

# PROVIDER CONNECTION

University of Utah Health Plans  
Provider Publication  
August 2023



## 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

## PUBLIC HEALTH EMERGENCY UNWINDING

It's official! The Public Health Emergency (PHE) for COVID-19 has finally ended as of May 11, 2023. Just as the PHE necessitated many changes to our office practices, the end of the PHE signaled more changes for most of us. Here are some of the "unwinding" changes we've made. All of the following changes were implemented on May 11, 2023.

- » COVID vaccines and administration are covered under the Member's benefit plan similar to other covered vaccinations. Member cost-sharing applies as determined by the benefit plan.
- » COVID lab tests are covered under the Member's benefit plan, similar to other laboratory services. Member cost-sharing applies as determined by the benefit plan.
- » COVID over-the-counter tests are no longer covered.
- » COVID-Related visits and treatment, such as office visits and emergency room visits, are covered under the member's benefit plan, similar to other non-COVID treatments. Member cost-sharing applies as determined by the benefit plan.
- » At this time, U of U Health Plans is continuing its expanded definition and coverage of telehealth services.

View benefits via the member's Benefits and Eligibility page in the Provider Portal, or call Customer Service for the member's benefit plan:

Plan Name	Wasatch Front	Toll-free
Healthy U Medicaid	801-213-4104	833-981-0212
Commercial groups	801-213-4008	833-981-0213
Individual and Family plans	801-213-4111	833-981-0214
Advantage U (Medicare)	801-893-6645	855-275-0374

## U HEALTH PLUS – NETWORK EXPANSION

U of U Health Plans is excited to announce that we have expanded the service area for U Health Plus plans to include more zip codes in Salt Lake County. We have also added Holy Cross Hospitals (formerly Steward) to the U Health Plus network.

In January 2023, we began offering our U Health Plus network. This network covered the northeast portion of Salt Lake County and included 5 hospitals, 11 urgent care centers, and more than 4,700 providers.

Beginning in January 2024, we will add Holy Cross (owned by CommonSpirit, operated by Centura Health) to the U Health Plus network. This geographic and provider expansion offers Individual and Family plan members, regardless of whether they purchased their benefit plan on or off the Marketplace exchange, greater access to medical and behavioral healthcare.

Centura Health's CommonSpirit hospitals in Salt Lake County include Holy Cross Salt Lake, Holy Cross Jordan Valley West, and Holy Cross Jordan Valley. In addition to hospitals, Centura Health includes many clinics and physicians in the county that will be added to the U Health Plus network.

## EFFICIENCIES SLATED FOR PRIOR AUTHORIZATIONS

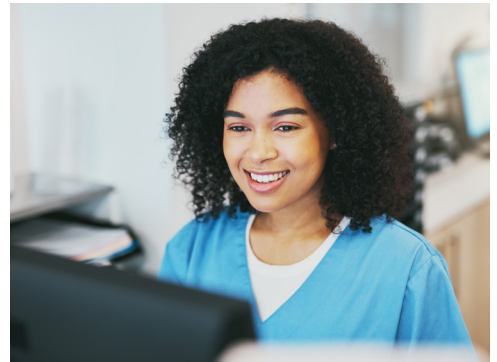
To improve efficiency and transparency for prior authorization requests, we are implementing some major enhancements to our authorization-review process. These changes include implementing InterQual Connect® within our [Provider Portal](#).

Our Provider Portal makes submitting prior authorization requests more efficient and provides access to key resources, such as request forms and appeals, as well as giving you the ability to review a request or claim status, and much more. In addition to these already established benefits, InterQual Connect allows you to view and comply with the criteria we use on certain request types, thereby eliminating the need for a manual review, and facilitating more accurate, efficient, and streamlined reviews.

We plan to launch InterQual Connect in the Provider Portal with an initial group of services during the third quarter of 2023. We will expand the codes and services available for this process after we have verified it is working smoothly for providers, followed by rollouts of additional enhanced features as they're developed. More information and instructions about this streamlined prior authorization process will be communicated soon.

Remember to always review our list of [General Services Requiring Prior Authorization](#) prior to submitting any prior authorization request. This is the most current information to spare you the time of creating a request.

We're excited to share these developments with you and look forward to working together toward a healthier 2023.



## BRUSH UP ON BILLING ERRORS AND CLAIMS SUBMISSION REQUIREMENTS

Medical billing and coding errors are an unfortunate reality of our business. Periodically reviewing common areas where errors occur can reduce the frequency of those errors. Here are a few of the most common billing errors we're currently receiving.

### **NPI BILLING ERRORS**

- » Organizational NPI (billing provider information) should be billed in L2010AA segment for EDI submissions or in 33A on a *CMS-1500* form
- » Rendering provider NPI should be billed in L2310B segment for EDI submissions and 24J on a *CMS-1500* form
- » Service facility location NPI (place of service) should be billed in L2310C segment for EDI submissions and 32A on a *CMS-1500* form

## CLAIMS SUBMISSION REQUIREMENTS

Providers should submit claims via electronic 837 HIPAA-compliant transactions (preferred); or on the appropriate standard paper forms, *CMS-1500* for professional services and *UB04* for facility services. All claims must be filed within the timely filing requirements.

The following information for correct processing of the claim is required on or attached to the claim, regardless of the method of submission:

- » Patient Name
- » Patient's Member Identification Number
- » Patient's date of birth
- » Patient's address
- » Rendering and billing provider, if different
- » Provider's name
- » Provider's Tax Identification Number (TIN)
- » Provider's NPI
- » Provider's practice and billing addresses
- » Other insurance information (if applicable and known)
- » Date(s) of service of claim
- » ICD-10 diagnosis code(s) – obtained from authorized ICD-10-CM reference guides for the year corresponding to the date of service
- » CPT/HCPCS procedure codes or revenue codes identifying services on claim, obtained from authorized reference guides for the year corresponding to the date of service
- » Medical drugs (non-retail) charges administered by a professional provider billed with the appropriate HCPCS code and NDC number
- » Billed charges for each service on claim
- » Supporting documentation including operative reports, emergency room reports, medical records supporting diagnosis when requested, etc.
- » Explanation of benefits from primary payer (if applicable)

## CORRECTED CLAIMS

U of U Health Plans prefers to receive corrected claims via EDI transaction. To request a claim be corrected, submit the following information in Loop 2300 of an X-837 electronic claim form.

- » In segment CLM05-3, insert the appropriate "Claim Frequency Type" code (these may be displayed by your software as a dropdown field):
  - 7 – Replacement of prior claim
  - 8 – Void/cancel prior claim
- » Enter the original claim number in the REF\*F8 "Payer Claim Control Number" field.
- » You must report every line associated with this claim to ensure the full claim is reprocessed.
- » Refer to your *5010 Implementation Guide* for additional information.
- » If you must submit a corrected claim on a *CMS 1500* (02/12) paper claim form:
  - In box 22, enter the appropriate **Resubmission Code**:
    - 7 – correction to prior claim
    - 8 – void of a professional claim
  - Enter the payer's original claim number in box 22 under the "Original Ref. No." field

**CORRECTED CLAIMS (CONTINUED)**

- » UB-04 Facility Claim Form
  - Enter the CLAIM FREQUENCY TYPE code as the 4th digit of Box 4 "Type of Bill"
    - 7 – Correction to prior claim (e.g., 0137 indicates a correction to a Hospital Outpatient claim)
    - 8 – Void/correction to prior claim
  - Enter the payer's original claim number in Box 64 "Document Control Number"

Take advantage of the efficiency, productivity, and cash flow obtained through electronic transactions. Learn more at [Electronic Data Interchange](#) (EDI) and enroll today.

If electronic claims are not an option in your practice, we will accept paper claims mailed to:

University of Utah Health Plans  
Attention: Claims Department  
P.O. Box 45180  
Salt Lake City, Utah 84145-0180

## MAKE YOUR OFFICE MORE EFFICIENT WITH EDI, ERA, AND EFT

Electronic transactions via Electronic Data Interchange (EDI) software offer significant benefits for your office. Electronic claims, remittance advices, and payment can help improve efficiency, productivity, and cash flow through less redundancy, reduced data entry errors, and faster turnaround times.

**EDI CLAIMS ADVANTAGES**

Of the claims that University of Utah Health Plans (U of U Health Plans) receives electronically, 80% pass through our claims processing system without processor intervention. The average turnaround time for EDI claims (received date to check being received in the provider office) is 15 days.

**ACCEPTED TRANSACTIONS**

U of U Health Plans and Utah Health Information Network (UHIN), our designated clearinghouse, are HIPAA-compliant in the following transactions:

- » 837 005010X224 (Dental)
- » 837 005010X222A1 (Professional claims)
- » 837 005010X223A2 (Institutional claims)
- » 277CA Claim Acknowledgement/error report
- » 999 Acknowledgement
- » 835 005010X221A1 (Remittance advice)
- » EFT (Electronic Funds Transfer) in conjunction with the 835
- » COB (Coordination of Benefits)
- » 270/271 0051010X279A1 Eligibility Request/Response (real-time)
- » 276/277 Claim status inquiry/response (real-time)

**ABOUT UHIN**

U of U Health Plans is a member of UHIN, a non-profit coalition of payers and providers in Utah. UHIN members have come together to reduce the administrative costs of healthcare through standardizations of electronic interactions.

Our trading partner number with UHIN is HT000179-002.

Visit [UHIN.org](https://UHIN.org) for more information.

**BENEFITS OF ERA AND EFT**

Why wait for snail mail when Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) can deliver claim information to you and payments to your bank account the same day as they are posted?

**Greater Efficiency**

With ERA (transaction 835), you can review claims as soon as processing is complete, with no lag time waiting for the mail. Additionally, most EDI software can be configured to automatically post claim information directly to the patient's account without having to manually reenter the data. Using ERA decreases time spent reconciling accounts and reduces data entry errors.

**Greater Security**

With EFT, payments are deposited directly to your bank account as soon as the payment is processed. EFT eliminates concerns of your check being delivered to the wrong address, stolen from the mail, or signed and cashed by an unauthorized person. EFT also eliminates the need for a staff member to spend time carrying the check to the bank. And, as with ERA, most EDI software can be configured to automatically post payments directly to the patient's account.

**ENROLL IN EDI, ERA, AND EFT**

EDI transactions are standardized throughout the industry. This means your office can enjoy the efficiencies gained through EDI when doing business with most payers.

Visit Electronic Data Interchange (EDI) for more information about:

- » Accepted transactions
- » Enrolling for EDI
- » Submitting claims
- » Receiving assistance

Don't wait—make your office more efficient by signing up for EDI, ERA, and EFT today.

## SAVE THE DATE: PROVIDER EDUCATION AND HIT SUMMIT

Mark your calendar for the annual Health Information Technology (HIT) and Provider Education Summit (PES) on Wednesday, October 18, 2023. UHIN is pairing the HIT and PES again this year to make it more convenient for staff in provider offices and facilities to attend.

Watch for more information about registration and conference details at [UHIN.org](https://UHIN.org).



## ENCOURAGE ADVANCE DIRECTIVES

UUHP members have the right to make decisions about their health care, including a written Advance Directive. Under Utah law, there are four types of written advance directives:

- » Special Power of Attorney for Health Care: a person chooses someone else to make health care decisions if that person can't make decisions for himself/herself.
- » Living Will: a written statement of the health care a person wants if he or she can't make independent decisions.
- » Directive for Medical Services after Injury or Illness: a directive made between a person (or the individual who has Special Power of Attorney for the person) and a doctor for care when the person has a serious illness or disease, or if he or she is about to have an operation that could result in further illness, injury, or death.
- » Emergency Medical Services/Do Not Resuscitate: a directive alerting emergency workers that the person does not want CPR or life-saving techniques. A doctor must determine that the person is suffering from a life-threatening illness before this directive can be made.

### MEMBER'S RESPONSIBILITY

U of U Health Plans encourages members to tell their family members, the person who has Special Power of Attorney for them, and their providers about their wishes, and give them a copy of their advance directive.

Medicaid members can contact Utah Legal Services at **801-328-8891** for more information. If a Medicaid member feels a provider did not carry out the advance directive, they can call the Medicaid Bureau of Program Certification at **801-538-6158** or **800-662-4157**.

### PROVIDER'S RESPONSIBILITY

Providers must display the Advance Directive in a prominent place in the medical record, and abide by the wishes expressed therein.

Healthcare providers and healthcare facilities are responsible to cooperate with a patient's advance directive and to meet all resulting requirements outlined in the [Advance Health Care Directive Act](#).

### ADDITIONAL INFORMATION

- » Your patients can find more information about advance directives by calling a U of U Health Plans Customer Advocate at **888-271-5870**, option 5, or by reading "[Advance Directives – Sharing your wishes when you can't speak for yourself](#)."
- » The Utah Commission on Aging also offers helpful information for patients and providers at "[Advanced Care Planning](#)."

Please take the time to discuss this information with all staff in your office.



## COORDINATE WITH OUR COMPLEX AND CHRONIC CONDITION CARE MANAGEMENT TEAMS

Have you utilized our Care Management programs for Complex Care Management and Chronic Condition Care Management for members with asthma, diabetes or congestive heart failure?

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 PCP to help our members reach optimal health.

Our care managers are registered nurses and licensed clinical social workers. Reach out 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 interested in our care management services. To refer a patient, contact us at **801-213-4008**, option 2.

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

## KIDNEY HEALTH – NCQA STANDARD FOR TESTING

The National Committee for Quality Assurance (NCQA) updates effectiveness measures every year in order to stay current with recognized health-quality standards.

### DID YOU KNOW?

According to the July 16, 2020 NCQA blog, "kidney disease affects 37 million American adults, but 90 percent are unaware they even have it." To counter this astonishing statistic, NCQA retired the Healthcare Effectiveness Data and Information Set (HEDIS) measure "Comprehensive Diabetes Care – Medical Attention for Nephropathy." The retired measure is replaced by Kidney Health Evaluation for Patients with Diabetes (KED).

The KED measure tracks the "percentage of members 18 to 75 years of age with type 1 or type 2 diabetes who received a kidney health evaluation, defined by an **estimated glomerular filtration rate (eGFR) and urine albumin-creatinine ratio (uACR)**, during the measurement year." The Centers for Medicare and Medicaid Services (CMS) will report the measure on its 2023 star ratings display page and include it in Star Ratings for measurement year 2024.





## HOW YOU CAN HELP

You can impact this measure by at least annually assessing eGFR and uACR. Remember, it must be done at least once during the measurement year (January to December) to meet the measurement standard.

### QUALIFYING KIDNEY-HEALTH TESTING AND ASSOCIATED BILLING CODES:

Estimated Glomerular Filtration Rate (eGFR)			
CPT CODES	DESCRIPTION	CPT CODES	DESCRIPTION
80047	Basic metabolic panel (Calcium, ionized)	80053	Comprehensive metabolic panel
80048	Basic metabolic panel (Calcium, total)	80069	Renal function panel
80050	General health panel		

Urine albumin-creatinine ratio (uACR)	
CPT CODES	DESCRIPTION
82043	Urine microalbumin
82570	Urine creatinine

It is important to note that eGFR is a calculated value and is included in the various panels listed above by nearly all laboratories performing these tests. Please make sure it is included in the panels you obtain.

As previously mentioned, of the 37 million American adults affected by diabetic kidney disease, 90% of them are unaware they even have it. Of that 90%, approximately half have advanced kidney disease. Identifying patients with diabetic kidney disease can help improve the health of your patients and prevent patients from moving on to end-stage renal disease, dialysis, or even renal transplants. We hope you'll partner with us to identify and care for those who otherwise may progress to needing dialysis or a transplant to survive. Two simple tests can make a huge difference.

### ADDITIONAL INFORMATION

- » Visit [ncqa.org/kidney-health-toolkit](https://ncqa.org/kidney-health-toolkit) to access the Kidney Health Toolkit with several helpful aids, posters, pamphlets, and PDFs to engage with your patients about kidney health.
- » Learn more about [Talking With Your Patients About CKD](#).

### REFERENCES

"Kidney Health: A New HEDIS Measure." NCQA BLOG. National Committee for Quality Assurance (NCQA). <https://blog.ncqa.org/kidneyhealth>. 21 June 2022.

"Leading the way to advance early diagnosis of chronic kidney disease." CKDIntercept: Laboratory Engagement Plan. National Kidney Foundation. <https://www.kidney.org/CKDintercept/laboratoryengagement>. 21 June 2022.

## ACUTE LOW BACK PAIN – WHEN IS IMAGING THE BEST OPTION?

How often do you evaluate a patient with low back pain? According to an NCQA article, “Approximately 2.5 million Americans visit outpatient clinical settings for low back pain each year.” Often, the first course of treatment is to send the patient for imaging even when there is no indication of an underlying condition. Utah ranks as one of the lowest performing states in imaging (X-ray, CT scans, and MRI) for acute low back pain, due to these studies being performed far above the national average.

Not only does unnecessary imaging possibly expose your patient to needless radiation, cost evidence indicates routine imaging for acute low back pain “is not associated with improved outcomes.” For most patients with acute low back pain, symptoms will improve within the first two weeks without imaging or additional treatment. Therefore, the clinical practice recommendation is that imaging should not be ordered for acute low back pain within the first six weeks unless there is concern of serious consequences, (e.g., cauda equine syndrome, permanent nerve injury, infection).

While there are many situations where imaging is appropriate, NCQA offers this reminder: “Avoiding imaging for patients when there is no indication of an underlying condition can prevent unnecessary harm and unintended consequences to patients and can reduce healthcare costs.”

We appreciate your efforts to ensure our members, indeed all of your patients, are not subjected to the potential harms and financial burden of needless imaging for any condition.

Learn more from the American Academy of Family Physicians: [Imaging for Low Back Pain](#).

### REFERENCE

“Use of Imaging Studies for Low Back Pain.” HEDIS Measures and Technical Resources. NCQA.  
<https://www.ncqa.org/hedis/measures/use-of-imaging-studies-for-low-back-pain>. 22 June 2022.

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

U of U Health Plans partners with Huntsman Mental Health Institute 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.

## CULTURAL COMPETENCY IMPROVES PATIENT SATISFACTION

Cultural Competency training for health professionals has increased in relevance as our population becomes increasingly diverse. Offices that demonstrate cultural competence are more highly rated by patients in online forums and have less staff dissatisfaction. Knowing how to communicate with your patients and coworkers is critical to optimal outcomes.

An [article in PubMed Central](#), a publication from the National Library of Medicine, asserts that “Physicians who are aware of their own and their patients’ cultural backgrounds, along with the values that are often implicit in current medical models, are better able to achieve mutual understanding within the patient encounter and to focus on culturally appropriate healthcare interventions.”



We have created a [short training presentation](#) to provide your office with important information, tips for improved communication and service, and provider and office responsibilities. In-service or other staff meetings offer a great opportunity to review culturally appropriate communication techniques, as well as provider and office responsibilities to ensure your patients are understanding the care you provide. If it’s been a while, schedule a few minutes in the near future to review this information with your staff to ensure patients continue to feel welcome and respected in your office.

### REFERENCE

“Cross-cultural communication: Tools for working with families and children.” PubMed Central. National Institutes of Health. <https://pubmed.ncbi.nlm.nih.gov/29479280/>. 05 July 2023.

## COMPLETE AND ATTEST TO ADA ASSESSMENT TODAY

We are dedicated to ensuring our members have access to network providers. The Americans with Disabilities Act (ADA) standards are readily available to all providers. 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.

# HEALTHY U MEDICAID

## NO PAPER CLAIM SUBMISSION

Beginning in February 2023, Medicaid no longer accepts Fee-For-Service (FFS) claims submitted on a paper claim form.

Although U of U Health Plans **will** accept paper claims, when necessary, for services rendered to our Healthy U members, it is much more efficient to submit claims and receive payments and remittance advices electronically through Electronic Data Interchange (EDI) transactions.

Visit the [EDI page on our Provider Website](#) to learn more about EDI and enroll.

- » If already enrolled in EDI, work with your clearinghouse to comply with electronic claims submission requirements.
- » **Paper claims sent directly to Utah Medicaid will be destroyed.** Medicaid will not notify the provider when this occurs.
- » Submit claims as soon as possible to avoid any timely filing denials or issues.

## WELL-CHILD VISIT COLLABORATION

Knowing how critical well-child visits are to a child’s first few years of development, Healthy U is developing ways to increase the number of children, ages 0 to 30 months, who receive timely well-child visits.

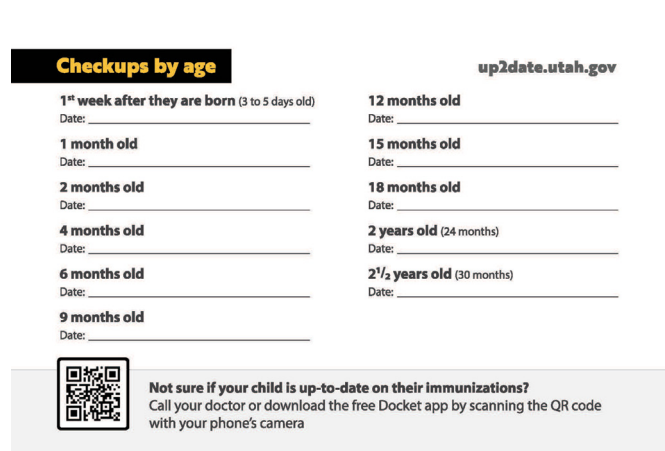
Healthy U Medicaid is collaborating with the Utah Department of Health and Human Services (DHHS), as well as other Medicaid ACOs, to develop a Well-Child Visit Record Card. This card will help parents keep track of when their child is due for their next well-visit. It also provides parents with the Web address to access additional information on the DHHS website and includes a QR code to download the *docket*<sup>®</sup> app so parents can be certain their family’s immunizations are up to date.

Each Medicaid ACO in Utah will distribute the cards to Medicaid-eligible families this summer. Here’s a peek:

Front



Back



Healthy U Medicaid annually assesses the percentage of our members who are up to date with early childhood visits through the Healthcare Effectiveness Data and Information Set (HEDIS) measure, “Well-Child Visits in the First 30 Months of Life.”

Two rates are reported: well-child visits in the first 15 months of life (six or more visits), and well-child visits between 15 and 30 months of age (two or more visits). The HEDIS results reflect the most recent **national data, for visits received in 2021**, compared to **Healthy U Medicaid data, for visits received in 2022**. Regardless of the collection year disparity, the results highlight the improvement opportunities.

Compliance with Medicaid Well-Child Visits from 0 to 30 Months of Age		
	Medicaid – 2021 (National Average percent compliant)	Healthy U – 2022 (Healthy U Medicaid percent compliant)
Well visits in the first 15 months of life	54.1%	43.95%
Well-child visits between 15 and 30 months of age	65.9%	63.76%

Whether nationally or regionally, the percentages of children receiving routine well child visits leaves much room for improvement. We encourage you to review records of children in these age ranges, regardless of whether they are a Medicaid enrollee, to ensure every child is receiving the routine care they need to become healthy throughout their lifetime.

For valuable educational pieces for your office, visit [Stay up to Date Educational Resources](#).



## MEDICATION BILLING UPDATE: NDC UNITS VS. HCPCS UNITS

Please be aware there are changes to how Medicaid physician-administered drugs are being processed.

Visit [Utah Medicaid Official Publications](#), and then click on "Medicaid Provider Manuals," followed by "Pharmacy" then "Pharmacy.pdf," then click on section VII, paragraph F in the Table of Contents for complete information.

# Advantage | U

## IMPORTANT ADVANTAGE U PLAN CHANGES IN 2024

This is a courtesy notice to let you know that, **beginning January 1, 2024**, U of U Health Plans will no longer offer Advantage U (Medicare Advantage) member plans. We are also sending courtesy notices to our Advantage U members, advising them of this change. At this time, we are reassuring Advantage U members that **their existing plan of coverage will remain in effect, without any change, through the remainder of 2023**. Additional details, along with an official Notice of Nonrenewal as required by the Centers for Medicare & Medicaid Services (CMS), will be mailed to our members on or around October 1, 2023.

We are making you aware of this change early, in case you receive questions from our Advantage U members for whom you care, and to provide ample time to consider steps to support continuity of care for these members. Additional details will be sent to your clinic on or around October 1, 2023. Please advise your Advantage U patients who may have questions, to call **855-275-0374**.

We sincerely appreciate the care you provide our Advantage U members, and look forward to continuing our relationship in support of our other products and networks.

### LEARN MORE

[Advantage U website](#) – updated as information becomes available

- » 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.

## PHARMACY REMINDERS

- » Upcoming changes to [Pharmacy Formularies](#) are available on our website. Scroll down the page to view the most recent "**Formulary Change Notices**."
- » 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. The link for Pharmacy Medication Use Policies is on the left side of your screen. Bookmark these links in your Internet favorites for quick access to submit pharmacy prior authorization requests.
- » Formulary updates for retail and specialty pharmacy medications is available in the [Preferred Drug List \(PDL\)/Formulary](#) for each member benefit plan. This list also includes prescribing limits such as quantity limits, step therapy, and/or prior authorization requirements. Click on the "**Searchable Directory**" or "**PDF**" specific to the member's plan.
- » 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 or Formulary Exception."

## CODING CORNER

### DOCUMENTATION REQUIREMENTS FOR DMEPOS CLAIMS

From time to time, U of U Health Plans conducts medical record audits on claims to ensure proper coding and billing. These audits ensure documentation aligns with state and federal requirements, and they apply to all specialties.

This edition of *Provider Connection* focuses on requirements specific to suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS).

As a contractual requirement, participating providers must respond promptly to a medical records request and include correct, legible, and complete medical records for all U of U Health Plans members.

The DMEPOS medical records must include all of the following:

- » All standard written order(s) and prescription(s) **and** all documentation necessary to support the need and medical appropriateness of the supplies
- » Proof of delivery documentation, which includes the following **legible** information:
  - Member's name, delivery address, a description of the item being delivered, HCPCS code or brand name and model number, quantity delivered, date delivered, and the member (or designee's) signature
  - The delivery date serves as the date of service; if the supplier uses a delivery/shipping service, the supplier may use the shipping date as the date of service on the claim
  - NEVER bill DMEPOS prior to the delivery date of service

- » Documentation to support and/or substantiate medical necessity or a Certificate of Medical Necessity (CMN) or a DME Information Form (DME)\* from ALL treating physicians, on the claim or in the medical record
- » Supporting documentation for a face-to-face encounter must support billing the DMEPOS and be documented in the pertinent portion of the medical record
- » Any other documentation to support the claims and each code billed

\*For claims with dates of service **PRIOR to January 1, 2023**, if the claim requires a specific CMN or DIF—as linked below—you must send it with the claim or have it on file from a previous claim.

- » [CMS-484 – Oxygen](#)
- » [CMS-846 – Pneumatic Compression Devices](#)
- » [CMS-847 – Osteogenesis Stimulators](#) – electrical and ultrasonic
- » [CMS-848 – Transcutaneous Electrical Nerve Stimulators](#)
- » [CMS-849 – Seat Lift Mechanisms](#)
- » [CMS-854 – Section C Continuation Form](#)
- » [CMS-10125 – External Infusion Pumps](#)
- » [CMS-10126 – Enteral and Parenteral Nutrition](#)

For claims with dates of service **AFTER January 1, 2023**, CMN and DIF forms are no longer required; however, the devices noted above must still be fully documented in the medical record.

## SERVICES REMOVED FROM REQUIRING PRIOR AUTHORIZATION

U of U Health Plans periodically reassesses services requiring prior authorization in an effort to avoid unnecessary administrative burden on providers. **Effective October 1, 2023, we will no longer require prior authorization on the following Durable Medical Equipment (DME) HCPCS codes.** These codes will, however, have quantity limits and frequency edits applied as outlined below. This change is applicable to all Commercial Group, Individual and Family, Healthy U Medicaid, and Advantage U (Medicare) plans.

HCPCS Code	Code Description	Quantity Limit (QL)
L0120	CERVICAL COLLAR	1 every 3 years
L1810	HINGED KNEE BRACE	1 every 5 years
E0199	DRY PRESSURE PAD	1 every 5 years
K0001	WHEELCHAIR, STANDARD	Capped rental. Cover 12 months every 5 years.
K0003	WHEELCHAIR, LIGHT WEIGHT	Capped rental. Cover 12 months every 5 years.
K0004	WHEELCHAIR, LIGHT WEIGHT, HIGH STRENGTH	Capped rental. Cover 12 months every 5 years.
K0006	WHEELCHAIR, HEAVY DUTY)	Capped rental. Cover 12 months every 5 years.
K0007	WHEELCHAIR, BARIATRIC	Capped rental. Cover 12 months every 5 years.
E0185	GEL OVERLAY	1 every 5 years
E0271	STANDARD MATTRESS	1 every 5 years
E0910	TRAPEZE BAR	Capped rental. Cover 12 months every 5 years



# MEDICAL AND REIMBURSEMENT POLICY 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 and reimbursement 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 or reimbursement policy in its entirety.

The Medical and Reimbursement 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.

We also encourage you to 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.

## MEDICAL POLICY UPDATES

NEW POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
<a href="#">MP-075</a> (New)	Autologous Chondrocyte Implantation	05/29/2023
<b>Commercial Plan:</b> This policy outlines the coverage criteria for authorization of Autologous Chondrocyte Implantation (ACI) for the treatment of disabling full-thickness articular cartilage defects of the knee caused by acute or repetitive trauma when certain criteria are met. For all other joints besides the knee, for any indication, ACI is considered experimental and/or investigational. Please see the policy for criteria and other details.		
<a href="#">MP-076</a> (New)	Sacral Nerve Stimulation for Pelvic Floor Dysfunction	05/29/2023
<b>Commercial Plan:</b> This policy outlines the circumstances in which a trial and a permanent placement of sacral nerve stimulation (neuromodulation) for urinary and fecal incontinence are covered when certain criteria are met. Please see the policy for details.		
REVISED POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
<a href="#">MP-001</a> (Revised)	Transcranial Magnetic Stimulation (TMS)	07/23/2023
<b>Commercial Plan:</b> Added exclusion for maintenance repetitive TMS (rTMS), as currently there is insufficient evidence to be able to determine the safety and efficacy of maintenance rTMS for the prevention of recurring depression symptoms.		

## REIMBURSEMENT POLICY UPDATES

<b>NEW POLICIES</b>		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
	No new reimbursement policies at this time.	
<b>REVISED POLICIES</b>		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
	No revised reimbursement policies at this time.	

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