



PROVIDER CONNECTION

University of Utah Health Plans
Provider Publication
February 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

DIRECTORY ACCURACY ATTESTATION UPDATE

This article contains important updates to information in our May 2022 Provider Connection, regarding the Directory Accuracy Attestation required by the Centers for Medicare & Medicaid Services (CMS) and, more recently, the No Surprises Act. Please carefully read and share the information needed for your office to be compliant.

In 2016, CMS launched a multi-year [study of provider directory accuracy](#). The findings suggest that as many as 87.43% of practice locations across the U.S. displayed “egregious” errors that could impact health plan members’ ability to receive in-network care. At that time, CMS implemented directory accuracy requirements that were codified in the federal No Surprises Act, effective January 1, 2022.

As inaccuracies in provider directories can create barriers to care for patients, provider directory accuracy is an important aspect of the No Surprises Act. The Act requires all healthcare providers and facilities to “[maintain business processes to submit provider directory information at specified times to support plans and issuers in maintaining accurate, up to date provider directories](#).”

Providers and facilities must submit provider directory information to the health plan in any of the following circumstances:

- » When there are material changes to the content of provider directory information
- » When the provider or facility enters into a network agreement with the health plan
- » When the provider or facility terminates a network agreement with the health plan
- » At any other time (including upon the request of the health plan) determined appropriate by the provider, facility, or the Secretary of Health and Human Services (HHS)

University of Utah Health Plans is implementing a good-faith process to maintain accurate and up-to-date information in online and published provider directories. Our goal is to provide the most accurate data available, in the timeliest manner.

HOW TO REVIEW AND UPDATE YOUR INFORMATION

Via our [Provider Portal](#) (preferred method):

- » To review your Provider Directory listing(s), hover over or click on the “Office Management” tab, then click on the “Provider Directory” link in the drop-down menu.
- » To make updates to the information listed in the directory, hover over or click on the “Administration” tab, then click on the “Provider Updates” link in the drop-down.

Via our **Provider Website**:

- » Review your practice’s listing(s) in our [Provider Directory](#). From the Network drop-down menu, choose one of the networks with which you are contracted.
- » If any information is not current, submit corrections via our [Provider Update Form](#).

Remember: Keep your clinic information up to date on CAQH to give payers access to your clinic’s most current information. This helps us keep directories updated and streamline the verification process.



DIRECTORY ACCURACY ATTESTATION REQUIREMENT

In compliance with federal guidelines, U of U Health Plans is required to verify the accuracy of your provider or facility information in our provider directories at least every 90 days. To accomplish this, you'll receive a Provider Portal prompt to verify your directory data every 90 days. **It is your responsibility as a contracted provider to verify your directory information and attest that you've verified and/or submitted a correction to that information.**

To simplify the directory verification and attestation process, the Provider Portal will be used to submit changes to the provider directory data we have on file, as well as to submit the attestation.

- » If you do not already have an account for our new Provider Portal, register at uuhipprovider.healthtrioconnect.com. All fields are required. The first person who registers for your office will act as the "Local Administrator." This person is typically an office or billing manager. The Local Administrator will receive notification of and be able to submit the attestation once it's available in the portal.
- » Watch in the Provider Portal's Message Center (at the top of the screen) for a notice that it's time to review and attest to the accuracy of your clinic's directory information.

If your provider or facility data is not verified within the stated time frame, you will be removed from our provider directories. Once the office's data is verified and attested to, you'll be reinstated in the provider directories. **It is critical you review and attest to your provider directory information to remain listed as a participating provider. Removal from the provider directory may cause significant confusion and disruption of care for your patients.**

U of U Health Plans will make best efforts to update any changes you submit, within two business days of receipt.

Please note:

We are launching the Provider Directory Attestation tool in a phased approach, beginning **February 1, 2013**. Please watch the Provider Portal's Message Center for information of when the attestation tool is available for your office and when your attestation is due.

QUESTIONS?

Please contact your Provider Consultant, or call our Provider Relations department at **833-970-1848** or **801-587-2838** or email provider.relations@hsc.utah.edu.

References:

Study of provider directory accuracy: Online Provider Directory Review Report. CMS. JAN 31 2018. Web. Accessed SEP 8 2022.

Maintain business processes to submit provider directory information . . . : The No Surprises Act's Continuity of Care, Provider Directory, and Public Disclosure Requirements. CMS. JULY 13 2022. Web. Accessed SEP 8 2022.

GET TO KNOW YOUR PROVIDER CONSULTANT

Provider consultants are your primary contact for all University of Utah Health Plans lines of business, building relationships with healthcare providers. While the Public Health Emergency (PHE) kept consultants from visiting your office, consultants kept busy answering your questions via phone or email. Now that the PHE is winding down, consultants are once more scheduling visits to offices throughout Utah.

Each consultant manages relationships with physicians, practitioners, physical therapy providers, chiropractors, behavioral health providers, audiologists, podiatrists, optometrists, dentists; independent hospitals, and ambulatory surgical centers—and their staff—as well as specified groups throughout Utah.

NORTHERN UTAH

Mary Carbaugh – mary.carbaugh@hsc.utah.edu – 801-587-2920

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

Throughout Utah:

- » Interpreting agencies
- » Intermountain Health
- » Skilled Nursing Facilities
- » Home Health, and Hospice
- » Long-Term acute care hospitals



Mary Carbaugh

SALT LAKE COUNTY

Emily Bird – emily.bird@hsc.utah.edu – 801-587-2666

Salt Lake County in Utah and all Nevada

Throughout Utah:

- » Pathology labs
- » Dialysis centers
- » Steward hospitals
- » Physician Group of Utah (PGU)



Emily Bird

SOUTHERN UTAH

Sandra Campbell – sandra.campbell@hsc.utah.edu – 801-587-2943

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

Throughout Utah:

- » HCA physicians
- » Anesthesia Groups
- » HCA MountainStar Hospital System
- » Durable Medical Equipment companies



Sandra Campbell

If you have clinics spread across different counties, the county where your billing office is located typically determines who your provider consultant is.

- » Still not sure? Please call **833-970-1848** or **801-587-2838** or [email us](#) to be directed to your Provider Relations consultant.
- » Prefer a visual reminder? Download and print our [Provider Consultant Territory Map](#), then post it in a convenient, back-office location for future reference.

WHERE TO LOOK – PROVIDER WEBSITE OR PROVIDER PORTAL?

One of the most common comments we receive in our annual Provider Satisfaction Surveys is, “I never know whether I should look in the Provider Website or the Provider Portal for the information I need.” That’s a great observation. We hope you’ll find the following information useful.

The easiest starting point is to determine if the information contains PHI.

- » Yes? Go to the [Provider Portal](#).
- » No? Go to the [Provider Website](#).

HERE’S AN OVERVIEW OF WHAT YOU’LL FIND IN EACH SITE.

Topic	Provider Website (No Login Needed)	Provider Portal (Login Required)
Contact information for questions about the Provider Portal		✓
Contact and general information for Provider Relations, Contracting, and Credentialing	✓	
Contact information for all U of U Health Plans Departments	✓	
Member eligibility, detailed benefits, year-to-date accumulators		✓
Services/Codes that require prior authorization	✓	✓
Prior authorization guidelines	✓	✓
Prior Authorization Request form	✓	✓
Responses to prior authorization requests		✓
Overview of Electronic Data Interchange (EDI) transactions	✓	
Review claims and payments (claims must be submitted via EDI or paper)		✓
Complete Compliance tasks		✓
Upload medical documentation		✓
View rosters of members whom you treat		✓
Correspond with Care Managers or Customer Service		✓
Update clinic or provider demographic information	✓	✓
Provider Directory search	✓	✓
Healthwise Knowledgebase and Code Lookup tools		✓
Educational resources, such as Clinical Practice Guidelines, Medical and Pharmacy Policies, Provider Manual, Provider Connection newsletter, and all forms that do not include PHI	✓	
Pharmacy information and formularies	✓	

Two important items that you will **not** find on either site:

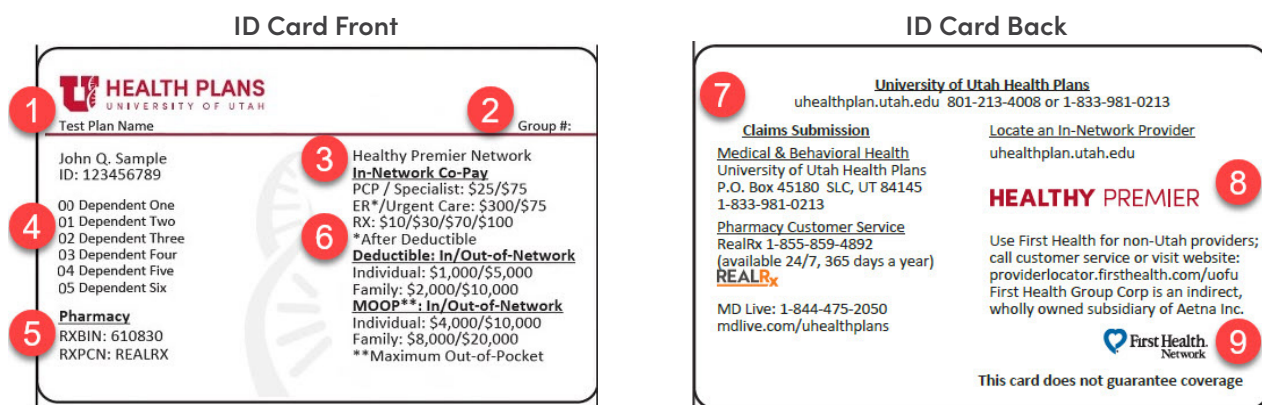
- » **Medicaid eligibility** – The state controls Medicaid eligibility files; therefore, you must use the [Medicaid Lookup Tool](#) to view a member's eligibility. Remember, Medicaid enrollment can change from month to month, so it's important to check eligibility prior to every appointment.
- » **Huntsman Mental Health Institute's (HMHI) Behavioral Health Network** – Although U of U Health Plans processes claims for HMHI, they are a separate entity; therefore, their membership files reside in a database not available via the Provider Portal. To check eligibility, benefits, or claims for HMHI's Behavioral Health Network, you must call their Customer Service team at **801-213-4008** option 3.

We're here to help you find the information you need. Feel free to reach out to us.

- » **Provider Website:** provider.relations@hsc.utah.edu
- » **Provider Portal:** UofUHPPProviderPortal@umail.utah.edu

HAVE YOU SEEN ME? RECOGNIZING OUR MEMBERS

With how many health plans do you do business? And how many benefit structures with how many provider networks does each plan offer? Trying to discern member information when you have a busy front office can be frustrating. Since most health plans' member ID cards are fairly similar, here's a quick map of a U of U Health Plans ID card.



- 1 – Name of health benefit plan
- 2 – Group number to determine benefits structure – include when filing claims
- 3 – Name of provider network for members to access for the highest level of benefits (network name may also be displayed above red line)
- 4 – Name and Member ID number of primary subscriber, followed by each dependent on the plan – enter the name and ID number the subscriber and patient on claims – notice that group accounts also display a two-digit code prior to dependent name(s)
- 5 – Identifiers for U of U Health Plans Pharmacy Benefits Manager (PBM)
- 6 – Member cost-sharing amount, including copayment, deductible, and coinsurance

- 7 – Contact information for customer/provider service or claims, or pharmacy
- 8 – Reminder of provider network and where to find additional network providers (typically used for referrals)
- 9 – Out-of-area network for member's care

ID NUMBER CONVENTIONS

If an image of the member's ID card is not available (e.g., sample received for pathology or image for radiology report), the following numbering conventions can help you identify the member's plan type:

- » U of U Health Plans Group members are sponsored by an employer. Member ID numbers consist of a "40" or "41," followed by an additional seven digits. Dependents are denoted with a two-digit number in front of their names.
- » Individual or Family plans can be purchased on or off the federal Marketplace Exchange. Member ID numbers consist of "000," "391," or "402," followed by an additional seven digits.
- » The U Health Plus plan is available only to Individuals or Families who purchase their health plan themselves. The U Health Plus network includes providers and facilities in the U Health Hospitals and Clinics system, plus select providers in zip codes: 84101, 84102, 84103, 84105, 84106, 84107, 84108, 84770, 84111, 84112, 84113, 84115, 84117, 84124, 84127, 84130, 84132. Member ID numbers consist of "000" or "391" or "402" followed by an additional seven digits.

Remember, eligibility and benefits can change with qualifying life events. Always verify a member's status prior to rendering services. What's the easiest way to verify status?

- » Visit Utah Medicaid's [Eligibility Lookup Tool](#) for Healthy U Medicaid members.
- » For all other members, register or log in to our secure [Provider Portal](#) today.

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 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.

CALL-UP also offers several insightful webinars.

Visit [CALL-UP WEBINARS](#) and click on the links 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

- » **Suicide and Crisis Lifeline** – Dial **988** – The National Suicide and Crisis 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. Since the launch in July 2022 of the **988** phone number that replaces the old 10-digit number, calls to the Lifeline [have increased 45 percent](#). This represents more than 150,000 lives **per month** that may have been saved because of the shorter, easier-to-remember number. In Utah, calls to the **988** Lifeline are received and triaged through the HMHI CrisisLine team, regardless of whether the situation is an emergency or nonemergency. Additional information about the **988** Lifeline is available from the [Huntsman Mental Health Institute](#).
- » **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.
- » **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. Help is also available toll-free at **833-372-3388** or through the chat feature on [their website](#).



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.

Reference:

Rodrigues, Adrianna. Calls to suicide prevention hotline increase by 45% after transition to new 988 number. USA Today. SEP 19 2022. Web. Accessed NOV 28 2022.

UNDERSTANDING FRAUD, WASTE, AND ABUSE

We recognize and understand the financial and personal impact that healthcare fraud, waste, and abuse (FWA) can have on health plans, providers, and members. Every year, as much as \$60 billion is lost to healthcare FWA. Like you, we are committed to the fight against healthcare FWA.

While CMS requires all entities that do business with Medicare beneficiaries to complete an FWA training course annually, we feel this is important information to know, regardless of your patient mix. To that end, we created a training course to take on your own or present to a group of employees during a staff meeting or other training opportunity. This [Fraud, Waste, and Abuse Training for Providers](#) complies with all state and federal rules, laws, and regulations, and can be used to fulfill the annual training requirement for most health plans.

Additional FWA training is available through:

- » [CMS Fraud Prevention Toolkit](#)
- » [Medicare Fraud & Abuse: Prevent, Detect, Report](#)
- » [Combating Medicare Parts C & D Fraud, Waste, & Abuse](#)
- » Utah Medicaid – [UOIG Medicaid Fraud, Waste, and Abuse Prevention Training](#)



HEALTHY U MEDICAID

MUST READ: UPDATES FROM MEDICAID

In their December [Medicaid Information Bulletin](#) (MIB), Utah Medicaid announced several important changes that may impact your Medicaid business, including interactions with the U of U Health Plans Healthy U (Medicaid) product and our Healthy U members. We are in the process of updating our systems to align with these changes.

SPECIAL PROVIDER CONNECTION EDITION FOR HEALTHY U PROVIDERS

Because of the number of changes being made to Medicaid processes and the PRISM tool, we are developing a special edition of *Provider Connection*, especially for Healthy U providers. In the special edition, we'll cover the changes that impact how you do business with Healthy U in particular.

HOW YOU CAN PREPARE

- » Review the [December Medicaid Information Bulletin](#) (MIB)
- » Visit our [Provider Education, Newsletter, and Resources site](#) and click on the "Newsletters" tab to watch for—then view—the "**Provider Connection – Healthy U Special Edition.**" Newsletter subscribers will receive notification via email when the special edition is posted. Not subscribed yet? Click on the "**Subscribe to Provider Connection Newsletter**" bar and enter your email address, today!
- » Complete Medicaid's [Comprehensive provider training for new PRISM system changes](#), available February 23, 2023.

MEDICAID TRANSITIONS TO ONLINE CERTIFICATION SYSTEM FOR SUMH PROVIDERS

At the end of November, Utah Medicaid completed the transition to their new online system for the following Substance Use and Mental Health (SUMH) certifications:

- | | |
|----------------------------------|---------------------------|
| » Case Management | » Certified Crisis Worker |
| » DUI Education Provider | » DUI Instructor |
| » Family Peer Support Specialist | » Peer Support Specialist |

Initial and recertification applications for SUMH certification are now only accepted through utdhs.mylicenseone.com.

Users will need to [create a Utah ID](#) the first time they log in to the system. Visit [UtahID Account Creation](#) for instructions on creating a Utah ID.

REGARDING YOUR UTAHID EMAIL:

For providers with an active certification, if your UtahID email address is the same as you used on your initial certification, that email should have been “cross-walked” to the new system. If, however, your email has changed from that used initially, your new email address may not have transferred to the new system. If you find a discrepancy, contact Medicaid directly to receive a registration code and instructions on how to access your registration.

Learn more at sumh.utah.gov/education/certification.

NOW COVERED – NATIONAL DIABETES PREVENTION PROGRAM

Utah Medicaid now covers the National Diabetes Prevention Program (National DPP) and collaborates with public and private community partners to make available evidence-based lifestyle programs to reduce the risk of type 2 diabetes for at-risk enrollees.

WHO IS ELIGIBLE?

Participants must: (All apply)	
» Be at least 18 years old	» Not be pregnant
» Be overweight (Body Mass Index ≥ 25 ; ≥ 23 if Asian)	» Have no previous diagnosis of type 1 or type 2 diabetes
AND have one of the following:	
» A blood test result in the prediabetes range within the past year:	
• Hemoglobin A1C: 5.7 to 6.4%	
• Fasting plasma glucose: 100 to 125 mg/dL	
• Two-hour plasma glucose (after a 75 gm glucose load): 140 to 199 mg/dL	
» A previous clinical diagnosis of gestational diabetes	
» A screening result of "high risk for type 2 diabetes" from the online Prediabetes Risk Test or the printed copy	

WHAT IS INVOLVED?

Over the course of 24 sessions, participants will meet with a lifestyle coach, either in person or online, depending on the program for which enrollees register. The program is designed to help them:

- » Learn about healthy food choices
- » Build physical activity into their lives
- » Set and meet goals
- » Lose weight
- » Decrease their risk of diabetes

LEARN MORE

Visit the National Diabetes Prevention Program hosted on either of these websites:

- » [University of Utah Health](https://www.health.utah.gov/health-plans/)
- » [Centers for Disease Control and Prevention](https://www.cdc.gov/diabetes/prevention/)

ADVANTAGE U (MEDICARE PPO)

There are currently no new updates for Advantage U, but we're always available to answer your questions.

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

Our medication and pharmacy information is updated as changes occur.
Please visit our [Pharmacy site](#) at least quarterly to view the most recent information.



FOCUS ON MENTAL HEALTH – MAJOR DEPRESSIVE DISORDER

At the end of November, we mailed a letter to our Individual members taking antidepressants, with information about why it's important to take their medication as directed and tips to remember to take their medication daily. This is part of an effort to improve antidepressant adherence.

We appreciate your efforts to help remind our members about the importance of antidepressant medication adherence.

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

The **2023 list** of medical pharmacy medications that require prior 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 Authorization (PA) Process

- » Retail pharmacy PA requests can be submitted online or by fax.
- » For online PA requests, visit our Pharmacy Benefit Manager (PBM) [RealRx Home Dashboard](#). Go to “Request Prior Authorization” and click “Get Started.”
- » 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. If you cannot locate a form specific to the requested therapy, use the [General Pharmacy Prior Authorization Form](#). Fax the completed form, along with all supporting documentation, to **888-509-8142**.
- » If you are requesting a drug that is not on the health plan formulary, follow the non-formulary exception process. Complete the [Pharmacy Formulary Exception Request Form](#) that corresponds to the member’s benefit plan. Be sure to include supporting clinical documentation showing a medical reason that a formulary alternative would not be effective for the member.
- » For upcoming changes to the formulary coverage and edits, notices are placed on the website for review. View the most current “Formulary Change Notices” on the [Pharmacy Formularies](#) webpage, just below the Searchable Directories.



QUESTIONS?

Medical Pharmacy Medications – call the U of U Health Plans Customer Service team serving the member's benefit plan.

- » Healthy U Medicaid – **833-981-0212**
- » Individual and Family plans – **833-981-0214**
- » Large and Small Group Business – **833-981-0213**

Retail Pharmacy Medications – call the RealRx 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**

FORMULARY UPDATES

- » Dupixent® for Atopic Dermatitis change **effective January 1, 2023** for Commercial and Individual Exchange members: for new starts only, Adbry™ or Rinvoq® must be tried and failed before Dupixent may be considered, unless documentation indicates a medical necessity.
- » Autoimmune change **effective January 1, 2023** for Commercial & Individual Exchange members:
 - Enbrel® has been added as a **preferred brand** to the following policies:
 - o Ankylosing Spondylitis (AS)
 - o Juvenile Idiopathic Arthritis (JIA)
 - o Psoriatic Arthritis (PsA)
 - o Psoriasis (PsO)
 - o Rheumatoid Arthritis (RA)
 - Sotyktu™ is excluded from the formulary (non-formulary).
 - Rinvoq has been added to the non-radiographic axial spondyloarthritis (nrx-SpA) policy as a **preferred brand—effective February 1, 2023**—based on recent FDA approval.

CODING CORNER

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. 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](#)

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		
Policy Number	Policy Name	Effective Date
ADMIN-018 (New)	Personal Care Services	02/07/2023
Commercial Plan: This policy outlines the type of personal services that would be considered for coverage, IF A PLAN COVERS THIS BENEFIT. Specific Plan Benefit documents may include a more specific definition of personal care that would supersede the general definition of personal care provided in this policy. Please check benefit plan descriptions to determination coverage before applying policy language. See policy for details.		
MP-021 (New)	Vertical Expandable Prosthetic Titanium Rib	02/07/2023
Commercial Plan The conditions and circumstances for coverage of vertically expanding titanium rib (VEPTR/VEPTR II) and the MAGnetic Expansion Control (MAGEC®) system for the treatment of thoracic insufficiency syndrome (TIS) in skeletally immature patients in situations that meet the FDA indications are outlined in this policy. Please see policy for specific criteria.		
REVISED POLICIES		
Policy Number	Policy Name	Effective Date
MP-012 (Revised)	Formulas and Other Enteral Nutrition	01/02/2023
Medicaid Plan (Healthy U): In complying with Medicaid's July 2022 Medicaid Information Bulletin (MIB) release, medical treatment of inborn errors of metabolism are covered services with prior authorization for EPSDT-eligible members. New codes have been added to the policy.		
MP-011 (Revised)	Benign Skin Lesions	12/24/2022
Commercial Plan: The diagnosis of pyogenic granuloma (PG) [aka, lobular capillary hemangioma] has been added to the list of conditions that will be covered if found medically necessary based upon documentation of a functional problem.		
MP-062 (Revised)	Fecal Microbiota Transplant	01/01/2023
Commercial Plan: Health Plans has added another possible method of transplanting fecal microbiota with suspension (via rectal enema) for treatment of patients with recurrent clostridium difficile infection if certain criteria are met. Please see the policy for details.		

REIMBURSEMENT POLICY UPDATES

REVISED POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
REIMB-009 (Revised)	Preventive Care Screening	12/28/2022
Commercial Plan: New USPSTF updated recommendations including a one-time screening for anxiety in adults, including pregnant and postpartum persons. Coverage of vasectomy as a preventive service has also been included.		