



PROVIDER CONNECTION

University of Utah Health Plans
Provider Publication – Special
Prior Authorization Edition – 2024

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.

This special edition of *Provider Connection* addresses efficiencies gained by the most recent changes to our prior authorization processes.

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HEALTH PLANS
UNIVERSITY OF UTAH

CODES REMOVED FROM PRIOR AUTHORIZATION LIST

Prior Authorization is a necessary part of insurance coverage, intended to optimize care and slow the ever-increasing costs of healthcare. To help mitigate the administrative burden on providers and our members, University of Utah Health Plans (U of U Health Plans) routinely evaluates services requiring prior authorization to determine if prior authorization is accomplishing its intended purpose. When we identify conditions for which prior authorization is no longer fulfilling this purpose, we remove the prior authorization requirement.

Removing these codes from our prior authorization list means these services do not need approval or an authorization number to be reimbursed when performed by in-network providers at in-network facilities. We will monitor these codes to ensure they continue to be billed appropriately and, if inappropriate utilization is observed, services removed from prior authorization may have prior authorization reinstated. We will keep providers and staff performing those services informed.

We've recently identified a significant group of codes for which we will no longer require prior authorization, effective February 1, 2024.

CPT	DESCRIPTION
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT
27130	TOTAL HIP ARTHROPLASTY
27447	TOTAL KNEE ARTHROPLASTY
27487	REVISE KNEE JOINT REPLACE, ALL PARTS
27700	ARTHROPLASTY ANKLE JOINT
29806	SHOULDER ARTHROSCOPY, SURGICAL, CAPSULORRHAPHY
29820	SHOULDER ARTHROSCOPY, PARTIAL SYNOVECTOMY
29834	ELBOW ARTHROSCOPY, REMOVAL OF LOOSE BODY
29835	ELBOW ARTHROSCOPY, PARTIAL SYNOVECTOMY
29836	ELBOW ARTHROSCOPY, FULL SYNOVECTOMY
29837	ELBOW ARTHROSCOPY, PARTIAL DEBRIDEMENT
29838	ELBOW ARTHROSCOPY, EXTENSIVE DEBRIDEMENT
29844	WRIST ARTHROSCOPY, PARTIAL SYNOVECTOMY
29846	WRIST ARTHROSCOPY, EXCISION OF TRIANGULAR CARTILAGE
29847	WRIST ARTHROSCOPY, INTERNAL FIXATION
29848	WRIST ARTHROSCOPY, RELEASE OF TRANSVERSE LIGAMENT
29861	HIP ARTHROSCOPY, REMOVAL OF LOOSE/FOREIGN BODY
29862	HIP ARTHROSCOPY, REMOVAL OF BODY, CHONDROPLASTY/RESECTION
29868	KNEE ARTHROSCOPY, MENISCUS TRANSPLANT
29891	ANKLE ARTHROSCOPY, EXCISION OSTEOCHONDRAL DEFECT
29895	ANKLE ARTHROSCOPY, PARTIAL SYNOVECTOMY
29906	ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT
29907	ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS
29914	ARTHROSCOPY HIP WITH FEMOROPLASTY
29915	ARTHROSCOPY HIP WITH ACETABULOPLASTY
30520	REPAIR OF NASAL SEPTUM

CODES REMOVED FROM PRIOR AUTHORIZATION LIST (Continued)

31253	NASAL/SINUS ENDOSCOPY TOTAL WITH FRONTAL SINUS EXPLORATION WITH TISSUE REMOVAL
31254	NASAL ARTHROSCOPY, REMOVAL PARTIAL ETHMOIDECTOMY
31255	NASAL ARTHROSCOPY, REMOVAL TOTAL ETHMOIDECTOMY
31256	NASAL ARTHROSCOPY, OPEN MAXILLARY SINUS
31257	NASAL/SINUS ENDOSCOPY TOTAL WITH SPHENOIDOTOMY
31259	NASAL/SINUS ENDOSCOPY TOTAL WITH ETHMOIDECTOMY, WITH SPHENOID TISSUE REMOVAL
41120	PARTIAL REMOVAL TONGUE, <1/2
55500	REMOVAL OF HYDROCELE, SPERMATIC CORD, UNILATERAL
58145	EXCISION OF UTERINE FIBROID, VAGINAL APPROACH
58146	MYOMECTOMY 5/>, TOTAL >250 G, ABDOMINAL APPROACH
58150	TOTAL ABDOMINAL HYSTERECTOMY
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY
58291	VAGINAL HYSTERECTOMY, UTERUS >250 G WITH REMOVAL OF TUBE(S) AND OVARY(S)
58541	LAPAROSCOPIC, SUPRACERVICAL HYSTERECTOMY <250G
58542	LAPAROSCOPIC, SUPRACERVICAL HYSTERECTOMY <250G, REMOVAL OF TUBE(S) AND OVARIE(S)
58543	LAPAROSCOPIC, SUPRACERVICAL HYSTERECTOMY >250G
58544	LAPAROSCOPIC, SUPRACERVICAL HYSTERECTOMY WITH TUBE(S) AND OVARY(S), >250G
58545	LAPAROSCOPIC, MYOMECTOMY 1 to 4 MYOMAS WITH TOTAL WEIGHT ≤ 250 G
58554	LAPAROSCOPIC, VAGINAL HYSTERECTOMY, UTERUS >250G, SALPINGO-OOPHORECTOMY
58661	LAPAROSCOPIC, REMOVAL OF ADNEXAL STRUCTURE
58700	REMOVAL OF FALLOPIAN TUBE
58740	LYSIS OF ADNEXAL ADHESIONS
59841	INDUCED ABORTION BY DILATION AND EVACUATION
59850	INDUCED ABORTION BY INTRA-AMNIOTIC INJECTION
59851	INDUCED ABORTION BY INJECTION WITH DILATION AND CURETTAGE AND/OR EVACUATION
59852	INDUCED ABORTION BY INJECTION WITH OPEN UTERUS
59855	INDUCED ABORTION BY VAGINAL SUPPOSITORY
59856	INDUCED ABORTION BY VAGINAL SUPPOSITORY WITH DILATION AND CURETTAGE AND/OR EVACUATION
59857	INDUCED ABORTION BY VAGINAL SUPPOSITORY WITH OPEN UTERUS
59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)
70546	MR ANGIOGRAPHY, HEAD, WITH AND WITHOUT CONTRAST
70549	MR ANGIOGRAPHY, NECK, WITH AND WITHOUT CONTRAST
72198	MR ANGIOGRAPHY, PELVIS (MRA)
73225	MR ANGIOGRAPHY, UPPER EXTREMITIES
74185	MR ANGIOGRAPHY, ABDOMEN (MRA)
77084	MRI, BONE MARROW
77090	TRABECULAR BONE SCORE (TBS), TECHNICAL PREPARATION AND TRANSMISSION OF DATA ANALYSIS PERFORMED ELSEWHERE
77091	TBS TECHNICAL CALCULATION ONLY
77092	TBS INTERPRETATION AND REPORT ON FRACTURE RISK BY OTHER QUALIFIED HEALTHCARE PROFESSIONAL
78608	BRAIN IMAGING PET METABOLIC
83521	IMMUNOGLOBULIN LIGHT CHAINS, FREE, EACH

As additional codes are identified to be removed, we will notify you in future editions of *Provider Connection*.

Remember to always review our list of [Services Requiring Prior Authorization](#) before submitting any prior authorization request. This is the most current information to ensure you're only submitting requests for those services that require such. Click on the member's benefit plan to view a complete plan-specific list of codes; or, for a particular code, enter it into the search field to view particulars on that code.

USE OUR PROVIDER PORTAL TO SUBMIT PRIOR AUTHORIZATION REQUESTS

Using our [Provider Portal](#) is another tool to reduce time spent submitting and monitoring prior authorization requests. The Portal provides access to key resources, such as request forms and appeals, as well as giving you the ability to review a request, check eligibility and claim status, and much more.

Here are more ways submitting requests through the Provider Portal save you time and streamline the determination process:

- » It takes fewer steps to submit a request through the portal
- » Requests are directed straight to our Utilization Management department
- » You input the information, so there are fewer chances for inadvertent mistakes
- » Supporting documents can be attached and submitted with the request so they stay with the request

Visit [Provider Portal](#) today to register for an account. The *Provider Portal User Guide* is available on the Portal's home page to guide you through every feature of the Provider Portal, including how to submit a prior authorization request.

REDUCING THE PHARMACY PRIOR AUTHORIZATION BURDEN

Did you know? Our Pharmacy team proactively reviews medication prior authorizations (PA) that are due to expire in the following month or two. If there is sufficient information to renew the PA (e.g., member adherence, efficacy of treatment for the member, whether the member has seen their provider in the plan year), we are extending the PA for you! This eases your PA burden and also prevents access-to-care issues for your patients. We will notify you any time an authorization has been extended.

Note: Certain medications always require provider submission of the PA request, so always check the formulary.

We are studying more ways to make the PA process easier for you. We'll post updates in future editions of *Provider Connection*. If you haven't yet, [subscribe today](#) so you don't miss a quarterly edition.

RETAIL PHARMACY PRIOR AUTHORIZATION TOOLS

The Retail Pharmacy Online Prior Authorization (PA) Submission tool has been updated to allow prior authorization as well as formulary exceptions to be submitted through the same web page. If submitting a formulary exception, it is important to indicate this on your request. To submit a request online, visit the [RealRx Home Dashboard](#) and click on the "Get Started" button under "Request Prior Authorization."

SOME ENHANCEMENTS WE'VE RECENTLY IMPLEMENTED

- » **Provider Gold Carding** – Streamlined prior authorization process for providers with a demonstrated track record of prior authorization approvals for certain medications
- » **Pharmacy technician approval** – For certain prior authorizations submitted

ITEMS COMING SOON

- » **Enhanced Gold Carding** – Exempt qualified providers from certain prior authorization requirements based on their history of quality care, prior authorization approvals in the preceding 12 months, and adherence to evidence-based guidelines
- » **Adjudication Optimization** – Maximize system capabilities to reduce the need for prior authorizations
- » **Electronic Prior Authorization (ePA)** – Interface with EMR to automate prior authorization to alleviate delays and frustrations
- » **Submission of diagnosis codes to meet criteria** – Enable pharmacies to submit codes to meet prior authorization requirements
- » **Enhanced provider outreach for submission errors** – Improve communication with providers regarding prior authorization submission errors
- » **Enhanced language in letters** – Clarify language to improve provider and member communication
- » **Audit specialty prior authorization approvals** – Enhance communication to ensure member access to care and medication, as appropriate
- » **Identify medications for extended authorizations** – As noted in the previous article