



# PROVIDER CONNECTION

University of Utah Health Plans  
Provider Publication  
May 2020

## 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

## UNIVERSITY HEALTH PLANS RESPONSE TO COVID-19

Like you, U of U Health Plans is diligently working to ensure the health and safety of our members as we navigate through the Coronavirus 2019 (COVID-19) pandemic.

University of Utah Health Plans has developed a COVID-19 page on our Provider Website to keep you up-to-date with the latest operational and benefit updates as they apply to the virus.

Visit [Provider Information Regarding COVID-19](#) often to stay current with the latest information. Please share this link with others in your office who may rely on the information.

View our [Temporary COVID-19 Telemedicine Policy](#).

If you have providers who need to be credentialed or recredentialed during the pandemic, view [Credentialing Waiver and Recommendations During COVID-19](#) for adjustments to our process.

### Questions?

- » For member benefits or claims questions, please contact Customer Service for the following lines of business:
  - Healthy U Medicaid – **801-213-4104** or **833-981-0212**
  - U of U Health Plans Commercial groups – **801-213-4008** or **833-981-0213**
  - U of U Health Plans Individual and Family plans – **801-213-4111** or **833-981-0214**
- » For any other questions, [contact your Provider Relations representative](#).

We appreciate the outstanding care you have and continue to provide to our members. Times like these prove the unequalled commitment of the healthcare professionals in our communities.



## UPDATE ON NEW CREDENTIALING VERIFICATION ORGANIZATION

Effective March 1, our new Credentialing Verification Organization (CVO), Verisys® assumed many of our credentialing functions. Verisys is an NCQA®-certified CVO, and a leading provider of healthcare credentialing services.

Their comprehensive tools offer current and accurate data and technology services, including FACIS® (Fraud Abuse Control Information System). FACIS is the gold standard for exclusions, debarments, sanctions, and disciplinary action screening.

What does this CVO change mean for providers?

**If your providers are already credentialed** – you may receive communication (e.g., phone call, email, fax) from Verisys requesting updates or additional information. This communication will come from CheckMedic®, which is the Verisys credentialing platform.

**If your provider’s credentialing is in process or recredentialing is coming up:**

- » As always, please ensure the provider’s CAQH application is up to date.
- » New requirement: Be sure the provider has a home address listed on their CAQH application under “Section 1: Personal Information and Professional IDs.” This information is required for the FACIS verification.
- » You may receive communication (e.g., phone call, email, fax) from Verisys requesting updates or additional information. This communication will come from CheckMedic.

## UNUSUAL SYMPTOMS OF STROKE IN WOMEN

May is National Stroke Month. While most of us are well versed in recognizing stroke symptoms by the FAST acronym, did you know women face additional risk factors than men and, indeed, often present with different symptoms?

According to an article in [NCBI PMC: Vascular Health and Risk Management](#)<sup>1</sup>, women often experience more severe strokes than men. In women ages 20 to 59, stroke is the fourth leading cause of death in women worldwide, rising to the second leading cause in women over the age of 60 years. Women are also more likely to experience recurrent stroke.

The American Stroke Association attributes the [higher risk in women](#)<sup>2</sup> to the following possible factors:

- » Hormone replacement therapy
- » Preeclampsia – which doubles the risk of stroke later in life
- » Atrial fibrillation – increases risk among women over the age of 75
- » Pregnancy – with the highest risk in the third trimester and post-partum
- » Birth control pills – especially for women already at risk of stroke, including high blood pressure
- » Migraines with aura – associated with ischemic stroke in younger women, particularly those who smoke or take oral contraceptives

Most worrisome, however, are the unique symptoms that may signal a stroke in women. Aside from the common “SUDDEN” symptoms shared by men and women—weakness or numbness, trouble with speech or understanding, trouble seeing or walking, or unexplained sudden headache—some women may experience the following symptoms:

- » Pain
- » Hiccups
- » Hallucination
- » Nausea or vomiting
- » Difficulty or shortness of breath
- » Loss of consciousness or fainting
- » Seizures
- » Agitation
- » General weakness
- » Sudden behavioral change
- » Confusion, unresponsiveness or disorientation

Because these symptoms are not commonly associated with stroke, women may not seek timely treatment, resulting in less-favorable outcomes.

We encourage you to review gender differences in risk factors, educate your clinics on the unique symptoms mentioned, and speak especially with women at risk about the best course of action if they experience one or more of the “sudden” or unusual symptoms.

#### *References:*

- <sup>1</sup> Samai, AA and Marin-Schild, S. “Sex differences in predictors of ischemic stroke: current perspectives.” US National Library of Medicine, National Institutes of Health: Vascular Health and Risk Management (2015): n. page. Web. 27 Feb. 2020.
- <sup>2</sup> “Women Have a Higher Risk of Stroke.” American Stroke Association. American Heart Association, 5 Dec. 2018. Web. 27 Feb. 2020.

## UPDATE NPPES NOW TO IMPROVE ACCURACY OF ALL PAYERS’ PROVIDER DIRECTORIES

New functionality is available in the National Plan and Provider Enumeration System (NPPES) to improve the accuracy of directory data. Directory information in NPPES is available to all health plans and to the public. CMS requests that all providers review, update, and “attest” to the accuracy of their data.

Members rely on the accuracy of directory information to locate providers in their geographic area who provide the type of care members need. Correct and complete directory information is a significant step in achieving member satisfaction. Relying on the information available in NPPES provides health plans with the ability to validate their directory information through a consistent data source.

Communicating changes to required data elements in NPPES within 30 days of the change is a HIPAA requirement. CMS has asked all providers who participate in a Medicare, Medicaid, or Federal Exchange (ACA) plan to update and attest to their information. Because the NPPES database will be used as the validation source for directory data audits, we encourage all providers to avail themselves of this one-stop method and update your information for all health plans with which you do business.

Read more about the CMS guideline in the [January 3, 2020 HPMS Memo](#).

[Learn more about NPPES](#), including how to reset passwords and update data.

## 2020 UTAH ZERO SUICIDE SUMMIT

The Utah Division of Substance Abuse and Mental Health (UDSAMH) is once again offering a day of training, skill-building workshops, and inspiration to improve the care you provide to individuals at risk of suicide. The theme of the summit on July 17, 2020, is “Reimagining the Future of Suicide Care.”

Becky Stoll, LCSW and Brian Miller, Ph.D. are the featured speakers. The summit will be held at the Utah Cultural Celebration Center in West Valley City, Utah. Contingency meeting information, if needed, will be updated on the registration site. Visit [Utah Zero Suicide Summit](#) to learn more and register.

## NEW CONTACT INFO FOR EARLY HEARING DETECTION AND INTERVENTION PROGRAM

The Utah Department of Health’s “Early Hearing Detection and Intervention” (EHDI) program helps ensure all newborns receive early screening for hearing loss. Providers who care for infants or children are required to send reports of screenings to EHDI. Please be aware that the contact information for the program has changed.

For hearing screening or audiology reports, and CMV information:

- » Fax to – **801-536-0492**
- » Email to – [ehdi@utah.gov](mailto:ehdi@utah.gov)
- » Mail to – PO Box 144620, Salt Lake City, UT 84114-4620
- » Visit their office at –  
3760 S Highland Dr, Salt Lake City, UT 84106

For immediate help, call **801-273-6600**

Visit [Early Hearing Detection and Intervention](#) for more information about the EHDI program.



## PROVIDER SATISFACTION SURVEY RESULTS AND GIFT CARD WINNERS

We appreciate the providers who took the time to complete our Provider Satisfaction Survey. We are analyzing the results and will report on the outcomes in our next edition of Provider Connection.

Each person who completed the survey was entered into a randomized drawing for one of three Amazon gift cards. Please join us in congratulating the winners from the following clinics: Green Sage Counseling, Advanced Home Health, and Vista Healthcare. Congratulations!

# INTRODUCING: U OF U HEALTH PLANS SPECIAL INVESTIGATIONS UNIT

We recognize the personal and financial impact healthcare fraud, waste, and abuse (FWA) can have on our health plan, providers, and members. To help combat healthcare FWA, we've established a dedicated and experienced Special Investigations Unit (SIU) to focus on this effort.

SIU's mission is to prevent, detect, investigate, resolve, and report suspected incidents of FWA behaviors that are committed by any entity doing business with U of U Health Plans (business partners). This includes contracted and non-contracted providers, members, employees, affiliates, agents, facilities, vendors—including First-Tier, Downstream or Related Entities (FDR)—and other individuals or organizations associated with the operations of U of U Health Plans.

## What is Fraud, Waste, and Abuse?

Fraud	Waste				
<p>The act of knowingly and willfully executing, or attempting to execute, a scheme to defraud any healthcare benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any healthcare benefit program.</p> <p><b>Examples of fraud include:</b></p> <p>(Providers)</p> <ul style="list-style-type: none"> <li>» Overbilling</li> <li>» Intentional upcoding</li> <li>» Intentional unbundling</li> <li>» Falsifying a patient's diagnosis</li> <li>» Waiving copayments/deductibles</li> <li>» Unlicensed providers rendering services</li> <li>» Accepting or offering kickbacks or bribes</li> <li>» Misrepresenting services or dates of service</li> <li>» Billing for services that were never rendered</li> <li>» Falsifying or altering medical records and/or claims</li> <li>» Billing noncovered or nonchargeable services as covered items</li> </ul> <p>(Others)</p> <ul style="list-style-type: none"> <li>» Members visiting multiple doctors and providing fictitious symptoms in order to obtain prescriptions for narcotics</li> <li>» Forging or changing a prescription (member or unauthorized medical/pharmacy staff)</li> <li>» A health insurance agent forging an individual's name on an application</li> </ul>	<p>The overutilization of services or other practices that directly or indirectly result in unnecessary costs. Waste is generally not considered to be caused by criminally negligent actions, but rather the misuse of resources.</p> <p><b>Examples of waste include:</b></p> <ul style="list-style-type: none"> <li>» Ordering excessive laboratory tests</li> <li>» Conducting excessive office visits or writing excessive prescriptions</li> <li>» Prescribing more medications than necessary for the treatment of a specific condition</li> </ul> <tr> <th colspan="2" data-bbox="812 1188 1515 1245">Abuse</th> </tr> <tr> <td colspan="2" data-bbox="812 1247 1515 1810"> <p>Includes actions that may, directly or indirectly, result in unnecessary costs to U of U Health Plans or the Medicaid/Medicare program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.</p> <p><b>Examples of abuse include:</b></p> <ul style="list-style-type: none"> <li>» Billing for unnecessary medical services</li> <li>» Charging excessively for services or supplies</li> <li>» Misusing codes on a claim, such as upcoding and unbundling codes</li> </ul> </td> </tr>	Abuse		<p>Includes actions that may, directly or indirectly, result in unnecessary costs to U of U Health Plans or the Medicaid/Medicare program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.</p> <p><b>Examples of abuse include:</b></p> <ul style="list-style-type: none"> <li>» Billing for unnecessary medical services</li> <li>» Charging excessively for services or supplies</li> <li>» Misusing codes on a claim, such as upcoding and unbundling codes</li> </ul>	
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**Note:** There are differences among fraud, waste, and abuse. The primary differences are *intent* and *knowledge*. Fraud requires intent to obtain payment and the knowledge that the actions are wrong. Waste and abuse may involve obtaining an improper payment or creating an unnecessary cost, but does not require the same intent and knowledge.

## Who investigates suspicions of fraud, waste, and abuse for U of U Health Plans?

We are fortunate to have two investigators leading our SIU efforts who have extensive law enforcement and health insurance plan experience, as well as knowledge of all lines of business and products. Sophie Petrogeorge and Terry Prindle are both retired Lieutenant Special Agents from the Utah Attorney General's Office with a combination of 60 years' experience investigating all types of civil and criminal offenses. They have each worked in management positions with other health insurance companies for their Special Investigations Units.



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## How to report Fraud, Waste, and Abuse?

All U of U Health Plans business partners and FDRs have a duty to report known or suspected FWA behaviors. Suspected FWA can be reported anonymously. When reporting suspected FWA, even if choosing to remain anonymous, it is important to provide specific details and ensure all essential questions (who, what, where, why, and how) are addressed in the reporting form.

Reporting suspected FWA can be made through one of the following methods:

- » Email: [healthplansreportfraud@utah.edu](mailto:healthplansreportfraud@utah.edu)
- » Fax: **801-585-2654** Attn: Special Investigations Unit
- » Online: [U of U Health Plans Fraud and Abuse Reporting Form](#)
- » EthicsPoint Hotline: **888-206-6025** – Anonymity and interpretation services are available
- » Customer Service:
  - Commercial plans – **801-213-4008** or **833-981-0213**
  - Healthy U Medicaid – **801-231-4104** or **833-981-0212**
  - Individual/Family plans – **801-213-4111** or **833-981-0214**
- » Mail: University of Utah Health Plans  
Attn: Special Investigations Unit  
6053 Fashion Square Drive, Suite 110  
Murray, UT 84107

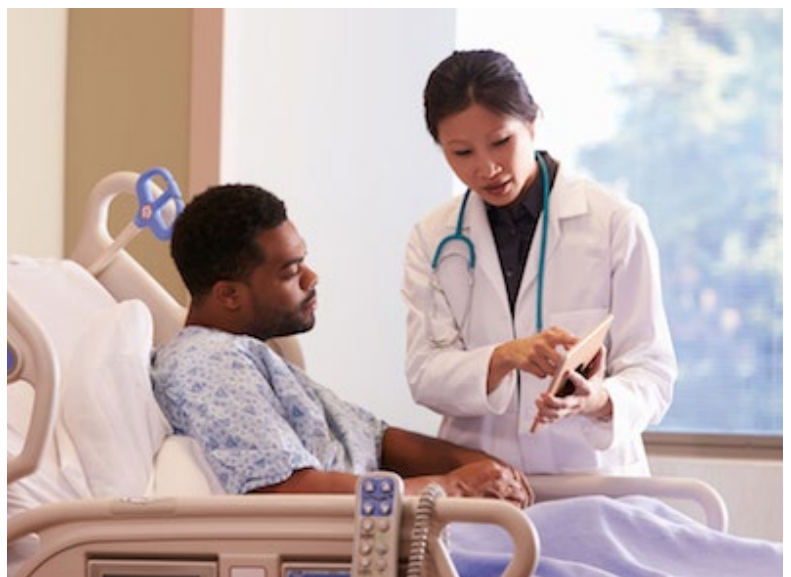
# ANNUAL REMINDER: MEMBER RIGHTS AND RESPONSIBILITIES

Note: This information is shared with every member at time of enrollment.

## What are Member Rights?

University of Utah Health Plans want to give our members the best care and service. As a Health Plans member, members have the right to:

- » Get information about the organization, plan, its services, its practitioners and providers, and member rights and responsibilities.
- » Be treated with respect, dignity and a right to privacy.
- » Have their medical visits, conditions, and records kept private.
- » Ask for and receive a copy of their medical record, and ask to have it corrected if needed.
- » Get information about their health and medical care, such as how a treatment will affect the member and their treatment options.
- » Make decisions about their healthcare with their healthcare provider, including refusing treatment.
- » Talk to U of U Health Plans about appropriate or medically necessary treatment options, regardless of cost or benefit coverage.
- » Voice a complaint or appeal about the organization or the care it provides.
- » Make recommendations about these rights.
- » Use their rights at any time without being treated badly.
- » Be free from restraint or seclusion if it is used to coerce (force), discipline, retaliate, or for convenience.
- » Get healthcare within appropriate time frames.
- » Receive the following information upon request:
  - Member rights and responsibilities
  - Services U of U Health Plans offers
  - How to get help and emergency care when their doctor's office is closed
  - Involvement in medical research
  - Grievances and Appeals
  - How U of U Health Plans operates, such as our policy for selecting providers, what we require of them, any practice guidelines (rules) they use to care for members, and our confidentiality policy.



If members need help understanding any of this information, call us at **833-981-0213**.



### What are Member Responsibilities?

To keep members and their family healthy and help us care for them, members should remember to:

- » Read the Member Guide. If members need help understanding it, please call University of Utah Health Plans Customer Service at **833-981-0213**.
- » Follow provider recommendations, plans and instructions for care that members and providers have agreed upon. If members don't agree, or have questions about treatment plan or goals, they should talk to their provider.
- » Understand their health problems, work with their provider to develop agreed upon treatment goals and do all they can to meet those goals.
- » Keep appointments or let the provider's office know as soon as possible if they can't make it.
- » Supply information needed to the Health Plans and to treating providers in order to provide care.
- » Let the group administrator know if they move, change phone numbers, get married or divorced, have a baby, or someone in the family dies.
- » Respect the staff and property at their provider's office.
- » Stay fit and well by taking care of themselves and their family.
- » Always talk to their doctor about any health information in any newsletter or on any website to make sure it is best for them. Never use this information instead of what their doctor says is best.

## ANNUAL REMINDER: OBTAINING UTILIZATION MANAGEMENT CRITERIA

U of U Health Plans makes every effort to ensure that services being provided to our members meet nationally recognized guidelines and are provided at the appropriate setting (inpatient or outpatient) and that the length of stay can be supported for medical indications. We reference InterQual® and Hayes criteria—nationally recognized guidelines—to help determine medical necessity.

We would be happy to provide you with a copy of the criteria we use to make utilization management decisions. Please call the Utilization Management team at **833-981-0213**, option 2, for additional information. You may also email your request for criteria to [UUHP\\_UM@hsc.utah.edu](mailto:UUHP_UM@hsc.utah.edu).

## HEALTHY U MEDICAID

### IMPORTANT UPDATES FROM MEDICAID

The following updates were announced in the [January 2020 Medicaid Information Bulletin \(MIB\)](#)

- » Changes and updates to PRISM provider enrollment coming in Summer 2020 **(20-10)**  
In Summer 2020, the PRISM system will be updated to include:
  - Changes to the business process wizard to complete enrollment
  - Auto generation of revalidation/recredentialing letters to providers
  - Changes to the reenrollment process for providers
- » Changes to Provider Education Corner **(20-02)**
- » Billing Medicaid and Record Retention **(20-05)**

## MEETING CULTURAL NEEDS OF MEDICAID EXPANSION MEMBERS

With Medicaid Expansion comes the opportunity to serve an increasingly diverse community. Has your office refreshed their cultural competency knowledge yet this year? Remember that this training and attestation is an annual Medicaid requirement for anyone participating on a Medicaid network, such as Healthy U or Healthy U Behavioral. This training ensures providers meet the unique and diverse needs of all members. Staff meetings are an ideal time to take the training as a clinic and discuss unique needs and solutions for your practice. You may take our training, or any other comparable training, but you must submit a completion attestation to us by October 1.



Visit our [Provider Manual, Newsletters, and Education](#) page, then scroll down to the Education section for links to our training and attestation.

## BILLING MEDICATION MANAGEMENT FOR HEALTHY U MEMBERS

Medical providers and licensed Advance Practice Registered Nurses (APRN) are eligible to provide psychiatric and substance use disorder pharmacologic management services, when working within their scope of license.

On claims for Medicaid members—including Healthy U, Healthy U Behavioral, and Healthy U Integrated members:

- » Behavioral health providers must append a **Modifier CG**, *Policy criteria applied*, to any Evaluation and Management (E/M) code reported for medication management so the claim is properly processed as a behavioral health claim.
  - If the Modifier CG is not included with the E/M code for medication management, the claim will be denied with a **CO96 message code** as *not a covered benefit*.
  - If the E/M service was not for medication management, the E/M codes are not covered under the behavioral health benefits. Again, the CO96 message code would be applied to the claim.
- » Medical providers are not required to append the Modifier CG, as their claims are processed as medical claims.

For more information about Medicaid guidelines for pharmacologic management, visit the [Utah Medicaid Provider Manual, Section 2](#).

# PHARMACY

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

## NEW PBM FOR U OF U HEALTH PLANS MEMBERS

Together with industry experts, we have created a new Pharmacy Benefit Manager (PBM), RealRx. Our Individual and Family plan members, along with several of our Commercial group members, transitioned to RealRx on May 1, 2020 for their pharmacy benefits. The remainder of our members will transition either June 1 or July 1.

Introducing  
**REALRx**

### Why a new PBM?

- » RealRx is anticipated to lower medication costs for members who have a deductible and coinsurance.
- » Centralized administration of the new PBM affords us the ability to be more flexible and innovative.
- » RealRx is thoughtfully designed to balance cost while optimizing convenience and quality.

### What can providers expect?

- » Members will receive new ID cards and participating pharmacy information prior to their transition date. Please ensure your staff are educated to do the following:
  - Check benefits and eligibility online or electronically prior to each visit.
  - Confirm the member's PBM as shown on their ID card.
  - Verify the member's preferred pharmacy is in-network with the PBM listed on their ID card.
- » Be assured our team is here to support you!

### Questions?

- » Call the Pharmacy Customer Service number listed on the back of the member's ID card.
- » Visit [RealRx](#) or [uhealthplans.utah.edu](http://uhealthplans.utah.edu) for more information.

## TAKE ADVANTAGE OF 90-DAY REFILL EFFICIENCIES

Writing prescriptions for 90-day rather than 30-day refills saves you and your patients time, your patients money, and makes it easier for your patients to adhere to their treatment plan. And especially when patients are advised to limit their outside travel, such as our recent COVID-19 situation, 90-day refills reduce the risk of potential exposure.

Our Commercial group, and Individual and Family plans all offer 90-day prescription refills through mail-order and retail options. Medicaid plans do not offer a 90-day refill benefit.

Consult our [Medication & Pharmacy Information](#) for more information, call the Pharmacy Customer Service number listed on the back of the member's ID card.

# CODING CORNER

## NEW ICD-10-CM CODES AVAILABLE

In response to emerging medical diagnoses, CMS recently released two new ICD-10 CM codes. Mid-year ICD-10 updates are uncommon for CMS, so printed coding manuals will likely not include these newest codes. Please review your online coding resources and the links to the CDC coding addenda referenced below.

ICD-10-CM Code	Description	Effective Date	CDC Publication
U07.0	<i>Vaping-related disorder</i>	04/01/2020	<a href="http://www.cdc.gov/nchs/icd/data/Chapter-22-new-vaping-code-FINAL1.pdf">www.cdc.gov/nchs/icd/data/Chapter-22-new-vaping-code-FINAL1.pdf</a>
U07.1	<i>2019-nCoV acute respiratory disease</i>	04/01/2020	<a href="http://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-2-20-2020.pdf">www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-2-20-2020.pdf</a>

## COVERAGE POLICY AND PRIOR AUTHORIZATION UPDATES

University of Utah Health Plans uses coverage policies as guidelines for coverage determinations in accordance with the member's benefits. Effective January 1, 2020, all new and updated policies, including policies for services requiring prior authorization, are posted on our [Coverage Policies](#) website for 60 days prior to their effective date.

Quarterly notice of recently approved and revised coverage policies is provided in Provider Connection for your convenience. The information listed are summaries of the policy. Click on the hyperlinked policy number to view the coverage policy in its entirety.

Also included here are updates to which services require prior authorization. Visit our [Prior Authorization](#) site frequently to view all medical services that require prior authorization, links to our coverage policies, and information on submitting an authorization request. Services that do not yet have a policy are reviewed using Interqual criteria.

The Coverage Policy Updates section of this newsletter does not guarantee coverage is provided for the procedures listed. Coverage policies are used to inform coverage determinations but do not guarantee the service is a covered service. For more information on our coverage policies, visit our [Coverage Policies](#) website or contact your Provider Relations consultant.

<b>NEW COVERAGE POLICIES</b>		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
<a href="#">Admin-017 (New)</a>	Temporary COVID-19 Telemedicine Policy	3/6/20
<p><b>Commercial Plan:</b></p> <p>In response to the COVID-19 pandemic, there is an immediate need to expand use of electronic technology to support our members. In accordance with state and Federal recommendations of social distancing to reduce the risk of COVID-19 transmission, U of U Health Plans has created a Temporary COVID-19 Telemedicine Policy for specific usage of electronic technology. Criteria, coding, and coverage details for specific telemedicine visits surrounding COVID-19 and other medical diagnoses can be found in this policy.</p> <p>The following is a list of specific telemedicine visits that may be covered if certain criteria are met (please see the policy for details): Telehealth Urgent Care visits, Telehealth visits, and Telephonic visits.</p> <p>The following telemedicine visits are NOT covered for any reason: Virtual Check-in/Brief Chat visits and Online E/M or E-visits.</p> <p>This policy will be revisited on 6/30/20 to determine if there is still a need because of the COVID-19 pandemic.</p>		
<b>REVISED POLICIES</b>		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
<a href="#">MP-002 (Revised)</a>	Gender Reassignment Surgery	3/6/20
<p><b>Coding update:</b>            CPT codes 19318 and 55899 were added to the policy, and 19304 has been deleted as of January 1, 2020.</p>		
<b>NEW SERVICES REQUIRING PRIOR AUTHORIZATION</b>		
<i>CPT/HCPCS Service or Supply</i>	<i>Description</i>	<i>Effective Date</i>
<a href="#">All associated codes</a>	Gender Reassignment Surgery	3/6/20