

# University Health Care Plus

Utilization Review Guidelines – Effective January 1, 2015

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## UUHP Contact Information

<b>Toll Free/Out of Salt Lake</b>	888-271-5870	<b>Submit Claims to:</b>
<b>Customer Service/Member Services</b>	801-587-6480 Opt. 1	Attention: Claims Department
<b>Claims/ Eligibility</b>	801-587-6480 Opt. 1	PO BOX 45180
<b>Care Management/Utilization Review</b>	801-587-6480 Opt. 2	Salt Lake City, Utah 84145-0180
	Fax: 801-281-6121	
<b>Provider Relations</b>	801-587-2838	

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## Care Coordination will be provided through our Care Management Department for the following:

- ◆ Healthy U-Restricted patients – Please notify UUHP if services are not provided by the Primary Care Provider (PCP)
- ◆ **Notification is required** upon an admission to a Non Par Facility.
- ◆ Obstetrical Patients - Contact U Baby Care at (801) 587-6480 Opt. 2 and notify the plan when admitted for delivery.
- ◆ Out of area non-emergent care.
- ◆ An individual that has been identified with a chronic health condition or health care need that may benefit from Care Manager support.
- ◆ An individual with healthcare needs that may want some help in making sure the care they receive is timely, appropriate and cost effective.

## We encourage you to submit a pre-service request for medical review of the listed services. The listed services require medical review for payment determination.

- ◆ **Abortion Services**
- ◆ **Bariatric Procedures**
- ◆ **Cosmetic Procedures**
- ◆ **Durable medical equipment:** over \$5,000 of billed charges
- ◆ **Home Health Care**
- ◆ **Hysterectomy Procedures**
- ◆ **Implants:** i.e., vagal nerve stimulators
- ◆ **Outpatient Therapies (ST)**
- ◆ **Pharmacy – Injectables administered outside provider’s office, hospital setting or clinic:** over \$1,000 of billed charges
- ◆ **Prosthetics:** over \$5,000 of billed charges
- ◆ **Sterilization Procedures**
- ◆ **Synagis Immunization**
- ◆ **TMJ services**
- ◆ **Transplant services:** lung heart, liver, kidney, bone marrow, cornea, etc.

**We require notification for any inpatient admission. UUHP will be monitoring all inpatient hospital stays including Skilled Nursing Facilities and Rehabilitation Services.**

**Services will be paid according to the plan benefits and medical necessity.**

Services provided that are not medically necessary may result in the provider writing off the charges.

Services deemed ‘medically necessary’ do not guarantee payment if coverage terminates, benefits change, or benefit limits are exhausted.

Notification does not guarantee payment if coverage terminates, benefits change, or services provided are not medically necessary.

Utilization review means a review and confirmation program that determines medical necessity of any care service or treatment. In general all covered benefits are based on medical necessity and utilization review is not limited to the above list.