

PROVIDER CONNECTION

University of Utah Health Plans
Provider Publication
End-of-Year Supplement 2018



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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NEW PRIOR AUTHORIZATION FORM STREAMLINES RESPONSES

Our Utilization Management (UM) department is preparing to launch a new online *Prior Authorization Request Form*. The new form is designed to streamline the transfer of information so our clinicians receive documentation needed to complete reviews in a timelier manner.

An added feature to this form is the ability to provide email updates to the submitter throughout the review process, including: when a request is submitted, once processing has been initiated, and when the request is sent for clinical review. A final notification will still be faxed to your office once a decision has been rendered. Email notifications will enable us to be more transparent about our process and more efficient with our providers to ensure timely care.

Please continue to use the current [UM Request Form](#) until the new form is available.

Though we prefer to receive requests submitted online, we will still accept requests via fax. Our UM department now has two dedicated fax lines available:

- Inpatient and behavioral health requests – **801-262-0103**
- All other requests – **801-213-1358**

UM is evaluating opportunities to make the prior authorization pages on our website more efficient for offices. We will notify you in future newsletters as these functions become available.

MARK YOUR CALENDAR

The Provider Education Summit is coming this spring to a location near you.

These helpful summits provide opportunity for your providers and staff to meet with representatives from payers and business partners, as well as attend classes to enhance your practice.

Mark out time now on your calendar to attend. Watch for more information in the February 2019 *Provider Connection*.



**PROVIDER EDUCATION
SUMMIT 2019**

A UTAH HEALTHCARE COMMUNITY EVENT

| | |
|--|--|
| PES Salt Lake March 19th, 2019 | PES Layton March 20th, 2019 |
| PES Provo March 27th, 2019 | PES St. George April 3rd, 2019 |

MORE INFORMATION TO COME

TIPS TO EXPEDITE CORRECTED CLAIMS

We've updated our claims processing system to more efficiently process corrected claims received via Electronic Data Interchange (EDI) 837 transmissions.

In the past, when a corrected claim was received, we would pay the corrected claim then adjust and deny the original claim as a duplicate. This caused confusion and additional work for provider offices trying to reconcile accounts.

Our new functionality enables us to process corrected claims much more efficiently when you submit the following information in **Loop 2300** of an X-837:

- In segment **CLM05-3**, insert the appropriate "Claim Frequency Type" code:
 - » **6** – Adjustment of prior claim
 - » **7** – Replacement of prior claim
 - » **8** – Void/cancel prior claim
- In segment **REF02**, enter the correct "Payer Claim Control Number" (claim number)

We continue to consider ways to make our interactions even more efficient. We appreciate your help to incorporate this simple step in your billing process.

PROMOTE YOUR WEBSITE IN OUR DIRECTORIES

We want to help your members find information about your clinic and providers as easily as possible. Therefore, we are adding space in our [online directories](#) to publish your clinic's website address.

Patients appreciate being able to review information about providers when looking for a new provider or developing a relationship. Helpful information to share on your site includes:

- Languages spoken
- Where a provider went to school
- Professional board certifications
- Hospital affiliations
- Medical areas of particular interest
- Activities enjoyed in their free time

Of course, don't forget demographic information like clinic hours, location, phone number, and email. Many clinics also include a link to a secure site where established patients can check future appointments, get lab results, pay a bill, or email their doctor.

If you have a clinic website you'd like us to publish in our online directories, please submit the web address (URL) with your clinic name, NPI, and phone number via our [Provider Information Update Form](#).

This is also a good time to review your providers' information listed in our online directory. You can update any incorrect or missing information on the same Provider Information Update Form.

Thanks for your help in making our directories as accurate as possible, and for including information to make it easier for our members to find you!

BENEFIT PLAN NEWS

NEW CHOICES FOR INDIVIDUAL AND FAMILY PLAN MEMBERS IN 2019

University of Utah Health Plans offers many plan options for this year's Individual Marketplace open enrollment period ending December 15, 2018.

Now more provider network options

U of U Health Plans Individual or Family plan members have two network options in 2019.

Healthy Preferred Network – offers access to 15 hospitals and more than 7,000 providers in the Wasatch Front, including: Box Elder, Cache, Davis, Salt Lake, Utah, and Weber counties.

Healthy Preferred is one of the Wasatch Front's largest provider networks, providing access to U of U Health, MountainStar Healthcare, and many other local, award-winning hospitals and providers.

Healthy Premier Network – offers access to 37 hospitals and more than 9,000 providers; available in all counties of Utah.

Healthy Premier is one of Utah's largest statewide provider networks, providing access to U of U Health, MountainStar Healthcare, and many other local, award-winning hospitals and providers.

New 2019 plan options

U of U Health Plans is offering an [Expanded Bronze plan for Individuals and Families](#), new for 2019. The following Individual and Family plans are available.

- Gold Copay
- Silver Copay
- Silver Elect (available through U of U Health Plans only)
- Bronze 3/Copay Before Deductible
- Bronze HSA
- Expanded Bronze

CONSIDERING NEW COVERAGE FOR YOUR EMPLOYEES?

More and more clinics and private practices are discovering the advantages of enrolling their employees in a U of U Health Plan. Whether you have fewer than 50 or more than 500 employees, U of U Health Plans has great options available. Contact one of our sales agents at 801-587-2875 or uuhp@hsc.utah.edu to discuss the best option for you.

CODING CORNER

COVERAGE CHANGES FOR SELECTED CODES, EFFECTIVE OCTOBER 1, 2018

The following CPT codes are now covered

Transitional Care

99495 *Transitional Care Management Services with the following required elements:*

- *Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge*
- *Medical decision making of at least moderate complexity during the service period*
- *Face-to-face visit, within 14 calendar days of discharge*

99496 *Transitional Care Management Services with the following required elements:*

- *Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge*
- *Medical decision making of high complexity during the service period*
- *Face-to-face visit, within 7 calendar days of discharge*

Breast Tomosynthesis

77063 *Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) Female patients between the ages of 40 and 75 with a screening diagnosis code who have 3D breast imaging performed in conjunction with 2D imaging will now be covered as a preventative benefit.*

The following codes are now covered with prior authorization required

Corneal Crosslinking

0402T *Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)*

The following codes are NOT covered

Vectra DA Blood Test for Rheumatoid Arthritis

81490 *Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score*

MEDICAL POLICY UPDATES

University of Utah Health Plans uses medical policies as guidelines for coverage determinations in accordance with the member's benefits. Quarterly notice of recently approved and revised medical policies is provided in *Provider Connection* for your convenience. The Medical Policy Updates section of this newsletter does not indicate that coverage is provided for the procedures listed.

| NEW POLICIES | | |
|--|--|----------------|
| Policy Number | Policy Name | Effective Date |
| MP-003 (New) | Chromosomal Microarray (CMA)/Comparative Genomic Hybridization (CGH) Testing for Developmental Delay and Fetal Demise | 8/29/18 |
| <p>Commercial Plan:</p> <p>U of U Health Plans covers genetic testing for clinical conditions presenting as developmental delay using CGH/CMA testing in certain circumstances when the following criteria are met:</p> <ul style="list-style-type: none"> A. The patient presents with a clinical diagnosis of developmental delay B. Thorough history and physical has failed to establish a definitive diagnosis other than developmental delay C. Chromosome analysis has failed to provide a definitive diagnosis in patients presenting with dysmorphic features suggestive of a specific chromosome abnormality (e.g., Down syndrome, Prader Willi syndrome) D. Results of testing have been identified in a specific and meaningful manner to impact patient management <p>U of U Health Plans covers evaluation of pregnancy loss in patients with indications for genetic analysis of the embryo or fetal tissue using CGH/CMA testing in certain circumstances when the following criteria are met:</p> <ul style="list-style-type: none"> A. Pregnancy loss at less than or equal to 20 weeks of gestation when there is a maternal history of recurrent pregnancy loss, defined as having two or more consecutive clinical pregnancy losses; OR B. All cases of pregnancy loss after 20 weeks of gestation <p>U of U Health Plans does NOT cover genetic testing using CGH/CMA testing for any other indication as it is considered investigational/experimental.</p> | | |
| MP-009 (New) | Proton Beam Therapy | 7/25/18 |
| <p>Commercial Plan:</p> <p>U of U Health plans covers proton beam therapy (PBT) in the following limited circumstances:</p> <ul style="list-style-type: none"> A. Chordomas or chondrosarcomas arising at the base of the skull or along the axial skeleton without distant metastases B. Other central nervous system tumors located near vital structures C. Localized, unresectable hepatocellular Carcinoma D. Ocular tumors including intraocular/uveal melanoma (not distant metastases) E. Intracranial arteriovenous malformation (AVM) not amenable to surgical excision or other conventional forms of treatment F. Pediatric (under 18 years of age) central nervous system or solid tumors <p>U of U Health Plans does NOT cover proton beam radiotherapy for treatment of prostate cancer. It is not medically necessary for individuals with localized prostate cancer because it has not been proven to be more effective than other radiotherapy modalities for this indication. Proton beam therapy for metastatic prostate cancer is considered experimental and investigational.</p> <p>U of U Health Plans does NOT cover proton beam therapy for any other indication as use in any other circumstance is unproven and considered investigational.</p> | | |

| NEW POLICIES (Continued) | | |
|--|---|-----------------------|
| Policy Number | Policy Name | Effective Date |
| MP-012 (New) | Formulas and Other Enteral Nutrition | 8/21/18 |
| <p>Commercial Plan:</p> <p>U of U Health Plans has modified its coverage policy on formulas and other enteral nutrition to identify specific circumstances in which certain enteral formulas are covered, specific focused criteria for coverage and specific exclusions. Areas covered include:</p> <ul style="list-style-type: none"> A. Hereditary metabolic disorders B. Amino acid/Elemental formulas C. Short chain fatty acid formulas D. Fat emulsion formulas E. Glycogen storage disease F. Cystic fibrosis patients G. Caloric insufficient patients H. Children with congenital heart disease I. Ketogenic diet for the treatment of epilepsy <p>The details of the criteria are available on request.</p> <p>In addition, U of U Health Plans outlines general qualifying criteria for enteral/tube feedings as follows:</p> <p>Indications for oral/tube enteral feedings (both A and B must be met):</p> <ul style="list-style-type: none"> A. Enteral feeding must be the patient’s sole source of nutrition (defined as obtaining >70% of patient’s total caloric intake daily); and B. Have one of the following medical conditions: <ul style="list-style-type: none"> i. Non-function or disease of the structures that normally permit food to reach the small bowel including dysphagia or disease of the small bowel that impairs digestion and absorption of an oral diet, either of which requires tube feedings to provide sufficient nutrients to maintain weight and strength commensurate with the member’s overall health status; or ii. Severe neurologic disease such that the patient is not able to consume food safely or adequately to provide at least 70% of estimated nutritional needs <p>Medical Necessity for Enteral Feeding Pumps:</p> <p>In some circumstances, the patient/member may be receiving a non-covered enteral feeding such as pureed “natural” food or non-covered over-the-counter enteral formula not otherwise covered. In these instances, the patient/member may still qualify for the enteral supplies.</p> <p>Enteral supplies may be allowed coverage if the request meets ALL other criteria except the specific clause: “The requested enteral formula can only be obtained through a pharmacy with a provider prescription.”</p> <p>Specific Coverage Requirements (Must meet ALL [A through D]):</p> <ul style="list-style-type: none"> A. Patient assessment by registered nutritional specialist required annually; and B. The requested enteral formula can only be obtained through a pharmacy with a provider prescription; and C. Product defined and labeled as a medical food; and | | |

| NEW POLICIES (Continued) | | |
|--|---|----------------|
| Policy Number | Policy Name | Effective Date |
| MP-012 (New) <i>(Continued)</i> | Formulas and Other Enteral Nutrition | 8/21/18 |
| <p>D. Written documentation from the medical record specifying the medical necessity, including the following information, may be required:</p> <ul style="list-style-type: none"> i. The attending physician’s order or prescription (updated at least annually); and ii. Diagnosis and description of functional impairment that relates to the need for enteral nutrition; and iii. Estimated duration of therapy with indication of next review by the attending physician; and iv. When applicable, the rationale for use of formula containing manufactured blenderized natural foods with intact nutrients; and v. Documented efforts to facilitate progression to oral feeding, including but not limited to: behavioral health, speech therapy, occupational therapy, dietary consult, time frame, PCP involvement or an annual statement from patient’s attending physician attesting to appropriateness of therapy and that they have personally assessed the individual <p>Coverage Limitations:</p> <ul style="list-style-type: none"> A. Initial certification is typically three months; this may vary given the clinical circumstance to as little as two weeks. B. After initial certification period, renewed certifications will usually be six months unless clinical documentation supports chronic long-term need. In these instances renewal will be annually. Shorter renewal certifications may occur depending on clinical circumstances. <p>This policy also provides clarification on services or supplies related to enteral feeding that are not covered.</p> <p>Coverage Limitations:</p> <ul style="list-style-type: none"> A. Dietary or oral supplements that are not covered, including but not limited to: Ensure®, Boost®, and Carnation Breakfast Essentials®, even if prescribed by a physician. Exceptions will be considered for these products if intended to replace a prescription nutritional supplement which otherwise meets coverage criteria. B. Medical foods (except as mandated by state law) C. Regular food products (including baby food, infant formula, or other regular grocery products that can be mixed in blenders and used with an enteral system regardless of whether these regular food products are taken orally or through a feeding tube) are not considered medical items D. Weight-loss foods and formulas (e.g. Slim Fast®) E. Mega-vitamin therapy F. Baby food G. Breast milk and breast milk substitutes H. Standard infant formulas I. Gluten-free food products J. Lactose-free products; products to aid in lactose digestion K. High protein powders and mixes L. Nutritional supplement puddings M. Oral rehydration therapy (ORT) (e.g., Pedialyte®, Enfalyte™, Naturalyte®, and Rehydralyte™) which is intended for very short-term use primarily with infants or children to replace water and electrolytes lost during severe bouts of vomiting and diarrhea. An ORT fluid does not serve the same purpose as a food; therefore, it is not an eligible formula. N. Food thickeners O. Enzyme-packed cartridges (e.g. RELiZORB™) for enzyme replacement in patients receiving enteral tube feedings | | |

| NEW POLICIES (Continued) | | |
|--|--|----------------|
| Policy Number | Policy Name | Effective Date |
| MP-022 (New) | Breast Tomosynthesis | 8/27/18 |
| Commercial Plan: U of U Health Plans covers breast tomosynthesis as a screening and diagnostic modality in the assessment and management of breast cancer. | | |
| MP-024 (New) | Corneal Crosslinking | 9/26/18 |
| Commercial Plan: U of U Health Plans covers epithelium-off corneal cross-linking once per lifetime, per eye if the following criteria are met: <ul style="list-style-type: none"> A. Patient has a diagnosis of keratoconus or corneal ectasia B. The medicine used is Photrexa® Viscous/Photrexa with the KXL® device U of U Health Plans does NOT cover corneal cross-linking in conjunction with intrastromal ring segment placement or PRK or phakic intra-ocular lens implantation (CXL-plus), as it is considered investigational. U of U Health Plans does NOT cover epithelium-on (transepithelial) corneal cross-linking for any diagnosis, as this is considered investigational. | | |
| MP-027 (New) | Vectra DA Blood Test for Rheumatoid Arthritis | 9/26/18 |
| Commercial Plan: U of U Health Plans does NOT cover the use of a multi-biomarker disease activity score (Vectra® DA) for rheumatoid arthritis, as it is considered investigational for all indications. | | |
| MP-029 (New) | Vestibular Evoked Myogenic Potential (VEMP) Testing | 9/26/18 |
| Commercial Plan: U of U Health Plans does NOT cover vestibular evoked myogenic potential (VEMP) testing, as this testing is considered investigational. | | |