

PROVIDER CONNECTION

University of Utah Health Plans
Provider Publication
Summer 2018



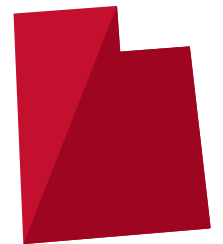
HEALTHY U MEDICAID

Medicaid is a state/federal program of health insurance coverage for Utah's vulnerable populations. Healthy U Medicaid pays for medical services for the following:

- Low-income pregnant women
- Children
- Individuals who are elderly or have a disability, parents, and women with breast or cervical cancer
- To qualify, these individuals must meet income and other eligibility requirements.

Healthy U Medicaid is offered in **all 29 counties** in the State of Utah.

**WE ARE
STATEWIDE**



WELCOME TODD SPROUSE TO PROVIDER NETWORK SERVICES

As Jennifer Muhlestein transitions into her new role as Senior Director of Provider Network and Business Development, Provider Relations & Contracting is pleased to welcome Todd Sprouse to U of U Health Plans as Director, Provider Network Services. Todd joined Health Plans on March 12, 2018. He most recently worked at Molina as VP of Network Operations and Management and at Regence BCBS of Utah as Director of Provider Contracting.





COLLABORATION WITH PRIMARY CARE & BEHAVIORAL HEALTH PROVIDERS

University of Utah Health Plans understands that in a busy primary care practice it can be frustrating and time consuming to get help with regard to mental health. We are aware that there is a shortage of Adult and Child Psychiatrists and that access to these specialists can be very difficult to obtain. To facilitate access to psychiatrists, U of U Health Plans has partnered with University Neuropsychiatric Institute (UNI) to offer a process under GATE (Giving Access to Everyone) Utah. GATE is a web-based consultation system in which primary care physicians may consult with a psychiatrist for behavioral health concerns. If you are interested in learning more or using this service, please visit the GATE at www.gateutah.org. Or, contact the U of U Health Plans Provider Relations department at provider.relations@hsc.utah.edu.

ACCESS ASSISTANCE PROGRAM

U of U Health Plan members can call our Access Assistance line to help find a provider, transition to an in-network provider or schedule an appointment. We can help members locate a provider in their neighborhood or a location of their choice. We also have a team of registered nurses available to assist members in coordinating their health care needs. If you would like our Care Managers to coordinate member appointments with your clinic, please contact U of U Health Plans Provider Relations department at provider.relations@hsc.utah.edu and include a clinical or scheduling point of contact.



DR. DEAN SMART IS RETIRING

Dr. Dean Smart is retiring from University of Utah Health Plans on June 27th. Dr. Smart lead the U of U Health Plans Credentialing Committee for 14 years and served as U of U Health Plans Medical Director. Wishing Dr. Smart a fond farewell and happy retirement!



Medical Policy Updates

NEW POLICY: MP-001, Transcranial Magnetic Stimulation (TMS)

Effective: 4/9/18

Summary of Coverage

COMMERCIAL PLAN

U of U Health Plans covers repetitive transcranial magnetic stimulation when the following criteria for Initial Coverage is met (must meet ALL):

- A. Patient is 18 years of age or older;
- B. Treatment is provided by a licensed psychiatrist or Psychiatric Advanced Practice Registered Nurse (APRN);
- C. TMS device is FDA approved;
- D. Request is for unilateral repetitive Transcranial Magnetic Stimulation (rTMS);
- E. Diagnosis of major depressive disorder without psychosis (that meets the DSM-5 definition*) by a licensed mental health professional, (Psychiatrist or APRN);
- F. Failure of Medication Therapy defined by one of the following:
 - 1) Documented failure of at least 4 psychopharmacologic agent trials of adequate dose and duration (>4 weeks) from two different agent classes in the current episode;
 - 2) Written documentation of an inability to tolerate psychopharmacologic agents as evidenced by four or more lifetime trials with distinctive side effects.
- G. Is either not a candidate for Electroconvulsive Therapy (ECT), is intolerant to ECT, or has failed to adequately respond to previous course of ECT completed in the previous 6 months; and
- H. Member has no contraindications to rTMS such as:
 - 1) Seizure disorder/epilepsy;
 - 2) Pregnant or nursing;
 - 3) No vagus nerve stimulator leads in carotid sheath;
 - 4) No Conductive, ferromagnetic or other magnetic-sensitive metals implanted or embedded in the head within 30 cm of the TMS coil placement other than dental fillings (examples include metal plates, cochlear or ocular implants, deep brain stimulators, vagus nerve stimulator, staples, stents, etc.);
 - 5) Neurological conditions (e.g., dementia, primary/secondary tumor in the central nervous system, cerebrovascular disease, history of repetitive/severe head trauma, or increased intracranial pressure);
 - 6) High alcohol or illicit drug consumption;
 - 7) Suicidal ideations; or
 - 8) Acute or chronic psychotic symptoms or disorders (such as schizophrenia, schizophreniform or schizoaffective disorder) in current depressive episode.

Maximum number of therapy sessions to be approved is 36 within an 8 week time period.

Criteria for repeat coverage:

- A. Patient has previously undergone full course of rTMS and had a positive response defined by the use of appropriate standardized scales with testing dates of service;
- B. Patient continues to either not be a candidate for electroconvulsive therapy (ECT), is intolerant to ECT, or has failed to adequately respond to a previous course of ECT completed in the previous 6 months;
- C. Request > 6 months since previous treatment.

U of U Health Plans does NOT cover unilateral or bilateral repetitive TMS or navigated TMS for any other behavioral health indication as it is considered investigational.

MEDICAID PLAN

As major depressive disorder is a carved out behavioral health condition, this treatment is not covered by U of U Health Plans/HealthyU Medicaid.

NEW POLICY: MP-002, Gender Reassignment

Published: June 2018

Effective: 4/24/18

Summary of Coverage

COMMERCIAL PLAN

U of U Health Plans covers gender reassignment surgery when all of the following criteria are met (A-L):

- A. Patient is 18 years or older;
- B. The requested procedure is being performed by qualified physicians at an approved Center of Excellence with experience in the following services;
- C. The patient has been diagnosed with Gender Dysphoria, including all the following:
 - 1) The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and
 - 2) The transsexual identity has been present persistently for at least two years; and
 - 3) The disorder is not a symptom of another behavioral health disorder or a chromosomal abnormality; and
 - 4) The condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning;
- D. For these patients without a medical contraindication, the patient has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a behavioral health professional and provided under the supervision of a physician;
- E. The patient has completed a minimum of 12 months of successful continuous full time real-life experience with no returning to their original gender. Examples which would demonstrate this criterion could include maintaining part- or full-time employment as the individuals self-identified gender, functioning as a student in an academic setting, functioning in a community-based volunteer activity, or seeking and obtaining legal gender change from the courts;
- F. Documentation provided by patient or therapist that person is living in the gender role they have identified for the last 12 months;
- G. Regular participation in psychotherapy throughout the real-life experience when recommended by a treating medical or behavioral health practitioner;
- H. Demonstrable knowledge of the required length of hospitalizations, likely complications, and post-surgical rehabilitation requirements of various surgical approaches;
- I. Demonstrable progress in consolidating one's gender identity, including demonstrable progress in dealing with work, family and interpersonal issues resulting in a significantly better state of behavioral health (this implies satisfactory control of problems such as sociopathy, substance abuse, psychosis, suicidality, for instance);
- J. The first letter** from the patient's physician or behavioral health provider, who has treated the patient for a minimum of 18 months, documenting the following:
 - 1) The patient's general identifying characteristics; and
 - 2) The initial and evolving gender, sexual, and other psychiatric diagnoses; and
 - 3) The duration of their professional relationship including the type of psychotherapy or evaluation that the patient underwent; and
 - 4) The eligibility criteria that have been met and the behavioral health professional's rationale for surgery; and
 - 5) The degree to which the patient has followed the eligibility criteria to date and the likelihood of future compliance; and
 - 6) Whether the author of the report is part of a gender team;
- K. A second letter** from a different physician or behavioral health provider familiar with the patient's treatment and the psychological aspects of Gender Dysphoria, corroborating the information provided in the first letter;
- L. When one of the signatories on the letters indicated above is not the treating surgeon, a letter from the surgeon confirming that they have personally communicated with the treating therapist and or physician, as well as the patient, and confirming that the patient meets the above criteria, understands the ramifications and possible complications of surgery, and that the surgeon feels that the patient is likely to benefit from surgery.

Sex reassignment surgery may include any of the following procedures:

Female-to- Male Procedures:		Male-to-Female Procedures:	
• Subcutaneous mastectomy	• Metoidioplasty	• Breast implantation/augmentation after a minimum of 12 months hormonal therapy	• Penectomy
• Hysterectomy	• Scrotoplasty	• Orchiectomy	• Vaginoplasty
• Salpingo-oophorectomy	• Urethroplasty		• Clitoroplasty
• Vaginectomy	• Placement of testicular prostheses Phalloplasty		• Labiaplasty

Gender reassignment surgery is **not covered** and considered cosmetic when used to improve the gender specific appearance of a patient who has undergone or is planning to undergo gender reassignment surgery.

The following surgeries are considered cosmetic (may not be all inclusive):

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|-------------------------------|--|-------------------------------------|
| 1) Abdominoplasty | 9) Forehead Lift | 15) Mastopexy |
| 2) Blepharoplasty | 10) Calf Lift | 16) Neck Tightening |
| 3) Brow Lift | 11) Hair removal/hairplasty including medications that cause hair loss or growth | 17) Pectoral Implants |
| 4) Cheek/Malar Implants | | 18) Reduction thyroid chondroplasty |
| 5) Chin/Nose Implants | | 19) Rhinoplasty |
| 6) Collagen Injections | 12) Hair Transplantation | 20) Voice modification surgery |
| 7) Facial bone reconstruction | 13) Lip Reduction | 21) Voice Therapy/Lessons |
| 8) Face lift | 14) Liposuction | |

It is important to note this policy DOES NOT apply to individuals with congenital deformities/anomalies or genetic abnormalities resulting in genitalia requiring correction.

