



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.**

INSIDE THIS EDITION

- Announcing our New Credentialing Partner 2
- Clinical Practice Guidelines Now Available Online 2
- The Surprising Connection Between Vision and Cognitive Function 2
- HEDIS Collaboration: Antidepressant Medication Management 4
- GATE Utah: Connecting the Path Between Medical and Mental Health Care 5
- Places of Service—How Many are Too Many? 5
- Save the Date: 2020 Provider Education Summits 5

HEALTHY U MEDICAID

- Healthy U Integrated—Limited Pilot for Expansion Members 6

PHARMACY

- Annual Notice of Pharmacy Resources for Members 7

CODING CORNER

- Reminder: Coverage of Modifier -25 7
- Coverage Policy Updates 8

To return to this page, click on "Provider Connection" at the top of any page.



HEALTH PLANS
UNIVERSITY OF UTAH

ANNOUNCING OUR NEW CREDENTIALING PARTNER

We are pleased to announce that we have partnered with Verisys® to conduct our provider credentialing process to verify and screen providers applying to a U of U Health Plans network, **effective March 1**. Verisys will also provide monitoring services to ensure our providers consistently meet the high credentialing standards established by the National Committee for Quality Assurance (NCQA®).

Included in Verisys's technology solutions is CheckMedic®, their data and technology platform. CheckMedic will contact newly contracted providers, or those due for recredentialing, with instructions on how to update and share their CAQH® records (if available), or provide the necessary information to CheckMedic to complete the credentialing process.

We anticipate our partnership with Verisys will provide a more efficient, transparent credentialing experience. [Learn more about Verisys Corporation.](#)

Questions about our credentialing process? Email a member of our Credentialing team at provider.credentialing@hsc.utah.edu, or call **801-587-2838** or **833-970-1848** option 3.

CLINICAL PRACTICE GUIDELINES NOW AVAILABLE ONLINE

Clinical Practice Guidelines based on scientific evidence, and where evidence is lacking, on a consensus panel of experts, are now available on the [Clinical Practice Guidelines](#) page of our provider website. These guidelines are valuable tools to help clinicians and members make mutually informed decisions about appropriate care for specific medical and behavioral health conditions. Our Quality Improvement Council, which includes medical and behavioral health care practitioners, has vetted the guidelines. University of Utah Health Plans fully supports the posted recommendations.

THE SURPRISING CONNECTION BETWEEN VISION AND COGNITIVE FUNCTION

"Seniors with visual impairment were up to 2.8 times more likely to have cognitive dysfunction or dementia." What? Yes, you read that correctly.

In a recent [America's Health Insurance Plans \(AHIP\) blog post](#), Elizabeth Klunk reports on the results of studies by the National Health and Nutrition Examination Survey (NHANES) and the National Health and Aging Trends Study (NHATS). Researchers found that "visual impairment was associated with the worse cognitive impairment scores."

The vision-cognition connection isn't confined to the elderly. Oftentimes, dyslexia can be diagnosed during an eye examination. Most people have a dominant eye and visual cues are sent to the brain asymmetrically, according to the article. Patients with dyslexia tend to have more symmetrical eyes, "meaning that their retinas, as well as the way they transmit visual information to the brain, is symmetrical," Klunk said.



How can providers help?

These studies highlight the importance of early detection through regular eye exams for all patients, whether they're two or ninety-two. They also highlight the critical importance of seamless communication between Primary Care Providers and Ophthalmologists and Optometrists.

Primary Care Providers: Have a process in place that ensures your patients have an eye exam each year. Please remind your patients to inform their eye doctors of who their PCP is and to ensure the eye doctor will send full results of the exam to you.

Ophthalmologists and Optometrists: Study the research cited. Be aware of clues that a cognitive condition may be occurring. Additionally, have a solid process in place to send all eye exam results back to each patient's primary care provider.

U of U Health Plans covers an annual eye exam as a **preventive benefit** for our members on any of our commercial group and Individual and Family plans. Medicaid also covers an annual exam for members with Healthy U Medicaid. (Remember to always verify a member's plan and eligibility to confirm which services and providers are covered under the member's benefits.)

Eye health has varied and long-lasting impacts on quality of life. We appreciate your efforts to support our members' total health.

Reference:

Klunk, Elizabeth. "Cognitive Function, Dyslexia, and the Vision Connection." AHIP Blog. America's Health Insurance Plans, 3 October, 2019. Web. 18 Dec. 2019.

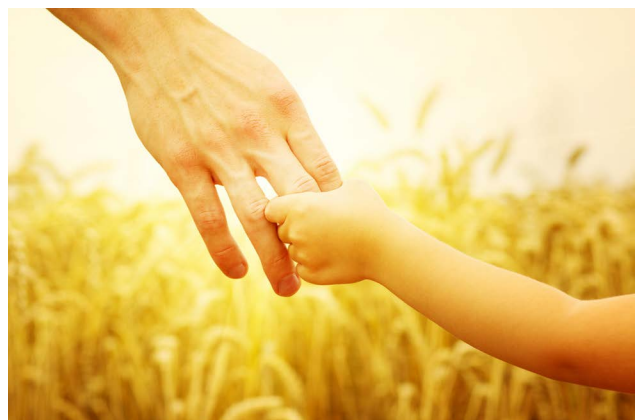
HEDIS COLLABORATION: ANTIDEPRESSANT MEDICATION MANAGEMENT

Successful treatment of patients with major depressive disorder (MDD) relies heavily upon their close adherence to treatment plans. Unfortunately, adherence is an ongoing concern. In 2018 (the most recent published results), only 32.69% of Healthy U Medicaid members maintained their newly prescribed antidepressant medication for at least 6 months. Individual and Family plan members demonstrated 47.62% adherence (10th percentile rank nationally) and Commercial (group) members were compliant 52.40% of the time (50th percentile rank nationally).

We want to partner with you to ensure our members with MDD, particularly those newly diagnosed, comply with their treatment plans and medication management to achieve optimal outcomes.

[A qualitative study by the Public Library of Science](#)

examining barriers and facilitators of adherence to antidepressants among outpatients concluded:
"Patient-specific barriers and medication side effects were the major challenges for adhering to treatment. Perceived health benefits and having insight on the need for treatment were the most frequently cited facilitators. Targeted interventions should be developed to address the key barriers, and promote measures to facilitate adherence in this group of patients."



What are we doing?

U of U Health Plans mails letters to identified members who may have stopped taking their antidepressant. Letters include a friendly reminder to follow their doctor's recommendations and prescribed medication regimens:

"Each type of antidepressant works in a slightly different way by changing the chemicals in the brain. People with depression may need to try different medications before finding the right one for them. We encourage you to work with your provider to find the right medicine."

"After starting a medication, it may take a period of time before you feel better. Being on the right medication can help relieve depression, anxiety, and hopelessness. If you stop the medication, your symptoms will likely return. It is important to consult with your doctor before stopping or changing your medication as this can cause serious health problems."

We also include helpful tips for keeping on a medication schedule.

What can you do?

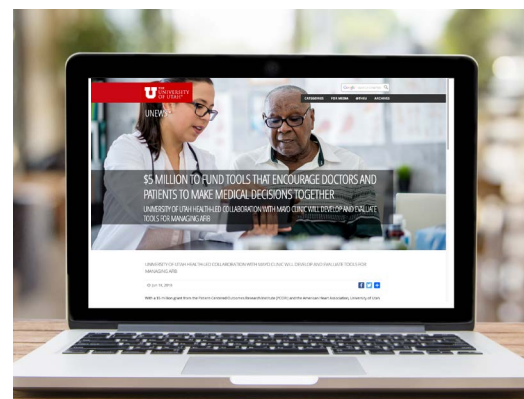
Encourage your patients to become educated about their condition so they can better participate in the decision-making process to manage their treatment.

"If people don't feel engaged in the decision-making process they are less likely to see the benefits of treatments. Instead they may see them as a hassle and not fill their prescriptions or take the medications."

– Angie Fagerlin, Ph.D., Chair of Population Health Sciences, University of Utah Health

We promote a rich suite of [shared decision-making tools](#), such as the following:

- » U of U Health is leading an exciting collaboration with the Mayo Clinic to develop an [atrial fibrillation shared decision-making clinical tool](#), with a \$5 million grant from the Patient Centered Outcomes Research Institute (PCORI).
 - Learn more about the [educational materials currently available](#) from the Mayo Clinic and share them with your patients.
- » We also offer the [HealthFeed blog](#) with the latest information regarding medicine, research, nutrition, exercise, and more. Encourage your patients to read these and other reliable materials.



Discuss with your patients why you're recommending a particular medication. Discuss possible side-effects weighed against benefits, how long to wait to notice results, in what circumstances to call you, and available alternatives.

Help your patients understand their condition and what they can do to alleviate symptoms. As Dr. Fagerlin suggests, the more engaged patients are in developing their treatment plan, the more likely they'll be to follow it.

We deeply appreciate the care and dedication you provide to our members. We hope you'll share your ideas with us on how we can better support you and our members in our mutual goal of achieving their best health.

Reference:

Ho, S., et al. "Barriers and facilitators of adherence to antidepressants among outpatients with major depressive disorder: A qualitative study." PLoS One. US National Library of Medicine, National Institutes of Health, 14 June 2017. Web 17 Dec. 2019.

GATE UTAH: CONNECTING THE PATH BETWEEN MEDICAL AND MENTAL HEALTH CARE

U of U Health Plans has partnered with University Neuropsychiatric Institute to offer a web-based system for PCPs to consult with a psychiatrist about members' behavioral health concerns. Pioneered by a group of physicians in the Division of Child Psychiatry at the University of Utah, Giving Access to Everyone (GATE) Utah is an innovative program that aims to "improve access to mental health services, improve collaboration between primary care physicians and mental health professionals, and enhance knowledge of how to manage mental health conditions in the primary care setting. Visit gateutah.org today for information for providers and members.



PLACES OF SERVICE: HOW MANY ARE TOO MANY?

We've recently seen an uptick in claims being billed with two or more places of service. According to [guidance from the Centers for Medicare & Medicaid Services \(CMS\), section 1.6](#), reporting more than one place of service on a claim is not appropriate. We agree with the CMS standard and will deny any claim received with more than a single place of service.

SAVE THE DATE: 2020 PROVIDER EDUCATION SUMMITS

Provider Education Summits are educational events for health care professionals. The events provide opportunities for medical office staff, billers, coders, and administrators to meet with insurance payers and other health care vendors. Breakout sessions provide education to enhance operational efficiency.

2020 Locations and Dates:

Provo Tuesday, March 31 <i>Utah Valley Convention Center</i>	St. George Tuesday, April 7 <i>Dixie Center</i>	Layton Wednesday, April 15 <i>Davis Conference Center</i>	Sandy Thursday, April 16 <i>Mountain America Expo Center</i>
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HEALTHY U MEDICAID

HEALTHY U INTEGRATED: LIMITED PILOT FOR EXPANSION MEMBERS

We are pleased to announce a pilot plan for Medicaid expansion-eligible enrollees in Salt Lake, Weber, Davis, and Utah counties who have elected Healthy U as their Accountable Care Organization (ACO). Healthy U Integrated is a new type of managed care plan that combines physical and behavioral health benefits under a single managed care organization.

Traditionally, Utah Medicaid has offered separate physical and behavioral health plans. The goal is that by offering both benefits under the same plan, Medicaid members will be given more comprehensive care that recognizes the interaction between physical health and behavioral health. This is currently a pilot program that we hope will be rolled out to the entire state in the future.

Expansion clients in all other counties will be eligible for the traditional Medicaid benefit which includes physical health benefits managed through the ACOs, such as Healthy U, and behavioral health benefits managed through the local Prepaid Mental Health Plan.

Many of our traditional Medicaid behavioral health providers will continue to be providers for the integrated benefit; however, there may be expanded opportunities for care coordination and new providers to serve this newly eligible population. The Healthy U Integrated Plan will continue to have the same Healthy U medical network as our regular Healthy U plan.

Also beginning January 1, 2020, Utah residents statewide who earn up to 138% of the federal poverty level will be eligible for the fully expanded Medicaid program. This means that as many as 120,000 Utah adults who did not qualify for Medicaid in 2019 will be eligible in 2020. Income equaling 138% of the federal poverty level translates to \$16,753 for individuals and \$34,638 for a family of four. As of now, individuals on Marketplace plans will have the opportunity to choose a Medicaid plan, but will not be automatically switched to Medicaid.

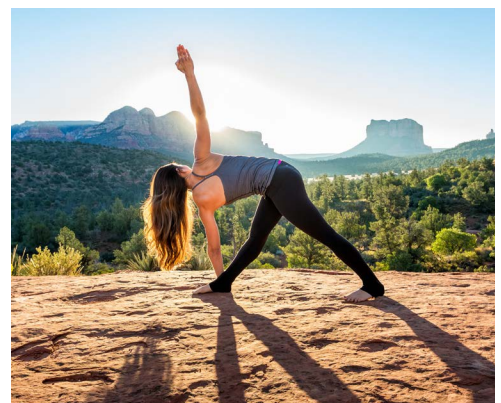
Individuals who do choose to switch from a Marketplace Individual or Family plan to a Medicaid plan will need to register for work and apply for employment unless they qualify for an exemption (approximately 70-80% of eligible individuals will be exempt from the work program). In most cases, Medicaid plan benefits for individuals are less costly than Marketplace plans and typically have similar provider networks. To enable members to choose the best option for their circumstances, we continue to offer Individual and Family Marketplace plans as well as our Healthy U Medicaid plan.

Remember:

Medical and behavioral healthcare providers intending to join the Healthy U network must **first** enroll with Utah Medicaid's *Known Provider List* via their [PRISM](#) enrollment system. Enrollment with the state, as well as your U of U Health Plans contract and credentialing, must be complete before providing service to Healthy U members.

Questions?

- » Visit [Healthy U](#) for information on our developing plans.
- » Read the [December 2019 MIB](#) for information about Integrated care.
- » Stay abreast of [Utah Medicaid expansion news](#).
- » Learn more about [PRISM](#).



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.



ANNUAL NOTICE OF PHARMACY RESOURCES FOR MEMBERS

U of U Health Plans provides prescription drug coverage for our members. View [general information about our pharmacy coverage](#) including: the preferred drug list for each member's plan, information on how to use the pharmaceutical procedures, an explanation of limits, the process for generic substitution, therapeutic interchange, step therapy, and how prescribing practitioners must participate in an exception request. Preferred drug lists may change from time to time, but updates are posted on the website on or before the effective date of any change. We recommend that providers review the website quarterly for formulary updates.

CODING CORNER

REMINDER: COVERAGE OF MODIFIER -25

Circumstances periodically arise in the care of a patient in which **Modifier -25, Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service**, is appropriate to append to an Evaluation and Management (E/M) service to accurately reflect the services performed.

We cover the use of Modifier -25 in limited circumstances when documentation for the service supports that the service being billed was clearly unrelated to the E/M originally performed. This documentation should be distinct from the documentation related to the other procedure or service(s) performed on the same date of service.

U of U Health Plans coverage of Modifier -25 applies only in the following circumstances:

- » Commercial and Individual/Family plans – Modifier -25 is recognized when the medical record provides sufficient documentation to specifically support E/M and other services as separately identifiable services based on AMA CPT CCI coding guidelines.
- » Healthy U Medicaid plans – Modifier -25 is recognized when the medical record demonstrates appropriate documentation to specifically support both services when used with the following E/M codes (additional CPT codes not listed below will be adjudicated at 0% of the E/M contracted allowed amount):
 - New patients (**99201 to 99205, 99381 to 99387, G0402, and G0438**)
 - Emergency Department (**99281 to 99285**)
 - Critical Care patients (**99291 to 99292**)

- Domiciliary or Rest Home visits for new or established patients (**99324 to 99337**)
- Established patients (**99211 to 99215, 99391 to 99397, and G0439**)
 - Established patients codes will be adjudicated at 40% of the E/M contracted allowed amount.
- » For E/M evaluations billed with chemotherapy administration, a Modifier -25 will be allowed when review of submitted documentation substantiates that a “significant, separately identifiable service” was performed, and will be reimbursed at 100% of the Medicaid fee schedule.

Read the full [Modifier -25 Reimbursement Policy](#).

COVERAGE POLICY 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 MEDICAL POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
MP-030 (New)	Pharmacogenomic Testing for Behavioral Health Disorders	10/23/19
<p>Summary:</p> <p>U of U Health Plans does not cover genetic testing or genetic testing panels for the diagnosis and management of behavioral health disorders, including opioid management, as clinical utility of this testing is not established and it is considered investigational in this setting.</p>		
MP-039 (New)	MRI Guided Focused Ultrasound (MRgFUS)	6/26/19
<p>Summary:</p> <p>This policy outlines MrgFUS as only covered for the treatment of idiopathic essential tremor when specific criteria are met. This policy goes on to point out that MrgFUS is not covered for any other indication, as use in these settings is considered investigational.</p>		

NEW MEDICAL POLICIES CONTINUED		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
MP-048 (New)	Phototherapy, Photochemotherapy or PUVA, and Excimer Laser Therapy for Dermatologic Conditions	10/23/19
<p>Summary:</p> <p>This policy outlines the clinical situations in which office-based and home phototherapy—including actinotherapy, type A ultraviolet (UVA) radiation, type B ultraviolet (UVB) radiation, and combination (UVA/UVB) and photochemotherapy (e.g., psoralens (P) and UVA, known as PUVA, and combinations of P/UVA/UVB)—are covered. It goes on to note situations in which phototherapy is not covered and considered investigational, such as when used for cosmetic purposes.</p>		
MP-051 (New)	Electroretinography	10/14/19
<p>Summary:</p> <p>This policy outlines that standard electroretinography (ERG) is medically necessary as an acceptable alternative adjunctive modality to establish loss of retinal function or to distinguish between retinal lesions and optic nerve lesions. ERG is NOT covered for all other indications.</p> <p>It goes on to note that multi-focal electroretinography is only covered in limited circumstances related to detecting chloroquine or hydroxychloroquine toxicity.</p> <p>It also notes U of U Health Plans does not cover pattern electroretinography (PERG) as it is considered experimental, investigational and/or unproven for all indications.</p>		
MP-052 (New)	Bariatric Surgery	12/31/19
<p>Note: This policy replaces the criteria set provided by Change Healthcare®/InterQual that was used prior to development of this separate policy.</p> <p>Summary:</p> <p>This policy replaces the policy from Change Healthcare’s Interqual coverage guidelines and outlines the criteria and conditions necessary for coverage of bariatric surgery for those plans with this benefit.</p> <p>It also outlines the many procedures and surgeries not covered for bariatric purposes, as investigational.</p>		
MP-053 (New)	Vertebral Axial Decompression	12/23/19
<p>Summary:</p> <p>Policy establishes that U of U Health Plans does not cover vertebral axial decompression, as it's investigational.</p>		
Reimb-014 (New)	Modifier -25	11/20/19
<p>Summary:</p> <p>This policy outlines the circumstances in which Modifier -25 is covered and the documentation required for coverage consideration for commercial and Medicaid members' claims.</p>		
Reimb-020 (New)	Custom Diabetic Shoes	12/02/19
<p>Summary:</p> <p>This policy outlines the conditions for which custom diabetic shoes and custom inserts are covered.</p>		
REVISED POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
Admin-001 (Revised)	Clinical Criteria for Review Determinations	10/14/19
<p>Revision:</p> <p>Name changed for clarification. Added additional criteria to allow peer-reviewed general medical textbooks such as "UpToDate®," "Current Medicine," or similar authoritative texts.</p>		

REVISED POLICIES CONTINUED		
Policy Number	Policy Name	Effective Date
MP-002 (Revised)	Gender Reassignment Surgery	11/20/19
Revision: Added nonbinary individuals to the policy. Changed "sex reassignment" surgery to "gender reassignment" surgery and added this paragraph: "In the case of nonbinary individuals, above surgeries will be considered to align their gender preference."		
MP-006 (Revised)	DNA Analysis of Stool for Colon Cancer Screening (Cologuard®)	10/22/19
Revision: Removed HCPCS G0328 <i>Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous</i> from policy as this is a fecal occult blood testing code, not a DNA test. Updated literature.		
NEW SERVICES REQUIRING PRIOR AUTHORIZATION		
CPT/HCPCS Service or Supply	Description	Effective Date
15769	Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)	01/01/2020
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	01/01/2020
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof	01/01/2020
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	01/01/2020
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof	01/01/2020
20700	Manual preparation and insertion of drug-delivery device(s), deep (e.g., subfascial)	01/01/2020
20701	Removal of drug-delivery device(s), deep (e.g., subfascial)	01/01/2020
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	01/01/2020
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	01/01/2020
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography)	01/01/2020
65785	Implantation of intrastromal corneal ring segments	01/01/2020
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	01/01/2020

NEW SERVICES REQUIRING PRIOR AUTHORIZATION CONTINUED		
CPT/HCPCS Service or Supply	Description	Effective Date
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	01/01/2020
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	01/01/2020
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (e.g., myocardial viability)	01/01/2020
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (e.g., myocardial viability); with concurrently acquired computed tomography transmission scan	01/01/2020
81307	PALB2 (partner and localizer of BRCA2) (e.g., breast and pancreatic cancer) gene analysis; full gene sequence	01/01/2020
81308	PALB2 (partner and localizer of BRCA2) (e.g., breast and pancreatic cancer) gene analysis; known familial variant	01/01/2020
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (e.g., colorectal and breast cancer) gene analysis, targeted sequence analysis (e.g., exons 7, 9, 20)	01/01/2020
81401	Molecular pathology procedure, Level 2 (e.g., 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) (<i>Read additional description in coding guides</i>)	01/01/2020
81420	Fetal chromosomal aneuploidy (e.g., trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21 Reference: MP-018 Genetic Testing: cfDNA for Fetal Testing	01/01/2020
81479	Unlisted molecular pathology procedure Reference: MP-030 Pharmacogenomic Testing for Behavioral Health Disorders	01/01/2020
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy Reference: MP-018 Genetic Testing: cfDNA for Fetal Testing	01/01/2020
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	01/01/2020
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG) Reference: MP-051 Electroretinography	01/01/2020
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	01/01/2020

NEW SERVICES REQUIRING PRIOR AUTHORIZATION <i>CONTINUED</i>		
<i>CPT/HCPCS Service or Supply</i>	<i>Description</i>	<i>Effective Date</i>
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	01/01/2020
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	01/01/2020
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	01/01/2020
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	01/01/2020
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	01/01/2020
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	01/01/2020
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	01/01/2020
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	01/01/2020
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	01/01/2020
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	01/01/2020
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	01/01/2020
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	01/01/2020
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	01/01/2020
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	01/01/2020
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	01/01/2020

NEW SERVICES REQUIRING PRIOR AUTHORIZATION CONTINUED		
CPT/HCPCS Service or Supply	Description	Effective Date
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	01/01/2020
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	01/01/2020
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	01/01/2020
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	01/01/2020
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	01/01/2020
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	01/01/2020
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	01/01/2020
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	01/01/2020
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	01/01/2020
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	01/01/2020