



PROVIDER CONNECTION

University of Utah Health Plans
Provider Publication
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PROVIDER CONNECTION: YOUR NEED-TO-KNOW SOURCE

Provider Connection delivers timely updates regarding University of Utah Health Plans provider networks and products every quarter: February, May, August, and November. Within this newsletter, you'll find announcements, updates to medical policies, helpful tips, and more.

Accessing the newsletter online makes it easier to share with everyone in your office. To ensure you receive the latest newsletter as soon as it's available, [subscribe to our email list](#). We promise we won't spam you, and we'll never share your information. **Subscribe today to stay in the know.**

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HEALTH PLANS
UNIVERSITY OF UTAH

PROVIDER WEBSITES REDESIGNED

As more and more providers and office staff rely on the University of Utah Health Plans provider website for the latest information, we've updated the site to further improve their experience. We believe you'll appreciate the streamlined look and intuitive navigation. Even the web address, uhealthplan.utah.edu/provider, is simplified.

It's easier than ever to find:

- » **Provider Relations and Contracting** for contact information, applications, and update forms
- » **Credentialing** for general credentialing process information and practitioner rights, for whatever type of provider you are
- » **Pharmacy** information for everything from pharmacy directories to formulary requirements and forms, right at your fingertips
- » **Claims, Appeals, and Complaints** for everything you might need, from filing claims to checking claim status, appeals, fraud and abuse information, and utilization review parameters
- » **Medical Policies** including medical, administrative, reimbursement, pharmacy, and dental; check often to view new, updated, and upcoming policies, as well
- » **Electronic Data Interchange (EDI)** to help you make the best use of the efficiencies afforded by managing many of your office tasks electronically and often receiving nearly instantaneous results
- » **Provider Manual** containing 'A' to . . . well, 'U' information about everything you need to do business with us
- » **Education, Newsletters, and Resources** with links to our various forms, newsletters and other education, prior authorization lists, and more

Visit uhealthplan.utah.edu/provider today and take our site for a test drive.

Don't forget, we also have a website dedicated to Advantage U Signature (PPO) members and Advantage U providers. Visit advantageumedicare.com to round out your provider website tour.



PLANS ▾ RESOURCES ▾ FOR BROKERS ▾ FOR PROVIDERS ▾ ABOUT US ▾

Q SEARCH



Questions about **COVID-19** coverage and care? We can help.

Provider Home	Provider Relations & Contracting	Credentialing	Pharmacy	Claims, Appeals & Complaints	Medical Policy	EDI	Provider Manual	Education, Newsletter & Resources
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SPECIAL ENROLLMENT PERIOD FOR ACA MARKETPLACE MEMBERS

As part of the American Rescue Plan Act (ARPA), President Biden extended the special enrollment period for Marketplace plans until August 15, 2021. The ARPA also changes who qualifies for the Advance Premium Tax Credit, which means more people are eligible for a reduced monthly premium. Please be diligent about verifying patients' insurance coverage as patients may change plans during this period.

CODING JOHNSON & JOHNSON COVID-19 VACCINE

In the February Provider Connection, we provided you with a list of CPT codes to bill with the various COVID-19 vaccines available. Since that time, the Johnson & Johnson single-dose vaccine has been approved for use. The following chart illustrates vaccine coding and dosing information with J&J included.

Labeler Name	CPT	Short Description w Dose / Interval	Effective Date
Pfizer	91300	Vaccine: SARSCOV2 VAC 30MCG/0.3ML IM Interval: 21 days	12/11/2020
	0001A	First Administration: SARSCOV2 30MCG/0.3ML 1ST	
	0002A	Second Administration: SARSCOV2 30MCG/0.3ML 2ND	
Moderna	91301	Vaccine: SARSCOV2 VAC 100MCG/0.5ML IM Interval: 28 days	12/18/2020
	0011A	First Administration: SARSCOV2 100MCG/0.5ML 1ST	
	0012A	Second Administration: SARSCOV2 100MCG/0.5ML 2ND	
Johnson & Johnson (Janssen)	91303	Vaccine: SARSCOV2 VAC 5X10 ¹⁰ VP/.5ML IM Interval: Not applicable	01/19/2021 *Subject to CDC guidelines
	0031A	Single Administration: SARSCOV2 5X10 ¹⁰ VP/.5ML	
Astra Zeneca	91302	Vaccine: SARSCOV2 VAC 5X10 ¹⁰ VP/.5ML IM Interval: 28 days	TBD
	0021A	First Administration: SARSCOV2 5X10 ¹⁰ VP/.5ML 1ST	
	0022A	Second Administration: SARSCOV2 5X10 ¹⁰ VP/.5ML 2ND	

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

Plan Name	Submit Claim To
Commercial Groups	U of U Health Plans
Individual and Family plans	U of U Health Plans

Plan Name	Submit Claim To
Healthy U Medicaid	Utah Medicaid FFS
Advantage U Medicare	Traditional Medicare

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

RETROSPECTIVE REVIEWS – BECAUSE UNEXPECTED HAPPENS

Generally, prior authorizations are requested—as the name suggests—prior to rendering the service. We recognize that this is not always possible or practical. A member may require emergency surgery or, once an approved procedure begins, a situation presents that requires an alternate or additional procedure. Retrospective reviews, though rare, ensure members receive whatever care is medically appropriate and covered by their health plan.

A retrospective review is an authorization request that is initiated after the requested service has been performed and prior to claim submission.

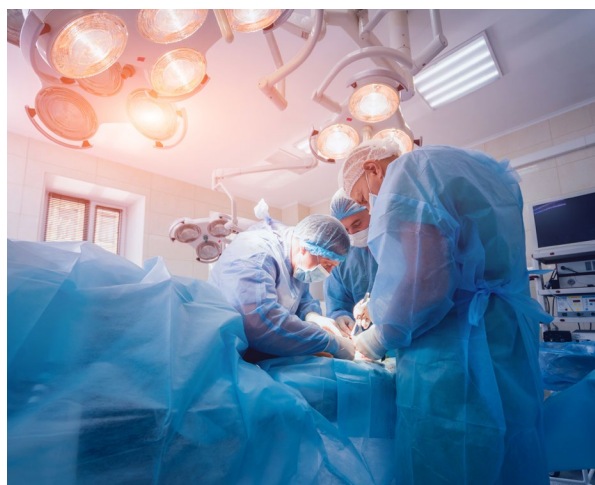
To be eligible for consideration, a retrospective review request **must be received prior to any claims for the service** and meet the following guidelines:

Time frames:

- » **Inpatient request** – must be received within 72 hours of the date of discharge
- » **Outpatient service or medication request** – must be received within five calendar days

Extenuating circumstances:

- » **Additional services needed** – must be directly related to another service for which prior approval has already been obtained, but need for the new service was revealed at the time the originally authorized service was performed
- » **Institutional or home health care services** – available **ONLY** when an enrollee is discharged from a different facility and insufficient time exists to receive authorization prior to the delivery of the service



If the submission meets the above criteria, review of the requested services will be complete within 30-calendar days from the receipt of the request.

If the submission **does not** meet the above criteria, the case may be denied for failure to obtain prior authorization.

These guidelines apply to U of U Health Plans Commercial, Individual and Family, and Healthy U plans. Some contract exclusions may apply. Please contact the applicable Customer Service team with any questions.

- » Commercial Groups: 801-213-4008
- » Individual & Family Plans: 801-213-4111
- » Healthy U Medicaid: 801-213-4104
- » Toll-free for all plans: 888-271-5870

Read additional recent news about the prior authorization process on page 8 of the [February 2021 Provider Connection newsletter](#).

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. U of U Health Plans 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 health care 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 health care within appropriate time frames.
- » Receive the following information upon request:
 - Member rights and responsibilities
 - The 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, they can call U of U Health Plans Member Services 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, talk to their provider.
- » Understand members health problems, work with member's provider to develop agreed upon treatment goals and do all members can to meet goals.
- » Keep appointments or let the provider's office know as soon as possible if member 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 member moves, changes phone number, 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 assure 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 used to make utilization management decisions. Please call the UM team at **833-981-0213**, option 2, for additional information. You may also email your request for criteria to UUHP_UM@hsc.utah.edu.

REPORTING BEHAVIORAL HEALTH CARE COORDINATION

Recognizing that mental health is an integral part of a person's overall health, we encourage PCPs and behavioral health professionals to coordinate care of at-risk individuals. To facilitate integrated care coordination, we cover the services listed on the following page.

Covered Behavioral Health Care Coordination codes

CPT	Brief Description	Limitations
99483	Assessment of and care planning for a patient with cognitive impairment	One per month
99484	Care management services for behavioral health conditions	One per month
99492	Initial psychiatric collaborative care management	One per member per lifetime per clinic
99493	Subsequent psychiatric collaborative care management	One per month
99494	Initial or subsequent psychiatric collaborative care management	One per month – Can only be billed in conjunction with 99493

- » Learn more about [Behavioral Health Integration Services](#).
- » Visit [Learn About the Collaborative Care Model](#) from the American Psychiatric Association™.

HEALTHY U MEDICAID

Watch for new Healthy U information in our August 2021 edition of *Provider Connection*.

ADVANTAGE U MEDICARE

VISION AND HEARING PARTNERS AND COVERAGE

As the administrator of Advantage U (Medicare), we're pleased to highlight the availability of hearing and vision services to Advantage U Signature members. Several of these services are available at the supplemental benefit level. Most audiology and ophthalmic professionals have previously received detailed information regarding these benefits and our service partners.

Hearing Benefit

We contract with TruHearing® to provide routine hearing examinations, and hearing aids when needed, to our Advantage U members. Only providers participating on the TruHearing network are eligible to provide routine service to these members. All other audiology-related services are considered as part of the member's "medical" benefit.

View advantageumedicare.com/pdf/hearing-benefits-2021.pdf to learn what services are considered as routine, where to submit nonroutine claims, and contact information.

Vision Benefit

We contract with VSP® to administer claims for routine vision examinations and corrective lenses for Advantage U members. Different from our hearing partnership, however, members may receive routine

services from any qualified optometrist or ophthalmologist with a current Advantage U and VSP contract. Routine services will be covered under the member's supplemental benefit only if claims are submitted with a "routine" diagnosis. These claims will be processed by VSP.

Vision services rendered for a nonroutine diagnosis will be covered, when medically appropriate, by the member's "medical" benefit. These claims will be processed by our claims partner, Cognizant®.

Visit advantageumedicare.com/pdf/vision-benefits-2021.pdf for a list of diagnoses considered routine as well as the services covered, and billing and contact information.

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.



CODING CORNER

PROLONGED SERVICES – PROPER USE OF CPT 99417

Effective January 1, 2021, the AMA added a new code for reporting prolonged evaluation and management (E&M) encounters: **CPT 99417** – *Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure. . . .*

There are several key elements to justify use of **99417**:

- » This code can only be reported when **time** is the basis for code selection for the office or other outpatient services (such as when **CPT 99205** is reported for a new patient E&M lasting 60 to 74 minutes).
- » **CPT 99417** is only reportable with E&M codes **99205** or **99215**, **AND** at least a **full 15 minutes** of time is spent in face-to-face or non-face-to-face services **in addition to** the highest time required for the associated E&M code (99205 or 99215).
- » Additional increments of 15 minutes of E&M time are reported as additional units of CPT **99417** (e.g., an established patient E&M lasting 120 minutes would be reported as CPT 99215 for the initial 54 minutes and 4 units of CPT 99417 for the additional time—because the additional 6 minutes are not a full increment of 15 minutes).
- » Additional service time **MUST** be completed on the same date of service as the E&M encounter.
- » Services to be counted as part of this time **MUST** be related to the E&M service billed.

The addition of CPT 99417 to the code set helps change the manner of billing E&M codes to facilitate reimbursement based on complexity of medical decision-making or time-based billing.

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 policies. Click on the hyperlinked policy number to view the coverage policy in its entirety.

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

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

NEW POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
Admin-020 (New)	Noncovered Behavioral Health-Related Services	05/08/2021
Commercial Plan: This policy lists specific behavioral health programs that are not covered and considered unproven/investigational.		
MP-064 (New)	Sublingual Immunotherapy (SLIT)	04/10/2021
Policy identifies that Sublingual Immunotherapy (SLIT) for the treatment of any condition or disease is considered unproven/investigational due to insufficient evidence of efficacy and safety.		
MP-065 (New)	Eye Movement Desensitization and Reprocessing (EMDR) Therapy	05/08/2021
Commercial Plan: Policy outlines coverage of EMDR, which is only allowed for PTSD, with a maximum of 15 sessions during a 12-month period.		
Reimb-028 (New)	After-hours Codes Coverage	07/01/2021
Commercial Plan: Moving to open up coverage for 99050 in certain circumstances per policy. U of U Health Plans will continue to NOT cover CPT codes 99051, 99053, 99056, 99060 as they are considered bundled into the E/M code per CMS guidelines. Please see the policy for criteria.		
NEW POLICIES (continued)		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
Reimb-031 (New)	Multiple Procedure Guidelines for Ambulatory Surgical Centers	05/24/2021
Commercial Plan: This policy outlines the manner in which multiple procedure reductions are applied for commercial members in an ambulatory surgical center setting. Please see the policy for guidelines.		

Reimb-032 (New)	Multiple Procedure Guidelines for Outpatient Hospital Claims	05/24/2021
<p>Commercial Plan:</p> <p>This policy outlines the manner in which multiple procedure reductions are applied for commercial members in an outpatient hospital setting.</p> <p>Please see the policy for guidelines.</p>		
REVISED POLICIES		
Policy Number	Policy Name	Effective Date
Admin-015 (Revised)	Category III Codes	05/08/2021
<p>Commercial Plan:</p> <p>Coding updates were made. We moved 0466T, 0467T and 0468T from the not covered list to the possibly covered list, as stated in the last article, we are now covering hypoglossal nerve stimulation when certain criteria are met.</p> <p>We also removed deleted codes and added new codes from the January 2021 CPT coding updates.</p>		
MP-038 (Revised)	Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)	04/10/2021
<p>Commercial Plan:</p> <p>Modified policy to indicate Guardant 360 CDx® Testing is covered for non-small cell lung cancer when specific conditions are met.</p>		
MP-046 (Revised)	Carrier Screening for Genetic Diseases	04/27/2021
<p>Commercial Plan:</p> <p>Policy modified to outline conditions for which U of U Health Plans now covers cystic fibrosis, SMA and Fragile X testing, for all pregnant or individuals considering to become pregnant, once per lifetime if performed as part of a limited panel or as individual tests.</p> <p>Policy also identifies coverage of carrier testing for individuals of Ashkenazi Jewish ancestry.</p> <p>Coverage of carrier screening for genetic diseases in other specific circumstances are also outlined.</p> <p>Please see the policy for criteria and further details.</p>		
NEW SERVICES REQUIRING PRIOR AUTHORIZATION		
CPT/HCPCS	Description of Service or Supply	Effective Date
<p>No New Services Reported – Remember to frequently check our Prior Authorization lists and Upcoming Changes to Codes Requiring Prior Authorization to ensure you are submitting requests on those services that require prior authorization.</p>		