomes for its members. Please see the policy for the specific criteria and diagnoses listed.</p>		

REVISED POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
MP-019 (Revised)	Invasive Procedures for the Treatment of Glaucoma	8/12/20
Commercial Plan: The revision of this policy included defining “failure of conservative therapy” and adding that the combined phacoemulsification and viscocanalostomy with the Ologen® implant is not covered as it is considered investigational since the effectiveness of this approach has not been established.		
MP-008 (Revised)	Continuous Glucose Monitoring Systems (CGMS)	8/12/20
This policy was revised to allow for CGMS criteria requiring 1 year of subcutaneous insulin to have been attempted for anyone under age 13. Also, Freestyle Libre® 2 system has been added as covered CGMS system, though Libre system remains not a covered CGMS.		
MP-042 (Revised)	Electric Tumor Treatment Field Therapy for the Treatment of Glioblastoma Multiforme	8/01/20
Removed CPT K1002 <i>Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type</i> , as this code is incorrect for this technology which should be billed using HCPCS E0766 <i>Electrical stimulation device used for cancer treatment, includes all accessories, any type</i> . As this code represents a form of transcutaneous electrical stimulation (TENS) therapy, which is not covered. K1002 has been changed from requiring prior authorization (PA) to not covered (NC) effective 8/1/2020 .		
NEW SERVICES REQUIRING PRIOR AUTHORIZATION		
<i>CPT/HCPCS</i>	<i>Description of Service or Supply</i>	<i>Effective Date</i>
No New Services Reported		