



# PROVIDER CONNECTION

University of Utah Health Plans  
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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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**HEALTH PLANS**  
UNIVERSITY OF UTAH

## EXPERT SUPPORT FOR PCPS – JUST A “CALL-UP” AWAY

Did you know Utah 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](https://uofuhealth.org/call-up) for more information.

CALL-UP also offers several insightful webinars. Visit [CALL-UP WEBINARS](#) to view current and past offerings.

## 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** – **800-273-8255** – HMHI 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.
- » **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.



# HEALTHY U MEDICAID

## BEHAVIORAL HEALTH CRISIS AND TELEPHONIC CARE ACCESS STANDARDS

Members of Healthy U Behavioral, as well as all members of the community, have access to crisis response programs to provide immediate behavioral therapy—even if their established behavioral health professional is not available.

1. **Initial Screening** – If it appears patients need emergency behavioral health therapy care, the provider practice should conduct an initial screening **within 30 minutes of the patient's call** requesting emergency care.
2. **Face-to-Face Visit** – Following the telephonic emergency care assessment, if the provider determines the **patient needs emergency services**, the provider should arrange a **face-to-face visit within an hour**.
3. **Following the telephonic emergency care assessment** – If the provider determines the patient needs **urgent care**, the provider should arrange a **face-to-face visit within 15 days**.

The following options are provided by the HMHI 24 hours a day, 365 days a year:

- » **HMHI CrisisLine – 800-273-8255** – Crisis intervention and suicide prevention
- » **HMHI WarmLine** – Triaged through the CrisisLine – Noncrisis support by Certified Peer Specialists offering engagement, a sense of hope, and self-respect
- » **HMHI Receiving Center** – Triaged through the CrisisLine – Therapeutic crisis management, assessment, and discharge planning in a short-term setting (up to 23 hours)

**For Immediate Outpatient Assessment and Stabilization** – Call our dedicated Advanced Practice Registered Nurse (APRN) at **801-585-1212**, 24 hours a day, 365 days a year.

## SUPPLEMENTAL PAYMENTS FOR SOME MEDICAID PROVIDERS

The Centers for Medicare and Medicaid Services (CMS) authorized Utah to make supplemental payments to certain Medicaid providers for three years, retroactive to April 1, 2021. The temporary supplemental payments are funded with American Rescue Plan Act (ARPA), Home and Community-Based Services (HCBS) Enhanced Funding to address the increased expenses incurred and workforce challenges that have emerged from the COVID-19 pandemic.

Read [ARPA Enhanced Funding](#) to learn who qualifies and how to apply.

## UTAH MEDICAID APPROVES PHYSICIAN ASSISTANT BILLING

Effective May 5, 2021, Utah Medicaid began allowing Physician Assistants (PAs) to bill directly for appropriate Medicaid services. Formerly, PAs were required to bill services through a supervising physician. The state has created a new provider type, **25** – *Physician Assistants*, for those who plan to operate/bill independently or become a rendering/servicing provider.

As with all Medicaid providers, PAs can only submit claims for services permitted within their scope of practice, training, and licensure in accordance with Utah State statutes and federal regulations. Scope of practice is outlined by the Division of Occupational and Professional Licensing in Administrative Rule.

- » In accordance with [Senate Bill 27](#), "Physician Assistant Act Amendments" and [Senate Bill 28](#), "Physician Assistant Mental Health Practice," passed during the 2021 Legislative General Session, Utah Medicaid now allows PAs to bill for appropriate Medicaid services.
- » Healthy U has allowed PAs in rural zip codes to bill independently for Medicaid-covered services of provider type **20** – *Physician*. With the passage of Senate Bills 27 and 28, Healthy U will now allow PAs in Urban zip codes within Weber, Davis, Salt Lake, and Utah counties to bill independently for Medicaid-covered services associated to Utah Medicaid's provider type **25** – *Physician Assistant*.
- » PAs with practice locations within urban zip codes, who plan to bill independently, are required to verify services are covered for their provider type **prior** to rendering services to enrolled Healthy U Medicaid members. Review Medicaid's [Coverage and Reimbursement Lookup Tool](#), under provider type **25**, for a list of covered services.

## FACILITY COVERAGE FOR SOCIAL DETOXIFICATION

In the [MEDICAID INFORMATION BULLETIN: October 2021](#) (MIB), Utah Medicaid announced changes to their coverage of clinically managed residential management, including who is eligible to provide these services. Effective July 1, 2021, for Medicaid members enrolled in Prepaid Mental Health Plans (PMHPs), Utah Medicaid Integrated Care (UMIC) Plans, or HOME, social detoxification is covered under these plans. Healthy U will only cover eligible social detoxification services when they are provided by a contracted and licensed residential withdrawal-management facility.

## ATTACH COVER SHEET WHEN FAXING STERILIZATION FORMS

For your convenience, we've created a [cover sheet](#) to include when faxing a *Utah Medicaid Consent for Sterilization* form or *Utah Medicaid Hysterectomy Acknowledgement Form* to U of U Health Plans. Attach this cover sheet to help ensure the completed sterilization form is delivered to the Adjustments team for adjudication with the correct claim. Remember to fill out the cover sheet and sterilization form as completely as possible to expedite delivery and processing.

### Advantage



## PRIOR AUTHORIZATION PROCESS CHANGES APPLIED TO ADVANTAGE U SIGNATURE (PPO) BENEFITS

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

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

### [Admin-023, Administrative Denials](#)

**Effective April 1, 2022**

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

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

### [Admin-022, Retrospective Service Reviews](#)

Effective April 1, 2022

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

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

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

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

Questions regarding these upcoming policies? Please contact your Provider Relations consultant, call the Provider Relations department at **801-587-2838** or **833-970-1848**, or email [Provider Relations](#).

## 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.

## 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.

# ANNUAL NOTICE OF PHARMACY RESOURCES FOR PRESCRIBERS

For the 2022 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 the current list of [Pharmacy Services and Products requiring Prior Authorization](#) 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 appropriate Prior Authorization Form:

- » [Online Submission Form](#)
- » [Fax Form](#)

Remember to attach supporting documentation as indicated.

## RETAIL PHARMACY MEDICATIONS

For retail and specialty pharmacy medications, view the [Preferred Drug List \(PDL\)/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 RealRx, our 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, print and complete the appropriate [Pharmacy Prior Authorization Form](#) corresponding to the medication or category for your request and as appropriate to the member’s benefit plan. Fax the completed form, along with all supporting documentation, to **888-509-8142**.

## QUESTIONS?

- » **Medical Pharmacy Medications** – call the Pharmacy Customer Service team serving the member’s benefit plan
  - Healthy U Medicaid – **801-213-4104**
  - Individual and Family Exchange – **801-213-4111**
  - Large and Small Group Business – **801-213-4008**
- » **Retail Pharmacy Medications** – call the Pharmacy Customer Service team serving the member’s benefit plan, available 24 hours a day, 365 days a year
  - Healthy U Medicaid – **855-856-5694**
  - Individual and Family Exchange – **855-869-4769**
  - Large and Small Group Business – **855-859-4892**
  - University of Utah Health Employee Plan – **855-856-5690**



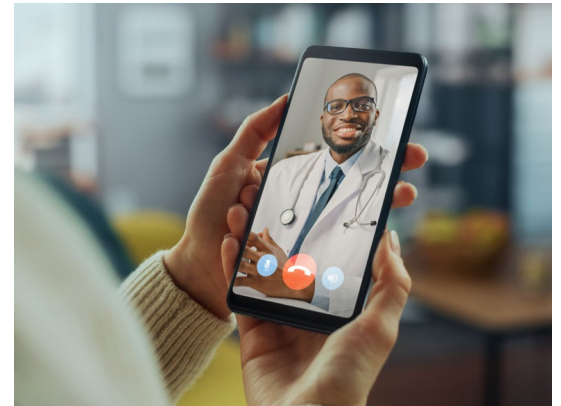
## CODING CORNER

### CHANGES TO TELEHEALTH PLACE OF SERVICE CODES

To accommodate the wider use of telehealth services, CMS has updated its Place of Service code list, **effective January 1, 2022.**

- » **POS 02** is revised to reflect telehealth services where the patient is **not at home.**
- » **POS 10** is added to reflect telehealth services rendered to patients who **are at home.**

U of U Health Plans has adopted these changes and updated our claims processing systems accordingly. Please update your billing systems to ensure the correct place of service is reported and avoid processing delays.



### REPORTING POTENTIALLY GENDER-SPECIFIC SERVICES

On occasion, it may be appropriate to render a gender-specific service in a situation where the typical gender-specific claims editing would not apply. The Centers for Medicare & Medicaid Services (CMS) has provided guidance on the correct way to report these services. U of U Health Plans follows these guidelines.

- » Institutional providers should report **Condition Code 45** *Ambiguous Gender Category* on claims related to transgender or hermaphrodite issues.
- » Professional providers should report **Modifier KX** *Documentation on File* on the detail line of any gender-specific procedure code(s).

Be certain to report the condition code or modifier to ensure claims are processed correctly and timely.

#### LEARN MORE:

[CMS Manual System, Transmittal 1877, Dated December 18, 2009](#)

[MLN Matters®, Number: MM6638, Dated December 18, 2009](#)

# COVERAGE 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 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.

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.

| <b>NEW MEDICAL POLICIES</b>  |  |                       |
|--|--|-----------------------|
| <b>Policy Number</b>   | <b>Policy Name</b>   | <b>Effective Date</b> |
| <a href="#">MP-073</a><br><b>(New)</b>   | <b>Prostatic Urethral Lift (UroLift®) for Benign Prostatic Hypertrophy</b> | <b>01/15/2022</b>     |
| Commercial Plan:<br>U of U Health Plans COVERS the urethral lift (Urolift) procedures for the treatment of benign prostatic hyperplasia in certain circumstances. Please see the policy for details.                             |  |                       |
| <b>REVISED MEDICAL POLICIES</b>  |  |                       |
| <a href="#">MP-024</a><br><b>(Revised)</b>   | <b>Corneal Crosslinking</b>  | <b>12/27/2021</b>     |
| Commercial Plan:<br>Specification for an age range (between the ages of 14 and 65) has been noted in the policy.   |  |                       |
| <a href="#">MP-002</a><br><b>(Revised)</b>   | <b>Gender Affirming Surgery</b>  | <b>02/08/2022</b>     |
| Commercial Plan:<br>Language change of one criterion in regards to letters has been modified to improve clarity. From “a letter from the surgeon” to “documentation (letter or clinical notes) from the treating surgical team.” |  |                       |

| <b>NEW REIMBURSEMENT POLICIES</b>   |   |                       |
|---|---|-----------------------|
| <i>Policy Number</i>  | <i>Policy Name</i>                                      | <i>Effective Date</i> |
| <a href="#">Reimb-009</a><br><b>(New)</b>   | <b>Preventive Care Screening</b>                        | <b>02/08/2022</b>     |
| <p>Commercial Plan:</p> <p>This policy outlines the rationale for coverage and billing of preventive screenings that are recommended by the UPSPTF Task Force with an A or B rating and in specific circumstances where the plan provides additional preventive coverage beyond USPSTF recommendations.</p>                               |   |                       |
| <a href="#">Reimb-018</a><br><b>(New)</b>   | <b>UC Modifier</b><br><b>(Applies to Medicaid only)</b> | <b>2/01/2022</b>      |
| <p>This policy is specific to Healthy U (Medicaid). U of U Health Plans requires the UC Modifier be attached to OB induction codes when the induction is taking place before 39 weeks gestation for Medicaid lines of business. The plan does not require the UC Modifier to be attached if the gestation period is 39 weeks or more.</p> |   |                       |