PROVIDER CONNECTION

University of Utah Health Plans
Provider Publication
November 2023

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.**

INSIDE THIS EDITION

HEALTH PLANS
UNIVERSITY OF UTAH

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

U OF U HEALTH PLANS AT THE 2023 HIT CONFERENCE

More than 200 attendees met with Provider consultants and other representatives from U of U Health Plans and other payers on October 18, 2023, at the 2023 Health Information Technology (HIT) Conference. Our Provider Relations consultants were there to answer questions and to let providers know who to contact if they have an issue they cannot get resolved through our Customer Service teams. Didn't get a chance to meet with your consultant? <u>Click here</u> to learn who they are.

The conference, held at the Salt Lake Community College Miller Campus, offered several informative breakout sessions including a session on Challenges & Solutions with Credentialing, presented by our Credentialing manager, Charlene Frail-McGeever.

Charlene Frail-McGeever


Emily Bird, Sandra Campbell, Mary Carbaugh, Michele Beutler

UPDATES TO COVERAGE POLICIES WEBSITE

The University of Utah Health Plans Coverage Policies website received a format refresh to make navigating to the policy information you rely on even easier. This refresh is being made as we and U of U Health transition to a new web content management system for our public websites.
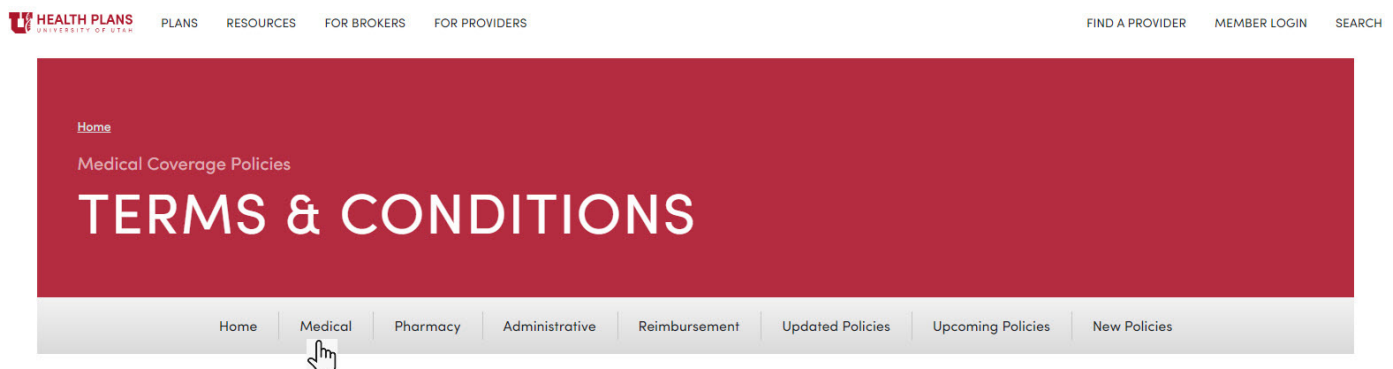
Notice how the navigation tabs are now aligned below the red banner rather than down the left side. This minor change helps us maintain the same usability for all our websites.

Here are some of the new and improved features you will see:

» Simplified medical category filtering
» Pharmacy policy filtering, including by line of business
» Policy search added to all tabs
» Sorting (ascending/descending) available on policy lists by name, category/line of business, policy number, and dates dates – just hover over the column heading to select the sort direction

QUESTIONS?

» For questions about the Coverage Policies website, call Provider Relations at **833-970-1848** or **801-587-2838**, or email provider.relations@hsc.utah.edu.
» For questions about a particular coverage policy, email coveragepolicies@hsc.utah.edu.

USE OUR DIRECTORY TO IDENTIFY YOUR NETWORK

In a recent CMS-mandated directory audit, many of the respondents were unsure whether they were contracted with University of Utah Health Plans, or in which networks they participated. Easily Identify your U of U Health Plans networks by consulting our **online provider directory** (or click on "Find a Provider" at the top of every page on **uhealthplan.utah.edu** or **uhealthplan.utah.edu/providers**).

To begin, select a network from the drop-down arrow. If you don't know your network(s), our most common networks are Healthy Premier or Healthy U. Next, enter your zip code and provider type, then click "**Search Providers**." On the resultant screen, you can refine your search by a variety of criteria.

Click on the correct provider's name to see their demographic details. In the "Additional Information" column, all of their contracted networks are displayed under "Network."

Now is a great time to look up the providers in your office to ensure all of their information is correct. Need to change anything? Complete and submit a **Provider Information Update Form** online or through your Provider Portal Local Administrator account.

Be sure to complete all appropriate fields—like languages spoken or handicap accessible—to make your information as complete as possible with one update.

While you're updating your information, did you know you can also have a link to your practice's website displayed in our directory? Your patients (and our auditors) will appreciate having helpful, accurate information at their fingertips.
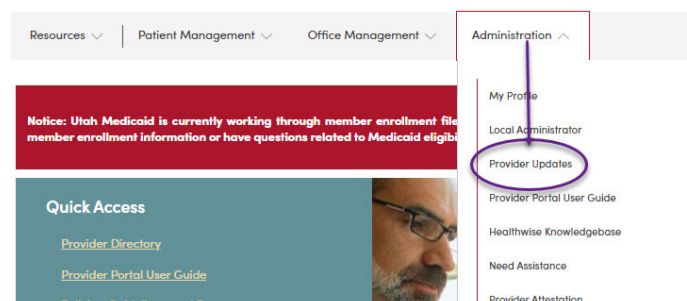
REPORTING DOMESTIC ABUSE, NEGLECT, AND EXPLOITATION

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 and Family Services	Adult and 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

SHARED DECISION-MAKING TOOLS FOR PATIENT-CENTERED CARE

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

INCREASED PATIENT SATISFACTION	BETTER ADHERENCE TO TREATMENT PLANS	GREATER TREATMENT ENGAGEMENT	BETTER-QUALITY DECISION MAKING

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.

WELCOME TO THE MEDICAL HOME PORTAL

Quite likely, you're already familiar with the philosophy of the medical home. It's a concept in providing comprehensive, well-coordinated primary care, which focuses on building relationships between the clinician, the patient, their family, and their community. This collaboration has been shown to improve outcomes in health relationships, education, and abilities.

WHAT IS THE MEDICAL HOME PORTAL?

The Medical Home Portal began as a project of the Department of Pediatrics at University of Utah School of Medicine (2001) and has received funding from numerous state and federal sources. While the concept of Medical Home has since expanded to include primary care for adults as well as children, the Medical Home Portal is still focused only on children.

» Read A Short History of the Medical Home Portal

To address the top three needs identified by providers in Utah and support care collaboration between clinicians and families, the Medical Home Portal hosts:

» Topics for Parents and Families with Special Needs Children
» Tools and Resources to Aid Physicians & Professionals
» National and State Service Directories

HOW CAN THE MEDICAL HOME PORTAL HELP MY PRACTICE?

Staying true to the American Academy of Pediatrician's (AAP) definition of medical home as "an approach to providing comprehensive and high-quality primary care," particularly to children with special needs, the Medical Home Portal offers information to help understand the unique clinical issues these children may face, connect with family and community, and appropriately treat—and report services for—your medical home patients.

- » Review Tools and Resources to Aid Physicians & Professionals

As some special health care needs may not be evident—or may not have developed—at birth or at the patient's first encounter, the Screening & Prevention information is particularly valuable. Employing these specialized screening tools can help you recognize latent conditions or identify patients at risk for preventable medical and/or behavioral conditions, initiate preventive interventions as needed, and connect your office and the patient's family with local resources for optimal care.

In addition to providing screening and treatment resources for medical conditions, the Medical Home Portal also includes screening tools to support early identification and intervention for behavioral health conditions. Nearly one in five children and adults in the United States have a mental, emotional, or behavioral health disorder. These screening tools can help primary care providers identify at-risk patients and intervene before problems escalate:

- » Autism Screening
- » Suicidality and Self-Harm
- » Screening for Eating Disorders
- » Postpartum Depression Screening
- » Mental Health Screening for Children and Teens (including ADHD, Anxiety, Depression, Substance Use, and Trauma)

PROVIDING A MEDICAL HOME

As each person in your practice becomes more skilled in the various tactics necessary to provide comprehensive care and engaging with parents or guardians and appropriate community partners, a synergy develops to provide a seamless care environment.

We encourage you to study the materials available via the Medical Home Portal, introduce tools and resources at clinic- and team-level meetings with your staff, and become involved with medical home State Partner Projects in Utah to support these patients and their families.

UPDATED CLINICAL PRACTICE GUIDELINES NOW AVAILABLE ONLINE

We've recently updated our Clinical Practice Guidelines (CPG) 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.

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 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.

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 2022, 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	2022
Healthy U Medicaid	50.12%	52.31%
Healthy U Integrated	44.04%	47.45%
U of U Health Plans Individual and Family plans	49.88%	56.51%
U of U Health Plans Commercial Group plans	47.68%	49.79%

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?

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.

HEALTHY U MEDICAID

PROVIDER ENROLLMENT REQUIREMENTS

As we notified you in a special Medicaid edition of Provider Connection in February, 2023, providers must be enrolled with Utah Medicaid prior to rendering service to ANY Medicaid member, including Healthy U Medicaid or other ACO-plan members, to ensure claims are processed appropriately. This includes ordering, referring, and prescribing (ORP) providers.

In addition to the enrollment requirement, certain providers, such as Home Health, DME, and Lab/Xray are required to include an ordering/referring provider's **name and NPI** on their claims to Medicaid managed care plans, such as our Healthy U benefit plan. Providers were notified of the enrollment and reporting requirements, the extension, and the resumption of the requirements via the state's Medicaid Information Bulletins. If the ORP NPI is not included and/or if the ORP is not enrolled with Medicaid, the billing provider's claims will be denied.

To allow providers additional time to update their enrollment record in PRISM, the state sought and received federal approval to suspend this requirement until September 1, 2023. **Effective September 1, 2023**, the state put this edit back in place and required Medicaid managed care plans such as Healthy U Medicaid to do the same.

FREQUENTLY ASKED QUESTIONS

Why is the name and NPI of the ordering, referring, or prescribing provider required on my claim?

» Under the 21st Century Cures Act passed by Congress, State Medicaid Agencies must require all Ordering, Referring, and Prescribing (ORP) providers to enroll with the state Medicaid agency as a Medicaid provider.

» In addition, certain Medicaid providers, such as Home Health, DME, and Lab/Xray, are required to include an ordering/referring provider NPI on their claim to Medicaid or their managed care plans.

» If the ORP NPI is not included and/or is not enrolled with Medicaid, States are required to deny the billing provider's claim.

Wasn't this requirement put on hold or suspended in April 2023?

» Yes, after receiving federal approval on April 14, 2023, the state suspended this requirement until September 1, 2023 to allow providers more time to update their enrollment record in PRISM. The temporary extension did not exempt the state, its plans, or providers from federal compliance.

» Effective September 1, 2023, the state put this edit back in place and required Medicaid managed care plans to do the same.

Will this affect the claims I submitted during this temporary suspension of these edits?

» Yes, the temporary extension did not exempt the state, its plans, or providers from federal compliance.

» Claims with dates of service between April 3, 2023 to August 31, 2023 will be reprocessed and ORP claim editing will apply. Please note this may result in the recoupment of overpayments to providers who are not in compliance.

» Utah Accountable Care Organizations (ACOs) are also required to comply with these federal regulations.

Why was this requirement not enforced before the state implemented their new claims system, PRISM?

» This was not enforced before PRISM due to the limitation of the state's older claims system.

How can I become a Medicaid provider or be known to Utah Medicaid?

» To become a Utah Medicaid provider, you must complete the PRISM online enrollment and submit the required forms and documents. To complete or track your application, click on the [PRISM Portal](#).

» ORP providers who do not wish to be reimbursed by Medicaid still need to complete the PRISM online enrollment. [Instructions for enrolling](#) are available on the Utah Medicaid website.

» Criteria for retroactive enrollment for billing and ORP provider types is also defined on the Utah Medicaid website, above.

• Current extension for providers requesting retro enrollment ends on October 5, 2023. After this date, the time period for retro enrollment may decrease.

• ORP providers may be granted a retro enrollment date up to 12 months from the date the provider submits a complete and accurate application.

• Billing providers may be granted a retro enrollment date up to 7 months from the date the provider submits a complete and accurate application.

Please refer to the special Medicaid edition of Provider Connection for specific claim requirements and what message codes to watch for on your remittance advices.

QUESTIONS?

Call Utah Medicaid Provider Enrollment at **801-538-6155** or **800-662-9651** (option 3 then 4) or email providerenroll@utah.gov.

Advantage U

ADVANTAGE U PLANS DISCONTINUED IN 2024

As we informed you in the August 2023 edition of Provider Connection, **beginning January 1, 2024**, U of U Health Plans will no longer offer Advantage U (Medicare Advantage) member plans. We sent letters to impacted providers in October. We have also notified our Advantage U members, as required by CMS, advising them of this change.

Please make all staff in your office aware of this change, in case you receive questions from our Advantage U members for whom you care, and also to consider steps to support continuity of care for these members. Please advise your Advantage U patients who may have questions to call **855-275-0374**.

While we will no longer offer Advantage U in 2024, we will continue processing claims and appeals for dates of service prior to January 1, 2024, in accordance with standard CMS timely filing guidelines.

We sincerely appreciate the care you provide our Advantage U members, and look forward to continuing our relationship in support of our other products and networks.

LEARN MORE

Advantage U website – updated as information becomes available

» 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.

BILLING MTM SERVICES FOR HEALTHY U MEDICAID MEMBERS

Utah Medicaid requires pharmacies to submit claims for Medication Management Therapy (MTM) services—**CPTs 99605, 99696, or 99607**—provided to our Healthy U members, through the medical benefit rather than through the pharmacy benefit. Therefore, pharmacies must have a Healthy U medical contract to provide MTM services.

To become a contracted provider in our Healthy U network:

1. Review our **Provider Application Process**
   » Complete a **Provider Application Form**
2. Review our **Credentialing Process**
   » Complete a **CAQH credentialing profile**
   » Be sure you grant University of Utah Health Plans permission to access your CAQH profile
3. Utah Medicaid requires all billing providers to be enrolled with Utah Medicaid as well. Visit **Provider Enrollment Forms** to get started.

Healthy U prefers that pharmacies submit MTM medical claims online using Electronic Data Interchange (EDI) transactions. **Learn more and enroll in EDI**.

Note: You must have a finalized contract, and credentialing must be approved, before you can submit a claim.

If EDI is not a viable option for your pharmacy, MTM claims can alternatively be submitted on a *HCFA-1500* claim form, and mailed to:

**University of Utah Health Plans
Attention: Claims Department
PO Box 45180
Salt Lake City, UT 84145-0180**

QUESTIONS?

» Contracting questions – Call Provider Contracting at **801-587-2838**, Option 4 or email **providercontracting@hsc.utah.edu**.
» MTM claims questions – Call Healthy U Customer Service at **801-213-4104** or **833-981-0212**.

REDUCING THE PHARMACY PRIOR AUTHORIZATION BURDEN

Did you know? Our Pharmacy team proactively reviews medication prior authorizations (PA) that are due to expire in the following month or two. If there is sufficient information to renew the PA (e.g., member adherence, efficacy of treatment for the member, whether the member has seen their provider in the plan year), we are automatically extending the PA for you! This eases your PA burden and also prevents access-to-care issues for your patients. Please note, certain medications always require provider submission of the PA request.

We are studying more ways to make the PA process easier for you. We'll post updates in future editions of *Provider Connection*. If you haven't yet, subscribe today so you don't miss a quarterly edition.

FORMULARY UPDATES

Effective Date	Label Name	Description of Change	Preferred Alternative	Line of Business
9/1/2023	AREXVY 120 MCG/0.5ML RECON SUSP	Added to formulary as Preferred Brand and covered on the Affordable Care Act Preventative List	N/A	ALL
9/1/2023	ABRYSVO™ 120 MCG/0.5ML RECON SOLN	Added to formulary as Preferred Brand and covered on the Affordable Care Act Preventative List	N/A	ALL
10/1/2023	HADLIMA™	Added to formulary as a Preferred Specialty medication	See specific medication use policy for the disease state being treated	ALL
10/1/2023	TWIRLA® 120-30 MCG/24HR PATCH WK	Twirla is a branded contraceptive patch that will be excluded as of 10/01/2023. Xulane® and Zafemy® are generic contraceptives patches that are more cost-effective than Twirla.	XULANE, ZAFEMY	ALL
10/1/2023	MILLIPRED® 5 MG TAB	The monthly cost of this drug is significantly higher than the monthly cost of prednisolone oral solution or prednisone 5 mg tablet. Therefore, brand Millipred 5 mg tablet will be excluded as of 10/01/2023.	PREDNISONE 5 MG TAB	Medicaid
10/1/2023	PREDNISOLONE 5 MG TAB	Despite being a generic form of prednisolone, the monthly cost of this drug is significantly higher than the monthly cost of prednisolone oral solution or prednisone 5 mg tablet. Therefore, prednisolone 5 mg tablet will be excluded as of 10/01/2023.	PREDNISONE 5 MG TAB	Medicaid

(*Formulary continued*)

10/1/2023	VIZIMPRO® TAB	Gefitinib is the generic for Iressa®. Iressa and Vizimpro share the same FDA-approved indication. Generic gefitinib offers cost-savings compared to Vizimpro. Vizimpro will become non-formulary as of 10/01/2023.	GEFITINIB 250 MG TAB	ALL
10/1/2023	KORLYM® 300 MG TAB	Korlym is a high-cost agent FDA-approved to control hyperglycemia secondary to hypercortisolism in adult patients with endogenous Cushing's syndrome who have type 2 diabetes mellitus or glucose intolerance and have failed surgery or are not candidates for surgery. It will become non-formulary as of 10/1/2023.	Surgery, pituitary radiotherapy, glucose-lowering agents, ketoconazole, Metopirone®, Lysodren®, Signifor®	Commercial
10/1/2023	BYLVAY®	Bylvay is a high-cost agent FDA-approved for treatment of pruritus in patients 3 months of age and older with Progressive Familial Intrahepatic Cholestasis (PFIC). It will become non-formulary as of 10/1/2023.	cholestyramine, rifampicin, ursodiol, sertraline, naltrexone	ALL
1/1/2024	BASAGLAR® KWIKPEN 100 UNIT/ML SOLN PEN	Basaglar will be excluded as of 01/01/2024. We will send letters and support active transition of current Basaglar users to Rezvoglar™.	REZVOGLAR KWIKPEN 100 UNIT/ML SOLN PEN	Medicaid

REMINDERS:

» Notification of upcoming changes to the formulary are available on our **Pharmacy Formularies** website. Formulary Change Notices are located following the list of searchable directories.

» 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 may 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.

ADMINISTRATIVE, 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 Administrative, 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		
Policy Number	*Policy Name*	*Effective Date*
No new medical policies.		
REVISED POLICIES		
Policy Number	*Policy Name*	*Effective Date*
MP–001 **(Revised)**	**Transcranial Magnetic Stimulation (TMS)**	**07/24/2023**
Commercial Plan: U of U Health Plans does NOT cover maintenance repetitive transcranial magnetic stimulation for the prevention of recurring depression symptoms as there is insufficient evidence to establish the safety and efficacy of this therapy.		
MP–019 **(Revised)**	**Invasive Procedures for the Treatment of Glaucoma/ Aqueous Shunts and Stents for Glaucoma**	**06/21/2023**
Title/name changed from "Invasive Procedures for the Treatment of Glaucoma" to "Aqueous Shunts and Stents for Glaucoma."		
MP–056 **(Revised)**	**Vitamin D Testing**	**08/21/2023**
Commercial Plan: U of U Health Plans added the diagnosis of celiac disease as an approved condition for vitamin D testing, along with rationale to support this decision.		

(Revised Medical Policies continued**)**

MP–058 (Revised)	Intraoperative Neuromonitoring (IONM)	10/01/2023
Commercial Plan:		
U of U Health Plans added thoracic to the routine lumbar or cervical laminectomies and fusions as a noncovered procedure being the literature demonstrates that it is considered experimental/investigational.		
MP–062 (Revised)	Fecal Microbiota Transplantation	09/10/2023
Commercial Plan:		
A new code (J1440 –Fecal microbiota, live – jslm, 1 ml) was released 07/01/2023. U of U Health Plans added this therapy as an exclusion to the policy due to the fact that it is not as cost effective compared to standard preparations and has not demonstrated superior outcomes or improved safety.		

REIMBURSEMENT POLICY UPDATES

NEW POLICIES		
Policy Number	*Policy Name*	*Effective Date*
REIMB–013 (New)	Developmental Screening and Testing Guidelines	10/03/2023
Commercial Plan:		
Aligning with the American Medical Association's Current Procedural Terminology (CPT®) coding guidelines, U of U Health Plans created this policy to demonstrate the necessary criteria for separate reimbursement of the CPT code 96110 – Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument.		
REVISED POLICIES		
Policy Number	*Policy Name*	*Effective Date*
No revised reimbursement policies.		