



PROVIDER CONNECTION

University of Utah Health Plans
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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

U OF U HEALTH PLANS DRAWS PRAISE AT 2021 PROVIDER EDUCATION EVENTS

Did you have time to visit with the University of Utah Health Plans representatives at a Provider Education Summit (PES) event in Layton, Provo, Salt Lake, or St. George? This is an annual collaboration between service area health plans, Utah Health Information Network (UHIN), and other vendors to provide current information to providers and their staff about a broad array of topics.

- » The provider relations team—Emily Bird, Mary Carbaugh, Michele Beutler, and Sandra Campbell—were on hand to greet providers' staff and answer questions at the U of U Health Plans booth.
- » Michelle Reilly from our EDI team helped represent U of U Health Plans on the payer panel, fielding complex questions about our EDI capabilities and trouble-shooting general concerns.
- » James Woods and Terry Lotus from our Special Investigations Unit were very much appreciated as they presented timely and useful information in their Fraud, Waste, and Abuse sessions.

We were especially pleased to hear several times that provider offices love to work with our Customer Service and Provider Relations teams, and rarely have a concern. If the provider does have a claims issue, they report it and we are quick to resolve it. Seamless service and great relationships are two of our cornerstone commitments. We equally enjoy working with our community of providers.



Back row: James Woods, Terry Lotus; Front row: Sandra Campbell, Michele Beutler

EQUITY, DIVERSITY, AND INCLUSION AT U OF U HEALTH PLANS

U of U Health Plans recently developed an Equity, Diversity, and Inclusion Committee. This committee is designed to encourage and promote a culture of inclusivity with the goal of setting the standard in Utah and the nation for providing equitable and inclusive healthcare services.

The following items illustrate some of our progress made in just a few months:

- » Translated all member guides to Spanish
- » Began conducting Healthy U Medicaid member meetings in Spanish
- » Began presenting health insurance basics to community groups in Spanish
- » Recorded new Spanish phone tree with a more understandable and welcoming message
- » Created a Spanish website with a unique message for the intended community as well as a URL in Spanish
- » Created Provider Relations materials in Spanish
- » Created with U Health a Spanish Language Advisory Group
- » Created a Spanish Facebook page
- » Translated some member materials into Arabic and Somali in addition to Spanish
- » Created a variety of "What is Health Insurance?" videos in up to 11 languages, with many available on [YouTube](#)
- » Identified a point person at Health Plans, Dana O'Brien, to coordinate services for transgender members
- » Made it easier for transgender members to update their name in our records
- » Developed relationships with trade schools and tech colleges to increase the diversity of our hiring pool



These are just some of the accomplishments the Equity, Diversity, and Inclusion Committee achieved during the past six months. This committee now reports to the U of U Health Plans Leadership Team and will help drive many decisions to positively affect members, providers, and employees.

Part of the committee's activities also include providing educational information to staff about how to build a more inclusive workplace. In the Fall of 2021, trainings will roll out to U of U Health Plans staff during Compliance Week to help create a more inclusive and equitable workplace. Topics will include gender affirming care and understanding barriers facing the undocumented community.

KIDNEY HEALTH – A NEW STANDARD FOR TESTING

The National Committee for Quality Assurance (NCQA) updates effectiveness measures every year in order to stay current with recognized health-quality standards.

DID YOU KNOW?

According to the [July 16, 2020 NCQA blog](#), “Kidney disease affects 37 million American adults, but 90 percent are unaware they even have it.” To counter this astonishing statistic, NCQA retired the Healthcare Effectiveness Data and Information Set (HEDIS) “Comprehensive Diabetes Care – Medical Attention for Nephropathy” for Medicaid and Commercial plan populations in measurement year 2020. The retired measure is replaced by **Kidney Health Evaluation for Patients with Diabetes (KED)**.

The KED measure tracks the “percentage of members 18–75 years of age with type 1 or type 2 diabetes who received a kidney health evaluation, defined by an **estimated glomerular filtration rate (eGFR) AND a urine albumin-creatinine ratio (uACR)**, during the measurement year.” KED is included in HEDIS measurement years 2020 and 2021. Additionally, the Centers for Medicare and Medicaid Services (CMS) will report the measure on its 2022 star ratings display page and consider adding it to Star Ratings in the future.

HOW CAN YOUR TEAM HELP?

Continue to inform and remind members of the need for regular diabetes testing. Include hemoglobin A1c, retinal eye exam, blood pressure, and kidney function testing for members with diabetes or who are at risk.

- » Use the new “Kidney Profile”—which combines serum creatinine with eGFR and uACR, instead of just serum creatinine—for patients with diabetes. The National Kidney Foundation notes that the “combination of eGFR and ACR testing has been shown to be a strong predictor of both cardiovascular mortality and kidney failure risk.”
- » Use the correct codes for billing associated testing. The following are examples of approved codes for these services. For a complete list, refer to [NCQA.org](#).

CPT CODES	DESCRIPTION
80047, 80048, 80050, 80053, 80069, 82565	Estimated Glomerular Filtration Rate Lab Test
82043	Quantitative Urine Albumin Lab Test
82570	Urine Creatinine Lab Test

As previously mentioned, of the 37 million American adults affected by kidney disease, 90 percent of them are unaware they even have it. Of that 90 percent, approximately half have advanced kidney disease. We hope you’ll partner with us to identify and care for those who otherwise may progress to needing dialysis or a transplant to survive. Two simple tests can make a huge difference.

ADDITIONAL INFORMATION

- » Visit [ncqa.org/kidney-health-toolkit](https://www.ncqa.org/kidney-health-toolkit) to access the Kidney Health Toolkit with several helpful aids, posters, pamphlets, and PDFs to engage with your patients about kidney health.
- » Learn more about [Talking With Your Patients About CKD](#).

REFERENCES

"Kidney Health: A New HEDIS Measure." NCQA BLOG. National Committee for Quality Assurance (NCQA). <https://blog.ncqa.org/kidneyhealth>. 22 Sept. 2021.

"Leading the way to advance early diagnosis of chronic kidney disease." CKDIntercept: Laboratory Engagement Plan. National Kidney Foundation. <https://www.kidney.org/CKDintercept/laboratoryengagement>. 21 Sept. 2021.

REPORTING DOMESTIC ABUSE, NEGLECT, AND EXPLOITATION

Incidents of domestic abuse, neglect, and exploitation traditionally escalate during the holidays; unfortunately, with the pandemic, law enforcement and other protective agencies are already seeing a marked increase in domestic violence compared to previous years. To ensure the health and safety of children and adults, join us in our commitment to ensure everyone in your office is educated about how to recognize and report suspected instances of abuse, neglect, and/or exploitation of children, adults, or families.

Under Utah Law ([26-23a-2](#)), any health care provider who treats or cares for a person who suffers from any wound or other injury inflicted by the person's own act or by the act of another must immediately report it to a law enforcement agency. In addition, any person who has reason to believe that an elderly or disabled adult is being abused, neglected, or exploited must by law ([62A-3-305](#) and [76-5-111.1](#)) immediately report the situation to Adult Protective Services (a division of Aging and Adult Services) or the nearest law enforcement agency. Under these laws, all reporters are immune from civil and criminal liability related to the report.

In addition to reporting to law enforcement agencies, notify one of the following divisions at the Utah Department of Health.

Child & Family Services	Adult & Aging Services
Utah Division of Child and Family Services 120 North 200 West, Room 225 Salt Lake City, Utah 84103	Adult Protective Services 120 North 200 West, Room 325 Salt Lake City, Utah 84103
Phone: 801-538-4100 Fax: 801-538-3993	Phone: 801-538-3910 Fax: 801-538-4395
24-Hour Child Abuse Reporting: 801-281-5151 Domestic Violence Information Line: 800-897-5465	24-Hour Adult Protective Reporting: 800-371-7897 or 801-264-7669

We thank you for the care you provide our members. We encourage you to educate your staff about prevention and detection of abuse, neglect, and/or exploitation, and the resources available for victims. Contact the agencies above for additional prevention, detection, and resource information. These agencies can also provide information for your patients.

Providers who are employed by University of Utah Hospitals and Clinics should also familiarize themselves with the University of Utah policy on prevention, detection, and reporting requirements in the [Abuse, Neglect and/or Exploitation Policy](#).

Additional resources from the Utah Department of Human Services:

- » [Child Protective Services](#)
- » [Adult Protective Services](#)
- » [Domestic Violence Services](#)

BEHAVIORAL HEALTH ECHO

University of Utah Health offers Behavioral Health ECHO, educational and case-based learning opportunities for healthcare providers throughout the Mountain West.

Although the 2021/2022 academic year schedule is not yet posted, you can:

- » [View past behavioral health sessions](#) covering a variety of topics
- » [Register to receive notifications of upcoming sessions](#)

Additional mental health forms, resources, and checklists are also available on the site. This information is valuable for personal study or clinic in-service training.

Diagnosis and intervention for behavioral health concerns usually does not begin in a therapist's office. Be sure everyone in your clinic can recognize a patient's subtle signs that may otherwise go undiagnosed.

"I'M REALLY WORRIED ABOUT YOU" – HOW TO HAVE A CONVERSATION WITH A COLLEAGUE ABOUT SUICIDE

Kristin Francis – Psychiatrist, Huntsman Mental Health Institute, University of Utah Health
Rob Davies – Licensed Psychologist, GME Wellness Director, University of Utah Health

"Coworkers are often the first to recognize when a peer is struggling under extreme stress. Psychiatrist Kristin Francis and psychologist Rob Davies share how to break through the discomfort and talk to your struggling colleague."

"Our work was hard before the pandemic, and now it's reached a level that nobody could have imagined."

"People rallied to get themselves through the COVID crisis. But [as the virus and its variants continue], a shadow pandemic of deteriorating mental health has emerged. Everyone is vulnerable [right now](#), especially our frontline workers.

"Health care workers, particularly those with clinical roles, have often been taught to suppress their feelings and hide any signs of distress. Our colleagues are battling extreme [stress](#) and they're realizing, "Oh, this took more of a toll on me than I thought." Physicians who feel like their patients rely on them to stay strong might not ask for help until it's too late. [Physicians, nurses](#), and other health care workers experience [above average rates](#) of distress and suicide than the general population, and exposure to trauma impacts our physical and mental well-being.

"Coworkers are often the first people to recognize when one of their peers are struggling, but . . . it can be difficult or embarrassing to initiate an honest discussion. We need to empower people to have these tough conversations. Asking about suicide does not increase the likelihood of suicide or put the idea in a person's head. Peer support can help us develop strategies to combat rising suicide rates. It's time to break through the discomfort and create a culture that makes having these hard conversations easier."



"Yes, it's awkward—and that's okay

- » It's better to take the risk and be vulnerable than to have someone suffer because you didn't try."

"A little humor (or self-effacement) can lower defensiveness

- » Transparency, self-effacement and a little humor can always help lower defensiveness in these interactions."
- » [Read the conversation starters listed in the article](#). Several options are suggested—see what fits your personality, your relationship with the person, and how imminent the concern seems to be.

"If they blow you off or get defensive, that's okay

- » Apologize and express your concern or intent—people soften when they hear that you're coming from a place of caring."

"If a person responds "yes" to having suicidal thoughts

- » Drive them to support resources, such as the Emergency Room
- » Use one of the resources listed below to connect them to support
- » Share the list of resources with them and have them commit to connecting with support
- » If you are concerned and don't know what to do next, [call the crisis line](#) at **800-273-TALK**"

"Getting over the discomfort can save a life

- » If we can push ourselves to be brave, honest, and a little vulnerable, we might make a difference."

Suicide Support

Crisis contacts for everyone:

- » [Utah Crisis Line](#): 800-273-TALK (24/7)
- » [Warm Line](#): 801-587-1055 (8am-11pm)
- » [Mobile Crisis Outreach Team](#) / Huntsman Mental Health Institute Referral Center
- » [SAFE UT Frontline](#) (Download App)

Urgent resources for health care professionals:

- » 24-48 hour response and appointment, email unioutpatientpsychiatry@hsc.utah.edu.
- » [Huntsman Mental Health Institute](#) Same Day Psychiatry Clinic: 801-585-1212
- » [Resiliency Center](#): Call 801-213-3403, or email: resiliencycenter@hsc.utah.edu

Feel like you need more training?

- » The [Question, Persuade, Refer \(QPR\) Institute](#) provides online and in-person training. Just like CPR, QPR is an emergency response to someone in crisis and can save lives. QPR is the most widely taught Gatekeeper training in the world.
- » [Vital Signs](#), from The Physicians Foundation, provides a free [5-step peer support communication guide](#).
- » [U of U Health Zero Suicide Program](#): Email program manager [Rachael Jasperson](#). She can connect you with local options and online learning.

Note: This article is excerpted from an article published in the *ACCELERATE* newsletter for University of Utah Health staff and faculty. Documentation of supporting information appears as in-text hyperlinks, as provided in the original article. [Read the full article in ACCELERATE](#).

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, 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. You can also submit a Provider Information Update form to have your website listed in our directories.

REFER IN-NETWORK FOR LABORATORY SERVICES

You don't want to pay more than necessary for health care services, and neither do our members. Although 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. While this applies to all lab work, genetic testing is a particularly good case in point. Fees charged for genetic testing can be, and often are, extremely expensive. 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.

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.

SHARED DECISION MAKING TOOLS FOR PATIENT-CENTERED HEALTHCARE

U of U Health Plans promotes the use of shared decision-making (SDM) tools to involve our members in their healthcare decisions. SDM tools go beyond pamphlets and reference information materials, they help guide a patient through treatment decisions with the collaboration, guidance, and expertise of their clinicians.

According to the [National Learning Consortium](#), "Shared decision making is a key component of patient-centered healthcare. It is a process in which clinicians and patients work together to make decisions and select tests, treatments, and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values."

BENEFITS OF USING SDM TOOLS



Development of SDM tools has increased in the last decade. University of Utah Health partners with nationally recognized resources, such as Mayo Clinic's Shared Decision Making National Resource Center, to develop these important resources. Visit our [Clinical Practice Guidelines page](#) and scroll down to select "Shared Decision Making" to view the SDM aids currently available.

UPDATED CLINICAL PRACTICE GUIDELINES NOW AVAILABLE ONLINE

We've recently updated our [Clinical Practice Guidelines](#) based on current scientific evidence, and where evidence is lacking, on a consensus panel of experts. These guidelines are valuable tools to help clinicians and members make mutually informed decisions about appropriate care for specific medical and behavioral health conditions. Our Quality Improvement Council, which includes medical and behavioral health care practitioners, has vetted the guidelines. U of U Health Plans fully supports the posted recommendations.

HEALTHY U MEDICAID

UTAH MEDICAID'S REVALIDATION REQUIREMENT

Remember that Utah Medicaid requires all providers serving members on a Medicaid plan, like Healthy U, to revalidate every three to five years, depending on their CMS-defined "level of risk." When you are due to revalidate, Utah Medicaid will send a written notice to the 'pay to' address on file in the [PRISM](#) system. Failure to revalidate within 60 days of the letter will result in suspension of payment until revalidation is complete. Failure to revalidate within 90 days of the letter may result in termination as a provider for Utah Medicaid and, consequently, from Healthy U.

Learn more about [Medicaid Provider Enrollment](#)

NOTICE DURING CURRENT PUBLIC HEALTH EMERGENCY (PHE):

According to the July 2021 MIB, CMS approved Utah's request to temporarily cease revalidation of Utah providers, or those otherwise directly impacted by the PHE. For providers who are due but have not submitted their revalidation during this PHE, a 90-day notice will be sent to the mailing address on file once the PHE has been lifted, requiring providers to complete the revalidation process. Providers whose revalidation was put on hold during this PHE and have not already submitted their revalidation material(s) are encouraged to do so as soon as possible to alleviate the burden once the PHE is declared over and the interruption to revalidation is lifted.

Complete revalidation

Healthcare providers intending to join the Healthy U network must first enroll with Utah Medicaid's Known Provider List via their PRISM enrollment system. Enrollment with the state, as well as your U of U Health Plan contract and credentialing, must be complete before providing service to Healthy U members.



REPORTING COVID-19 VACCINE ADMINISTRATION

In a recent memo, the Centers for Medicare & Medicaid Services (CMS) reiterated that, for 2022, COVID-19 vaccines and their administration should be submitted to the sponsoring plan rather than CMS. Therefore; **effective January 1, 2022, all COVID-19 claims for Advantage U members should be reported to Advantage U.**

CLAIM SUBMISSION

Electronic transactions – Submit to UHIN using: TPN HT000179-002	Paper claims – Mail to: ADVANTAGE U CLAIMS PO BOX 4405 SCRANTON, PA 18505
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COVERAGE

In compliance with guidance from CMS, all members are eligible to receive the COVID-19 vaccine. Only those members [as specified by the State of Utah](#) are eligible for the COVID-19 **booster dose**. All vaccines will be covered at 100 percent of the CMS maximum allowed amount with no out-of-pocket costs for members.

REMINDER REGARDING IN-HOME ADMINISTRATION

Advantage U also covers in-home administration of the COVID-19 vaccine when the member is medically unable to receive the vaccine elsewhere. In-home administration should be reported with **HCPCS M0201** *Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home.*

QUESTIONS?

- » View additional information in the [COVID-19 toolkit for healthcare providers](#)
- » Visit [CORONAVIRUS: COVID-19 Coverage and Care](#)
- » Call Advantage U Customer Service at **855-275-0374**

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.



CHANGES TO SUPPORTIVE ONCOLOGY PRODUCTS EFFECTIVE JANUARY 1, 2022

New: Preferred Filgrastim Biosimilar

Nivestym® will be the preferred filgrastim biosimilar. Nivestym will be available **without** prior authorization. All other forms of filgrastim (e.g., Zarxio®, Granix®, and Neupogen®) will be non-preferred and require prior authorization.

New: Preferred Pegfilgrastim Biosimilar

Nyvepria® will be the preferred pegfilgrastim biosimilar. Nyvepria will be available without a prior authorization. All other forms of pegfilgrastim (e.g., Udenyca®, Fulphila®, Ziextenzo®, Neulasta®, and Neulasta Onpro®) will be non-preferred and require prior authorization.

IVERMECTIN TREATMENT LIMITS

U of U Health Plans strives to offer our members the best care possible to combat COVID-19. We evaluate new treatment strategies for efficacy, safety, cost-effectiveness, and authorizations from the US Food and Drug Administration (FDA). As discussion and publicity about ivermectin being used as a novel way to treat COVID-19 has intensified over the past year, our volume of claims for ivermectin has surged.

Ivermectin is **not** currently approved or authorized by the FDA to treat or prevent COVID-19 in humans.

RESEARCH

Randomized control studies have not shown evidence of benefit when compared to placebo in treating inpatients, outpatients, or when used as prophylaxis for COVID-19. For outpatient use, there was no significant reduction in risk of mortality up to 28 days following treatment, clinical worsening of symptoms at 14 days following treatment, or an improvement of viral clearance at 7 days of treatment. We will continue to monitor and inform you of new research concerning ongoing trials to guide coverage considerations.

SAFETY AND EFFICACY

There are significant safety concerns with the use of ivermectin—even when used for approved indications—including pruritus, headaches, dizziness, and more severe adverse events such as inability to walk, loss of consciousness, and encephalopathy. As there is insufficient data supporting the efficacy of ivermectin in treating COVID-19, it is difficult to claim this medication's value outweighs its safety risks.

FDA CONCLUSIONS

The FDA has cemented their stance against the use of ivermectin in treating COVID-19 patients due to lack of data and safety concerns. In addition, a manufacturer of Stromectol® (ivermectin), Merck & Co., has issued a statement that there is no evidence to support the use of ivermectin beyond the FDA approved indications, specifically citing lack of evidence for efficacy and safety in treating COVID-19.

Currently, the only FDA-approved indications of ivermectin are for the treatment of onchocerciasis and strongyloidiasis.

PRESCRIBING LIMITS

In alignment with FDA-approved dosing regimens of ivermectin for onchocerciasis and strongyloidiasis, U of U Health Plans has implemented a quantity limit of six tablets per day, with a maximum 2-day supply, and maximum one fill per year.

We will continue to promote evidence-based medicine by following FDA guidance when treating COVID-19 cases. Updates to this information will be posted on our [Pharmacy site](#). Thank you for your partnership in combatting COVID-19 as we endure this public health emergency.

View the most current information about our [CORONAVIRUS: COVID-19 Coverage and Care](#).

CODING CORNER

MEDICAID CHANGE TO UC MODIFIER USE IN 2022

Effective January 1, 2022, Healthy U Medicaid will no longer require live elective births of 39 weeks gestation or later to be reported with a UC Modifier (Medicaid level of care 12 in Utah). **This modifier will still be required for elective live births prior to 39 weeks.** This determination differs from Utah Fee-For-Service Medicaid standards which require the modifier for all live births to receive payment. Please update your billing systems accordingly.



CMS CLAIMS EDITS

The CMS and/or Utah Medicaid released the following claims edits, **effective October 1, 2021** to reduce administrative burden and unnecessary payment delays for services rendered. Please implement the following into your billing systems if you have not already done so.

- » **Using KU modifier with manual wheelchair accessories** – This rule requires submission of claims for specific wheelchair accessories, with no preceding or concurrent billing for a wheelchair, to be reported with a **KU modifier**. U of U Health Plans will not apply this rule to any of our plans.
- » **G0378 not allowed to be reported on more than line per claim** – This edit will not allow **HCPCS G0378** *Hospital observation service, per hour*, to be billed on more than one line per claim reported with **Type of Bill 013X** or **085X**. U of U Health Plans **has** adopted this claim edit for our Advantage U (Medicare) product, as we feel this rule will result in greater billing accuracy and reduce the potential for waste.

MORE INFORMATION:

- » Utah Medicaid announces claims edits and other information via their [Medicaid Information Bulletin \(MIB\)](#).
- » CMS releases their claims editing changes quarterly in the [Quarterly PTP and MUE Version Update Changes](#).



COVERAGE AND REIMBURSEMENT POLICY UPDATES

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

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

The 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.

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.

NEW MEDICAL POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
Admin-016 (New)	Hospice Eligibility Determination Policy	12/20/2021
Commercial Plan: This policy outlines the conditions required to be present for U of U Health Plans to cover hospice care, including the specific eligibility criteria that need to be met. Please see policy for details.		
MP-026 (New)	Drug Levels and Antibody Testing for Infliximab, Adalimumab, Vedolizumab and Ustekinumab	09/20/2021
Commercial Plan: U of U Health Plans does not cover testing for the measurement of antibodies and/or serum drug levels to monoclonal antibody (MAB) drugs, including anti-tumor necrosis factor (TNF) drugs, either alone or as a combination test, as it is considered investigational or unproven.		
MP-045 (New)	General Policy on Genetic Testing	08/23/2021
Commercial Plan: This policy outlines the general guidelines in determining coverage for genetic testing. Specifically Diagnostic, Prognostic, Therapeutic, Carrier Screening and Pre-implantation Testing. Also, we have included circumstances in which U of U Health Plans will not cover genetic testing. Please see policy for specific criteria.		

NEW MEDICAL POLICIES (<i>continued</i>)		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
<u>MP-068</u> (New)	Intraosseous Basivertebral Nerve Ablation Procedure (Intracept®)	08/23/2021
Commercial Plan: U of U Health Plans does NOT cover intraosseous radiofrequency basivertebral nerve ablation (Intracept® procedure) for any indication as it is considered experimental/ investigational/unproven.		
<u>MP-071</u> (New)	Therapeutic Nerve Blocks for Post-Operative Pain Management	10/24/2021
Commercial Plan: U of U Health Plans covers a limited number of nerve blocks for post-operative pain when published literature has established the blocks have proven benefit in certain settings. This policy outlines the blocks that are covered and those that are not covered. Please see the policy for details.		
<u>MP-072</u> (New)	Therapeutic Nerve Blocks for Chronic Pain Management	12/20/2021
Commercial Plan: U of U Health Plans covers a limited number of nerve blocks for chronic pain management when published literature has established the blocks have proven benefit in certain settings. This policy outlines the blocks that are covered and those that are not covered. Please see the policy for details.		
REVISED MEDICAL POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
<u>MP-002</u> (Revised)	Gender Affirming Surgery (aka Gender Reassignment Surgery)	10/23/2021
Commercial Plan: U of U Health Plans changed the title of this policy from “Gender Reassignment Surgery” to “Gender Affirming Surgery” and removed the requirement of 2 letters supporting upper surgery from two providers, to only 1 letter needed from either a Behavioral Health or Medical provider type. Also, the requirement for hormone therapy for upper surgery was removed. Please see policy for details.		
<u>MP-008</u> (Revised)	Continuous Glucose Monitor (CGM)	09/28/2021
Commercial Plan: U of U Health Plans revised this policy to reduce requirements regarding finger-stick glucose testing. Sections were also created for Diabetes Mellitus Type 1 and 2, along with Gestational Diabetes.		
<u>MP-055</u> (Revised)	Homocysteine Level Testing	09/26/2021
Commercial Plan: Coverage of homocysteine level testing in individuals suspected of having homocystinuria or in first-degree relatives of patients with homocystinuria was added to this policy. Homocystinuria testing in all other circumstances remains noncovered.		

NEW REIMBURSEMENT POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
<u>Reimb-007</u> (New)	Next Generation Sequencing (NGS) Genetic Testing	10/06/2021
Commercial Plan: The specific circumstances in which U of U Health Plans reimburses Next Generation Sequencing (NGS) testing that are outlined in this policy. Please see the policy for details.		
<u>Reimb-009</u> (New)	Preventive Care Screening	12/20/2021
Commercial Plan: This policy outlines the rationale for coverage and billing of preventive screenings that are recommended by the UPSPTF Task Force with an A or B rating.		
<u>Reimb-018</u> (New)	UC Modifier (Applies to Medicaid only)	2/20/2021
U of U Health Plans requires the UC Modifier be attached to OB induction codes when the induction is taking place before 39 weeks gestation for Healthy U Medicaid members. The Plan does not require the UC Modifier to be attached if the gestation period is 39 weeks or more.		
<u>Reimb-026</u> (New)	Prolonged Services	09/01/2021
Commercial Plan: The policy clarifies when U of U Health Plans reimburses physicians or other qualified healthcare professionals reporting specific prolonged services—CPT codes WITH or Without direct patient (face-to-face contact or unit/floor time contact)—beyond the usual service when certain criteria are met. Please see policy for details.		
<u>Reimb-030</u> (New)	Durable Medical Equipment (DME)	10/06/2021
Commercial Plan: This policy has been created to clarify specific coverage criteria for standard durable medical equipment (DME) including excluded DME items. Please see policy for review of specific criteria.		
<u>Reimb-034</u> (New)	Multiple Procedure Payment Reduction (MPPR)	09/01/2021
Commercial Plan: The policy outlines the established process for reimbursement of professional claims when multiple procedures are performed during the same service session.		