



# PROVIDER CONNECTION

University of Utah Health Plans  
Provider Publication  
November 2019

## REMINDER: PROVIDER CONNECTION NOW AVAILABLE ONLY ONLINE

As we notified you in the Fall 2018 edition, *Provider Connection* is now available only online. Moving to digital-only content reduces our environmental impact and administrative costs. You'll continue receiving important information in the newsletter, such as announcements, updates to medical policies, helpful tips, and more. If you currently receive the newsletter in the mail, we will send a postcard to your office when new editions are available. The postcard will provide a link to the online location.

Having 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.**

## INSIDE THIS EDITION

New Customer Service Phone Numbers . . . . .	2
Do You Know Your Provider Relations Consultant? . . . . .	2
Changes to University of Utah Health Plans 2020 Individual and Family Plans . . . . .	3
Windows 7 Users: Check Your Internet Browser . . . . .	4
Refer In-Network for Laboratory Services . . . . .	4
Medical Interpreters—Necessary and Covered . . . . .	5
Identifying and Responding to Suicide Risks . . . . .	5
Helping Members With Diabetes See Better Outcomes . . . . .	7
Is Your Provider Directory Information Up To Date? . . . . .	8
Utilization Management Decision Guidelines . . . . .	9

### PHARMACY

Reminder: Pharmacy Prior Authorization Forms Now Online . . . . .	9
Diabetic Formulary Changes . . . . .	10

### CODING CORNER

Reminder: Coverage Policies Available Online . . . . .	11
Coding for CO <sub>2</sub> Laser Therapy for Hypertrophic Scars . . . . .	11
Reminder: Medicaid Coding Changes for PT and OT Services . . . . .	12
Intrathecal Pump Refills . . . . .	12
Inconsistent Dates of Service Denials Notification . . . . .	13
Change in Coverage of Hormone Pellet Implantation . . . . .	13
Coverage Policy Updates . . . . .	13

To return to this page, click on "Provider Connection" at the top of any page.



**HEALTH PLANS**  
UNIVERSITY OF UTAH

## NEW CUSTOMER SERVICE PHONE NUMBERS

To provide world-class customer service to our members, providers, and clients, we have created unique Customer Service phone numbers for our Medicaid, Commercial, and Individual lines of business. Please let all staff in your office know to begin using these numbers today.

### New Customer Service Phone Numbers

Type of Plan	Local Phone Number	Toll-Free Phone Number
Healthy U - Medicaid	801-213-4104	833-981-0212
U of U Health Plans - Commercial	801-213-4008	833-981-0213
U of U Health Plans - Individual	801-213-4111	833-981-0214

We will update our member, provider, and website information—including ID cards—during the coming months. While we update these materials, our current Customer Service phone numbers, **801-587-6480** and **888-271-5870**, will remain active through 2020 as we complete this transition.

## DO YOU KNOW YOUR PROVIDER RELATIONS CONSULTANT?

Provider consultants are your primary contact for all University of Utah Health Plans lines of business, building relationships with health care providers. Visit [Provider Network Management](#) and click on the “Provider Relations” tab to learn who is your geographic or vendor-specialty consultant.

You can also download and print our [Provider Consultant Territory Map](#) to keep at your fingertips.



Left to right: Emily Bird, Mary Carbaugh, Sandra Campbell

## CHANGES TO UNIVERSITY OF UTAH HEALTH PLANS 2020 INDIVIDUAL AND FAMILY PLANS

Please be aware of the following benefit changes that will impact U of U Health Plans Individual and Family plan members.

- » **Urgent Care** copays and coinsurance lowered to match the Primary Care visit benefit
- » Offering a **new plan**: Expanded Bronze HSA
- » **Deductible amount decreased** on our Expanded Bronze Plan
- » **Steward Health Care** added to our Healthy Premier Network
- » Coverage for one **Annual Adult Preventative Routine Eye Exam** per year added to all Individual plans
- » Added **Gym Discounts** for Marketplace members (Eligible gyms: Vasa Fitness, Planet Fitness, Salt Lake Tennis & Health Club, The Sports Mall, and Life Centre Athletic Club)
- » We will continue our **Flu Shot Incentive** for Marketplace members; 7,000 members participated last year
- » **MD Live (24/7 Telehealth)** added as a benefit to all Marketplace plans. For medical care, no out-of-pocket cost to the member, with the exception of HSA plans; HSA members will pay \$20 until their deductible is met. For behavioral health care, same copay as for their PCP except for HSA plans; HSA members pay \$45 and up, until their deductible is met, then their applicable coinsurance.
- » Removed from the **Autism Benefit**: limits on ages eligible for therapy and limits on hours of therapy provided
- » We will continue our **Well-Child Check Incentive Program** for Marketplace members; 459 members participated last year



### Reminders:

Our **Online Directory** now makes it easier to find specialized care. Search for providers who specialize in a specific area of behavioral or medical care needs. Use our [Find a Provider](#) tool and choose “Provider Specialty” (for medical providers) or “Provider Area of Interest” (for behavioral health professionals). This functionality helps our members identify providers who specialize in the care they need.

There is a separate **Customer Service phone number** for our Marketplace plans. Call **801-213-4111** or **833-981-0214** for Individual or Family Plan Customer Service assistance.

## WINDOWS 7 USERS: CHECK YOUR INTERNET BROWSER

Please be aware of a possible security threat which may affect Windows® 7 users running Internet Explorer Version 11 as their browser. Because of this risk, connection to the Link Provider Portal was no longer supported through Internet Explorer® Version 11 browser running on Windows 7 computers as of October 1, 2019.

Microsoft is no longer updating Windows 7, and will no longer support software running on Windows 7, effective January 14, 2020. Therefore, they will not update Windows 7 to fix this security issue. Anyone running Microsoft Windows 7 on their computer **and** using Internet Explorer Version 11 as their browser is advised to upgrade to a newer version of Windows or a different operating system to avoid additional support issues in the future. This does not impact later versions of Windows, other operating systems, or other browsers.

If you use Windows 7 as your operating system, please use a different browser—such as Chrome, Firefox, Safari, or a more recent version of Internet Explorer—to connect to Link or any other secure website, to protect your and your patients' confidential information.

## REFER IN-NETWORK FOR LABORATORY SERVICES

You don't want to pay more than necessary for health care services, and neither do our members. While your practice may have certain pathology labs to which you routinely send work or refer members, using out-of-network labs can leave members with much higher out-of-pocket costs for deductibles or coinsurance. If a member does not have out-of-network benefits, the claim could be denied and the member would be responsible for the entire billed amount.



We appreciate the excellent care you provide our members; out-of-network labs, however, are not obligated to follow our quality standards. Using only in-network labs helps ensure our members receive the best care for all of their services.

To identify in-network labs, visit our [online provider directory](#). Click on the member's type of plan (i.e., group, individual/family, Medicaid), and then on the network shown on their member ID card. Click on the "Facility" button, then either "Laboratory / Pathology" or "Laboratory Draw Stations" depending on the type of service needed. If you believe there are not laboratories available for the particular service needed, please contact your [Provider Relations Consultant](#) or call Provider Relations at **801-587-2838** or **833-970-1848**.

Thank you for helping our members receive the best care at the most appropriate cost.



## MEDICAL INTERPRETERS—NECESSARY AND COVERED

Did you know the 2010 U.S. Census identified approximately 120 different languages spoken in Utah? Spanish, Chinese, and Pacific Island languages are the most commonly spoken in the state, behind English. The need for medical interpreters is growing as rapidly as our diversity.

While it may be convenient to have a patient's friend or relative in the room to interpret for you, a medical interpreter is trained to convey your information precisely and in the correct context. Engaging a medical interpreter ensures the patient's privacy and that their wishes are conveyed without bias. It also ensures diagnoses and treatment plans are conveyed and understood correctly.

U of U Health Plans covers interpretation services for medical or vision visits for members who do not speak English and cannot understand the advice of their provider, when the service is rendered by a contracted interpretation agency. Interpretation services are not covered for inpatient hospital (hospitals are required to provide interpreters), dental, mental health, pharmacy, chiropractic, or any nonmedical services.

To find a participating interpreter, visit our [Find a Provider](#) tool.

- » Click on the type of plan the member has, then the network shown on their ID card
- » In the "Search Type" field, click "Facility"
- » In the "Facility Type" field, click on the dropdown arrow and select "Language Interpreter Services"
- » Fill in as much other information as possible, such as Language Spoken at Facility, location information
- » Click "Find A Provider"

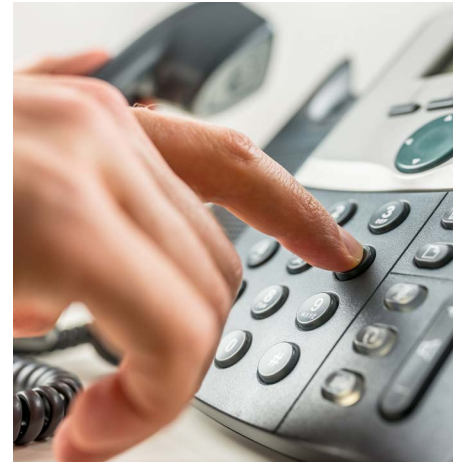
The more your patient understands, the more likely they are to follow your treatment suggestions and achieve the best outcome—and isn't that our shared goal?

## 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.

It's often difficult to recognize when someone is approaching their breaking point. In a recent article in *"At The U,"* Philip Osteen, associate professor in the College of Social Work, talks about the research he is doing regarding men and suicide. Interestingly, while suicide predictors for women generally gravitate toward mental health and depression, for men, the precipitating factors seem to be financial, work, or intimate partner issues.

Osteen also points out the relationship between suicide and anger for men. "If clinicians are working with men and they are doing depression screenings because they're concerned about their mental health, they may potentially be missing lots of men who are [at] risk of suicide because we're looking for the wrong thing."



### What you can do to help

**Ask** – If you suspect someone you know may be at risk of suicide, ask them if they’ve been thinking about harming themselves or attempting suicide. Convey your concern and be willing to listen to difficult answers. According to Osteen, “asking that question in and of itself reduces risk for suicide.”

**Encourage them to seek help** – “Mental health treatment is one of the most significant ways of reducing suicide risk,” Osteen says. Discuss potential barriers to care with them. No insurance? There are community resources available to help with that. Don’t know who to see or how to get an appointment? We can help with that, too. The important thing is helping them get to “yes.” To understand that seeking care will help them move beyond their current situation.

**Refer them to providers** – A person in enough distress to want to harm themselves may not have the ability to reach out for help. It falls to us to stay with them and make the calls necessary to arrange for their treatment. Clinicians recognizing risk factors are in a particularly effective environment to suggest therapeutic care may be warranted. Here are some resources to help:

- » CrisisLine – **801-213-0816** – University Neuropsychiatric Institute offers free intervention in emergency and nonemergency situations. The program is designed to provide community members with a full range of options to help solve the immediate need in the best setting. Learn more about Crisis Intervention and Hospital Diversion.
- » Care Management – **888-271-5870** 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. Services include education, advocacy, and coordination of needed services—at no cost for care management to our members.
- » Suicide Prevention Lifeline – **800-273-8255** – The National Suicide Prevention Lifeline is a national network of local crisis centers that provide free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. The national network is comprised of over 150 local crisis centers, including resources in Utah, to provide custom local care.
- » UNI Stabilization Services – **801-585-1212** – In collaboration with University of Utah Health Plans, UNI Stabilization Services can care for your patients needing immediate stabilization and support. The services include rapid access, outpatient medication and therapy management, high-acuity management, same-day appointments, virtual visits, and transition care exclusive to U of U Health Plans members.



**SafeUT** – The SafeUT Crisis Chat and Tip Line offers real-time crisis intervention to youth throughout Utah, providing live chat services and a confidential tip program—all from a smartphone app.

Licensed clinicians are available 24/7 in their CrisisLine call center to respond to all incoming chats and calls by providing:

- » Supportive or crisis counseling
- » Suicide prevention
- » Referral services

SafeUT can help anyone with emotional crises, bullying, relationship problems, mental health, or suicide-related issues. Download from the [App Store](#) or from [GooglePlay](#).



Our “why” is the same as yours: to ensure the health of the communities we serve. To this end, we are pursuing suicide prevention as one of our population health initiatives. Our goal is to make receiving treatment for mental health issues as easy as it is for medical issues. We’ve recently been selected as the new Medicaid Behavioral Health administrator for Summit County; we will also be providing coverage to individuals who are eligible through Medicaid expansion, integrating behavioral health care with their medical coverage; and we’re researching additional avenues to support the mental health of all our members.

Please discuss suicide prevention with all staff in your office. Share this article and other resources available. Train them 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.

**References:**

Adams, Brooke. “Suicide Prevention: 3 Ways to Help.” @THEU. University of Utah, 30 August, 2019. Web. 12 Sep. 2019.

Nutt, Amy Ellis. “Utah’s Suicide Rate has shot up 46.5% since 1999—Making it the Fifth-Highest in the Nation.” *Strib.com*. The Salt Lake Tribune, 7 June 2018. Web. 11 Sep. 2019.



## HELPING MEMBERS WITH DIABETES SEE BETTER OUTCOMES

Everyone wants the best health outcomes for members with diabetes. Whether they have Type 1 or Type 2 diabetes, they are susceptible to asymptomatic or minimally microvascular complications such as diabetic retinopathy. For these reasons, a periodic dilated eye exam is recommended by organizations such as the State of Utah, the National Committee on Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS). Health plans and providers are measured annually on important quality measures, and periodic diabetic eye exams are one of the measures.

Our members and your patients need your help. Quality scores in 2018 (the most recently published results), show great opportunities for improvement as they relate to diabetic eye exams. Our measures across the various lines of business show the following completion rates for eligible members:

- » Healthy U Medicaid members – 38.93%
- » U of U Health Plans Individual and Family plan members – 27.25%
- » U of U Health Plans Commercial plan members – 31.14%

All of these results are below the 10<sup>th</sup> percentile nationally. We need your help!

Much of the problem with this measure is capturing the information since members may go to ophthalmologists, optometrists, or opticians for their eye exams. Oftentimes, this information is not passed onto their PCP or the claim doesn't adequately report the condition or service to identify the patient as an eligible member.

### What is U of U Health Plans Doing?

Beginning January 1, 2020, members on our commercial and Individual/Family plans will have one eye exam covered annually as a preventive exam, regardless of the member's underlying diagnosis. This will hopefully encourage more members to seek optimal eye care and, in the process, help us report more diabetic eye exams. To qualify, the exam must be a dilated eye exam and must be performed by an ophthalmologist or optometrist.

We are contacting our members with diabetes who are overdue for a retinal eye examination to encourage them to schedule an appointment for this important exam. A form is included for the member to bring to the appointment to help eye doctors report results back to the member's PCP.



### How can providers help members and consequently improve the outcomes measure?

**Primary Care Providers:** Have a process in place that ensures your patients with diabetes have a diabetic eye exam each year, or every other year if exam in the prior year was negative for retinal disease. Please remind your patients to inform their eye doctors of who their PCP is and to ensure the eye doctor will send results of the exam to you.

**Ophthalmologists and Optometrists:** Have a solid process in place to send diabetic eye exam results back to the patient's primary care provider. If a diabetic eye exam isn't in the primary care provider's medical record, even though the exam occurred, the eye exam cannot be counted in the quality measurement report.

Eye health has long-lasting impacts on quality of life. We appreciate your efforts to support our members' total health.

## IS YOUR PROVIDER DIRECTORY INFORMATION UP TO DATE?

Clocks fall behind in November, but that doesn't mean your office should. Now is a great time to look up your office's providers in our [online provider directory](#) to ensure all of your information is correct. If you see commercial group, Individual and Family ACA, and/or Medicaid members, click on the type of plan, on the network(s) on which you participate, and then type in the providers' names to verify their information.



Need to change anything? Complete and submit a [Provider Information Update Form](#) online. Be sure to complete all appropriate fields—like languages spoken or handicap accessible—to make your information as complete as possible with one update.

Did you know you can also have a link to your practice's website displayed in our directory? Your patients will appreciate having helpful, accurate information at their fingertips.



## UTILIZATION MANAGEMENT DECISION GUIDELINES

We're committed to ensuring that services provided to our members meet nationally recognized guidelines, are provided in 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.

You can view many of our [Medical, Administrative, and Reimbursement Policies](#) or [Pharmacy Medication Policies](#) online. For those not yet available, we would be happy to provide you with a copy of the criteria we use to make utilization management decisions. To request UM criteria, call the UM team at **888-271-5870**, option 2, or email your request to [UUHP\\_UM@hsc.utah.edu](mailto:UUHP_UM@hsc.utah.edu).

## 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.

## REMINDER: PHARMACY PRIOR AUTHORIZATION FORMS NOW ONLINE

Pharmacy Prior Authorization forms are available online with specific requirements for use and limitations listed in the form. Visit our [Medication Use Policies](#) site to ensure you are submitting the correct form for the requested medication.

For your convenience, you may also access these policies from our [Coverage Policies](#) site. The link for Pharmacy Medication Use Policies is on the left side of your screen. Bookmark these links in your internet favorites for quick access to submit pharmacy prior authorization requests.

### **Lack of clinical documentation is the leading cause of pharmacy prior authorization (PA) denials.**

A recent audit of U of U Health Plans pharmacy prior authorization requests revealed that 44 percent of clinical authorizations were denied because we received no clinical notes to support the authorization request. Please remember to submit clinical documentation, including recent clinic visit notes, lab results, evidence of previous drug trials, or other useful information to aid us in our determinations. Without clinical documentation, we are unable to assess the medical necessity of your request.

We encourage you to attach clinical documentation to the request whether you submit the request yourself or through a third-party vendor. If you have difficulty attaching documentation, please contact:

**Medical Pharmacy Customer Service**

- » Healthy U Medicaid      **833-981-0212**
- » Commercial plans      **833-981-0213**
- » Individual plans      **833-981-0214**

**Retail Pharmacy Customer Service**

- » Healthy U Medicaid      **866-236-5935**
- » Commercial plans      **866-236-5930**
- » Individual plans      **866-236-5936**
- » U of U Health Employee      **866-861-6178**

## DIABETIC FORMULARY CHANGES

### Change in Preferred Insulin Product

We strive to keep the cost of care provided to our members, your patients, as low as possible. As pharmaceutical prices continue to escalate, causing financial strain on members, we consistently evaluate opportunities to steady or reduce costs of important, life-saving medications. Insulin lispro injection, a biosimilar for Humalog®, has recently become available at a greatly reduced cost compared to the brand-name agent or to NovoLog® or Admelog®. Consequently, on May 15, 2019, the U of U Health Plans Pharmacy and Therapeutics committee approved making insulin lispro biosimilar the preferred rapid acting insulin, replacing Humalog.

Insulin lispro biosimilar is now on the low-cost preferred generic tier; therefore, effective January 1, 2020, Humalog and Admelog will no longer be available on the formulary. Novolog will continue to be available to our members, but at greater cost on the non-preferred brand tier. We encourage you to consider prescribing insulin lispro to your patients with University of Utah Health Plans coverage rather than their current name-brand insulin to help them better manage their out-of-pocket costs and avoid any disruption in the treatment of their diabetes.

### Sodium-Glucose Cotransporter-2 (SGLT2) Inhibitors

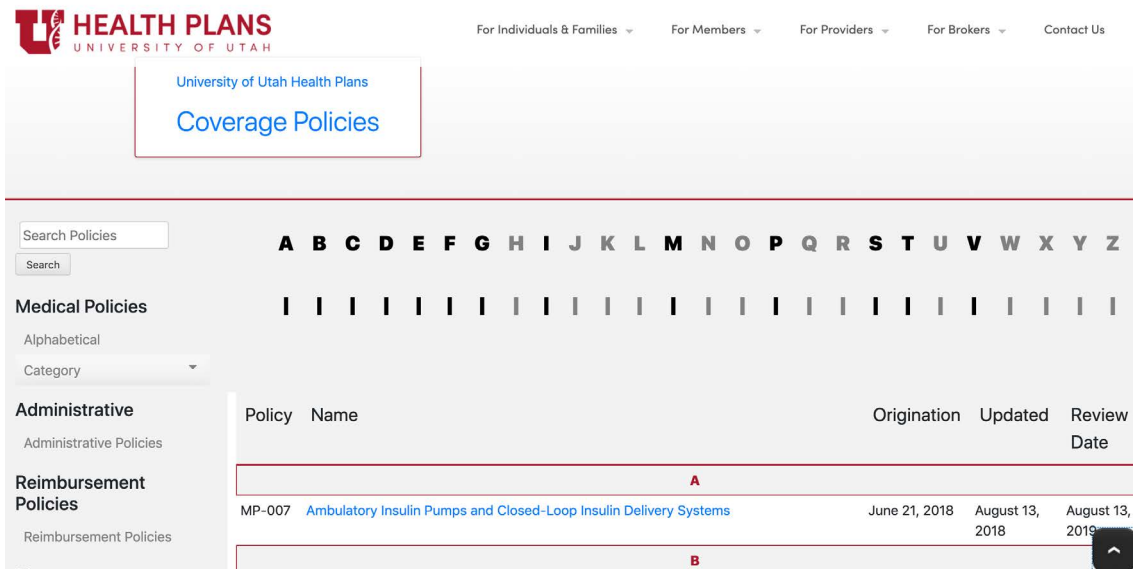
In response to recent outcomes studies for Farxiga® which demonstrate superior performance in heart failure patients with and without diabetes, we have reassessed our formulary as it relates to coverage of SGLT-2 medications. Effective January 1, 2020, Farxiga will be added to our formulary as a preferred product. Jardiance® will remain on the formulary, also as a preferred product. Invokana®, which is currently preferred, will be removed from formulary on January 1 and will no longer be covered. Patients requiring SGLT-2 therapy will need to be switched to Jardiance or Farxiga. We encourage you to see these patients before the end of the year and transition them to one of the preferred products.

# CODING CORNER

## REMINDER: COVERAGE POLICIES AVAILABLE ONLINE

University of Utah Health Plans coverage policies including Medical, Administrative, Reimbursement, Pharmacy, and Dental policies are now available on our website in the “Forms & Guidelines” section. Find out before rendering services whether a procedure requires prior authorization, if a modifier is required, a medication has step-therapy recommendations, and much more—with just a few mouse-clicks.

We’re adding content on a regular basis, so continue checking the site often. Visit our [Coverage Policies](#) site today and bookmark the page in your internet favorites for convenient access to this helpful decision-making information.



## CODING FOR CO<sub>2</sub> LASER THERAPY FOR HYPERTROPHIC SCARS

The use of CO<sub>2</sub> ablative lasers has become a common practice in the treatment of hypertrophic scars to improve function and appearance of the scar. U of U Health Plans covers this treatment when used to improve functional problems such as limitation to range of motion due to contracture of the scar and pain reduction. Category III **HCPCS 0479T** *Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm<sup>2</sup> or part thereof, or 1% of body surface area of infants and children* and **HCPCS 0480T** *Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm<sup>2</sup>, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)* are covered by U of U Health Plans and should be used to bill for this service when provided to burn or traumatic scars. U of U Health Plans will not cover CO<sub>2</sub> ablative laser therapy when used to improve the cosmetic appearance of the scar.

## REMINDER: MEDICAID CODING CHANGES FOR PT AND OT SERVICES

Utah Medicaid notified Medicaid providers in the July Medicaid Information Bulletin of changes to physical therapy (PT) and occupational therapy (OT) coding guidelines:

- » PTs and OTs will no longer report visits with **HCPCS T1015** – *Clinic visit/encounter, all-inclusive to report services*
- » PTs and OTs will be required to use the appropriate modality and/or therapy CPT codes to report services
- » Traditional Medicaid members are eligible to receive 20 PT and 20 OT visits per calendar year
- » Non-Traditional Medicaid members are eligible to receive 16 visits total in any combination of PT and/or OT in a calendar year
- » A visit is defined as a date of service regardless of the number of modalities/therapies performed on that date of service

Refer to the [July 2019 Medicaid Information Bulletin](#) for more information.

Refer to the [Utah Medicaid Coverage and Reimbursement Code Lookup](#) for specific coverage information.

## INTRATHECAL PUMP REFILLS

Implanted infusion pumps are an important tool for the treatment of pain, spasticity, and other conditions. These small devices placed under the skin during a minor surgical procedure are filled with certain medications intended to relieve pain (opioids) or spasticity (baclofen). The medication is released slowly into the epidural space, usually over an approximate 90-day period. When the medication depletes, it requires refill of the reservoir for the pump to continue to function.

For refill of implanted intrathecal or epidural infusion pumps:

U of U Health Plans **covers** –

- » **CPT 63269** *Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill*
- » **CPT 62370** *Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)*

U of U Health Plans **does NOT cover** – **HCPCS S9328** *Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem for the refill of implanted intrathecal or epidural pain pumps, as this code is intended for use only with continuous IV infusions.*



## INCONSISTENT DATES OF SERVICE DENIALS NOTIFICATION

We've been seeing an increase in claims submitted with the number of units billed not consistent with the dates of service. As an example, a service that requires one unit per day is incorrectly billed as two units for a date of service of January 1 through 3 (this range should include three units). Going forward, this type of inconsistency will be denied. Please speak with your billing staff to ensure all service units are reported correctly.

## CHANGE IN COVERAGE OF HORMONE PELLETT IMPLANTATION

Beginning January 1, 2020, **CPT 11980** *Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)* will no longer be covered for female members. Currently, there are no FDA-approved hormone pellet therapies indicated for women and available compounded estrogen products have not demonstrated in published literature to be more efficacious or safe than oral or topical estrogen products. A testosterone pellet preparation, Testopel®, has been approved by the FDA only for the treatment of primary hypogonadism or hypogonadotropic gonadism (congenital or acquired) in males; however, it is not approved in women. If performing hormone pellet implantation in women, we encourage you to switch to one of the many oral and topical products available to avoid unnecessary out-of-pocket costs for our members.

## COVERAGE POLICY UPDATES

University of Utah Health Plans uses coverage policies as guidelines for coverage determinations in accordance with the member's benefits. Quarterly notice of recently approved and revised medical, administrative, and reimbursement policies is provided in Provider Connection for your convenience. 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.

*(Coverage Policy Updates continued on next page)*

For more information on our coverage policies, visit our [Coverage Policies](#) website or contact your [Provider Relations consultant](#).

<b>NEW MEDICAL POLICIES</b>		
<b>Policy Number</b>	<b>Policy Name</b>	<b>Effective Date</b>
<a href="#">MP-038 (New)</a>	<b>Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)</b>	<b>8/29/19</b>
<p><b>Commercial Plan:</b>            U of U Health Plans does NOT cover the use of circulating tumor DNA (ctDNA) and/or circulating tumor cells (CTCs) (liquid biopsy) for cancer management as it is considered investigational for all indications.            A nonexclusive listed of excluded tests are included in the policy.</p>		
<b>NEW REIMBURSEMENT POLICIES</b>		
<b>Policy Number</b>	<b>Policy Name</b>	<b>Effective Date</b>
<a href="#">REIMB-011 (New)</a>	<b>Routine Foot Care</b>	<b>9/18/19</b>
<p><b>Commercial Plans:</b>            This policy defines the CPT codes included in routine foot care service which is denied by commercial plans. These codes are: CPT 11055, 11056, 11057, 11719, 11720, and 11721.            No exceptions for complicating medical conditions are allowed unless otherwise specified in the plan-governing document.</p>		