



PROVIDER CONNECTION

University of Utah Health Plans
Provider Publication
February 2024

PROVIDER CONNECTION: YOUR NEED-TO-KNOW SOURCE

Provider Connection delivers timely updates regarding University of Utah Health Plans provider networks and products each 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

WE'VE MOVED!

We're excited to announce that University of Utah Health Plans has moved from **6053** Fashion Square Drive, Suite 110, to **6056** Fashion Square Drive, Suite 3104. Yes, that is just across the street from the previous address.

Why make such a minor move? Because it makes good people and business sense. Now that many of our employees have elected to continue working remotely, we are able to consolidate our office space into one building.

Please update your files and systems to reflect our new address, as needed.

University of Utah Health Plans
6056 Fashion Square Dr., Suite 3104
Murray, Utah 84107

Advantage



ADVANTAGE U PLANS DISCONTINUED

As we informed you in the August and November 2023 editions of Provider Connection, as well as via emails and postal letters, **effective January 1, 2024, U of U Health Plans no longer offers Advantage U (Medicare Advantage) member plans.** While we will no longer offer Advantage U in 2024, we will continue processing claims and appeals for **dates of service prior to January 1, 2024**, in accordance with standard CMS timely filing guidelines. Please make all staff in your office aware of this change, and remind them to **submit all Advantage U claims as soon as possible.**

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

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**

UPDATES ON RESPIRATORY SYNCYTIAL VIRUS PRODUCTS

With Respiratory Syncytial Virus (RSV) season upon us, please be aware of the coverage and authorization requirements for the following prevention products:

- » **Abrysvo** (respiratory syncytial virus vaccine recombinant) is an RSV vaccine **given as a single dose during weeks 32 through 36 of pregnancy** to protect infants from RSV infection.
 - Abrysvo does not require prior authorization.
- » **Arexvy**® is an RSV vaccine given as a single dose to prevent RSV infection in persons **age 60 years and older**.
 - Arexvy does not require prior authorization for persons 60 years of age and older.
- » **Beyfortus**® (nirsevimab) is a long-acting antibody given as a single dose to prevent RSV infection in young children.

Note: Due to the limited supply, the CDC recommends prioritizing nirsevimab **for infants at the highest risk for severe RSV disease** (i.e., young infants [less than six months of age] and infants with underlying conditions that place them at highest risk for severe RSV disease).

- For **Healthy U Medicaid** plans, Beyfortus is covered by Vaccines For Children (VFC); therefore, only the administration fee should be included in the claim.
- For **all other benefit plans**:
 - Children under six months of age – no prior authorization required
 - Children six months through 18 months of age – prior authorization required to ensure medical necessity
 - Children 19 months of age and older – not covered
- » **Synagis**® (palivizumab) is an antibody given **monthly by IM injection** to children less than 24 months of age with underlying conditions that place them at high risk for severe RSV disease.
 - Prior authorization is required for Synagis.
 - Synagis is a specialty medication that requires a copayment.

RSV vaccines, when administered as recommended (including prior authorization when required) are covered as a preventive benefit with no out-of-pocket costs for members.

QUESTIONS ABOUT COVERAGE?

Contact Customer Service for the member's benefit plan:

- » Healthy U – Medicaid – **833-981-0212** or **801-213-4104**
- » Commercial Group plans – **833-981-0213** or **801-213-4008**
- » Individual or Family plans – **833-981-0214** or **801-213-4111**



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

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

EDI CLAIMS ADVANTAGES

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

ACCEPTED TRANSACTIONS

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

- » **837** 005010x224 (Dental)
- » **837** 005010x222a1 (Professional claims)
- » **837** 005010x223a2 (Institutional claims)
- » **277CA** Claim acknowledgment/error report
- » **999** Acknowledgment
- » **835** 005010x221a1 (Remittance advice)
- » **EFT** (Electronic Funds Transfer) in conjunction with the 835
- » **COB** (Coordination of Benefits)
- » **270/271** 005010x279a1 Eligibility Request/Response (real-time)
- » **276/277** Claim status inquiry/response (real-time)

ABOUT UHIN

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

Our trading partner number with UHIN is **HT000179-002**.

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

BENEFITS OF ERA AND EFT

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

Greater Efficiency

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

Greater Security

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

ENROLL IN EDI, ERA, AND EFT

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

Visit [Electronic Data Interchange \(EDI\)](#) for more information about:

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

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

SUBMIT CORRECTED CLAIMS CORRECTLY

U of U Health Plans prefers to receive corrected claims via EDI transaction. To request a claim be corrected, submit the following information in **Loop 2300** of an **837I** (*Institutional*) or **837P** (*Professional*) electronic claim form.

1. In segment **CLM05-3**, insert the appropriate "**Claim Frequency Type**" code (these may be displayed by your software as a drop-down field):
 - » **7** – Replacement of prior claim
 - » **8** – Void/cancel prior claim
2. **Enter the original claim number in the REF*F8 "Payer Claim Control Number" field.**
 - » If you are submitting a **primary payer's EOB** with this corrected claim, you **must include the primary payment date**, also in **REF*F8**.
3. **You must report every line associated with this claim** to ensure the full claim is reprocessed.
4. Refer to your *5010 Implementation Guide* for additional information.

Note for Healthy U Medicaid claims: To submit an EOB for a denied Healthy U claim, **you must submit an electronic correction that includes the EOB information**. U of U Health Plans can no longer accept submission of corrected claims or EOBs on paper for Healthy U members.

PAPER CLAIM FORMS

If you must submit a corrected claim on a CMS 1500 (02/12) paper claim form:

- » In box 22, enter the appropriate Resubmission Code:
 - 7** – *Correction to prior claim*
 - 8** – *Void of a professional claim*
- » **Enter the payer's original claim number in box 22** under the "Original Ref. No." field.
- » Remember, if you're correcting to add an EOB, **you must attach the primary EOB** to the corrected claim.

If you must submit a corrected claim on a **UB-04 Facility** claim form:

- » Enter the CLAIM FREQUENCY TYPE code as the **4th digit of Box 4 "Type of Bill"**
 - 7** – *Correction to prior claim* (e.g., 0137 indicates a correction to a Hospital Outpatient claim)
 - 8** – *Void/correction to prior claim*
- » **Enter the payer's original claim number in Box 64 "Document Control Number."**
- » Again, if you're correcting to add an EOB, **you must attach the primary EOB** to the corrected claim.

REJECTED VS. DENIED CLAIMS

A **rejected claim** is a claim that is sent back due to an **error** in the claim. This could be due to an input error, incorrect data, or data that does not match what the payer has on file.

A **denied claim** has been processed and adjudicated in the payer system, but is **denied and deemed unpayable**. The denial could be for a number of reasons.

When a claim has been rejected (i.e., it has not been adjudicated), you can resubmit the claim. To resubmit the claim, simply create a new claim and resubmit it through the clearinghouse. **If you resubmit a claim that has been denied (rather than rejected), the new claim will be denied as a duplicate claim.**

A corrected claim will replace the previously adjudicated claim, so ensure all charges are included on the corrected claim. You can submit a corrected claim if:

- » The plan denied the claim for **missing information** (i.e., primary insurance EOB not submitted or complete)

Note: You need to correct information on the original claim submission, even if the claim has already paid.

Common reasons to submit a corrected claim include:

- » Primary insurance EOB missing (you must attach the primary EOB to the corrected claim)
- » Primary insurance EOB amount is changing
- » Incorrect billed amount
- » CPT®/Modifier changes
- » Transposed procedure or diagnosis code
- » Inaccurate data entry
- » Denial of claims as duplicates
- » Missing or invalid ordering or referring provider



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 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.
- » **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 [safeut.org](#).

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 DEC 12 2023.

HEALTHY U MEDICAID

REPORTING CPT II CODES CORRECTLY FOR DIABETES HBA1C TESTING

Diabetes HbA1c testing is one of the key tests to help diagnose and manage diabetes. The National Commission for Quality Assurance (NCQA) requires health plans to review medical records to capture HbA1c results for members with diabetes; therefore, we conduct a randomized sampling of records as part of our annual HEDIS® medical record review.

DIABETES HBA1C HEDIS MEASURES

The American College of Physicians' [guidelines for people with type 2 diabetes](#) recommend HbA1c blood sugar control levels remain between 7 to 8 percent.

The diabetes HbA1C HEDIS measures focus on members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following assessments:

- » HbA1C control (<8.0%)
- » HbA1c poor control (>9.0%)

CATEGORY II CPT CODES TO REPORT DIABETES HBA1C RESULTS

Utah Medicaid recently opened the following Category II CPT codes to report HbA1C results for all Medicaid members:

Category II CPT code	HbA1C Test Result
3044F	<7.0%
3051F	7.0–7.9%
3052F	8.0–9.0%
3046F	>9.0%

CPT II codes were developed by the American Medical Association (AMA) as supplemental tracking codes that can be used for performance measurement. U of U Health Plans strongly encourages providers to report Category II HbA1C codes because monitoring HbA1C results on a more granular level can lead to better health outcomes for patients. While there is no additional reimbursement available for Category II codes, use of these codes will result in more complete reporting of HbA1C results to the health plan and fewer medical record requests to your office. Provider offices can additionally benefit from using these codes with improved performance in value-based payment arrangements.

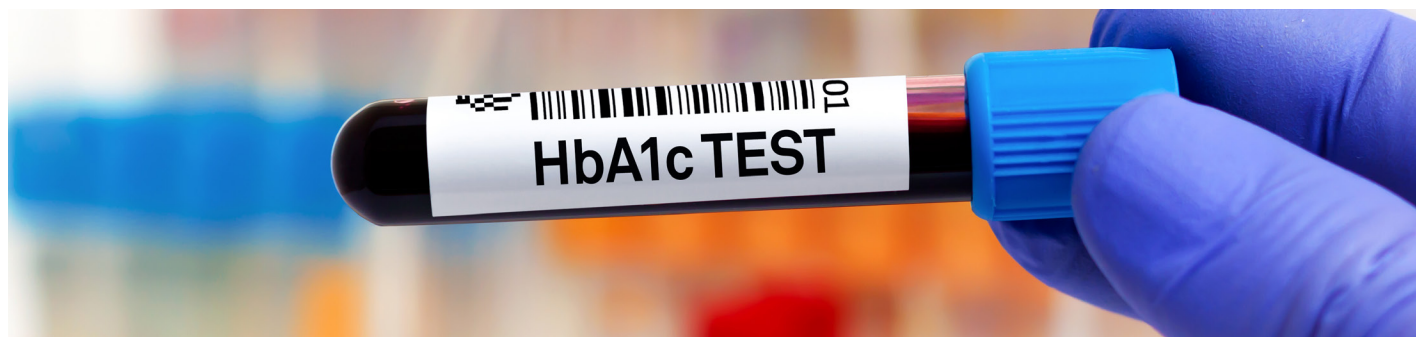
Category II codes cannot be used to replace Category I codes on claims. Providers should bill these codes along with **CPT 83036** or **83037** on the same claim.

In order to meet the HEDIS HbA1C measures, you must document the date the test was performed and the corresponding result. For this reason, report one of the four Category II codes and **use the date of service as the date of the test**, not the date of the reporting of the Category II code.

NOTE: Multiple dates of service may be associated with a single lab test (e.g., a collection date, a reported date, and a claim date). For a laboratory test CPT II code to count toward HEDIS, **the Category II date of service and the test result date must be no more than seven days apart.**

Reference:

Qaseem, Wilt, Kansagara. [Hemoglobin A1c Targets for Glycemic Control With Pharmacologic Therapy for Nonpregnant Adults With Type 2 Diabetes Mellitus: A Guidance Statement Update From the American College of Physicians.](#)
Annals of Internal Medicine. MAR 05 2018. Web. Accessed DEC 21 2023.



REMINDER ABOUT SUBMITTING DOCUMENTATION FOR HEALTHY U CLAIMS

As pointed out in the [Submit Corrected Claims Correctly](#) article earlier in this edition, to submit an EOB for a denied Healthy U claim, **you must submit an electronic corrected claim that includes the EOB information**. If a claim is denied for **medical documentation** (MDOC), submit the needed documentation via the [MDOC Denial Medical Record Submission](#) form. U of U Health Plans can no longer accept submission of corrected claims or EOBs on paper for Healthy U members, nor can we update claims with missing information.

CHANGE TO HEALTHY U MEDICAID BENEFIT STRUCTURE

In the [November 2023 Medicaid Information Bulletin \(MIB\)](#), Utah Medicaid announced a restructuring of Non-Traditional Medicaid benefits to align with Traditional Medicaid benefits, **effective January 1, 2024**. This benefit alignment also applies to our Healthy U Medicaid members.

The benefit alignment impacts the following categories of Medicaid-eligible enrollees:

- » Parents on Adult Expansion Medicaid or members receiving Parent/Caretaker Relative (PCR) Medicaid
- » 12-month Transitional Medicaid
- » 4-month Transitional Medicaid
- » Family Medically Needy Program (Spenddown)

You may notice a change in the naming convention of “Non-Traditional” Healthy U benefit plans

- » **For dates of service through December 31, 2023**, you will see a **suffix of either “Non-Traditional” or “V2”** (depending on which system or tool you use to verify **eligibility and benefits**) for impacted members. Thus, Healthy U **Non-Traditional** may appear unchanged or become Healthy U **(V2)**, and Healthy U Integrated **Non-Traditional** also may appear unchanged or become Healthy U Integrated **(V2)**.

Note: Non-Traditional benefits will continue to be applied for dates of service through December 31, 2023.

- » **For dates of service beginning January 1, 2024**, the suffix, **“(V2)”**, will replace the term “Non-Traditional” as the benefit plan indicator for impacted members, and “Traditional” benefits will be applied.

Only services rendered on or after January 1, 2024 qualify for the Traditional benefit structure. To learn more, we encourage you to study the [MIB article](#), including the [Traditional vs. Non-Traditional Benefits Comparison Chart](#).

Note: The “V2” indicator will **only** display when viewing an impacted member’s benefits and eligibility in the Provider Portal. “V2” will display as part of the **“Group”** name, and “Healthy U Traditional” will display as part of the **“Benefit Plan”** name.

Specific benefits impacted by this alignment of benefits for all Healthy U members are as follows:

- » Audiology is available to include preventive, screening, evaluation, and diagnostic services.
- » Occupational and physical therapy limits have increased, and speech evaluation is now covered.
- » Long-term care in a nursing or intermediate care facility is covered for persons with intellectual disabilities.
- » Certain medical supply and medical equipment exclusions are removed.
- » Pancreas and intestine transplants were added to coverage.
- » Nonemergency medical transportation is covered for medically necessary appointments.

Providing all Medicaid members with the same benefit structure will reduce opportunities for billing errors and ensure all Medicaid members have access to timely, quality care.

QUESTIONS?

- » **Medicaid PRISM Portal** for Medicaid provider enrollment, and member benefits and eligibility – [Utah Medicaid PRISM Portal](#), 800-662-9651 or 801-538-6155
- » **Benefit Lookup Tool** for Medicaid member eligibility and benefits – [Patient Eligibility Verification](#)
- » **Claims** – Healthy U Customer Service 833-981-0212 or 801-213-4104
- » **Healthy U Contracts** – Email [Provider Contracting](#), 833-970-1848 or 801-587-2838

PHARMACY



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

REDUCING THE PHARMACY PRIOR AUTHORIZATION BURDEN

Did you know? Our Pharmacy team proactively reviews medication prior authorizations (PA) that are due to expire in the following month or two. If there is sufficient information to renew the PA (e.g., member adherence, efficacy of treatment for the member, whether the member has seen their provider in the plan year), we are extending the PA for you! This eases your PA burden and also prevents access-to-care issues for your patients. We will notify you any time an authorization has been extended.

Note: Certain medications always require provider submission of the PA request, so always check the formulary.

We are studying more ways to make the PA process easier for you. We'll post updates in future editions of Provider Connection. If you haven't yet, [subscribe today](#) so you don't miss a quarterly edition.

RETAIL PHARMACY PRIOR AUTHORIZATION TOOLS

The Retail Pharmacy Online Prior Authorization (PA) Submission tool has been updated to allow prior authorization as well as formulary exceptions to be submitted through the same web page. If submitting a formulary exception, it is important to indicate this on your request. To submit a request online, visit the [RealRx Home Dashboard](#) and click on the "Get Started" button under "Request Prior Authorization."

SOME ENHANCEMENTS WE'VE RECENTLY IMPLEMENTED

- » **Provider Gold Carding** – Streamlined prior authorization process for providers with a demonstrated track record of prior authorization approvals for certain medications
- » **Pharmacy technician approval** – for certain prior authorizations submitted

ITEMS COMING SOON

- » **Enhanced Gold Carding** – Exempt qualified providers from certain prior authorization requirements, based on their history of quality care, prior authorization approvals in the preceding 12 months, and adherence to evidence-based guidelines
- » **Adjudication Optimization** – Maximize system capabilities to reduce the need for prior authorizations
- » **Electronic Prior Authorization (ePA)** – Interface with EMR to automate prior authorization to alleviate delays and frustrations
- » **Submission of diagnosis codes to meet criteria** – Enable pharmacies to submit codes to meet prior authorization requirements
- » **Enhanced provider outreach for submission errors** – Improve communication with providers regarding prior authorization submission errors
- » **Enhanced language in letters** – Clarify language to improve provider and member communication
- » **Audit specialty prior authorization approvals** – Enhance communication to ensure member access to care and medication, as appropriate
- » **Identify medications for extended authorizations** – As noted in the previous article

HUMIRA BIOSIMILAR UPDATE

As a reminder, Hadlima™ (adalimumab-BWWD) was added to the formulary as a preferred agent with prior authorization required.

It is available in all of the same dosage forms and strengths as Humira®, including latex- and citrate-free formulations. [Prior authorization can be requested](#) for any indication allowed for Humira coverage.

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 the prior authorization or formulary exception request process. Preferred drug lists may change from time to time, but updates are posted on the [Pharmacy 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 2024 list of medical pharmacy medications that require authorization or are excluded, and the Preferred Drug List (PDL)/Formulary for retail/specialty pharmacy medications are available online. "Bookmark" the sites in the following section to your Internet favorites for convenient reference.

MEDICAL PHARMACY MEDICATIONS

View the current list of medical pharmacy services and products requiring prior authorization or that are excluded by visiting [Search Codes Requiring Authorization](#).

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. Failure to submit clinical documentation to support this request will result in a dismissal of the request.

RETAIL PHARMACY MEDICATIONS

For retail and specialty pharmacy medications, view the [Preferred Drug List \(PDL\)/Formulary](#) for covered medications, prescribing limits, step therapy, or prior authorization requirements. Pick the formulary that matches your member's benefit plan.

Retail Pharmacy Prior Authorization (PA) Process

Retail pharmacy PA requests may 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, complete the appropriate [Pharmacy Prior Authorization Form](#) for the specific medication or category for your request and the form specific to the member's benefit plan. If there is not a specific form for the requested medication, use the [General Pharmacy Prior Authorization Form](#). Fax the completed form, along with all supporting documentation, to **385-425-4052**.

If you are requesting a drug that is not on the health plan formulary, complete the [Pharmacy Formulary Exception Request Form](#) that corresponds to the member's benefit plan. 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](#) web page, just below the Searchable Directories.

If you have questions regarding a prior authorization or need assistance completing the form, please call **385-425-5094**.

QUESTIONS?

Medical Pharmacy Medications – call the 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**

COVERAGE 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

University of Utah Health Plans uses medical policies as guidelines for coverage determinations in accordance with the member's benefits. Quarterly notice of recently approved and revised medical policies is provided in *Provider Connection* for your convenience. The Medical Policy Updates section of this newsletter does not indicate that coverage is provided for the procedures listed.

NEW POLICIES		
Policy Number	Policy Name	Effective Date
MP-015 (New)	Gastric Pacing	11/27/2023
Commercial Plan: This policy outlines the circumstances in which U of U Health Plans considers gastric pacing/gastric stimulation medically necessary. Please see the policy for details.		
MP-028 (New)	Infrared Therapy	11/27/2023
Commercial Plan: This policy outlines coverage of infrared coagulation, cautery or radiofrequency only for members with grade I or grade II internal hemorrhoids that are painful or persistently bleeding and have not responded to or not a candidate for rubber band ligation and in no other circumstances.		
MP-078 (New)	Dynamic Splint Devices	11/27/2023
Commercial Plan: This policy outlines the circumstances in which dynamic splinting devices are covered and those circumstances in which it is not covered. Please see the policy for coverage criteria.		
MP-079 (New)	Arthroereisis and Subtalar Implants	11/27/2023
Commercial Plan: This policy outlines U of U Health Plans does not cover subtalar implants as their use is considered experimental and investigational for the treatment of talipes equinovarus deformity (club foot), and flatfoot deformity including congenital and adult-onset (acquired) flatfoot deformity (also known as posterior tibial tendon dysfunction). Please see the policy for coverage criteria.		
MP-080 (New)	Transcranial Magnetic Simulation – Single Pulse (e.g., eNeura SAVI Dual™)	01/06/2024
Commercial Plan: This policy outlines the coverage circumstances for which U of U Health Plans covers single pulse TMS (eNeura SAVI®) in the treatment of migraine headache.		
MP-023 (New)	Chiropractic Care	02/13/2024
Commercial Plan: This policy outlines conditions for coverage of chiropractic care for children, adolescents and adults and limitations to coverage. Please see the policy for specific criteria and other coverage details of chiropractic care.		
MP-010 (New)	Enhanced External Counterpulsation (EECP)	02/13/2024
Commercial Plan: The circumstances for coverage of enhanced external counter pulsation (EECP) are outlined in this policy. Please see the policy for coverage criteria details.		

REVISED POLICIES		
Policy Number	Policy Name	Effective Date
MP-001 (Revised)	Transcranial Magnetic Simulation – Repetitive (rTMS)	07/23/2023
Commercial Plan: The name/title on this policy changed from Transcranial Magnetic Stimulation (TMS) to Transcranial Magnetic Simulation – Repetitive (rTMS).		
MP-065 (Revised)	Eye Movement Desensitization and Reprocessing (EMDR) Therapy	02/13/2024
Commercial Plan: This policy has been modified to outline provider requirements for performing EMDR including training and certification requirements. Please see policy for details.		
MP-068 (Revised)	Intraosseous Basivertebral Nerve Ablation Procedure (Intrasept®)	01/13/2024
Commercial Plan: The Intrasept procedure is now covered by U of U Health Plans in limited circumstances when certain criteria have been met. Please see the policy for coverage criteria requirements.		

REIMBURSEMENT POLICY UPDATES

NEW POLICIES		
Policy Number	Policy Name	Effective Date
Reimb-038 (New)	Modifier -24	01/06/2024
Commercial Plan: This policy affirms U of U Health Plans follows the Centers for Medicare & Medicaid Services (CMS) guidelines for the use of modifier -24. Please see policy for details.		
Reimb-039 (New)	Modifier -22	02/13/2024
Commercial Plan: This policy outlines the circumstances in which U of U Health Plans will provide additional reimbursement for claims appended with Modifier -22. Please see policy for details.		
Reimb-041 (New)	Recreational Therapy	01/01/2024
Healthy U Plan: This policy outlines the circumstances in which Healthy U covers recreational therapy Please see the policy for details.		
REVISED POLICIES		
Policy Number	Policy Name	Effective Date
None at this time.		