



PROVIDER CONNECTION

University of Utah Health Plans
Provider Publication
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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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UNIVERSITY OF UTAH HEALTH PLANS IS GROWING!

We're pleased to announce that University of Utah Health Insurance Plans acquired Steward Health Choice Utah, Inc.'s Medicaid and Medicare HMO SNP health plans on December 31, 2020. The plans join our current offerings, Healthy U (Medicaid) and Advantage U Signature (Medicare Advantage PPO). The new plans will now be known as Health Choice Utah (HCU), operating independently as an additional Medicaid health plan, and Health Choice Generations Utah (HUG), operating independently as an additional Medicare Advantage Special Needs Plan. This merger involves only the health plans and does not impact Steward Health Care professionals or facilities.

Although HCU and HUG will operate as separate plans from our current Medicaid ACO and Medicare Advantage plans, we welcome HCU and HUG's current workforce to the U of U Health Plans family of team members. This collaboration will enable us to learn from each other's successes; thereby, strengthening each of our plans through best practices and offering our Medicaid and Medicare Advantage members the best health plan options available to meet their needs.

DOING BUSINESS WITH HCU AND HUG

To make this transition as seamless as possible, we are retaining HCU and HUG's current operations, such as customer service, claims processing, and prior authorizations.

- » ID cards – HCU members will continue to use their Medicaid identification cards and HUG members will continue to use their HUG Medicare identification cards. Remember that Medicaid and Medicare eligibility can change from month to month, so always check eligibility prior to every visit:
 - Check Medicaid eligibility via the [State of Utah MMIS Eligibility Lookup Tool](#)
 - Check Medicare eligibility via [Medicare HETS 270/271](#)
- » Benefits are established by Utah Medicaid, or by Medicare with certain supplemental benefits offered by HUG.
- » Claims – continue submitting electronic claims through UHIN (HCU Payor ID **45399** and HUG Payor ID **13054**).
 - Paper claims can still be mailed to:
Health Choice Utah
406 W. South Jordan Parkway, Suite 300
South Jordan, UT 84095

For information about or assistance with Health Choice Utah or Health Choice Generations Utah, or to join the HCU or HUG network of providers, call HCU at **877-358-8797** or HUG at **844-457-8943**.



TURNING THE TABLES ON COVID-19

Together, we've celebrated with you as healthcare professionals and others at high risk in our communities began receiving the novel Coronavirus vaccine. What a challenging year we've endured. We applaud you for your dedication and innovation in meeting this challenge to continue providing care to our communities in the safest possible way while doing your best to keep you, your office, and your family healthy.

As vaccines begin circulating through our population, we continue to study and implement measures to stay safe and mitigate the physical, emotional, and financial tolls of this pandemic. To this end, we at University of Utah Health Plans continue to make coverage decisions in the best interest of our members and providers. As these decisions evolve, we post the latest updates on our website for your convenience.

View the most current information about our [CORONAVIRUS: COVID-19 Coverage and Care](#).

You truly shine as among the best healthcare professionals in the nation. We sincerely appreciate our association with you and the care you provide our members.



COVERAGE OF MONOCLONAL ANTIBODIES FOR COVID-19

In a recent memo, the Centers for Medicare & Medicaid Services (CMS) announced that Medicare now covers monoclonal antibodies to treat COVID-19 in Medicare beneficiaries, including Advantage U members. Infusion of bamlanivimab, casirivimab, or imdevimab is available with no out-of-pocket cost during the pandemic.

Although Medicare does not reimburse for the dose if the provider receives it for free, they will reimburse for the administration. If you do purchase doses of bamlanivimab, casirivimab, or imdevimab, refer to [COVID-19 Vaccines and Monoclonal Antibodies](#).

Utah Medicaid and U of U Health Plans also cover monoclonal antibodies and administration with no out-of-pocket cost to members. Claims should be submitted to and will be processed by the plan's sponsoring organization as follows:

Plan Name	Submit Claim To
Commercial Groups	U of U Health Plans
Individual and Family plans	U of U Health Plans
Healthy U Medicaid	Utah Medicaid FFS
Advantage U Medicare	Traditional Medicare

Learn more about [Medicare Monoclonal Antibody COVID-19 Infusion Program Instruction](#).

ADMINISTRATION AND COVERAGE OF COVID-19 VACCINE

As long-awaited COVID-19 vaccines are distributed throughout our communities, the following information will help you answer questions from your patients and your staff.

Coverage – In compliance with guidance from CMS, all members are eligible to receive the COVID-19 vaccine in alignment with the State of Utah’s phased-distribution timelines. All vaccines will be covered at 100 percent of the CMS maximum allowed amount with no out-of-pocket costs for members. This coverage applies to every plan category whether it’s a private, commercial, or government plan.

Reporting Vaccine Administration – Dosing information, as well as reporting codes, are dependent on the manufacturer of the vaccine administered, as follows:

Labeler Name	CPT	Short Description w Dose / Interval	Effective Date
Pfizer	91300	Vaccine: SARSCOV2 VAC 30MCG/0.3ML IM Interval: 21 days	12/11/2020
	0001A	First Administration: SARSCOV2 30MCG/0.3ML 1ST	
	0002A	Second Administration: SARSCOV2 30MCG/0.3ML 2ND	
Moderna	91301	Vaccine: SARSCOV2 VAC 100MCG/0.5ML IM Interval: 28 days	12/18/2020
	0011A	First Administration: SARSCOV2 100MCG/0.5ML 1ST	
	0012A	Second Administration: SARSCOV2 100MCG/0.5ML 2ND	
Astra Zeneca	91302	Vaccine: SARSCOV2 VAC 5X10 ¹⁰ VP/.5ML IM Interval: 28 days	TBD
	0021A	First Administration: SARSCOV2 5X10 ¹⁰ VP/.5ML 1ST	
	0022A	Second Administration: SARSCOV2 5X10 ¹⁰ VP/.5ML 2ND	

Submitting Claims – Claims should be submitted to and will be processed by the plan’s sponsoring organization as follows:

Plan Name	Submit Claim To
Commercial Groups	U of U Health Plans
Individual and Family plans	U of U Health Plans
Healthy U Medicaid	Utah Medicaid FFS
Advantage U Medicare	Traditional Medicare

View [Utah Medicaid COVID-19 Vaccine Billing Guidance](#).

SAFEUT FRONTLINE: TIMELY CARE FOR FRONTLINE WORKERS

We are excited to announce that the SafeUT Frontline app is now live! Frontline healthcare workers, law enforcement officers, firefighters, and EMS—and their families—across the state now have immediate access to a mental health professional 24/7/365 confidentially, and at no cost to them.



The SafeUT Frontline app provides secure and confidential two-way communication with a licensed mental health professional. Through the app, you can chat with or call a SafeUT Master's-level clinician day or night and we will help with any challenge you or your loved ones may be facing.

Crisis can affect anyone at any time. At some point in their lives, most people will need emotional support or referral assistance. If you can connect with someone who cares about you during a crisis, the risk of harming yourself or others decreases greatly. People often feel more comfortable talking to someone they don't know during a stressful time. Talking to someone who isn't directly involved allows people to discuss feelings and concerns in a way that might be different from talking with friends and family members. Sometimes it can feel more comfortable to talk about these things through text.

The SafeUT team has worked tirelessly over the last year in conjunction with the Utah Legislature, Huntsman Mental Health Institute (formerly University Neuropsychiatric Institute), and departments across the state to bring this resource to our frontline workers and their families at no out-of-pocket cost.

SafeUT Frontline is similar to the very successful SafeUT Crisis Chat and Tip Line, a statewide service that provides real-time crisis intervention to Utah youth grades kindergarten through higher-ed, their parents, and educators. Both apps connect users with licensed clinicians—24/7—through live chat and a confidential tip program, right from their smartphone.

Your total health is important to us. Please search for "SafeUTFL" in the [App Store](#) or [Google Play Store](#) to download SafeUT Frontline for free today.

EXPERT SUPPORT FOR PCPs— JUST A “CALL-UP” AWAY

Utah now offers a statewide psychiatric phone consult service to support primary care providers (PCPs) as they treat young patients with behavioral health disorders. **CALL-UP** is a legislatively funded program through the Huntsman Mental Health Institute (HMHI), designed to address the limited number of psychiatric services in Utah and improve access to them.

CALL-UP provides the following benefits:

- » Addresses the needs of patients ages 24 years and younger
- » No cost to providers or patients throughout the State of Utah
- » Optimizes PCPs' ability and confidence to diagnose and treat mild to moderate mental health issues
- » Improves quality of care and health outcomes for patients by enhancing early interventions
- » Improves the continuum of care by encouraging behavioral health and physical health integration
- » Ensures appropriate referrals for individuals with serious health concerns

Licensed psychiatrists are immediately available to discuss medication options, treatment plans, diagnoses, and more. Call **801-587-3636** or visit uofuhealth.org/call-up for more information.

IDENTIFYING AND RESPONDING TO SUICIDE RISKS

At one and a half times the national average, Utah has one of the highest rates of suicide in the nation. In fact, according to a 2018 article in the Washington Post, suicide rates in Utah rose 46.5 percent between 1999 and 2016. Whether in our homes, neighborhoods, or clinics, understanding suicide and its warning signs, and knowing how to intervene are crucial to help stem the epidemic.

KNOW THE SIGNS

It's often difficult to recognize when someone is approaching their breaking point. Suicide predictors generally gravitate toward mental health and depression for women; whereas for men, the factors seem to be financial, work, or intimate partner issues. Anger is quite often the precipitating factor leading to suicide in men.

IF YOU ARE CONCERNED SOMEONE MAY BE AT RISK

1. Ask them if they've been thinking about harming themselves
2. Encourage them to seek help
3. Refer them to the appropriate professional help

RESOURCES TO OFFER

- » **CrisisLine – 801-213-0816** – Huntsman Mental Health Institute offers free intervention in emergency and nonemergency situations.
- » **Care Management – 888-981-0213** option 2 – For University of Utah Health Plans members, highly trained registered nurse care managers are available to help members or providers ensure the individual receives the care they need, when and where they need it.
- » **Suicide Prevention Lifeline – 800-273-8255** – The National Suicide Prevention Lifeline is a national network of local crisis centers that provide free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.
- » **Huntsman Mental Health Institute (HMHI) Stabilization Services – 801-585-1212** – In collaboration with University of Utah Health Plans, HMHI Stabilization Services can care for your patients needing immediate stabilization and support.
- » **SafeUT** – The SafeUT Crisis Chat and Tip Line app offers real-time crisis intervention to youth throughout Utah, providing live chat services and a confidential tip program—all from the convenience of a smartphone.

Our “why” is the same as yours: to ensure the health of the communities we serve. Please discuss suicide prevention with all staff in your office. Share this article and other resources available. Train staff how to recognize and respond to potential risks. Step up, speak up. We may not be able to fully eradicate this epidemic in our communities—but we must try.



REMINDER: APPOINTMENT AVAILABILITY STANDARDS

We are committed to ensuring our members have timely access to the services they need. Therefore, providers participating in one or more of our networks have agreed to comply with the following requirements set by the CMS, the State of Utah, and the National Committee for Quality Assurance (NCQA) standards.

URGENT CARE – NOT LIFE-THREATENING

- » Applies to all member plans
 - Within two days (48 hours)
 - Applies to primary care, specialty care, and behavioral health providers

ROUTINE, NONURGENT CARE – DOES NOT APPLY TO APPOINTMENTS FOR REGULARLY SCHEDULED VISITS TO MONITOR A CHRONIC MEDICAL CONDITION IF THE SCHEDULE CALLS FOR VISITS LESS FREQUENTLY THAN ONCE EVERY MONTH

- » Commercial plans
 - Primary and specialty care – within 30 days (includes school physicals)
 - Behavioral health care – initial visit within 10-business days, follow-up routine care within 30-business days
- » Healthy U
 - Primary care – within 30 days (includes school physicals)
 - Specialty and behavioral health care – within 30 days
- » Advantage U
 - Primary care – within 30 days – PCPs must offer backup coverage for absences
 - Specialty and behavioral health care – within 30 days

AFTER-HOURS CARE

- » Commercial plans
 - Primary care – within 30 minutes or provide directions on where to receive after-hours care

NON-LIFE-THREATENING CARE

- » Commercial plans
 - Behavioral health care – within six hours, or direct members with non-life-threatening emergencies to go to a behavioral health crisis unit or the hospital Emergency department

IN NEED OF MEDICAL ATTENTION – NOT URGENT OR EMERGENT, BUT IN NEED OF MEDICAL ATTENTION

- » Advantage U Plans
 - PCP and specialty care – within one week

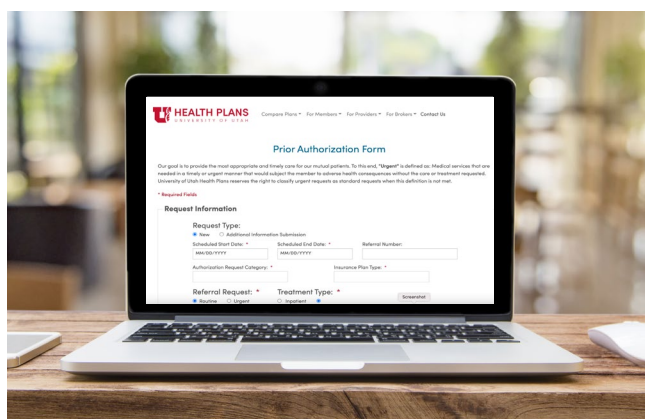
We conduct telephonic appointment availability surveys periodically throughout the year. We will reach out individually to providers who don't meet these availability times if additional follow up is necessary.

EFFICIENCIES SLATED FOR PRIOR AUTHORIZATIONS

To improve our efficiency and transparency for prior authorization requests, we are preparing some major enhancements for 2021. These changes include the implementation of a new Care Management and Utilization Review software platform, a new Member and Provider Portal interface, and new policies for Prior Authorization Requests and Reviews.

Here's what we're working on:

- » **Comprehensive [Prior Authorization lists](#)** help you more easily identify what authorization requests need medical records. Choose the appropriate list for Medical, Medical Pharmacy, Healthy U, or Advantage U prior authorization requests. [Upcoming Changes to Codes Requiring Prior Authorization](#) will also be maintained on our website.
- » **Implementation of timely information requirement** – In the past, U of U Health Plans would keep authorization requests open for several months pending additional information. This resulted in inefficient processes, unnecessary medical director reviews of insufficient information, lack of salient responses to provider offices, and disruption in care to our members. **Effective immediately, for an authorization request to be considered complete, we require all necessary documentation.** We believe this change provides more timely and accurate responses to your prior authorization requests. For all plans except Advantage U, if the necessary documentation is not received, we will notify your practice and, unless the requested information is received, the authorization request will be dismissed (i.e., null and void). Provider practices have the opportunity to resubmit the request with the additional information. To help us track down missing information necessary to make timely coverage decisions, we will need your help to ensure we have the correct and current fax, phone, and email contact information.
- » **Beginning April 1, 2021, for services that require prior authorization, U of U Health Plans will deny claims that do not have an approved prior authorization on file.**
- » **A new Provider Portal** will allow quick submissions and give you quick access to key resources such as request forms, appeals, the Prior Authorization list, the ability to review a request status or claim status, and much more. The planned launch for the Provider Portal is late June with a continued rollout of enhanced features as they're developed.
- » **New Prior Authorization policies** from U of U Health Plans related to submission requirements for prior authorizations of service requests, inpatient stays, pharmacy, and behavioral health services will add even more efficiencies to the prior authorization process. These policies will be released prior to their effective dates, and you will be notified in future editions of the *Provider Connection*.



We're excited to share these developments with you and look forward to working together for a healthier 2021.

HEALTHY U MEDICAID

TRADITIONAL OR NON-TRADITIONAL MEDICAID—THERE ARE IMPORTANT DIFFERENCES

Medicaid is a medical program for people who have low income and limited resources. There are programs for families, pregnant women, people age 65 and older, people who are disabled or blind, and individuals with breast or cervical cancer. Utah residents eligible for Medicaid are assigned to a program type (Traditional or Non-Traditional) and meet the rules for Utah residency, income, and citizenship.

Non-Traditional Medicaid (NTM) means a medical plan based on Traditional Medicaid, such as the Utah Medicaid state plan, but additional limitations and/or restrictions on benefits and services are imposed. (See Section 1115 of the Social Security Act effective January 1, 1999.)

The following information provides an eligibility and benefit comparison of Traditional versus Non-Traditional Medicaid. This is a summary of information, not intended to be all-inclusive. Always refer to medicaid.utah.gov for the most complete information.

MEDICAID ELIGIBILITY—TRADITIONAL VS. NON-TRADITIONAL

Traditional Medicaid	Non-Traditional Medicaid
Children	Adults (non-pregnant and over the age of 18) with dependent children eligible for the Family Medicaid program
Pregnant Women	Adult caretaker of relatives on Family Medicaid
Aged, Blind, or Disabled Adults	Adult Expansion Medicaid members ages 21 through 64 (with dependents)
Adults eligible under the Cancer Program	
Adult Expansion Medicaid members ages 19 and 20 (with dependents)	
Adult Expansion Medicaid members ages 19 through 64 (without dependents)	

U OF U HEALTH PLANS - MEDICAID PLANS

Healthy U – Physical health services for Traditional and Non-Traditional Medicaid members statewide

HOME (Healthy Outcomes, Medical Excellence) – Physical and Behavioral health services for Medicaid members with a developmental disability and major developmental challenges due to mental illness or behavioral problems

Healthy U Integrated – Physical and Behavioral health services for Traditional and Non-Traditional Medicaid members eligible for Adult Expansion Medicaid residing in Davis, Salt Lake, Utah or Weber counties

Healthy U Behavioral – Behavioral health services for Traditional and Non-Traditional Medicaid members residing in Summit County

BENEFITS

Always check Medicaid's [Patient Eligibility Lookup Tool](#) prior to every Healthy U member's visit. Eligibility can, and often does, change from month to month.

View a summary of [Medicaid Benefits](#).

Not covered for Non-Traditional Medicaid members:

- » Glasses
- » Dental Services
- » Long-term care
- » Chiropractic services
- » Private Duty Nursing
- » Speech-language pathology services

Limited coverage for Non-Traditional Medicaid members:

- » Hearing aids – only covered for congenital hearing loss
- » Physical Therapy and Occupational Therapy – limited to a combination of 16 visits per calendar year

Learn more about Non-Traditional Medicaid coverage and services in the Utah Administrative Code, Rule R414-200, [Non-Traditional Medicaid Health Plan Services](#).

COST SHARING

Adults who do not meet an exemption criteria above are responsible for copay and coinsurance (unless Medicare Crossover – refer to benefits).

The following Medicaid members are **exempt** from cost sharing:

- » Children
- » Pregnant Women
- » American Indian/Alaska Native
- » Individuals receiving hospice services
- » Adults eligible under the Cancer Program
- » Adults with income less than the TANF/FEP Income Limit

Copayments – Copays are the same for Traditional and Non-Traditional Adults:

- » \$8 for each non-emergency use of the emergency department
- » \$75 for each inpatient hospital stay (each occurrence)
- » \$4 for each outpatient services visit (physician, podiatry, physical therapy, etc.)
- » \$4 for each hospital service visit (maximum of one per person, per hospital, per date of service)
- » \$4 for each pharmacy prescription
- » \$1 for each chiropractic visit (maximum of one per date of service)
- » \$3 for each pair of eyeglasses*

*Eyeglass services are not a covered benefit for **non-pregnant adults** age 21 and older.

Maximum Out-of-Pocket – For Medicaid patients who are not exempt from cost sharing:

- » Pharmacy – \$20/month (\$12 for medications covered by Healthy U and \$8 for medications covered by Utah Medicaid)
- » Physician and outpatient combined – \$100 per each calendar year

MEDICAID PROVIDER MANUALS

Healthy U – subsections within the U of U Health Plans Provider Manual

- » [Healthy U \(Medicaid Managed Care\)](#)
- » [Healthy U Behavioral](#)

Traditional Medicaid

- » [All-Inclusive Master Searchable Provider Manual](#)

Non-Traditional Medicaid

- » [Non-Traditional Medicaid Health Plan Services](#)

ADVANTAGE U MEDICARE

ADVANTAGE U SIGNATURE— NOW SERVING MEDICARE BENEFICIARIES

We're excited to announce the successful launch on January 1, 2021 of the Advantage U Signature (PPO) product, administered by University of Utah Health Plans. Nearly 900 Medicare-eligible beneficiaries in Davis, Salt Lake, Tooele, Utah, and Weber counties elected Advantage U Signature for their healthcare benefits.

IF YOU ARE AN ADVANTAGE U NETWORK PROVIDER, HERE ARE A FEW HELPFUL REMINDERS:

IDENTIFYING ADVANTAGE U SIGNATURE MEMBERS

Advantage U Signature members have a unique identification card. Be sure to ask members for their Advantage U ID card rather than their Medicare card.



Front

Advantage

Advantage U Signature (PPO)

Subscriber Name:
<M_INIT L_NAME>

Subscriber ID:
<SBSB_ID>

In Network Benefits

PCP Visit	\$0
Specialist	\$30
Urgent Care	\$45
Emergency Room	\$90

RxBin 004336
RxPCN MEDADV
RxGroup RX20AP

H4304-001

MedicareRx

Prescription Drug Coverage

Back

Advantage

www.AdvantageUMedicare.com

Please review your plan documents for services that require prior authorization. Without prior approval, the claims may not be paid. Medicare charge limitations may apply.

Prior Auth/UM 888-605-0868
Pharmacy 888-970-0851

Submit Medical Claims to:
Advantage U Medicare
PO Box 4405 Scranton, PA 18505

Important Phone Numbers:

Customer Service
855-275-0374 TTY-711
Dental Customer Service- DentaQuest
800-516-0646 TTY-711
Vision- VSP 855-492-9028
OTC Benefit- Solutran 833-432-3703
Hearing Aids- TruHearing 844-268-4908
Silver and Fit- 877-427-4788

Submit Dental Claims to:
DentaQuest- Advantage U
PO Box 2906 Milwaukee, WI 53201-2906

uhealthplan.utah.edu/for-providers

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VERIFYING ELIGIBILITY PRIOR TO VISIT

We're developing a secure Provider Portal, similar to Link, for Advantage U providers. We anticipate the portal will be available in late June of this year. In the meantime, use these resources to verify eligibility and benefits for these members:

- » EDI – Eligibility inquiry/response (real time) **Transaction 270/271**
- » Advantage U Customer Service **855-275-0374**
- » [Advantage U Summary of Benefits](#)

COVERAGE POLICIES

View [Medical, Administrative, and Reimbursement policies for Advantage U members](#).

OBTAINING MEDICAL PRIOR AUTHORIZATIONS

Visit the [Prior Authorization pages](#) of our website to view summaries of medical prior authorization requirements for Advantage U members, or submit a Prior Authorization Request Form online.

Please be aware that Advantage U Customer Service will only be able to provide information on prior authorizations that have completed processing. For status of prior authorizations that are in process, please contact the Advantage U Prior Authorization department at **888-605-0858**.

Advantage U Customer Service will continue to be your resource for benefits, eligibility, and claim status. Contact Advantage U Customer Service at **855-275-0374**.

SUBMITTING CLAIMS

We prefer you submit claims electronically through UHIN, using **TPN HT000179-002**.

If you need to submit a paper claim, please mail the claim to:

Advantage U Claims
Cognizant
PO Box 4405
Scranton, PA 18505

PHARMACY RESOURCES

Pharmacy Customer Service	888-970-0851
Pharmacy Mail Order Address	CVS Caremark Mail Order Pharmacy PO Box 94467 Palatine, IL 60094-4467
Advantage U Formulary	2021 Formulary List of Covered Drugs
Pharmacy Prior Authorizations	Pharmacy Prior Authorization Request

ADVANTAGE U PROVIDER RELATIONS

Your current U of U Health Plans Provider Service consultant will continue to represent you for Advantage U business. Contact our Provider Relations team as you currently do:

Provider Relations General Service **833-970-1848 | 801-587-2838**
provider.relations@hsc.utah.edu

Identify your specific Provider Relations consultant on our [Provider Website](#) and click on the "Provider Relations" tab.

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



ANNUAL NOTICE OF PHARMACY RESOURCES

U of U Health Plans provides prescription drug coverage for our Individual and Family plans, Commercial Group plans, and Healthy U Medicaid plan members.

We partner with RealRx, our Pharmacy Benefit Manager (PBM), to administer our Preferred Drug Lists (PDL) and review prior authorization requests. View [Medication & Pharmacy Information](#) for pharmacy coverage, PDLs, pharmaceutical procedures, limitations, generic and therapeutic substitutions, step therapy, and the exception request process. We recommend you bookmark this site for future reference.

PREFERRED DRUG LISTS (PDL)/FORMULARY AND PRIOR AUTHORIZATIONS

PDLs may change from time to time in response to new or evolving assessments and formulations. Updates are posted on our website on or before the effective date of any change. Please review our Medication & Pharmacy Information at least quarterly to stay current with our PDLs and prior authorization requirements.

Retail Pharmacy

Prescriptions filled at a local or mail-order pharmacy are referred to as "retail pharmacy medications."

- » **Retail Pharmacy PDL**
For retail and specialty pharmacy medications, view the [Pharmacy Formularies](#) for prescribing limits, step therapy, or prior authorization requirements.
Formularies are dependent on the member's benefit plan.

» **Retail Pharmacy Prior Authorizations**

- Complete and submit a [Prior Authorization Request Form](#) online and attach supporting documentation where indicated at the bottom of the form.
- To print and fax the request, complete the appropriate [Pharmacy Prior Authorization Form](#) (i.e., “General” for Utah and Nevada members). Print the completed form and fax it, along with all supporting documentation, to **888-509-8142**.

Medical Pharmacy

Medications provided or administered in a clinical setting are referred to as “medical pharmacy medications.”

» **Medical Pharmacy Medications**

- View a current list of medical [Pharmacy Services and Products requiring Prior Authorization for Commercial and Individual plans](#) and their associated codes.
- View a current list of medical [Pharmacy Services and Products requiring Prior Authorization for Healthy U Medicaid](#) and their associated codes.

» **Medical Pharmacy Prior Authorizations**

- For injections, infusions, and other medications administered in a clinical setting, complete and submit the [Prior Authorization Request Form](#) online. Remember to attach supporting documentation as indicated.
- If you prefer, you can print the completed form and fax it with your documentation to **801-213-1547**.

Questions?

- » 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, and 365 days a year.
 - Healthy U Medicaid Members – **855-856-5694**
 - Individual and Family Exchange Members – **855-869-4769**
 - Large and Small Group Business Members – **855-859-4892**
 - University of Utah Health Employee Plan Members – **855-856-5690**
- » For questions regarding Medical Pharmacy Medications – **801-587-2859**



PHARMACY REMINDERS

For major updates on preferred products and benefits for the following, please see the “Pharmacy” section in our [November Provider Connection](#) newsletter.

- » Continuous Glucose Monitors (CGMs)
- » Diabetes Test Strips
- » Hemophilia Products
- » Intravenous Iron Therapy
- » Short-Acting Insulin



CODING CORNER

TELEHEALTH EXPANDED TO CARDIAC SERVICES DURING PANDEMIC

To mitigate a measure of risk for populations with cardiac conditions, the CMS has expanded its list of approved telehealth services under the emergency status. U of U Health Plans will mirror this allowance.

The following cardiac services are now covered in a telehealth setting:

93750	<i>Interrogation of ventricular assist device (VAD), in person</i>
93797	<i>Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)</i>
93798	<i>Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)</i>
95970	<i>Electronic analysis of implanted neurostimulator pulse generator/transmitter - without programming</i>
95971	<i>Electronic analysis of implanted neurostimulator pulse generator/transmitter - with simple spinal cord or peripheral nerve (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming</i>
95972	<i>Electronic analysis of implanted neurostimulator pulse generator/transmitter - with complex spinal cord or peripheral nerve (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming</i>
95983	<i>Electronic analysis of implanted neurostimulator pulse generator/transmitter - with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time</i>
95984	<i>Electronic analysis of implanted neurostimulator pulse generator/transmitter - with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time</i>

G0422	<i>Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session</i>
G0423	<i>Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session</i>
G0424	<i>Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day</i>

Note: CPT descriptions are condensed from AMA CPT. Consult your coding books for complete descriptions.

2021 CHANGES TO E/M CODES

CMS announced recently several changes impacting coding, documentation, and payment of evaluation and management (E/M) services. Impacted codes include:

- » **CPT 99201 to 99205** – *Office or other outpatient visit for the evaluation and management of a new patient*

Note: 99201 is deleted, effective January 1, 2021

- » **CPT 99211 to 99215** – *Office or other outpatient visit for the evaluation and management of an established patient*

Consult your 2021 coding materials for complete information regarding these changes.

Reference: CPT® Evaluation and Management. American Medical Association.

ama-assn.org/practice-management/cpt/cpt-evaluation-and-management. Accessed 12/21/2020

COVERAGE UPDATE TO CONTINUOUS GLUCOSE MONITORS (CGMS)

In the November 2020 edition of *Provider Connection*, we informed you about a change to how claims for Continuous Glucose Monitors (CGMs) would be processed. To clarify this information, effective January 1, 2021, **claims for Dexcom® and Freestyle Libre® 2 CGMs are processed through the pharmacy benefit** instead of the medical benefit. Medtronic® CGMs, however, continue to be processed through the medical benefit.

Please be aware that, for Healthy U members, even though CGMs are not covered as a benefit through Medicaid Fee-For-Service plans, we will cover this equipment based on review of medical necessity.

The following products are covered in alignment with our updated [Medical Policy-008, Continuous Glucose Monitor \(CGM\)](#):

Pharmacy Benefit	Medical Benefit
Dexcom G4	Medtronic Enlite
Dexcom G5	Medtronic Guardian
Dexcom G6	
Freestyle Libre 2	

Remember that all prior authorization requirements and quantity limits still apply.

View the GM [Prior Authorization Request Form](#).

REPORTING COLORECTAL CANCER SCREENING – TIPS FOR ACCURATE CODING

Colorectal Cancer Screening is an important, often life-saving benefit available to our members, and is considered a “preventive” measure by the United States Preventive Services Task Force (USPSTF) for all adults ages 50–75 years. Qualifying screening procedures are mandated and regulated by the Affordable Care Act of 2010 (ACA); therefore, they are offered as an “essential benefit” for many commercial group health plans as well as Individual/Family plans with no out-of-pocket cost for the member. (Self-funded, Medicare, and Medicaid plans may be exempt from this requirement.)

We support you in encouraging appropriate members to receive colorectal cancer screening. Because of the different types of screenings available, anesthesia options, and possible adjunct procedures, reporting colonoscopies correctly continues to challenge even the most experienced coding staff.

To help ensure your patient's **colorectal cancer screening** is reported and applied correctly as a preventive benefit, here are a few things to remember:

- » Only colonoscopies intended as screening procedures, **reported with the appropriate ICD-10 CM code**, will be applied to the preventive benefit. These are the only ICD-10 codes that will be considered:

Code Description	ICD-10 CM Codes
Encounter for screening for malignant neoplasm	Z12.10 to Z12.12
Family history of malignant neoplasm of digestive organs, colonic polyps, or other diseases of the digestive system	Z80.0, Z83.71, Z83.79
Genetic susceptibility to other malignant neoplasm	X15.09

- » While colonoscopies are the most common screening procedure, there are several methods that will be considered as a preventive screening. Only the following CPT codes will be applied to the preventive benefit and **only when reported with one of the ICD-10 codes listed above**; otherwise, it will be applied to the medical benefit.

Code Description	CPT Codes
Sigmoidoscopy, flexible	45330, 45331, 45333, 45338, 45346
Colonoscopy, flexible	44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388,
Colorectal cancer screening	G0105, G0120 to G0122

In some circumstances an intended screening procedure may identify polyps or other lesions requiring biopsy or removal. In these circumstances, we will still apply the procedure as a preventive benefit if it is reported with one of the screening ICD-10 codes listed above in combination with one of the sigmoidoscopic or colonoscopic interventional CPT codes listed above (e.g., **ICD-10 Z83.71** with **CPT 45385** *Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique*). If other code(s) are reported with a screening ICD-10 code, they will be applied to the medical benefit and most members will be responsible for their medical cost share.

- » Increasingly, providers are employing general anesthesia with colorectal screening procedures instead of conscious sedation. To facilitate proper coding, the AMA-CPT published **CPT 00812** *Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy* to report anesthesia for screening colonoscopies. Because this code is

specific to screening colonoscopy, we will only cover **00812** if the anesthesia is billed with the appropriate ICD-10 and procedure codes to identify this encounter as a screening procedure.

Use of **CPT 00811** *Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified* will not be covered when reported with screening codes, but can be reviewed by appeal on a case-by-case basis, if billed with **Modifier PT** or **33**.

- » The standard interval recommended for a screening colonoscopy is generally every 10 years. However, as many screening colonoscopies identify small polyps or other lesions which require a follow up study to ensure a previous biopsy or polypectomy has removed all lesions, we will apply the 'surveillance' study to the preventive benefit if it is performed five or more years after the identifying screening procedure.

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		
Policy Number	Policy Name	Effective Date
MP-046 (New)	Carrier Screening for Genetic Diseases	12/19/2020
Commercial Plan: U of U Health Plans considers carrier screening for genetic diseases medically necessary in limited circumstances when specific criteria are met. Please see our policy for a list of criteria where carrier screening may be covered. U of U Health Plans does NOT cover expanded carrier screening panels as they are considered unproven. U of U Health Plans does NOT cover carrier screening tests to predict the risk of several inherited disorders as they are considered experimental/investigational.		

(Coverage Policies table continued on next page)

Reimb-006 (New)	Modifier 78	01/30/2021
Commercial Plan: U of U Health Plans may reimburse surgical services appropriately appended with a Modifier 78 when certain criteria are met. Please see the policy for further details.		
REVISED POLICIES		
Policy Number	Policy Name	Effective Date
MP-008 (Revised)	Continuous Glucose Monitor (GCM)	01/01/2021
Commercial Plan: Beginning 1/1/2021 some of the CGM devices will no longer be covered. Also, the covered CGM devices in this policy will be available as an option through the pharmacy benefit.		
MP-004 (Revised)	Hypoglossal Nerve Stimulator for Obstructive Sleep Apnea	07/01/2020
Commercial Plan: U of U Health Plans considers FDA-approved hypoglossal nerve stimulators medically necessary in adults with moderate to severe OSA when ALL the following criteria are met: <ul style="list-style-type: none"> A. Age ≥ 22 years B. AHI ≥15 with less than 25% central apneas C. A minimum of 3 month trial of CPAP with documentation demonstrating CPAP failure (residual AHI ≥ 20 or inability to tolerate CPAP ≥ 4 hours per night for ≥ 5 nights per week) or inability to tolerate CPAP; D. Body mass index (BMI) ≤32 kg/m² E. Absence of complete concentric collapse at the soft palate level F. No anatomical finding that would compromise the performance of upper airway stimulation (e.g., tonsil size 3 or 4 per tonsillar hypertrophy grading scale) U of U Health Plans considers FDA-approved hypoglossal nerve stimulators on young adults or adolescents diagnosed with moderate to severe OSA and Down Syndrome medically necessary if ALL the following criteria are met (A-E): <ul style="list-style-type: none"> A. Age 10 to 21 years B. AHI >10 and <50 with less than 25% central apneas after prior adenotonsillectomy; AND C. Have either tracheotomy or noted to be ineffectively treated with CPAP due to ONE of the following: <ul style="list-style-type: none"> i. Noncompliance ii. Discomfort iii. Undesirable side effects iv. Persistent symptoms despite compliant use v. Refusal to use the device D. Body mass index less than or equal to 95th percentile for age E. Nonconcentric retropalatal obstruction U of U Health Plans considers hypoglossal nerve stimulation as experimental/ investigational for all other indications not listed above.		

(Coverage Policies table continued on next page)

Reimb-014 (Revised)	Modifier 25	02/01/2021
We have added additional codes, CPTs 99342–99350, Home Visit for new or established patients, under Medicaid that would be considered for coverage when Modifier 25 is appended.		
Admin-014 (Revised)	Hospital Acquired Conditions and Never Events	12/26/2020
Title change from “Never Events” to “Hospital Acquired Conditions and Never Events.” <i>For Commercial Plan:</i> Added the current 14 CMS categories of Hospital Acquired Conditions (HACs). <i>Medicaid:</i> Restated Healthy U’s contractual obligation to NOT pay a provider for provider-preventable conditions, as identified in the State plan.		
NEW SERVICES REQUIRING PRIOR AUTHORIZATION		
CPT/HCPCS	Description of Service or Supply	Effective Date
Please review the article on page 8 of this newsletter for an important update. View a comprehensive <i>Medical Prior Authorization List</i> and <i>Medical Pharmacy Prior Authorization List</i> , as well as <i>Upcoming Changes to Codes Requiring Prior Authorization</i> on the Policies, Guidelines & Forms page of our provider website . New services requiring prior authorization will be reported in this table as they become available.		

HAVE YOU NOTICED?

Our provider website has a new design and a new web address. Visit uhealthplan.utah.edu/providers to see how it's changed. Our old website, uhealthplan.utah.edu/for-providers, will remain available for a few months to give you time to reset any of your favorite bookmarks. Watch for our formal announcement in the May edition of *Provider Connection*.

For navigation questions about the redesigned (the same great content) provider pages, please email healthplansmarketing@utah.edu. We're happy to help.