



# PROVIDER CONNECTION

University of Utah Health Plans  
Provider Publication  
November 2020

## 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

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## ANNOUNCING: ADVANTAGE U SIGNATURE— A NEW OPTION FOR MEDICARE BENEFICIARIES

We're excited to let you know that our **Advantage U Signature (PPO)** product, administered by University of Utah Health Plans, is available for Medicare beneficiaries to elect during the 2021 Annual Enrollment Period for coverage beginning January 1, 2021. Advantage U Signature is available to Medicare-eligible beneficiaries in Davis, Salt Lake, Tooele, Utah, and Weber counties.

**Advantage U Signature is a \$0 premium Medicare Advantage PPO plan with zero to low out-of-pocket costs for members.**

Advantage U Signature provides all the coverage of Original Medicare Parts A and B and includes these additional benefits:

- » Vision
- » Dental
- » Hearing aids
- » Fitness opportunities
- » Part D prescription medication coverage
- » Monthly allowance to spend on qualifying OTC items

Advantage U Signature members will also enjoy peace of mind knowing they have access to a robust network of quality facilities, physicians, and other healthcare professionals included in the plan's network.

**The Annual Enrollment Period extends from October 15 through December 7, 2020.** If you have friends, neighbors, or family who are considering a Medicare Advantage product, please suggest they review Advantage U Signature along with their other coverage options. Complete product information is available at [AdvantageUMedicare.com](https://www.advantageumedicare.com).

While you're visiting [AdvantageUMedicare.com](https://www.advantageumedicare.com), click on "Member Resources" and then on "Search Providers." Check the information for all of the providers in your clinic, and let us know via the [Provider Information Update Form](#) if you see anything that needs to be corrected.



# Advantage | U

### Questions?

- |  |                     |
|--|---------------------|
| » Claims and benefits – Advantage U Customer Service             | <b>855-275-0374</b> |
| » Prospective sales – Advantage U Enrollment                     | <b>801-933-2605</b> |
| » Contracting and general questions – Provider Relations         | <b>801-587-2838</b> |
| » Part D Prescription Medications- contracted with CVS Caremark® | <b>888-970-0851</b> |

## OPEN ENROLLMENT FOR INDIVIDUAL AND FAMILY PLANS

The end of the year is a busy time for U of U Health Plans and your patients. In addition to the Annual Enrollment Period for Medicare and Medicare Advantage plans, individuals and families not covered by Medicaid or an employer group plan can choose their health coverage from November 1 through December 15, 2020. With so many options available, patients often ask their trusted healthcare professional which carrier they'd recommend. If you happen to receive this question from a patient, family member, or neighbor, remember, we have statewide options available on and off the federal Marketplace for individuals and families.

What's the difference between "on" and "off" the Marketplace?

- » The federal Marketplace is the online health carrier catalog found at [Healthcare.gov](https://www.healthcare.gov), or other authorized "Exchange" platforms. The plans are required by the Affordable Care Act to provide a package of "essential health benefits." Individuals who enroll in a Marketplace plan may be eligible for a federal subsidy to assist with copayments, coinsurance, or other out-of-pocket costs.
- » Individuals and families who choose to not purchase a Marketplace plan can purchase an "off-exchange" health plan directly from an insurance carrier, such as U of U Health Plans, or a reliable insurance broker.

University of Utah Health Plans has a long record of providing quality coverage to members throughout Utah since 1998. We've offered Marketplace plans since 2016, utilizing the Healthy Preferred and Healthy Premier networks. We're proud to offer every community in Utah reliable coverage, not just those area with the highest populations. We offer seven health plans on the exchange and one off the exchange, including a new Silver plan with lower deductibles.

An important feature of all University of Utah Health plans is "embedded deductibles." This means if one family member is sick or injured, once they cover their per-person deductible and out-of-pocket maximum amount, we cover the remainder of their care at 100%. We don't forestall this coverage until the entire family's deductible and out-of-pocket maximum is met, as many carriers do. Hidden burdens such as this are important factors to consider when weighing the true cost of healthcare plans.

For more information about any of our available health plan options, visit [uhealthplan.utah.edu](https://uhealthplan.utah.edu), or call **801-213-4111**.

## COVID-19 ISN'T TAKING TIME OFF FOR THE HOLIDAYS

It's been a challenging year, to say the least, and we hope you, your staff, and your loved ones are staying healthy. Unfortunately, the pandemic still has a strong foothold in our communities. We're eagerly monitoring news of treatments and vaccines in hopes this virus will soon be a memory.

While we wait for amazing breakthroughs, we continue to make coverage decisions in the best interest of our members and providers. View our current information about [CORONAVIRUS: COVID 19 Coverage and Care](#).



## IS YOUR CAQH PROFILE UPDATED WITH 'PLI'?

The Council for Affordable Quality Healthcare (CAQH) has updated their Professional Liability Insurance (PLI) page to make it easier for providers to manage their PLI records and to ensure clinicians are providing the information necessary for credentialing. Among several changes is the first question: "Are you covered under a professional liability insurance policy?"

Also new to the PLI is the requirement of a document to support the information entered. All PLI documents are validated against the portal data to ensure the Provider's name, expiration date, and policy number match the details you entered in your profile. If the information does not match, the document will be rejected. Update the portal data, then resubmit the PLI document.

Visit [CAQH](#) to update your PLI or view additional resources.

## IS YOUR PROVIDER DIRECTORY INFORMATION UP TO DATE?

Clocks fall behind in November, but that doesn't mean your office should. Now is a great time to look up your office's providers in our [online provider directory](#) to ensure all of your information is correct. If you see commercial group, Individual and Family, and/or Medicaid members, click on the type of plan, on the network(s) on which you participate, and then type in the providers' names to verify their information.

Need to change anything? Complete and submit a [Provider Information Update Form](#) online. Be sure to complete all appropriate fields—like languages spoken or handicap accessible—to make your information as complete as possible with one update.

Did you know you can also have a link to your practice's website displayed in our directory? Your patients will appreciate having helpful, accurate information at their fingertips. You can also request Provider Information Update form to have your website listed in our directories.

## UTILIZATION MANAGEMENT DECISION GUIDELINES

We're committed to ensuring that services provided to our members meet nationally recognized guidelines, are provided in the appropriate setting (inpatient or outpatient), and that the length of stay can be supported for medical indications. We reference InterQual and Hayes criteria, nationally recognized guidelines, to help determine medical necessity.

You can view many of our [Medical, Administrative, and Reimbursement Policies](#) or [Pharmacy Medication Policies](#) online. For those not yet available, we would be happy to provide you with a copy of the criteria we use to make utilization management decisions. To request UM criteria, call the UM team at **888-271-5870**, option 2, or email your request to [UUHP\\_UM@hsc.utah.edu](mailto:UUHP_UM@hsc.utah.edu).

# REPORTING DOMESTIC ABUSE, NEGLECT, AND EXPLOITATION

Incidents of domestic abuse, neglect, and exploitation traditionally escalate during the holidays; unfortunately, with the pandemic, law enforcement and other protective agencies are already seeing a marked increase in domestic violence compared to previous years. To ensure the health and safety of children and adults, join us in our commitment to ensure everyone in your office is educated about how to recognize and report suspected instances of abuse, neglect, and/or exploitation of children, adults, or families.

Under Utah Law ([26-23a-2](#)), any health care provider who treats or cares for a person who suffers from any wound or other injury inflicted by the person's own act or by the act of another must immediately report it to a law enforcement agency. In addition, any person who has reason to believe that an elder or disabled adult is being abused, neglected, or exploited must by law ([62A-3-305](#) and [76-5-111.1](#)) immediately report the situation to Adult Protective Services (a division of Aging and Adult Services) or the nearest law enforcement agency. Under these laws, all reporters are immune from civil and criminal liability related to the report.

In addition to reporting to law enforcement agencies, notify one of the following divisions at the Utah Department of Health.

<b>Child &amp; Family Services</b>	<b>Adult &amp; Aging Services</b>
Utah Division of Child and Family Services 120 North 200 West, Room 225 Salt Lake City, Utah 84103  Phone: <b>801-538-4100</b> Fax: 801-538-3993  24-Hour Child Abuse Reporting: <b>801-281-5151</b> Domestic Violence Information Line: <b>800-897-5465</b>	Adult Protective Services 120 North 200 West, Room 325 Salt Lake City, UT 84103  Phone: <b>801-538-3910</b> Fax: 801-538-4395  24-Hour Adult Protective Reporting: <b>800-371-7897 or 801-264-7669</b>

We thank you for the care you provide our members. We encourage you to educate your staff about prevention and detection of abuse, neglect, and/or exploitation, and the resources available for victims. Contact the agencies above for additional prevention, detection, and resource information. These agencies can also provide information for your patients.

Providers who are employed by University of Utah Hospitals and Clinics should also familiarize themselves with the University of Utah policy on prevention, detection, and reporting requirements in the [Abuse, Neglect and/or Exploitation Policy](#).

Additional resources from the Utah Department of Human Services:

- » [Child Protective Services](#)
- » [Adult Protective Services](#)
- » [Domestic Violence Services](#)

# REFRESH YOUR KNOWLEDGE OF BEHAVIORAL HEALTH RESOURCES

## BEHAVIORAL HEALTH ECHO

University of Utah Health offers Behavioral Health ECHO, educational and case-based learning opportunities for healthcare providers throughout the Mountain West.

Although the 2020/2021 academic year schedule is not posted, you can:

- » [View past behavioral health sessions](#) covering a variety of topics
- » [Register to receive notifications of upcoming sessions.](#)

Additional mental health forms, resources, and checklists are also available on the site. This information is valuable for personal study or clinic in-service training.

Diagnosis and intervention for behavioral health concerns usually does not begin in a therapist's office. Be sure everyone in your clinic can recognize a patient's subtle signs that may otherwise go undiagnosed.

## IDENTIFYING AND RESPONDING TO SUICIDE RISKS

At one and a half times the national average, Utah has one of the highest rates of suicide in the nation. In fact, according to a 2018 article in the Washington Post, suicide rates in Utah rose 46.5 percent between 1999 and 2016. Whether in our homes, neighborhoods, or clinics, understanding suicide and its warning signs, and knowing how to intervene are crucial to help stem the epidemic.

**Know the signs** – It's often difficult to recognize when someone is approaching their breaking point. Suicide predictors generally gravitate toward mental health and depression for women; whereas for men, the factors seem to be financial, work, or intimate partner issues. Anger is quite often the precipitating factor leading to suicide in men.

**What you can do to help** – This is not an area for armchair quarterbacking. If you are concerned about someone:

1. Ask them if they've been thinking about harming them self
2. Encourage them to seek help
3. Refer them to the appropriate professional help

### Resources to offer

- » **CrisisLine – 801-213-0816** – University Neuropsychiatric Institute offers free intervention in emergency and nonemergency situations.
- » **Care Management – 888-271-5870** option 2 – For University of Utah Health Plans members, highly trained registered nurse care managers are available to help members or providers ensure the individual receives the care they need, when and where they need it.
- » **Suicide Prevention Lifeline – 800-273-8255** – The National Suicide Prevention Lifeline is a national network of local crisis centers that provide free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

- » **University Neuropsychiatric Institute (UNI) Stabilization Services – 801-585-1212** – In collaboration with University of Utah Health Plans, UNI Stabilization Services can care for your patients needing immediate stabilization and support.
- » **SafeUT** – The SafeUT Crisis Chat and Tip Line offers real-time crisis intervention to youth throughout Utah, providing live chat services and a confidential tip program— all from a smartphone app.

Our “why” is the same as yours: to ensure the health of the communities we serve. Please discuss suicide prevention with all staff in your office. Share this article and other resources available. Train staff how to recognize and respond to potential risks. Step up, speak up. We may not be able to fully eradicate this epidemic in our communities—but we must try.

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

U of U Health Plans has partnered with UNI 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](http://gateutah.org) today for information for providers and members.

### **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 cover the following services.

<b>CPT</b>	<b>Brief Description</b>	<b>Limitations</b>
<b>99483</b>	Assessment of and care planning for a patient with cognitive impairment	One per month
<b>99484</b>	Care management services for behavioral health conditions	One per month
<b>99492</b>	Initial psychiatric collaborative care management	One per member per lifetime per clinic
<b>99493</b>	Subsequent psychiatric collaborative care management	One per month
<b>99494</b>	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](#).
- » [Learn About the Collaborative Care Model](#) from the American Psychiatric Association™.

# 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.

## PHARMACY UPDATES EFFECTIVE JANUARY 1, 2021

With 2021 fast approaching, please be aware of the following changes impacting medications and supplies **effective January 1, 2021**. All members and providers directly affected by these changes will receive notification by mail and/or fax with additional information.

**Note: The following changes do not apply to Advantage U members.**

### SHORT-ACTING INSULIN

Effective January 1, 2021, Individual & Family plans and all Commercial Group plans are moving to new preferred formulary products for short-acting insulin. Products produced by Eli Lilly and Company® will be the new preferred formulary products. Novo Nordisk A/S® products will be non-preferred and removed from the formulary.

- » New Preferred Formulary Products: Humalog®, Humulin®, and Lilly’s Insulin Lispro
- » Non-Formulary Products: Novolog®, insulin aspart, Novolin®

### CONTINUOUS GLUCOSE MONITORS (CGMS)

Effective January 1, 2021, Individual & Family Plans and all Commercial Plans are moving CGMs to be covered through the pharmacy benefit instead of the medical benefit. This is expected to improve patient and provider ease of use, consolidate services (one stop shop for diabetes), and lower cost. All prior authorization requirements and quantity limits will still apply. This change does NOT apply to Healthy U Medicaid members.

Covered and non-covered products via the pharmacy benefit (and excluded from the medical benefit) are as follows:

- » Covered Products: Freestyle Libre® 14-day system, Libre 2, and Dexcom® G6
- » Non-covered Products: Dexcom G4 & G5, Medtronic® Enlite, and Medtronic Guardian

### HEMOPHILIA PRODUCTS

Effective January 1, 2021, hemophilia products for Individual & Family Plans and Commercial Plans will be covered through the pharmacy benefit. This transition will improve patient and provider ease of use.

For questions regarding these changes, please call the RealRx Pharmacy Customer Service number for the member’s health plan.

RealRx Pharmacy 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

## ADDITIONAL PHARMACY NEWS AND REMINDERS

### SURESCRIPTS

We're excited to announce that, through our partnership with RealRx, our providers now have access to view a member's prescription claim history. This includes all pharmacy claims processed by U of U Health Plans, regardless of the prescribing provider. Watch for future announcements in *Provider Connection* as we enhance RealRx to provide patient-specific formulary and benefit information in the coming months.

### REMINDERS

#### DIABETES TEST STRIPS

We cover the following Diabetes Test Strips:

- » Healthy U Medicaid: Freestyle® (except Freestyle Neo)
- » Individual and Family Plans and Commercial Plans: Freestyle (except Freestyle Neo) and OneTouch®

**Note:** Quantity Limit for test strips is 150 strips per 30-day supply. Prior authorization is required to exceed this quantity.

#### INTRAVENOUS IRON THERAPY

Intravenous iron therapy requires prior authorization for preferred and non-preferred products.

Preferred agents must be tried and failed before non-preferred agents may be considered, unless documentation indicates a medical necessity.

- » **Preferred** – INFeD® (iron dextran), Venofer® (iron sucrose)
- » **Non-preferred** – Feraheme® (ferumoxytol), Ferrlecit® (sodium ferric gluconate complex in sucrose), Injectafer® (ferric carboxymaltose), Monoferric® (ferric derisomaltose)

This information can also be found on the [Intravenous Iron Prior Authorization Request Form](#).

#### PHARMACY PRIOR AUTHORIZATIONS

Pharmacy Prior Authorization forms are available online with specific requirements for use and limitations listed in the form. Visit our [Coverage Policies](#) site to ensure you are submitting the correct form for the requested medication.

For future use, the link for Pharmacy medication use policies and Prior Authorization Request Forms per medication is found in the left navigation column of the [Coverage Policies website](#). Bookmark these links in your internet favorites for quick access to submit pharmacy prior authorization requests.

**Please note that pre-COVID opioid taper requirements are once again in effect as of August 1, 2020. Tapering of prescriptions for >200 MME is required for continued coverage.** Refer to the appropriate [opioid prior authorization policy](#) for additional information.

## CODING CORNER

### CLAIMS EDIT FOR MEDICAID SURGICAL SEPARATE PROCEDURES

To align with correct coding principles in place for our other lines of business, we have implemented two new claims edits for processing Medicaid claims. "Medicaid Surgical Separate Procedures" and "Medicaid Surgical Separate Procedures History" edits work together to identify when the same AMA-designated separate surgical procedure is billed on claims for the same patient—on the same day and by the same provider—without an appropriate modifier.

The "Medicaid Surgical Separate Procedure" edit identifies when the procedure code on the current line is designated as a separate procedure that is not included in the NCCI edits, and is billed with any other related procedure for the same patient, on the same day, by the same provider, without an appropriate modifier. If there is another procedure in the patient's history which should not be billed with the current line's separate procedure code, the current separate procedure will be denied.

Likewise, the "Medicaid Surgical Separate Procedure History" edit identifies if the current procedure code on a claim has been billed with any related procedures designated as separate procedure codes in that patient's claims history, performed on the same day by the same provider. If there is a designated separate procedure in the history which should not be billed with the current procedure code, without an appropriate modifier, the current procedure will be denied.

We follow AMA and CMS guidelines on claims editing for all our members, including Healthy U Medicaid members.

## COVERAGE UPDATES

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 33508**, *Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure*

Endoscopic harvesting of saphenous vein grafts is a well-proven, less-invasive technique of harvesting grafts for coronary artery bypass than traditional long-incision or skin bridge methods, with comparable efficacy and a reduced incidence of complications. After careful review of available medical literature, **effective July 1, 2020, Healthy U covers CPT 33508 for Healthy U members when medically appropriate.**

# 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		
Policy Number	Policy Name	Effective Date
<a href="#">MP-044 (New)</a>	Flow Cytometry	09/22/2020
Commercial Plan: This policy outlines the conditions and considerations for which flow cytometry is covered and limits on number of units covered. Please see the policy for a list of testing conditions and limitations.		
<a href="#">MP-057 (New)</a>	Genetic Testing for Melanoma	10/26/2020
Commercial Plan: U of U Health Plans does NOT cover genetic testing for the management of cutaneous malignant melanoma including but not limited to DecisionDx-Melanoma®, uveal malignant melanoma or associated with susceptibility, including but not limited to DecisionDx-UM®, as they are considered investigational.		
<a href="#">MP-058 (New)</a>	Intraoperative Neuromonitoring (IONM)	09/22/2020
Commercial Plan: This policy identifies the requirements and clinical circumstances by which U of U Health Plans covers intraoperative neuromonitoring (IONM). Please see the policy for specific details.		
<a href="#">MP-059 (New)</a>	Dry Needling	09/22/2020
Commercial Plan: U of U Health Plans does NOT cover dry needling for any indication as it is considered investigational since current published literature is insufficient to determine proven benefit.		

<a href="#">MP-060</a> (New)	CO2 (Carbon Dioxide) Fractional Ablative Laser Treatment for Burn Scars	10/26/2020
<p>Commercial Plan:</p> <p>U of U Health Plans covers CO2 (Carbon Dioxide) fractional ablative laser procedures for treatment of symptomatic burn scars, in limited circumstances to correct functional impairment.</p> <p>Coverage Criteria for CO2 Fractional ablative Laser Therapy:</p> <ul style="list-style-type: none"> <li>A. Member documentation demonstrates laser therapy is intended to treat functional impairment related to severe third degree burns</li> <li>B. Member Documentation demonstrates member has attempted and failed conservative therapy</li> <li>C. Member documentation describes location and size of the area to be treated</li> </ul>		
<a href="#">MP-061</a> (New)	Peripheral Nerve Stimulation and Peripheral Nerve Field Stimulation	09/22/2020
<p>Commercial Plan:</p> <p>U of U Health Plans does NOT cover peripheral nerve stimulation and peripheral nerve field stimulation (PNFS) as there is insufficient evidence to support the safety and effectiveness. Therefore, it is considered investigational for all indications.</p>		
<a href="#">MP-062</a> (New)	Fecal Microbiota Transplantation	12/13/2020
<p>Commercial Plan:</p> <p>U of U Health Plans covers fecal microbiota transplant for recurrent clostridium difficile infections if certain criteria are met. U of U Health Plans will NOT cover fecal microbiota transplants for any other conditions.</p> <p>Please see policy for specific details.</p>		
<a href="#">Reimb-024</a> (New)	Non-residential Opioid Treatment Facility (Place of Service 58)	09/22/2020
<p>Commercial Plan:</p> <p>This policy outlines the services and manner of coverage U of U Health Plans provide for Opioid Treatment Programs (OTPs) billing with Place of Service -58. OTPs are defined by Medicare law as those who are enrolled in Medicare, are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), are accredited by a SAMHSA-approved entity, meet additional conditions to ensure the health and safety of individuals being furnished services under these programs and the effective and efficient furnishing of such services and have in effect a provider agreement with CMS.</p> <p>Please see the policy for coverage requirements and guidelines.</p>		
<a href="#">Reimb-025</a> (New)	OB Anesthesia	11/09/2020
<p>Commercial Plan:</p> <p>This policy demonstrates U of U Health Plans reimbursement methodology and indicates certain criteria to be met for anesthesia compensation during labor and delivery services.</p> <p>Please see the policy for coverage details.</p>		
<b>REVISED POLICIES</b>		
Policy Number	Policy Name	Effective Date
<a href="#">MP-006</a> (Revised)	DNA Analysis of Stool for Colon Cancer Screening (Cologuard®)	10/03/2020
<p>U of U Health Plans has modified coverage of Cologuard to cover this test for stool colon cancer screening once every 3 years, for average risk members ages 50-75 years when the test is recommended by their physician and it is not within the standard interval of another screening test.</p> <p>U of U Health Plans does NOT cover any other method of DNA analysis of stool testing for colon cancer screening, other than Cologuard, as use of other testing is considered investigational/experimental.</p>		

<a href="#">MP-009</a> (Revised)	Proton Beam Therapy	11/01/2020
U of U Health Plans added the following criterion to this policy, "Reirradiation cases (where cumulative critical structure doses would exceed tolerance doses)," as studies show that these cases are considered medically appropriate for proton beam therapy.		
<a href="#">MP-018</a> (Revised)	Cell-free DNA (cfDNA) Testing for Fetal Aneuploidy	11/01/2020
Clarified in criterion A. that the gestation period is greater than 10 weeks in a singleton pregnancy (with only one fetus).		