PROVIDER CONNECTION

University of Utah Health Plans
Provider Publication
February 2019

REMINDER: PROVIDER CONNECTION NOW AVAILABLE ONLY ONLINE

As we notified you in the Fall 2018 edition, *Provider Connection* is now available only online. Moving to digital-only content reduces our environmental impact and administrative costs. You'll continue receiving important information in the newsletter, such as announcements, updates to medical policies, helpful tips, and more. If you currently receive the newsletter in the mail, we will send a postcard to your office when new editions are available. The postcard will provide a link to the online location.

In addition to being the environmentally responsible solution, having 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.

INSIDE THIS EDITION

To return to this page, click on *"Provider Connection"* at the top of any page.

uhealthplan.utah.edu

HEALTH PLANS
UNIVERSITY OF UTAH
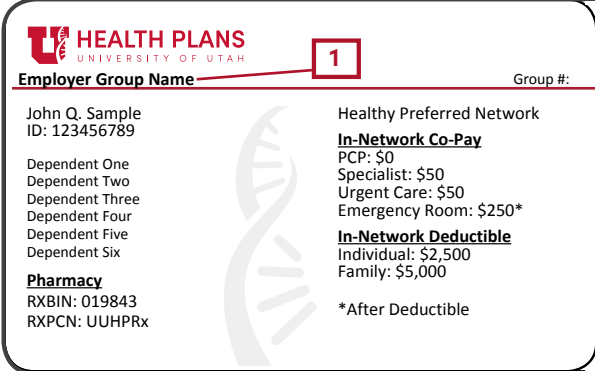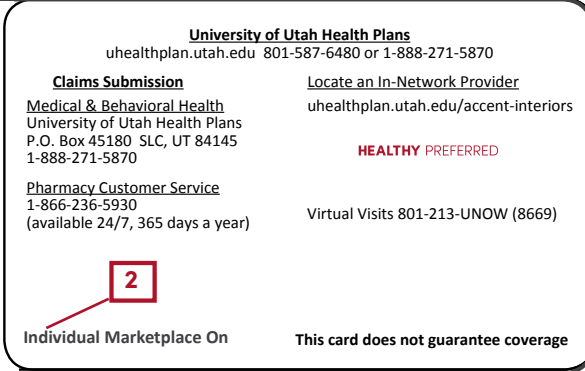
NEW LOOK FOR 2019 ID CARDS

Have you noticed? ID cards for University of Utah Health Plans members have a new look for 2019.

The cards are now family-style, with each dependent and their ID number listed on the card. For Individual marketplace members, each member has a unique ID number. For group members, the family ID is listed below the subscriber and each member has a two-digit suffix. ID cards display six dependents at a time, with additional dependents appearing on extra cards.

Sample ID Card

Front   **Back**

HEALTH PLANS
UNIVERSITY OF UTAH

Employer Group Name   【1】   Group #:

John Q. Sample
ID: 123456789

Dependent One
Dependent Two
Dependent Three
Dependent Four
Dependent Five
Dependent Six

Pharmacy
RXBIN: 019843
RXPCN: UUHPRx

Healthy Preferred Network
In-Network Co-Pay
PCP: $0
Specialist: $50
Urgent Care: $50
Emergency Room: $250*
In-Network Deductible
Individual: $2,500
Family: $5,000

*After Deductible

University of Utah Health Plans
uhealthplan.utah.edu 801-587-6480 or 1-888-271-5870

Claims Submission   Locate an In-Network Provider
Medical & Behavioral Health   uhealthplan.utah.edu/accent-interiors
University of Utah Health Plans
P.O. Box 45180 SLC, UT 84145
1-888-271-5870   **HEALTHY** PREFERRED

Pharmacy Customer Service
1-866-236-5930
(available 24/7, 365 days a year)   Virtual Visits 801-213-UNOW (8669)

【2】

Individual Marketplace On   **This card does not guarantee coverage**

【1】 The group name will be displayed if the member belongs to an employer's group plan

【2】 "Individual Marketplace" will be displayed if the member purchased an ACA-qualified policy

INTRODUCING EMILY BIRD
OUR NEW PROVIDER RELATIONS CONSULTANT

U of U Health Plans is pleased to welcome Emily Bird as our newest Provider Relations Consultant. Emily joined the Provider Network Management department in December 2018. Her region includes Salt Lake County and Nevada.

Prior to joining Provider Network Management, Emily was the Academic Program Manager for the University of Utah Division of Otolaryngology where she coordinated the Residency and Fellow programs. Previous to that, she was a Provider Relations Representative for another insurer, so she brings a robust background to her role at U of U Health Plans. Emily graduated from the U of U in Sociology.

"What I enjoy most about working in Provider Relations," Emily says, "is the opportunity to meet people and build relationships. I enjoy the process of researching questions for providers, it's always a learning experience for me, too! I am excited to be on this Provider Relations team!"

In her free time, Emily and her husband enjoy spending time outdoors skiing, traveling, and exploring. Emily also enjoys sewing, spending time with friends, and matching wits with gameshows.

DO YOU KNOW YOUR PROVIDER RELATIONS CONSULTANT?

Provider consultants are the primary external contact, building relationships with health care providers. Our provider consultants and the areas they serve are shown below.

Box Elder, Cache, Daggett, Davis, Duchesne, Rich, Morgan, Summit, Tooele, Uintah, Wasatch, and Weber counties in Utah; and all Idaho

MARY CARBAUGH – 801-587-2920
mary.carbaugh@hsc.utah.edu

Professional providers including physicians, practitioners, physical therapy providers, chiropractors, behavioral health providers, audiologists, podiatrists, optometrists, dentists; independent hospitals, and ambulatory surgical centers

- Home Health, Hospice
- Intermountain Healthcare
- Interpreting agencies
- Long-term acute care hospitals
- Skilled nursing facilities

Beaver, Carbon, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Utah, Washington, and Wayne counties in Utah; and all Colorado and Wyoming

SANDRA CAMPBELL – 801-587-2943
sandra.campbell@hsc.utah.edu

Professional providers including physicians, practitioners, physical therapy providers, chiropractors, behavioral health providers, audiologists, podiatrists, optometrists, dentists; independent hospitals, and ambulatory surgical centers

- Anesthesia groups
- Durable medical equipment companies
- HCA MountainStar Hospital System
- HCA physicians

Salt Lake County in Utah, and all Nevada

EMILY BIRD – 801-587-2666
emily.bird@hsc.utah.edu

Professional providers including physicians, practitioners, physical therapy providers, chiropractors, behavioral health providers, audiologists, podiatrists, optometrists, dentists; independent hospitals, and ambulatory surgical centers
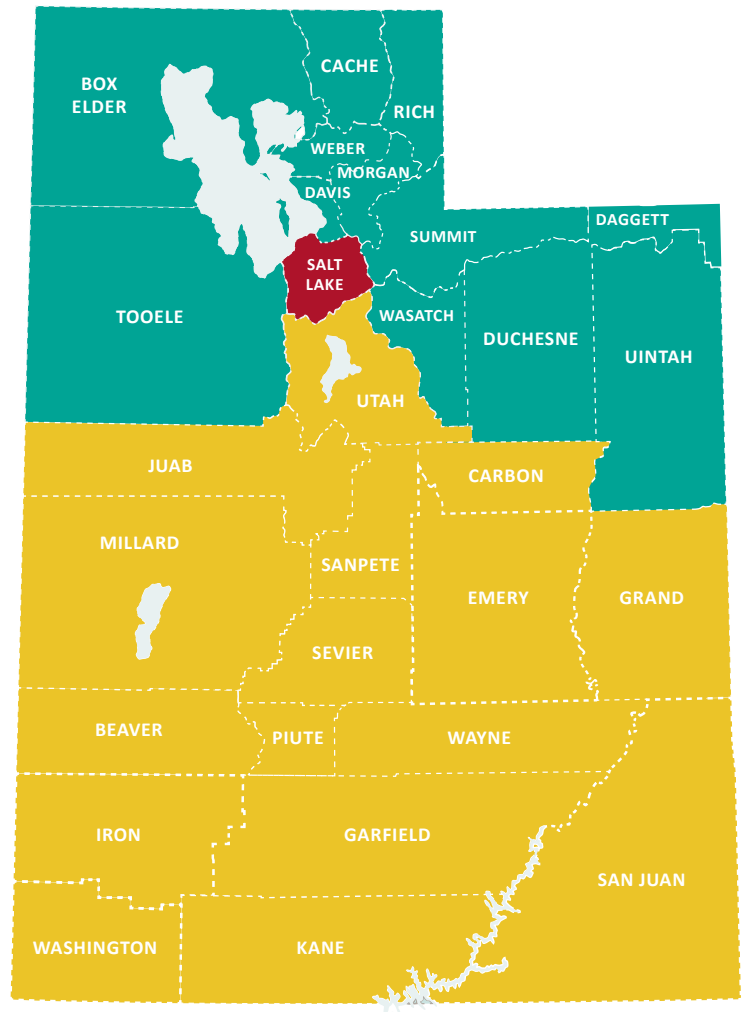
- Dialysis centers
- Pathology labs
- Physician Group of Utah (PGU)
- Steward hospitals

Additional Resources

Claims, eligibility, or benefits questions?
Customer Service – **888-271-5870**

Questions regarding network participation?
Provider Relations – **801-587-2838**
provider.relations@hsc.utah.edu

SUBMITTING CORRECTED CLAIMS

How often do you submit a corrected claim only to have it denied as a duplicate? Not only is this frustrating for you, it slows down our claims processing time due to the increased volume. Follow the tips below to ensure your changes are recognized as a corrected claim and processed promptly.

We prefer to receive corrected claims via Electronic Data Interchange (EDI) transaction. To request a claim be corrected, submit the following information in Loop 2300 of an X-837 electronic claim form:

1. In segment **CLM05-3**, insert the appropriate "Claim Frequency Type" or "Type of Bill" code (may be displayed by your software as a dropdown field):

    7 – *Replacement of prior claim*
    8 – *Void/cancel prior claim*

2. Enter the Original Claim Number in the **REF*F8** "Payer Claim Control Number" field

Refer to your 5010 Implementation Guide for additional information.

Notes:
- **Effective April 1, 2019**, we will no longer accept Modifier CC on the service line of claims
- You must report every line associated with this claim to ensure the full claim is reprocessed

If you must submit a corrected claim on a paper claim form:
- **UB-04** Facility Claim Form –
    » Enter the "Claim Frequency Type" code (**7** or **8**) as the **3rd digit** of box **4** "Type of Bill" (e.g., 13**7** indicates a correction to a Hospital Outpatient claim)
    » Enter the payer's original claim number in box **64** "Document Control Number"
- **CMS-1500** Health Insurance Claim Form – Enter the correct "Resubmission Code" **and** the "Original Ref (claim) Number" in box **22** of the form

MAKE YOUR OFFICE MORE EFFICIENT WITH 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 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 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 uhealthplan.utah.edu/for-providers/edi.php 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 ERA and EFT today.

DID YOU RECEIVE YOUR 1099?

The most wonderful time of the year—if you look forward to receiving tax forms, that is. We mailed *Form 1099* to impacted providers the latter part of January. For the 2018 calendar year, we generated 1099s for all vendors that received payment of $600 or more during the year.

Please verify that the business name and Tax ID number on the 1099 matches what you file with the IRS. Send us any needed changes with an updated *Form W-9, Request for Taxpayer Identification Number and Certification*. Remember to always send an updated W-9 to payers anytime your Tax ID or business name changes.

Email **Provider Relations** or call **801-587-2838** option 2 with any questions about your 1099 or W-9.

REGISTER TODAY FOR A 2019 PROVIDER EDUCATION SUMMIT

Provider Education Summits offer providers and their office staff educational breakout sessions on current topics impacting practice management like coding, HIPAA, HCC documentation, 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.

Attendees who preregister will be entered into a prize drawing. Register today at uhin.org/events/pes2019.

Salt Lake City – Tuesday, **March 19, 2019** – Mountain America Expo Center

Layton – Wednesday, **March 20, 2019** – Davis Conference Center

Provo – Wednesday, **March 27, 2019** – Utah Valley Convention Center

St. George – Wednesday, **April 3, 2019** – Best Western Abbey Inn

uhealthplan.utah.edu

HEALTHY U MEDICAID

UTAH MEDICAID'S RECREDENTIALING REQUIREMENT

Remember that Utah Medicaid requires all providers serving members on a Medicaid plan, like Healthy U, to recredential every three to five years, depending on their CMS-defined "level of risk." When you are due to recredential, Utah Medicaid will send a written notice to the 'pay to' address on file in the PRISM system. Failure to recredential will result in suspension of payment and may result in termination as a provider from Utah Medicaid and, consequently, from Healthy U.

Learn more about Medicaid Provider Enrollment.

Healthcare providers intending to join the Healthy U network must **first** enroll with Utah Medicaid's *Known Provider List* via their PRISM enrollment system. Enrollment with the state, as well as your U of U Health Plan contract and credentialing, must be complete before providing service to Healthy U members.

MEDICAID'S PROVIDER MANUAL MOVING TO UTAH ADMINISTRATIVE RULE

Utah Medicaid is in the process of moving policies from their provider manuals to the appropriate Utah Administrative Rule. The changes will be rolled out during the next several quarters.

- Specific changes are detailed in the Utah State Bulletin as they are implemented.
- Coverage of specific CPT or HCPCS codes is available in the Utah Medicaid Coverage and Reimbursement Code Lookup tool.
- Information about modifiers is available in the Utah Medicaid Provider Manual, Section I: General Information.

MEDICAID ELECTRONIC HEALTH RECORD POST-PAYMENT AUDIT

Utah Medicaid has announced that Myers and Stauffer will conduct the audit of Utah's Electronic Health Records (EHR) Incentive Program. These post-payment audits help ensure state and federal funds are expended appropriately.

Myers and Stauffer will contact providers for the audit. For questions about the audit or documentation requests, please email Myers and Stauffer or call **800-336-7721**.

PHARMACY

Our medication and pharmacy information is updated as changes occur. Please visit our Pharmacy Forms & Guidelines site at least quarterly to view the most recent information.

PHARMACY RESOURCES FOR PRESCRIBERS

For the 2019 year, a list of medical pharmacy medications that require authorization, along with our Preferred Drug List (PDL)/Formulary for retail/specialty pharmacy medications are available online. "Bookmark" the following sites in your internet favorites for convenient reference.

Medical Pharmacy Medications

View Pharmacy/Specialty Review for a list of medical pharmacy medications and their associated codes that require prior authorization.

Medical Pharmacy Prior Authorizations

- For injections, infusions, and other medications administered in a clinical setting, complete the Prior Authorization Form that applies to that member's benefit plan.
Remember to attach supporting documentation as indicated.

Retail Pharmacy Medications – PDL/Formulary

For retail/specialty pharmacy medications, view the PDL/Formulary for prescribing limits, step therapy, or prior authorization requirements. Multiple formularies are available, depending on the member's benefit plan.

Retail Pharmacy Prior Authorizations

- For requests submitted online, we partner with a Pharmacy Benefit Manager (PBM) to review prior authorization requests. Complete a Prescriber Web Prior Authorization form and attach supporting documentation where indicated at the bottom of the form.

- If you prefer to print and fax the request, complete the Pharmacy Prior Authorization Form as appropriate to the member's benefit plan and then fax it, along with all supporting documentation, to **844-316-6544**.

Questions?

- For questions regarding Medical Pharmacy Medications – **801-587-2859**

- For questions regarding Retail Pharmacy Medications, call the Pharmacy Customer Service team serving the member's benefit plan. Our Pharmacy Customer Service team is available 24-hours a day, seven-days a week, 365-days a year.
  - » Healthy U Medicaid Members – **866-236-5935**
  - » Individual and Family Exchange Members – **866-236-5936**
  - » Large and Small Group Business Members – **866-236-5930**
  - » University of Utah Health Employee Plan Members – **866-861-6178**

ANNUAL NOTICE OF PHARMACY RESOURCES FOR MEMBERS

U of U Health Plans provides prescription drug coverage. [View general information about our pharmacy coverage](#), including the preferred drug list for each member's plan, information on how to use the pharmaceutical procedures, an explanation of limits, the process for generic substitution, therapeutic interchange, and step therapy, and how prescribing practitioners must participate in an exception request. Preferred drug lists may change from time to time, but updates are posted on the website on or before the effective date of any change. We recommend that providers review the website quarterly for formulary updates.
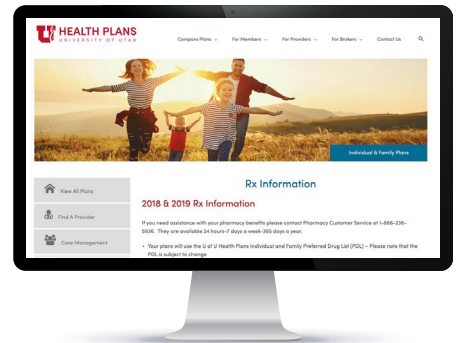
CODING CORNER

WHEN AND HOW TO BILL MODIFIER 59

With the Centers for Medicare & Medicaid Services (CMS) rules becoming increasingly prescriptive, many insurance payers will no longer provide separate reimbursement for CPT or HCPCS codes submitted with **Modifier 59** *Distinct Procedural Service*. According to coding guidelines, Modifier 59 is valid only in certain circumstances when no more descriptive modifier is available. It should never be reported to bypass NCCI or PTP edits, nor should it be appended to an Evaluation and Management (E/M) code.

Before reporting Modifier 59, consider whether one of the following alternatives may be more descriptive:

- **Modifier 25** *Significant, Separately Identifiable Evaluation and Management Service by the Same Physician* (or other qualified healthcare professional) *on the Same Day* (of the procedure or other service)

    Example*
    An orthopedist sees a new patient for knee pain evaluation. The orthopedist diagnoses the patient with osteoarthritis of the knee and discusses options for management, then injects a steroid to provide patient relief.

    You may report the aspiration **and** the same-day E/M, as appropriate to the documented E/M service level, **with modifier 25 appended**. You may also report the drug supply. The orthopedist would make a decision to perform an additional procedure (the injection) only after completing an E/M service.

- **Modifier XE** *Separate encounter* – A service that is distinct because it occurred during a separate encounter

    Example*
    The physician performs a diagnostic nasal endoscopy (CPT 31231) at 10 a.m. The patient goes to the ER at 8 p.m. that evening with severe epistaxis, so the doctor uses complex techniques to control the anterior epistaxis (CPT 30903). Had they been performed during the same encounter, the diagnostic endoscopy would have been bundled with the control of epistaxis. Since they were done at different encounters, the **modifier XE would be used** with the 30903 because it is the Column 2 code.

- **Modifier XS** *Separate organ/structure* – A service that is distinct because it was performed on a separate organ/structure

  Example*
  Two codes that often get unbundled inappropriately are bone marrow aspiration, CPT 38220 and bone marrow biopsy, CPT 38221. They are not permitted to be coded together unless they are performed at different sites. So, if the physician performs a marrow biopsy on the left hip and has **documented medical necessity** to perform a bone marrow aspiration on the right hip, both procedures can be coded and billed. **Modifier XS is applied** to 30220 since it is the Column 2 code.

- **Modifier XP** *Separate practitioner* – A service that is distinct because it was performed by a different practitioner

  Example*
  Modifier XP is used when one doctor in the group does a service and a different practitioner in the practice does a different service that's bundled with the first. **The medical necessity for using the two different practitioners for these two bundled procedures must be documented.** Though rarely appropriate in an office setting, you might see this situation in the care of trauma patients in an ER setting when multiple physicians care for the patient at the same time.

- **Modifier XU** *Unusual separate service* – A service that is distinct because it does not overlap usual components of the main service

  Example*
  If an anesthetized patient is not emerging from anesthesia, the anesthesiologist may have to resuscitate the patient using CPR. This is part of anesthesia services, and the CPR is bundled with the anesthesia services. But if CPR is performed as an emergency procedure because the patient codes, both services may be billed by the anesthesiologist. As of January 1, 2019, instead of using a 59 modifier with CPTs 92950 and 92953, **an XU modifier** should be reported.

* Examples derived from the [AAPC Knowledge Center](#).

Perhaps reporting no modifier at all is more appropriate.

The CMS *National Correct Coding Initiative Policy Manual* indicates: "Modifiers may be appended to HCPCS/CPT codes only if the clinical circumstances justify the use of the modifier." (CHAP 1, pg. 21) "Documentation in the medical record must satisfy the criteria required by any NCCI–associated modifier used." (CHAP 1, pg. 25)

CMS directs that the documentation must clearly support that a "different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual"* was provided.

Whether you report Modifier 25, an "X" modifier, or no modifier at all, the safest course is to fully document the services performed and medical decision–making involved for every encounter. We will never—*Never*—ask you for less documentation.

References:
- *"Modifier 59 Article." Centers for Medicare & Medicaid Services. Nov. 2005. Web. 29 Aug. 2018.*
- *https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/NCCI_Policy_Manual.zip*

MEDICAL POLICY UPDATES

University of Utah Health Plans uses medical policies as guidelines for coverage determinations in accordance with the member's benefits. Quarterly notice of recently approved and revised medical policies is provided in Provider Connection for your convenience. The Medical Policy Updates section of this newsletter does not guarantee coverage is provided for the procedures listed. Medical policies are used to inform coverage determinations but do not guarantee the service is a covered service.

New Policies

Policy Number	Policy Name	Effective Date
MP-019 (New)	**Implanted Intraocular Devices for the Treatment of Glaucoma**	**9/26/18**

Commercial Plan:

U of U Health Plans covers internal aqueous shunt/stent devices, including the EX–PRESS® Glaucoma Filtration Device and the Xen® 45 Gel Stent in members who meet ALL of the following criteria:

- Limited to one implant per eye
- Patient has open angle glaucoma
- Patient has not adequately responded to conservative therapy

U of U Health Plans covers iStent® and iStent inject® only if ALL the following criteria are met:

- Limited to one implant per eye
- Patient has open angle glaucoma
- Patient has not adequately responded to conservative therapy
- The procedure is combined with cataract surgery (CANNOT be a stand–alone procedure)

U of U Health Plans does NOT cover implantation of the following intraocular devices as evidence is either insufficient to determine clinical efficacy and safety or meets the plans definition of investigational/experimental (not an all-inclusive list):

- Cypass® Micro-Stent
- Hydrus® Microstent
- InnFocus Microshunt®
- iStent Supra® Suprachoroidal Micro-Bypass Stent
- SOLX® Gold Shunt

MP-020 (New)	**Methylenetetrahydrofolate Reductase (MTHFR) Mutation Testing**	**10/31/18**

Commercial Plan:

U of U Health Plans DOES NOT COVER methylenetetrahydrofolate reductase (MTHFR) mutation testing in any circumstances. It is considered investigational and not medically necessary for all indications.

MP-032 (New)	**Transtympanic Micropressure Treatment for Ménière's Disease**	**11/15/18**

Commercial Plan:

U of U Health Plans does NOT cover the Meniett® low-pressure pulse generator for the treatment of Meniere's disease, nausea/vomiting, or tinnitus as it is considered experimental/investigational because its effectiveness has not been established.