



PROVIDER CONNECTION

University of Utah Health Plans
Provider Publication
August 2021

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

TRANSITION TO NEW, SECURE PROVIDER PORTAL COMMENCES

Perhaps you've noticed that University of Utah Health Plans (U of U Health Plans) no longer accepts new requests for access to the Link Provider Portal. We are in the midst of creating a new secure portal to replace Link; however, we are still in the "targeted-pilot" phase of implementation.

Providers currently registered for the Link Provider Portal can continue to use Link for most services, with the exception of prior authorization requests, until the new portal is fully operational. We are transitioning registered providers to the new portal in phases by invitation. Once current users are transitioned to the new portal, we will open the registration link up to all providers. Stay tuned for more information.

NEW PRIOR AUTHORIZATION SUBMISSION PROCESS

As an adjunct to our new Provider Portal, we've also upgraded our online prior authorization submission process. The redesigned [Prior Authorization Form](#) is straightforward and streamlined, and you can easily attach supporting documentation at the time of submission.

Within the U of U Health Plans [Prior Authorization](#) web page, you'll find links to what procedures, products, and treatments require prior authorization; a link to submit a [Prior Authorization Request](#) online (our preferred method); and fax numbers and printable request forms for different treatment areas if online submission is not an option at your office.

Questions about a current prior authorization request? Please call the Customer Service phone line for the appropriate line of business:

- » Advantage U Medicare: **855-275-0374**
- » Individuals and Families: **801-213-4111**
- » Healthy U Medicaid: **801-213-4104**
- » Commercial Groups: **801-213-4008**
- » Carson Tahoe Health: **833-661-3915**

We look forward to these changes enhancing the majority of your prior-authorization experiences.

We're excited to register all of our contracted providers, in phases, for the new Provider Portal and the conveniences it affords. Watch for additional information in the coming months. We're confident it will be well worth the wait!

EFFICIENCIES GAINED THROUGH PRIOR AUTHORIZATION PROCESS CHANGES

U of U Health Plans continually seeks ways to reduce administrative burden for our contracted providers and to speed the delivery of care, while also ensuring our members receive medically necessary care at the lowest appropriate cost. To this end, we are streamlining some of our post-service and prior authorization processes.

We recognize that authorization processes consume time and resources, with their associated costs, for the requesting provider office as well as the health plan. Missing or inadequate documentation necessary to complete a prior authorization review delays the authorization response, leads to needless denials, and may interrupt delivery of appropriate care. The following Administrative Policies are being implemented to promote maximum efficiency and appropriate care.

[Admin-021, Dismissal – Failure to Follow Filing Procedures](#) **Effective July 1, 2021**

This policy establishes that **requests for prior authorization without clinical documentation will be dismissed without review**; thereby, avoiding a denial. In this dismissal, U of U Health Plans will notify the requesting provider of the specific information needed to complete a review so the office can resubmit the prior authorization request with the necessary information. Because a dismissal is not considered a denial, it consequently cannot be appealed. A dismissal enables the provider office to resubmit the request, with the required documentation, as an initial request for authorization and still maintain full appeal rights.

This policy is intended to streamline the review process and educate provider offices as to what information is needed for a successful and efficient prior authorization request. We anticipate this policy will significantly reduce denials due to lack of information and hasten review turnaround.

[Admin-023, Administrative Denials](#) **Effective September 1, 2021**

This policy outlines the review process when some clinical documentation is received, but the information received is insufficient to complete a review of medical necessity. In this circumstance, U of U Health Plans will attempt to obtain additional documentation from the requesting provider; however, if the requested records are not received within the time frame specified, the prior authorization request will be administratively denied. This applies to pre-service as well as post-service requests. Also, unlike a dismissal, an administrative denial is a true denial. To have this denial reconsidered for possible approval requires a formal appeal.

As the requesting provider will receive more immediate feedback regarding what is needed to complete the review, we believe this policy will also expedite the completion of reviews, potentially making possible more timely delivery of services.



Admin-022, Retrospective Service Reviews Effective September 1, 2021

This policy outlines requirements regarding authorization requests for ongoing care (concurrent review) when insufficient or no clinical information was submitted or for services requiring prior authorization for which prior authorization was not obtained. U of U Health Plans is not obligated to consider coverage of services in these circumstances; however, we recognize there are occasions when a prior authorization request might inadvertently be overlooked. In consideration to our providers and concern for our members, this policy provides flexibility to consider post-service authorization requests when extenuating circumstances exist. While these circumstances exist and will be considered per the policy, U of U Health Plans highly encourages submitting timely authorizations to streamline the process.

Note: Any request for post-service authorization must be received by U of U Health Plans prior to receipt of claims for that service.

We encourage you to review these administrative policies in their entirety. Policies are available at uhealthplan.utah.edu/medicalpolicy. Once you accept the Coverage Policies Terms and Conditions, click on the “Administrative” link in the left navigation bar.

We also encourage you to regularly review [Procedures, Products, and Treatment Requiring Prior Authorization](#) to ensure you are requesting prior authorization for those services for which authorization is required. We anticipate the improved speed and accuracy with which we respond to prior authorization requests will result in improved efficiency and reduced administrative burden for your office and our members. The changes will include all products and networks administered by U of U Health Plans except Advantage U (Medicare).

If you have questions regarding these upcoming policies, please contact your Provider Relations consultant, call the Provider Relations department at **801-587-2838** or **833-970-1848**, or email [Provider Relations](#).



MEDICAL INTERPRETERS—NECESSARY AND COVERED

Did you know the 2010 U.S. Census identified approximately 120 different languages spoken in Utah? Spanish, Chinese, and Pacific Island languages are the most commonly spoken in the state, behind English. The need for medical interpreters is growing as rapidly as our diversity.

While it may be convenient to have a patient’s friend or relative in the room to interpret for you, a medical interpreter is trained to convey your information precisely and in the correct context. Engaging a medical interpreter ensures the patient’s privacy and that their wishes are conveyed without bias. It also ensures diagnoses and treatment plans are conveyed and understood correctly.

U of U Health Plans covers interpretation services for medical or vision visits for members who do not speak English and cannot understand the advice of their provider, when the service is rendered by a contracted interpretation agency. Interpretation services are not covered for inpatient hospital (hospitals are required to provide interpreters), dental, mental health, pharmacy, chiropractic, or any non-medical services.

To find a participating interpreter, visit our [Provider Directory](#).

At any point, fill in as much information as you have available to narrow down your search.

At a minimum:

- » Select “**Other Providers**” in the “Search by Specialty” option, then click the “**Search Providers**” button
- » In the “Specialty” field, click on the drop-down arrow and select “**Language Interpreter Services**,” then click “**Search**”
- » View the results displayed and, if needed, enter additional identifying information to further narrow down the results.

The more your patient understands, the more likely they are to follow your treatment suggestions and achieve the best outcome—and isn’t that our shared goal?

COMPLETE AND ATTEST TO ADA ASSESSMENT TODAY

We are dedicated to ensuring our members have access to network providers who comply with Americans with Disabilities Act (ADA) standards. These requirements include appropriate physical access, reasonable accommodations, and accessible equipment for members with physical and mental disabilities. We include in our provider directories this information for each network provider listed. If you have not already submitted the [Assessment and Attestation Tool for ADA Compliance](#) this year, please complete this short survey as soon as possible.



COORDINATE WITH OUR COMPLEX CARE AND DISEASE MANAGEMENT TEAMS

Have you utilized our Care Management programs for Complex Care Management and Disease Management for members with asthma or congestive heart failure, yet?

Our Care Management programs offer members individual attention and online resources to help meet their healthcare goals. Services include education, advocacy, and coordination of members' needed services. Our Care Managers work with our members and the treating provider and/or Primary Care Provider to help our members reach optimal health.

Reach out to our Care Managers at any time to request assistance with managing your patient's overall healthcare services. The programs are available with no out-of-pocket cost for members who are interested in our care management nursing services. To refer a patient, contact us at **801-213-4008**, Option 2.

Learn more about available [Care Management services](#).

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

U of U Health Plans has partnered with Huntsman Mental Health Institute (formerly known as 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 today for information for providers and members.

PROVIDER EDUCATION SUMMITS ARE BACK!

Have you registered for the 2021 Provider Education Summit? These valuable conferences offer **provider office staff** educational breakout sessions on current topics impacting practice management, workplace communication, billing and coding best practices, and much more. The summits also provide the only opportunity to meet face-to-face with representatives from major payers as well as community partners—such as DME suppliers, home health agencies, and software vendors—in one convenient location. **Register today at uhin.org.**

Layton – Thursday, August 19, 2021	Provo – Monday, August 23, 2021
Salt Lake City – Tuesday, August 24, 2021	St. George – Thursday, August 26, 2021

HEALTHY U MEDICAID

UTAH MEDICAID STATEWIDE PROVIDER TRAINING 2021

Did you see this training opportunity from Utah Medicaid? It's not too late to sign up!

The Utah Department of Health, Division of Medicaid and Health Financing, is offering two live virtual trainings in August. The deadline to sign up is August 10th, and the content will be the same for both training sessions. If you have already registered, you do not need to register again. If you need to make a change to your current registration, please email providertrainingsupport@utah.gov.

Register today for the training: [SWPT Registration Form](#)

Training Dates:

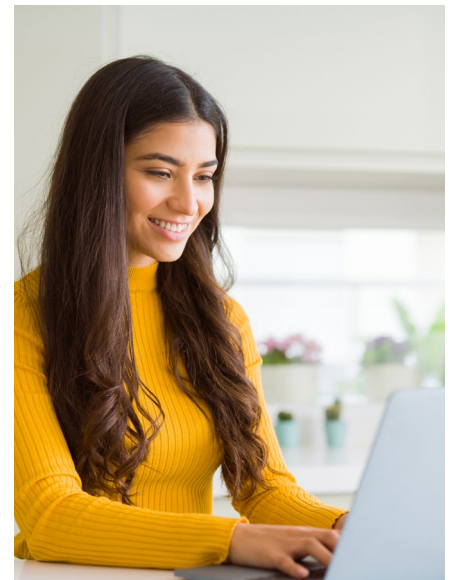
Tuesday, August 17 from 9:00 to 11:00 a.m.

Wednesday, August 25 from 1:00 to 3:00 p.m.

Registration will close a week prior to the training, after which registrants will receive the link to virtually attend.

Topics:

- » General Overview
- » Provider Questions
- » What's New in Medicaid
- » Office of Inspector General



Learn more about the [Utah Medicaid program](#) or call Medicaid Customer Service at: **801-538-6155** or **800-662-9651**

ADVANTAGE U MEDICARE

There are currently no new updates for Advantage U, but we're always available to answer your questions:

LEARN MORE

[Advantage U website](#)

- » Click on the "For Providers" tab for a menu of resources available for providers.

QUESTIONS?

- » Claims and benefits – Advantage U Customer Service **855-275-0374**
- » Contracting and general questions – Provider Relations **801-587-2838**
- » Part D Prescription Medications – contracted with CVS Caremark® **888-970-0851**

PHARMACY

Our medication and pharmacy information is updated as changes occur. Please visit our [Pharmacy site](#) at least quarterly to view the most recent information.



CODING CORNER

No new coding information to share in this edition. Watch for the November edition of *Provider Connection* for the latest information regarding billing and coding.

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. 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 policies. 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		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
Admin-021 (New)	Dismissal: Failure to Follow Filing Procedures	07/01/2021
<p>Commercial Plan:</p> <p>U of U Health Plans dismisses prior authorization requests when filing procedures are not followed as part of the prior authorization request, and elements necessary to complete a medical necessity review are not provided. Please see the policy for specific essential elements necessary to submit prior authorization requests.</p>		

NEW POLICIES (continued)		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
Admin-022 (New)	Retrospective Service Reviews	09/01/2021
Commercial Plan: U of U Health Plans considers coverage of a request for retrospective authorization in limited circumstances. Please see the policy for a list of specific circumstances.		
Admin-023 (New)	Administrative Denials	09/01/2021
Commercial Plan: This policy describes certain circumstances where U of U Health Plans considers failure to provide all necessary information to complete a medical necessity review an administrative denial and lists specific services that are not covered.		
MP-066 (New)	Myocardial Strain Imaging	06/29/2021
Commercial Plan: This policy outlines myocardial strain imaging as an add-on procedure to echocardiogram and is considered investigational as clinical utility of this testing is not established in the published peer-reviewed literature. See full policy for further details		
MP-067 (New)	Speech Generating Devices	08/14/2021
Commercial Plan: The policy outlines criteria necessary to gain coverage of speech generating devices for the various lines of business and which devices are covered. Please see the policy for criteria and coverage options.		
Reimb-029 (New)	Global Maternity Care	08/14/2021
Commercial Plan: This policy provides a detailed outline of the current reimbursement approaches for global maternity care consistent with ACOG and CMS. Please see the policy for specific criteria.		
Reimb-033 (New)	Modifier -63	07/24/2021
Commercial Plan: This policy reflects the description of Modifier -63 from the AMA-CPT guidelines, which states it is allowed when an invasive procedure is performed on an individual whose body weight is 4 kilograms or less.		
REVISED POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
Admin-015 (Revised)	Category III CPT Codes	07/01/2021
Commercial Plan: New codes released with an effective date of July 1, 2021 were added to the Category III CPT Codes policy. With the exception of one new code, CPT 0650T all of the new Category-III codes are considered not covered, investigational. CPT 0650T will be covered with no prior authorization; we have added another section to our policy to reflect this.		

REVISED POLICIES (continued)		
Policy Number	Policy Name	Effective Date
MP-002 (Revised)	Gender Reassignment Surgery	08/07/2021
Commercial Plan: Changes to this policy include dividing the policy into upper and lower surgery sections with their own criteria, eliminated the requirement for hormone therapy for Breast/Chest Surgery, no longer needing to live in the gender identity the individual relates to for a period of time and allowing for hair removal in the instance of lower surgery where hair removal is integral to outcome of the procedure.		
MP-006 (Revised)	DNA Analysis of Stool for Colon Cancer Screening (Cologuard®)	07/26/2021
Commercial Plan: Changed the screening age range from 50-75 years to 45-75 years to align with USPSTF lowering the average risk screening age from 50 to 45 in average risk individuals.		
MP-008 (Revised)	Continuous Glucose Monitor (CGM)	07/07/2021
Commercial Plan: Clarified covered preferred products, specified whether pharmacy or medical benefits covered certain products and added reauthorization criteria set.		
MP-019 (Revised)	Invasive Procedures for the Treatment of Glaucoma	07/01/2021
Commercial Plan: Added two new codes to the policy, CPT 0660T <i>Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach</i> and CPT 0661T <i>Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant</i> , under the "not covered" section of the policy as they are considered investigational.		