

# PROVIDER CONNECTION

University of Utah Health Plans  
Provider Publication

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**HEALTH PLANS**  
UNIVERSITY OF UTAH

# PROVIDER CONNECTION

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# INDIVIDUAL MARKETPLACE UPDATE

INDIVIDUAL OPEN  
ENROLLMENT

**NOV 1 - DEC 15**

**ENROLL NOW**



University of Utah Health Plans is one of two carriers offering plans on the Individual Marketplace during the 2018 open enrollment period due to Molina Healthcare's market exit. U of U Health Plans will offer 9 plans on and off-exchange.

HERE'S HOW IT WORKS.

With Molina Healthcare exiting the Individual Marketplace, those members currently with Molina will need to re-enroll. Molina's Exchange network is similar to U of U Health Plans' Healthy Preferred network along the Wasatch Front, and the Healthy Premier network statewide. In order for individuals to maintain uninterrupted and continuous care from their provider(s) it's important they are informed on their choices for a new Marketplace carrier.

For more information on our plans available on the Individual Marketplace, please visit [UofUHealthPlans.org](http://UofUHealthPlans.org).

[2018 Individual and Families Brochure](#)

[2018 Benefit Highlights](#)

# HOME HEALTH SERVICES

Provided by PT Assistants and OT Assistants for Medicaid Individuals

Physical therapy and occupational therapy are a benefit of the Utah Medicaid Program. Physical therapy services must be provided by a licensed therapist. Services may be performed by a physical therapy assistant under the immediate supervision of a physical therapist. Occupational therapy services must be performed by an occupational therapist or by an occupational therapy assistant.

All physical therapy must be provided under physician orders, in accordance with a plan of care, and provided by a licensed, qualified physical therapist or physical therapy assistant employed directly by or on contract to a home health agency, as defined by UCA Title 58, Chapter 24b, Physical Therapy Practice Act and Administrative Rule R156-24b Physical Therapy Practice Act Rule.

All occupational therapy must be provided under physician orders, in accordance with a plan of care, and provided by a licensed, qualified occupational therapist or certified occupational therapy assistant employed directly by or on contract to a home health agency, as defined by UCA Title 58, Chapter 42a, Occupational Therapy Practice Act and Administrative Rule R156-42a Occupational Therapy Practice Act Rule.



# UTILIZATION MANAGEMENT DECISIONS

U of U Health Plans makes every effort to assure that services being provided to our members meet nationally recognized guidelines and are provided at 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.

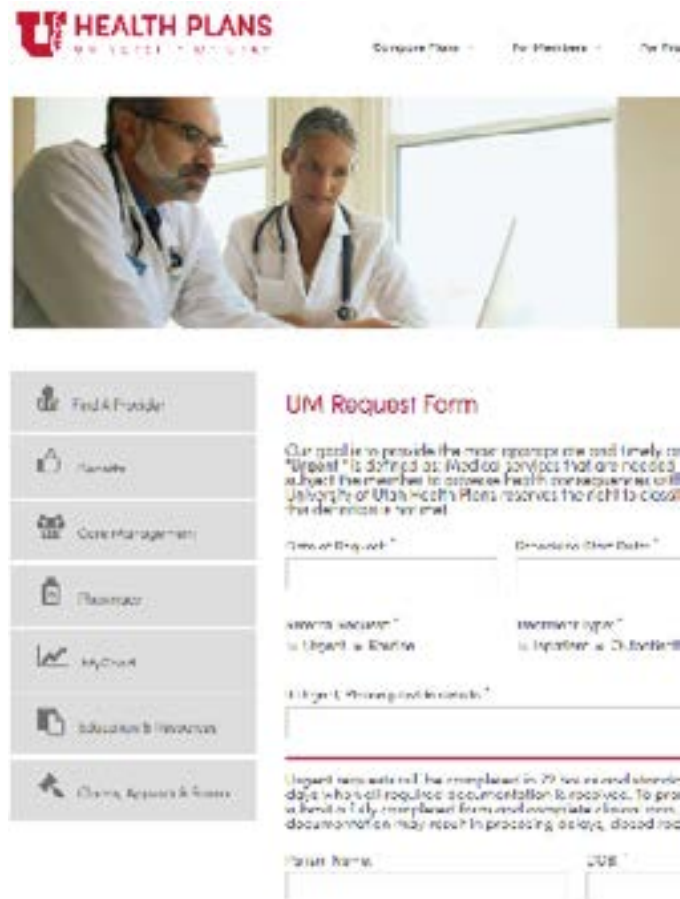
We would be happy to provide you with a copy of the criteria we use to make utilization management decisions. Please contact the UM team at 801-587-6480 or 888-271-5870, Option 2, for additional information. You may also email your request for criteria to [UUHP\\_UM@hsc.utah.edu](mailto:UUHP_UM@hsc.utah.edu).

## Utilization Management Prior Authorization Form

We are excited to announce our plans to improve our online forms for requesting a prior authorization. We will soon have our form embedded into our website. You will be able to fill your request out, attach documentation and submit it directly to our staff from the website. You will no longer need to download the form, scan it, and upload it as the old forms will no longer be active. Look for this enhancement in the coming weeks to our website.

## Healthy U Medicaid Home Health Authorization Changes

U of U Health Plans will continue requiring notifications from Home Health agencies for the 60-day certification periods. However, for Healthy U Medicaid members that have ongoing aide care needs that is continuous, stable and is for non-changing services, we will allow these services to continue for a six-month period. The agencies will receive one letter outlining the specific referral covering that allowed timeframe. We hope this helps us to better serve our Healthy U Medicaid population.



# UPDATED INFORMATION ON MODIFIERS 26 AND TC FROM THE [JANUARY 2017 NEWSLETTER ARTICLE](#)

Separate payment may be made for the technical and professional components of a procedure if, for example, a clinic provides the technical component of a service/procedure, while an individual physician performs the professional component. In such situations, each provider must submit a claim and bill only for the service performed.

To identify professional services only for a service/procedure that includes both professional and technical components, append modifier 26 Professional component to the appropriate CPT® code, as instructed in CPT® Appendix A (“Modifiers”). Note that modifier 26 is appropriate when the physician supervises and/or interprets a diagnostic test, even if he or she does not perform the test personally. Do not append modifier 26 if there is a dedicated code to describe only the professional/physician component of a given service (e.g., 93010 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only).

Appending modifier TC Technical component indicates that only the technical component of a service/procedure has been provided. Generally, the technical component of a service/procedure is billed by the entity that provides the testing equipment.

A “global” service includes both the professional and technical components of a single service. When reporting a global service, no modifiers are necessary to receive payment for both components of the service. EXCEPTION: Healthy U Medicaid may require that you to bill the TC and 26 on separate line items if Medicaid has not established a fee or if the payment methodology is different between the technical and professional component.

**Examples on next page.**

# UPDATED INFORMATION ON MODIFIERS

## 26 AND TC FROM THE [JANUARY 2017 NEWSLETTER ARTICLE](#)

### Examples:

Select Provider Type: 20 - Physician

Enter Code: 78608

Date of Service: 10/30/2017 (MM/DD/YYYY)

Search

Please note that your search returned information for more than one Type Of Service. To view the information for a particular type of service you can click on one of the links below:

[Technical](#)

[Professional](#)

Code: 78608

Name: BRAIN IMAG,POSITRON EMISSION TOMOGRAPH,METAB EVAL

Type Of Service: Technical

Updated On: 10/28/2017

	Traditional	Non-Traditional	PCN
Coverage Status:	Covered	Covered	Not Covered
Billable by Provider:	Yes	Yes	No
Charge Factor:	45% of Charges	45% of Charges	N/A

Code: 78608

Name: BRAIN IMAG,POSITRON EMISSION TOMOGRAPH,METAB EVAL

Type Of Service: Professional

Updated On: 10/28/2017

	Traditional	Non-Traditional	PCN
Coverage Status:	Covered	Covered	Not Covered
Billable by Provider:	Yes	Yes	No
Charge Factor:	\$54.92	\$54.92	N/A

# DISPOSABLE INCONTINENCE PRODUCTS

## for Healthy U Traditional Medicaid

Disposable incontinence products are covered for Traditional Medicaid members with documentation of medical necessity.

The following quantity limits apply to any combination of the covered incontinence supply codes for a one-month supply. If the member's need exceeds these limits, PA is required.

- Members on Traditional Medicaid programs - 156 per 30-day period.
- Members on an HCBS waiver program do not have a quantity limit.

Disposable incontinence supplies are not covered for:

- Normal infant use, or
- Members residing in a long-term care facility, as they are furnished by the facility.

## PROVIDER INFORMATION UPDATES

U of U Health Plans is committed to ensuring that our provider directories have the most current information available for our members to search for a provider.

Please use the form to update and notify UUHP about changes to your practice.

[https://uhealthplan.utah.edu/for-providers/prov\\_update\\_form.php](https://uhealthplan.utah.edu/for-providers/prov_update_form.php)

To review your listing in our directories, please visit our website at:

<https://uhealthplan.utah.edu/plan-select-provider-search.php>



# THANK YOU

We hope you have enjoyed the University of Utah Health Plans Provider Connection Newsletter. We look forward to keep providing you the most timely and useful content. If you have suggestions or success stories you would like to share, please contact us.

The information that is contained in this newsletter does not guarantee benefits or change contractual status. If you have questions about benefits or claims issues, please call Customer Service at 801-587-6480 or toll free 888-271-5870.


## WEBSITE AND ELECTRONIC SUPPORT


Please visit our website at [uhealthplan.utah.edu/for\\_providers](http://uhealthplan.utah.edu/for_providers) for additional resources and access to:

- Providers Updates
- Provider Manual
- Provider Newsletters
- University of Utah Health Plans Updates
- Electronic Data Interchange (EDI) Info
- ...And much more

### HAVE EDI QUESTIONS?

#### EDI SUPPORT:

 801-587-2638 or 801-587-2639

 801-281-6121

 [uuhpedit@hsc.utah.edu](mailto:uuhpedit@hsc.utah.edu)

Utah Health Information Network (UHIN):  
801-466-7705 | [uhin.org](http://uhin.org)

Email provider changes to:  
[provider.relations@hsc.utah.edu](mailto:provider.relations@hsc.utah.edu)

## PROVIDER CUSTOMER SERVICE NUMBERS

### CUSTOMER SERVICE

801-587-6480, Option 1  
Toll Free/Out of Salt Lake:  
888-271-5870  
Fax: 801-281-6121

### CLAIMS / ELIGIBILITY

801-587-6480, Option 1

### CARE MGMT. UTILIZATION REVIEW

801-587-6480, Option 2  
Fax: 801-281-6121

### PROVIDER RELATIONS

801-587-2838, Option 2  
[provider.relations@hsc.utah.edu](mailto:provider.relations@hsc.utah.edu)

### EDI SUPPORT

801-587-2638  
[uuhpedit@hsc.utah.edu](mailto:uuhpedit@hsc.utah.edu)

### PROVIDER CREDENTIALING

801-587-2838, Option 3  
[provider.credentialing@hsc.utah.edu](mailto:provider.credentialing@hsc.utah.edu)

