



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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HEALTHY END TO ANOTHER HECTIC YEAR

As 2022 comes to a close, now is an excellent time to review patient records to ensure everyone is current with their annual preventive visits or get a jump on scheduling visits in 2023. U of U Health Plans covers all preventive services required by the Affordable Care Act, and some benefit plans cover additional services as preventive—all with no out-of-pocket costs for our members.

We actively promote preventive care to our members, with programs specifically designed for their benefit plans. Our messaging never wavers from these key points:

- » Preventive care is important to achieving and maintaining your best health.
- » Preventive care allows for early intervention and better management of conditions such as diabetes, heart failure, high blood pressure and mental health concerns.
- » Preventive care can extend your lifespan.
- » Preventive care can help avoid costly medical expenses.

Healthcare.gov offers comprehensive lists of [preventive services for all adults, women, and children](#). Please review these lists to see if there are any you may be overlooking. Remember to always check member eligibility and benefits, as well as verifying you participate in their plan's network, to ensure these services are covered under the plan's preventive benefit structure.

Please help us ensure members, and you, are taking advantage of these important services. Let's work together to make 2023 the healthiest year yet.

UPDATING AND CERTIFYING NPI PROVIDER DATA

The Centers for Medicare & Medicaid Services (CMS) is in the midst of updating National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES). Every provider is required to have a personal and/or organizational NPI number, regardless of whether they participate with CMS. Please review your information in NPPES as soon as possible and update any inaccurate information in modifiable fields such as provider name, mailing address, telephone and fax numbers, and specialty.

- » Be sure to include all addresses where you practice and actively see patients and where a patient can call and make an appointment.
- » Do not include addresses where you *could* see a patient but do not actively practice.
- » Remove any practice locations that are no longer in use.

Once you update your information, you need to confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare Fee-For-Service.

Questions? Visit [NPPES FAQs](#) or [NPPES HOME PAGE/SIGN IN PAGE](#).



VASECTOMY NOW COVERED AS PREVENTIVE BENEFIT

Effective September 1, 2022, U of U Health Plans covers vasectomies as a preventive benefit for all of our eligible members. Members receiving this service will no longer have copayments, coinsurance, or deductible cost-sharing applied. If this procedure is performed at the time of other procedures, the member will be responsible to pay applied cost-sharing amounts related to other procedures. Report **CPT 55250** *vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)* when submitting claims for this procedure.

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 microvascular complications such as diabetic retinopathy, which is often asymptomatic until the condition has progressed sufficient to exhibit damage. To monitor this risk and facilitate early intervention, a periodic dilated eye exam is recommended by state and federal organizations. The National Committee on Quality Assurance (NCQA) assesses health plans and providers annually to ensure important quality measures, including periodic diabetic eye exams are being promoted, rendered, and tracked.

Quality scores in 2021, the most recent results available, show great opportunities to improve the rate of diabetic eye exams. Our measures across the various lines of business show the following compliance rates for eligible members:

Eligible Members Completing Dilated Eye Exam	2021
Healthy U Medicaid	50.12%
Healthy U Integrated	44.04%
U of U Health Plans Individual and Family plans	49.88%
U of U Health Plans Commercial Group plans	47.68%
Advantage U Medicare	68.57%

For some of our benefit plans, less than half of eligible members with diabetes are receiving recommended diabetic eye exams. Our members, and all of your patients with diabetes, need your help to achieve the best outcomes.

Members may go to ophthalmologists, optometrists, or opticians for their eye exams. Oftentimes, however, the visit is not reported to their PCP or the claim doesn't adequately record the underlying condition or extent of service necessary to count toward the dilated eye exam quality measure.

WHAT IS U OF U HEALTH PLANS DOING?

As of January 1, 2020, members on our commercial and Individual/Family plans 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 annual 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 DIABETES 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 the exam in the prior year was negative for retinal disease. Also, please remind your patients to inform their eye doctors of who is their PCP and to confirm that the eye doctor will send results of the exam to the PCP.

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.

UPDATE TO POST-SERVICE CLAIMS PROCESS FOR MEDICAL DOCUMENTATION

We notified you in the [August 2022 edition of Provider Connection](#) that, effective August 1, 2022, U of U Health Plans implemented process changes for post-service claims that require additional documentation for medical review. To streamline the documentation submission process, we have replaced the printable PDF form with an embedded form to submit online. This means you no longer need to print and fax the Clinical Documentation Submission Form. You can now complete the form—renamed to [MDOC Denial Medical Record Submission](#)—upload the needed documentation, and submit the form online with just a click of the "Submit" button.

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 healthcare 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 Phone: 801-538-4100 Fax: 801-538-3993 24-Hour Child Abuse Reporting: 801-281-5151 Domestic Violence Information Line: 800-897-5465	Adult Protective Services 120 North 200 West, Room 325 Salt Lake City, Utah 84103 Phone: 801-538-3910 Fax: 801-538-4395 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](#)

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 used to make utilization management decisions. To request UM criteria, call the UM team at **833-981-0213**, 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. View the [Shared Decision Making](#) aids currently available.

BEHAVIORAL HEALTH PROJECT ECHO

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

Although the 2023/2024 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.



NOW HIRING?

Many medical offices are working to backfill positions made vacant during the pandemic. Our Equity, Diversity, & Inclusion committee put together eight tips to ensure you're hiring candidates that represent the diverse communities you serve.

1. **Ensure Diverse Representation on Hiring Committees**

An equitable hiring committee should include people with various demographic identities and backgrounds. Having diverse perspectives helps mitigate bias when evaluating candidates.

2. **Standardize the Interview for a More Even Playing Field**

Use the same set of interview questions (in the same order) for each candidate and ensure each candidate gets equal time. A standardized approach makes you more likely to evaluate a candidate based on skill without injecting your personal bias.

3. **Beware of Extra Scrutiny**

Everyone has implicit bias, and being aware that it exists can reduce the negative effect it has on others. Consider whether you question one candidate's credentials more than another. Ask yourself if you would apply the same level of scrutiny to someone of a different identity or background.

4. **Look at Diverse Backgrounds as a Culture Add**

The term "culture fit" is rooted in bias. It assumes that because the candidate is different from others on the team, they aren't a good fit for the role. If someone on a hiring committee comments about culture fit, speak up by asking why they feel that way. You might also suggest that differences can be a culture add—bringing something new to our culture that we don't have now.

5. **Share Job Openings With Diverse Community Groups**

Sharing job openings with diverse community groups increases the diversity of your candidate pool. If you aren't sure where to share your job openings, email the Equity, Diversity, and Inclusion Committee at healthplansedi@hsc.utah.edu.

6. **Look for Ways to Demonstrate Inclusivity in the Interview**

Three out of four job seekers and employees say that a diverse and inclusive workforce is important to them ([Glassdoor, 2020](#)). During the interview process, consider sharing examples of equity, diversity, and inclusion in your office. You might also consider asking a candidate about their experience in building an inclusive culture or working with diverse communities.

7. **Be Mindful of Implicit Bias**

Bias is a normal part of the human experience but, unchecked, bias can negatively affect your ability to make equitable decisions. One of the best ways to combat unchecked bias is to assume bias exists and then actively challenge it. Some questions you might ask yourself include:

- » Are my opinions of this candidate based on a stereotype or assumption?
- » Does this applicant remind me of myself or someone I know? Is that influencing how I perceive them?
- » Is the conclusion I have about this candidate evidence-based? Why do I see the applicant this way?
- » In what ways have I already endorsed or excluded this candidate? Why?

8. Look at the Candidate as a Whole—Don't Overvalue Things That May Come From Privilege

When evaluating candidates, seek to understand them as a whole and understand their journey. You may value volunteer experience, for example, but having the capacity to volunteer isn't available to everyone. Instead of discounting candidates who haven't been able to pursue extracurricular experiences, ask yourself why that experience is valuable to you. Is there another way you can establish that the candidate possesses a skill or trait? In the same vein, do not discount other types of work experience that may seem unrelated at first. Many skills are transferable across job types and industries.

Whether you're hiring now, or preparing for the future, these tips will help you be better aware of how bias can creep—no matter how inadvertently—into the interviewing process. They're important skills when hiring, and in daily life.

HEALTHY U MEDICAID

REMIND MEDICAID MEMBERS TO UPDATE STATE CONTACT INFORMATION

Due to the Public Health Emergency (PHE), we are rerunning this article from the August 2022 edition of [Provider Connection](#).

At the beginning of the COVID-19 pandemic, the federal government issued a Public Health Emergency (PHE) allowing for continuous coverage of Medicaid without requiring beneficiaries to complete an annual review. The PHE may end later this year, which means Medicaid needs current beneficiary information on file to resume the annual reviews. We need help making sure eligible beneficiaries do not lose their Medicaid coverage when the PHE ends.

WHY IT MATTERS

Uninsured people are markedly less likely than Medicaid beneficiaries to get care, and significantly more likely to delay or go without needed care, according to data from the Kaiser Family Foundation. Reminding patients to update their contact info with Medicaid helps ensure these patients have continuity of care. It's a chance to show concern and empathy for the patient and to build the doctor/patient relationship.

Additionally, payment for services provided to Medicaid beneficiaries is sent directly to provider offices. If a Medicaid member's eligibility is not renewed, you may no longer see that patient or be faced with trying to recoup payment for their uninsured services.



HOW YOU CAN HELP

Providers and frontline staff can encourage all Medicaid patients to update their contact information with the Department of Workforce Services (DWS), especially if the patient has moved within the last two years. This ensures that DWS can contact them when it's time to complete their review. To update their contact info, Medicaid patients can call DWS at **866-608-9422** or visit jobs.utah.gov/mycase.

Reference

"Data Note: Three Findings about Access to Care and Health Outcomes in Medicaid." KFF Medicaid Issue Brief. Kaiser Family Foundation. 29 June 2022. Accessed on 09 Sept. 2022.

MIB UPDATE REGARDING HOSPICE CLAIMS

"Effective July 1, 2022, hospice providers are required to report the location of where services are rendered in order to ensure appropriate payment. For electronic billing of the 837 professional claim, complete the service facility location name, 2310C loop. For claims submitted on a paper CMS 1500 form, report the service facility location information in boxes 32, 32a, and 32b."

UTAH MEDICAID – PUBLIC HEALTH EMERGENCY UNWINDING

Wait—what? Not sure where we are with the Public Health Emergency (PHE)? Is it ending? Did the ending get delayed? How do changes impact you? Utah Medicaid developed a web page specifically to keep providers informed on the PHE "unwinding" status, and Medicaid's plan-of-action once the PHE ends. Visit [Utah Medicaid and the Public Health Emergency Unwinding](#) often to stay abreast of the latest updates and have confidence in the information you receive.



NEW ADVANTAGE U PRODUCT AND MEMBER RESOURCES AVAILABLE JANUARY 1, 2023

In addition to the existing Advantage U Signature (Medicare Advantage PPO) plan, University of Utah Health Insurance Plans will also offer the Advantage U Signature Part B Buyback (PPO) plan **effective January 1, 2023**. The new plan offers Medicare-eligible beneficiaries an alternate cost-share structure, and will also use the Advantage U provider network.

Both plans offer members access to [Papa Pals](#), an exciting program that connects our Advantage U members to a Papa Pal for companionship and help with instrumental activities of daily living. Papa Pals can assist members with transportation (e.g., grocery shopping, medication pick up, and doctor appointments), technical guidance, healthcare reminders, light help around the house, light exercise and activity, and more. Providers or members can call the Advantage U Customer Service team at **855-275-0374** or **801-893-6645** for more information about Papa Pals.

LEARN MORE ABOUT ADVANTAGE U

[Advantage U website](#)

- » Click on the “For Providers” tab for a menu of resources available for providers.

QUESTIONS:

- » Claims and benefits – Advantage U Customer Service. **855-275-0374**
- » Contracting and general questions – Provider Relations **801-587-2838**
- » Part D Prescription Medications – contracted with CVS Caremark® **888-970-0851**

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.



PHARMACY UPDATES

FORMULARY UPDATES

» **ProAir Respiclick (Healthy U Only)**

Effective January 1, 2023, ProAir Respiclick® 108 (90 base) mcg/act aer pow ba will no longer be covered on the Healthy U formulary. Due to significantly increased cost-effectiveness, the preferred alternative is generic albuterol sulfate hfa 108 (90 Base) mcg/act aero soln. Members who currently use ProAir RespiClick will receive a letter to notify them of this change.

» **Bupropion HCl ER (Commercial and Individual Only)**

Effective January 1, 2023, Forfivo XL® 450 mg tab ER 24h and bupropion HCL ER (XL) 450 mg tab ER 24h (which is the authorized generic to Forfivo XL) will no longer be covered on the Commercial and Individual formularies. Due to significantly increased cost-effectiveness, the preferred alternatives are generic bupropion HCL ER (XL) 150 mg tab ER 24h or generic bupropion HCL ER (SR) 150 mg tab ER 12h. Members who currently use Forfivo XL 450 mg tab ER 24h and/or bupropion HCL ER (XL) 450 mg tab ER 24h will receive a letter to notify them of this change.

» **Multiple Sclerosis Medications**

Commercial and Individual Only – Effective November 1, 2022, Avonex®, Bafiertam®, Plegridy®, and Extavia® are not covered. The following are preferred products for multiple sclerosis: dimethyl fumarate, glatiramer, Gilenya®, Aubagio®, Mayzent®, Rebif®, Kesimpta®, and Betaseron®. Preferred rituximab products, Tysabri®, and Ocrevus® are available under the medical benefit; prior authorization may apply. Additionally, Mavenclad® will now be available after a single step through a preferred product. Any members currently using Avonex, Bafiertam, Plegridy, and Extavia will be grandfathered to allow continued use.

Healthy U Medicaid – Effective November 1, 2022, Avonex®, Bafiertam®, Plegridy®, and Extavia® are "non-preferred" for Healthy U. The following are preferred products for multiple sclerosis: dimethyl fumarate, glatiramer, Gilenya®, Aubagio®, Mayzent®, Rebif®, Kesimpta®, and Betaseron®. Preferred rituximab products, Tysabri®, and Ocrevus® are available under the medical benefit; prior authorization may apply. Additionally, Mavenclad® will now be available after a single step through a preferred product. Any members currently using Avonex, Bafiertam, Plegridy, and Extavia will be grandfathered to allow continued use.

DRUG UTILIZATION BOARD (DUR) UPDATES:

- » Healthy U Medicaid implemented a point-of-sale edit, **effective September 15, 2022**, to align with Fee-for-Service Medicaid, in an effort to reduce the concomitant use of opioids and benzodiazepines. Long-acting opioids, when used with benzodiazepines, will require a prior authorization; whereas, short-acting opioids will require a pharmacist intervention. We appreciate the efforts made by our community providers to reduce the use of this high risk combination, however, more progress is needed. U of U Health Plans continues to strongly encourage providers to carefully evaluate the risk of concomitant therapy and to discontinue one of the medications where possible. Thank you for your support.
- » Opioids prescribed for short-term use in an acute setting are currently limited to a 7-day supply with a 60-day look-back period. Consistent with published guidelines and **effective September 1, 2022**, dental prescribers will now be limited to a 3-day supply for an acute fill.

MEDICATION THERAPY MANAGEMENT (MTM):

Our U of U Health Plan Medication Therapy Management (MTM) program is up and running. We are targeting high-risk members who have adherence issues or gaps in care. Providers may start seeing faxes from our pharmacist with recommendations for their patients. We are excited to partner with you to improve our member outcomes; we welcome your feedback as we roll this new service out to our members and providers. Referrals from providers are also encouraged.

REMINDERS:

- » Notice regarding upcoming changes to the formulary can be viewed on the [Pharmacy website](#).
- » Pharmacy Prior Authorization forms are available online with specific requirements for use and limitations listed in the form. Visit our [Coverage Policies](#) site to ensure you are submitting the correct form for the requested medication. 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.
- » Formulary updates for retail and specialty pharmacy medications can be viewed on the [Preferred Drug List \(PDL\)/Formulary](#). This list also includes prescribing limits such as quantity limits, step therapy, and/or prior authorization requirements. Multiple formularies are available, depending on the member's benefit plan.
- » The Retail Pharmacy Online Prior Authorization (PA) Submission tool has been updated to allow prior authorization, as well as formulary exceptions, to be submitted through the same web page. If submitting a formulary exception, it is important to indicate this on your request. To submit a request online, visit the [RealRx Home Dashboard](#) and click on the "Get Started" button under "Request Prior Authorization or Formulary Exception."

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

We also encourage you to visit our [Prior Authorization](#) site frequently to view all medical services that require prior authorization, links to our coverage policies, and information on submitting an authorization request. Services that do not yet have a policy are reviewed using Interqual® criteria.

MEDICAL POLICY UPDATES

NEW POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
Admin-004 (New)	Behavioral Health Residential Treatment Centers	10/24/2022
Commercial Plan: This policy was created to demonstrate the minimum standard services needed from a behavioral health residential facility to provide the best quality of treatment for our members. Please see the policy for specific details.		
REVISED POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
MP-058 (Revised)	Intraoperative Neuromonitoring (IONM)	09/20/2022
Commercial Plan: U of U Health Plans now includes the surgical correction of kyphosis to the list of circumstances found medically necessary for the use of IONM using somatosensory-evoked potentials (SSEP) with or without motor-evoked potentials during the procedure.		

REVISED POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
MP-057 (Revised)	Genetic Testing for Melanoma	10/24/2022
Commercial Plan: The policy was modified to allow for genetic testing for the management of primary, localized uveal melanoma, using DecisionDx®-UM, as it has been demonstrated to have clinical utility in making treatment decisions.		
MP-001 (Revised)	Transcranial Magnetic Stimulation	09/20/2022
Commercial Plan: This policy adds the exclusion of accelerated repetitive transcranial magnetic stimulation (rTMS) for any behavioral health condition as efficacy has not been established, therefore it is considered investigational.		
MP-044 (Revised)	Flow Cytometry	06/15/2022
Commercial Plan: U of U Health Plans has added Multiple Myeloma as a condition that is considered medically necessary in using flow cytometry for assessment.		

REIMBURSEMENT POLICY UPDATES

NEW POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
No new reimbursement policies at this time.		
REVISED POLICIES		
<i>Policy Number</i>	<i>Policy Name</i>	<i>Effective Date</i>
Reimb-009 (Revised)	Preventive Policy	11/08/2022
Commercial Plan: Contraception/Sterilization for women have been added to this policy. Along with female contraceptive methods and sterilization procedures, we have included vasectomy for males as a sterilization procedure.		
Reimb-014 (Revised)	Modifier -25	08/01/2022
Medicaid Plan (Healthy U): This policy has now been modified to align with Utah State Medicaid FFS coverage of the use of Modifier -25.		