

Individual Plan - Healthy Premier

Utilization Review Guidelines – Effective January 1, 2017

UUHP Contact Information

**Toll Free/Out of Salt Lake
Customer Service/Member Services
Claims/ Eligibility
Care Management/Utilization Review**

888-271-5870
801-587-6480 Opt. 1
801-587-6480 Opt. 1
801-587-6480 Opt. 2

Fax: 801-281-6121
801-587-2838

Submit Claims to:
Attention: Claims Department
PO BOX 45180
Salt Lake City, Utah 84145-0180
Website:
uuhp@hsc.utah.edu

Provider Relations

Benefit Description:

Services:	Limitations & Exceptions	Utilization Review Guidelines
Preventive Care/Screening/Immunization		No Review Needed
Provider office visits (PCP, Specialist)		No Review Needed
Diagnostic test (x-ray, blood work)		No Review Needed
Imaging (CT Scan)		No Review Needed
Imaging (PET-CT Scan)		No review Needed for PET-CT Scan with Cancer Diagnosis. Other diagnoses requires pre service review
Imaging (MRI and MRA)		Call to check CPT code for medical necessity review requirements
Outpatient surgery (Provider & Facility)		Call to check CPT code for medical necessity review requirements
Emergency care: - ER Visits - Emergency Medical Transportation		ER –No review Needed Refer to Policy for non-Emergency transportation.
Urgent care		No review Needed
Inpatient Hospital stay (Facility, Providers)		Notify UM within 24 hours of admission Pre or post review for medical necessity and transitions of care.
Transitional Care- <i>Skilled Nursing Facility, Long Term Acute Care (LTAC) and Inpatient Acute Rehab</i>	Limit to 30 days combined benefit per plan year	Prior Authorization REQUIRED Pre service review and must be able to manage therapy for restorative status Submit discharge summary from hospital facility, evaluation and plan of care.
Behavioral Health –Substance Use Disorder Services Inpatient Medical Detox	No visit limit.	Requires Face sheet notification upon admit. Clinical required every third day. Require notification of discharge with a discharge summary. Prior Authorization Not required <i>Must use an in network facility unless member has the Bronze plan with an out of network benefit.</i> <i>Medical Detox is covered at an Acute Care Hospital only.</i>

Behavioral Health –Substance Use Disorder Services Residential Treatment (Residential Treatment Center, Partial Hosp/Parital Day Treatment, General Outpatient Levels s of care)	Residential Treatment and Partial Hospitalization have a combined 30 days per calendar year. ECT and IOP are not covered.	Requires Prior Authorization Facility is required to be licensed through the state. Credentials will be verified. Facilities outside of Utah are not covered.
Behavioral Health - Substance Use Disorder Program General Outpatient	No Visit Limit	No Prior Authorization Required <i>Must use an in network facility unless on the Bronze plan with an out of network benefit.</i>
Behavioral Health – Inpatient	No limit ECT and IOP are not covered.	Requires face sheet notification upon admit. Clinical required every third day. Require notification of discharge with a discharge summary. Prior Authorization Not required <i>Must use an in network facility unless on the Bronze plan with an out of network benefit.</i>

Behavioral Health – Outpatient (in an office setting with a therapist/psychiatrist)	No limits	No Prior Authorization Required <i>Must use an in network facility unless on the Bronze plan with an out of network benefit.</i>
Pregnancy care <ul style="list-style-type: none"> • Prenatal and postnatal care • Delivery and all inpatient care 		Notify U Baby care team to assist with care management services
Infertility services	Only will cover the cost of tests to reach an initial diagnosis of infertility. Treatment, Procedures and testing to achieve pregnancy are NOT COVERED	Pre or post review for medical necessity to determine initial diagnosis of condition.
Child needs <ul style="list-style-type: none"> • Eye exam • Glasses • Dental check up 	One visit per plan year; through age 18 Lenses covered. Frames not covered NOT COVERED	No Review Needed
Vision Care: Cataracts	Limit first intraocular lenses following cataract surgery and is medically necessary	No Review Needed
Foot Care for a Medical Condition	Routine foot care, including, but not limited to: treatment of corns and calluses and trimming of nails, except as medically necessary, determined in accordance with Medicare guidelines; visits in conjunction with palliative care or metatarsalgia or bunions, etc; and subtalar implants	No Review Needed when Medically necessary

Home Health Care Services/Home Infusion Therapy	Limit 30 visits per plan year	Prior Authorization REQUIRED and must have skilled RN care in the home. Unskilled care is NOT COVERED.
Rehabilitation/Habilitation Services (Outpatient PT, OT and ST and Cardiac and Respiratory Rehab Phase 1 &2)	Limit 20 visits per plan year total for all services	No Review Needed Must be related to accident, injury or exacerbation of condition
Hospice Care	Limit to 6 months in a 3 year period	Prior Authorization REQUIRED
Durable Medical Equipment, Supplies	Wheelchairs and artificial eye prosthetics require prior authorization Continuous passive motion machine rentals may be approved for up to 21 days for total knee or shoulder arthroplasty Knee braces limited to one per knee/3yrs	Medical Review REQUIRED for billed amounts over \$750. Refer to SPD – for non-covered equipment/ devices and exclusions
	B-codes required review to determine if this is a chronic/on-going need or it is only temporary (3 months review)	
Autism	Children 2 to 9 yrs	Autism – Require notification within 7 days of ABA services. ABA 600 hours ABA tx \yr. Pre service review required.
Pharmacy: <ul style="list-style-type: none"> Retail: Medications provided through the retail pharmacy benefit (Generally picked up or delivered from a retail or mail order pharmacy) Medical Medications provided through the medical benefit (Generally administered at an infusion center or provider office) 	Quantity limits, step therapy, prior authorization, and exclusions may apply J codes greater than \$1,000 require prior auth. Contact Pharmacy Team for coverage. uhealthplanspharmacyteam@hsc.utah.edu OR 801-587-2859	Prior authorization (PA) REQUIRED for specialty medications Refer to our Health Plans website for the Individual Preferred Drug list for medications requiring a PA and for instructions on how to submit a PA request. You may also call the following numbers for more information on PAs. <ul style="list-style-type: none"> For retail medication - please call NPS at (800) 546-5677 For medical medication - please call the Health Plans pharmacy line at 801-587-2859

Exclusions & NON Covered Services: This is not a complete list refer to plan document for other excluded services:

<ul style="list-style-type: none"> Acupuncture Allergy services(Sublingual or colorimetric allergy testing and sublingual antigens excluded) Biofeedback Holistic & homeopathic treatment Bariatric – weight loss surgery Weight loss programs Private Duty Nursing Routine eye care – Adults Custodial care TMJ/TMD/Myofascial pain Infertility treatment DME/supplies – Refer to SPD pages 39-43 http://uhealthplan.utah.edu/individual/pdf/plan_document.pdf 	<ul style="list-style-type: none"> Cosmetic surgery Long term care Non-emergency care when traveling outside the U.S. Hearing Aides, Cochlear implants & Baha implants Chiropractic care Intensive outpatient services – Behavioral, Substance Use Experimental, investigational treatment Birth centers & home births Group counseling – marital, family, parental
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Care Management Services & Programs: Contact 801-587-6480 or (888) 271-5870, Option 2

Pregnant, Women Services	U Baby Care Team
Adult chronic health conditions, disease management <ul style="list-style-type: none"> • Diabetes • Cardiac – Heart conditions • Weight management resources • Multiple chronic medical conditions • Wellness and health management needs 	Adult Care Team
Pediatric health conditions, disease management <ul style="list-style-type: none"> • Newborn Intensive Care – Prematurity • Asthma • Diabetes • Developmental, congenital disorders • Other chronic medical conditions • Preventive wellness resources 	Pediatric Care Team
Inpatient Services – Transitions of Care	Transitions Team – Hospital and ER coordination
Smoking Cessation	Call CM Department for resources & contracted provider
Behavioral Health/Substance Use <ul style="list-style-type: none"> • Stress Management 	Behavioral Health /Social Work Team
Palliative & Advanced Directive Services	Empower U Team