PEHP
Health *&* Benefits

Provider News

A PEHP Provider Relations Publication

PEHP WeeCare

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Working Together in Responding to a Crisis

PEHP Services

We deeply appreciate the role you play in serving the medical needs of our community, especially as we face the unprecedented impact of COVID-19.

We also know that we have an important role to play in bringing stability and certainty to those who depend on us while adapting to a rapidly changing environment.

I am happy to report that we are functioning at full capacity with all but a couple of employees working from home.   We are paying claims, authorizing services, and taking phone calls just as we always have.

We are ensuring that COVID-19 services are appropriately covered, while making it easier for you to treat patients by covering phone visits and expanding telehealth.

It is still too early to predict how this will end or what it takes for us to get to the other side, but I can promise that PEHP will remain committed to our mission of putting members first and working collaboratively with you as valued partners.

Please keep working with our knowledgeable and professional staff as issues arise. If I can ever be of any help during this or any other time, please don't hesitate to reach out. My email address is chet.loftis@pehp.org and cellphone is 801.694.0404.

Proper Billing for Telehealth and Telephone Visits

Claims & Billing

PEHP covers two types of visits during the COVID-19 pandemic, provided by any of our contracted providers. If a member's plan has out-of-network benefits, telehealth and telephone visits will be allowed, and regular out-of-network benefits will apply.

Telehealth
» Visits will be reduced to 90% of the in-office contracted allowable rate.
» Services should be provided with a HIPAA compliant platform.
» Telehealth visits should be billed with a GT *and/or* 95 modifier *and/or* 02 POS.

Telephone Visits
» Codes covered now, through the COVID-19 pandemic: 99441, 99442, 99443.

In-Network & Out-of-Network Benefits:
» For benefit inquires, contact our Health Benefits Department at 801-366-7555.

Additionally, for Mental Health Facilities during the coronavirus pandemic:
» Telehealth Services apply to PHP/Day Treatment and IOP.
» Services will be reduced to 90% of the contracted allowable rate.
» Revenue Code 780 must be billed with a $.01 charge in addition to the Revenue Code, indicating service level per our agreement. (The penny charge will guarantee the code appears in the electronic submission).
» All services will continue to be authorized, and case managed by PEHP.
» Documentation must reflect telehealth services and all required status updates are to be completed in a timely fashion.
» When the COVID-19 crisis is over, PEHP Case Managers will not authorize telehealth services.

We appreciate all accommodations you are making for our members, your patients, and appreciate the care you are providing to the community.

Contact your Provider Relations Specialist with any questions.
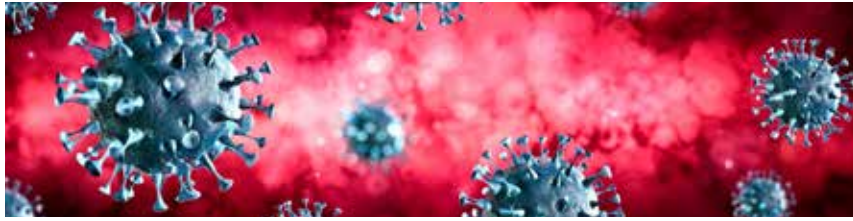
PEHP's Position on COVID-19

P EHP values the work being done by our healthcare partners during the COVID19 pandemic. To better assist you during this time, please note the following:

Prescription Authorizations

All prescription medication authorizations scheduled to expire in the next 90 days have been extended by 90 days from the date they were set to expire. Only new therapy will require contacting PEHP for preauthorization.

PEHP Services

Telehealth/E-Care Benefit

We want to remind you that PEHP contracts with Intermountain Healthcare's Connect Care telehealth solution for all our networks as well as with the University of Utah's Virtual Visit telehealth solution for our Summit, Preferred, & Capital Networks. PEHP covers telehealth visits provided by any of our contracted providers at a rate of 90% of the in-office fee. Telehealth services should be provided with a HIPAA compliant platform and billed with a GT and/or 95 modifier and/or 02 place of service.

Telephone Visits

PEHP will be covering the telephone E & M visit codes (99441-99443) now through the coronavirus crisis to assist our members to have access to providers who may not have a telehealth option to communicate with our members.

Interacting with PEHP

In response to federal, state, local government, and health officials' directions and recommendations, PEHP has implemented a remote work program. This may require that some communications to and from PEHP be electronic as we make this transition, but we do not expect any delays in claims processing or accessing benefits information.

As the situation around COVID-19 continues to develop, we'll post updates on our website at www.pehp.org to keep you informed of future changes to our operations.

Again, we thank you for the wonderful care you are providing our members.

Resources Available for Questions Regarding Pregnancy Risks

PEHP Services

Message from Alfred N Romeo, RN, PhD with the Pregnancy Risk Line / MotherToBaby Utah at the Utah Department of Health.

We wanted to remind our partners that we are available to answer questions by phone, text, chat, and email from women and providers about COVID-19 in pregnancy and breastfeeding. We hope we can help by answering those questions to keep providers available to diagnose and treat patients (things we don't do). https://mothertobaby.utah.gov/.

We also wanted to let providers know that if they have pregnant or breastfeeding clients with COVID-19, there is a new pregnancy registry to help researchers learn more. https://mothertobaby.org/news-press/mothertobaby-president-launches-first-covid-19-in-pregnancy-study/. Tell them MotherToBaby Utah sent you.

Please let us know if you have any questions.

Thanks.
Alfred N. Romeo, RN, PhD
MotherToBaby Utah, UDOH
alromeo@utah.gov

Healthcare Services
COVERAGE EXPANDS TO INCLUDE 3D MAMMOGRAMS

Digital Breast Tomosynthesis also an appropriate substitute for mammography

PEHP is committed to improving preventive healthcare services for women. On January 1, 2020, PEHP expanded coverage for breast cancer screenings to include three-dimensional (3D) mammography or Digital Breast Tomosynthesis (DBT) as an appropriate substitution for mammography in all settings.

PEHP considers annual mammography screening a medically necessary preventive service. Routine screenings meeting the Accountable Care Act (ACA) preventive care guidelines are reimbursed for women aged 40 or older.

Annual mammography is also considered medically necessary for younger women who are judged to be at high-risk including:

1. BRCA1 or BRCA2 mutation carrier; or
2. Women who meet criteria for BRCA mutation testing in PEHP Policy: BRCA Testing, Prophylactic Mastectomy and Prophylactic Oophorectomy; or
3. Women with diagnosis of, or has first-degree relative with one or more of the following:
   a. Bannayan-Riley-Ruvalcaba syndrome; or
   b. Cowden syndrome; or
   c. Li-Fraumeni syndrome; or
   d. Personal history of radiation to the chest between ages 10 and 30 years.

Additionally, PEHP considers mammography medically necessary for surveillance of men with a prior history of breast cancer.

For more information, please visit our Provider site > Claims & Billing > Preventive Services, to access the ACA guidelines and appropriate CPT and ICD-10 coding. For a complete listing of our policy, login to our secured site at www.pehp.org.
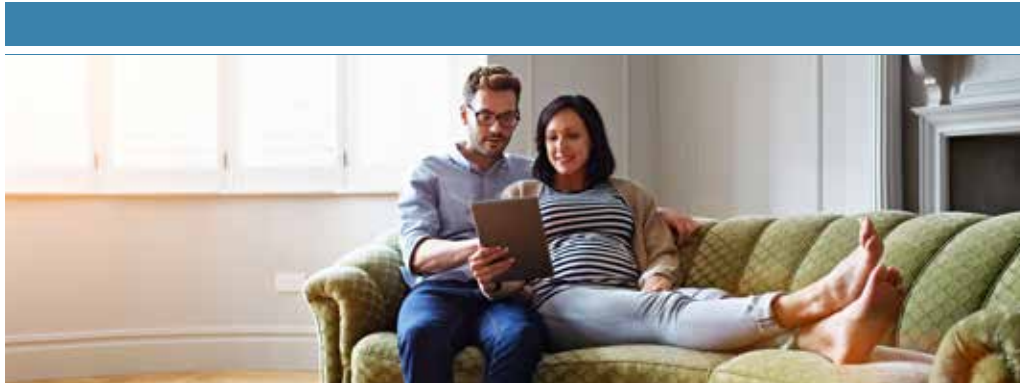
PEHP WeeCare

PEHP's Prenatal and Postpartum Program

PEHP **WeeCare**

PEHP WeeCare offers services to meet the needs of your pregnant patients, helping them have a healthy pregnancy, safe delivery and a healthy baby. This program is for PEHP insured members only. Our insured members can enroll at any time during their pregnancy up through 12 months postpartum to participate and be eligible to receive rebates. We encourage enrollment during pregnancy to earn extra incentives.

WeeCare benefits include:
- » Electronic Educational Materials
- » Additional Information for High-Risk Pregnancies
- » Cash Incentives:
  - › $50 Enrollment Rebate for enrolling in WeeCare during the pregnancy **and**
  - › $50 Postpartum Weight Improvement Rebate for returning to first trimester weight within 12 months after delivery **or**
  - › $50 Postpartum Weight Improvement Rebate for enrolling in WeeCare postpartum and returning to first trimester weight within 12 months after delivery

PEHP also offers:
$0 Copay for generic brand prenatal vitamins with a prescription.
- » *Jordan School District and Salt Lake City School District do not offer the $0 copay for prenatal vitamins.*
- » *Consumer Plus medical plans will pay a 30% coinsurance.*

Contact Us!
Email: weecare@pehp.org
Phone: 801-366-7400 or 855-366-7400
Fax: 801-328-7400
PEHP Member Message Center
Available M-F 9 a.m. – 5 p.m.

Both members and providers can learn more by going to https://www.pehp.org/wellness/weecare. We encourage your office to speak to your pregnant patients about this program and the information they can obtain, to help with a healthy pregnancy.

Working to Avoid Billing Surprises: Providing Non-Covered Services & Medicare G-Modifiers

Claims Coding

PEHP Health and Benefits is committed to providing its members with the information needed to avoid billing surprises and unnecessary costs.

In the Fall 2019 Provider News, PEHP explained how data analytics is used in determining if a provider falls within the following criteria:

1. Fails to obtain preauthorization;

2. Refers out of network, or

3. Provides non-covered services.

Providers that cross an identified threshold will have a warning message placed under the online provider look-up tool.

To more accurately reflect non-covered services that the member elects to obtain, G-Modifiers can be appended to a CPT code to indicate that the non-covered service(s) provided to the member was:

» explained prior to providing the service;

» agreed to receive a service(s) knowing it would not be covered by PEHP and therefore be an out of pocket expense.

By appending the CPT code with the appropriate G-Modifier, the threshold is adjusted. This prevents the provider from being penalized for providing non-covered services that the member has elected to obtain. The use of G-Modifiers communicates the wishes of the member without penalizing the provider. Although the G modifiers were created specifically for Medicare benefits, PEHP will accept them on commercial claims with a

Acceptable G-Modifiers

» **GX:** Notice of liability issued, voluntary under payer policy.

» **GY:** Item or service statutorily excluded, does not meet the definition of a covered benefit.

» **GZ:** Item or service expected to be denied as not reasonable and necessary.

Example of Proper Use of G-Modifer

A podiatrist is billing a L3040 (Foot, arch support, removable, premolded, longitudinal, each) which is a non-covered code/service with PEHP. By applying the modifier on the submitted claim L3040.GY, PEHP would then not include this claim data when determining a provider's threshold for providing non-covered services.

similar definition as Medicare.

PEHP appreciates the opportunity to work together in serving its members, your patients, and to coordinate efforts to accurately reflect services provided. Contact your Provider Relations Specialist with any questions.

Did You Know? PEHP.org allows providers who do not have access to electronic submission to submit claims through our website at no charge. Allows for individual claim submission only.

Rating Providers

New Accountable Care Provider Designation

PEHP is committed to providing information and solutions that can help support access to quality health care. By evaluating provider quality and cost-efficiency information to identify providers with lower costs and better quality, PEHP can provide greater transparency to its members, particularly those with chronic diseases information on providers with clinical excellence and enhanced efficiencies.

PEHP has a new designation for an Accountable Care Provider (ACP) displayed on www.pehp.org provider search and cost comparison tools. The ACP designation is meant to distinguish providers that deliver better quality of care at lower costs.

Life-Threatening Conditions

Billing Emergency Anesthesia, CPT 99140

The AMA defines code 99140 as: "Anesthesia complicated by Emergency Conditions (Specify)". PEHP interprets an emergent condition as *life-threatening*. Per our Master Policy,

Claims & Billing

life-threatening condition is defined as: "The sudden and acute onset of an illness or injury where delay in treatment would jeopardize the member's life or cause permanent damage to the members health such as, but not limited to, loss of heartbeat, loss of consciousness, limb-threating, or organ-threatening cessation or severely obstructed breathing, massive and uncontrolled bleeding."

Reasons why 99140 would not qualify for payment:

» Not having time to stop medication as a factor involving any additional monitoring than what would normally be needed.

» It may show as a "payable" code in your contract, but it must meet the criteria to be paid.

» Language in appeals that indicate what "could" have happened had the surgery not been performed.

» Merely because the patient came in through the Emergency Room but did not meet the life-threatening criteria.

PEHP only considers covering this code in the following circumstances:

» *For Obstetrics, 99140 will only be allowed if they use a general anesthetic, and sometimes a spinal if emergent. If the mom already has an epidural that they use for the C-section or forceps delivery, we will not allow 99140, <u>unless the time between decision and incision is a very short window,</u> based on individual case review.*

» *For intra-abdominal and any other surgeries, we will look at the EBL and/or significant trauma cases (taken straight to the OR), respiratory distress, life-threatening circumstances, i.e., burst appendix, cardiac events, etc., to determine if the charge is warranted.*

PEHP will determine if code 99140 is warranted for payment, based on the final diagnosis and medical review of the records. Therefore, documenting these circumstances somewhere in the anesthesia record would be ideal, along with the times for decision to incision events with short time lapses. If that's not possible, then we would also need to review the op report.

We appreciate the services our anesthesia providers provide to our members, your patients. Please contact your Provider Relations Specialist for any questions.

Full Practice? Cannot Accept New Patients?

PEHP Services

A re you receiving phone calls from frustrated PEHP members and you are turning them away due to your medical practice being full?

PEHP can display a note on our Provider Directory if your medical practice is full and you are unable to accept new patients. Our members and providers referring members for services will see a message like this:

Doe, Jane
Jane Doe Counseling
001 E 001 S Ste 0 Salt Lake City 84102
801-123-4567
Psychiatry, Female, ENGLISH/SPANISH
Not accepting new patients

Please contact your Provider Relations Specialist if you would like this note added to, or removed from your name on the PEHP Directory. When making the request, be sure to include which locations you would like the message on or removed from.

We also encourage you to access the PEHP Directory to view your personal and/or practice information for accuracy and report any corrections to your Provider Relations Specialist.

Access to our Provider Directory is found at www.pehp.org , under the Provider Portal, and then about half way down the page. Thank you for helping us with accurate directory information to assist our members as they are seeking services.

CLINICAL POLICY UPDATE

Chemical Neurolysis for Morton's Neuroma is Considered Investigational

» **PEHP has been covering chemical neurolysis for Morton's neuroma. However, effective July 1, 2020, we will no longer be covering it, as we consider chemical neurolysis for Morton's neuroma, plantar fasciitis and other neuritis of the foot investigational.**

» **In "Evaluation and diagnosis of common causes of forefoot pain in adults" UpToDate literature review current through Mar 2020 it states, "Other treatments, including injection of alcohol and radiofrequency therapy to ablate the neuroma, have shown promise in observational case series. These should be considered research treatments until further study clarifies their efficacy."**

Did You Know?

All of our Clinical Policies are available to view at www.pehp.org. A login is required. Contact your Provider Relations Specialist if you need assistance.

PEHP's New Look

PEHP Website Gets Overhaul

PEHP has launched its redesigned website and we are excited to present its fresh new look. PEHP.org/providers and our secure provider portal are designed to reduce administrative burdens for providers and optimize access to information. It contains useful information, data, and learning tools for providers, such as:

» Claims and Billing

PEHP Services

» Care Management and Wellness

» Contracts and Credentialing

» Electronic Data Interchange

» Online Services

» Pharmacy

» Provider Directory

Once you register and log-in to the provider portal, you can use the portal to:

» Check Eligibility

» Submit Medical Claims

» Check Claim Status/Remittance

» Download Fee Schedules

» View demographic information

» View Clinical Policies

» Download Pharmacy and Medical Pre-Authorization Forms

Please check with your Provider Relations Specialist or our Health Benefits department at 801-366-7555 with any questions or concerns regarding the website. We continually update our website with the latest news and information, so check back often.

Pharmacy Updates

PEHP's Preauthorization List

PEHP Pharmacy

P EHP chooses specific prescription drugs and specialty medications to require preauthorization. These prescription drugs and specialty medications require preauthorization because of the high potential for adverse reactions, contraindications, misuse, safety issues, the opportunity to use first-line therapy, and cost.

Preauthorization forms are found at www.pehp.org in the "For Provider" section.

Questions? Contact your

Drug Removed from List

Drug Name	Effective
Clobazam	March 2020

Provider Relations Specialist or call our Health Benefits Department at 801-366-7555 or 800-765-7347. Members may call for status of the provider's request.

Approval or denial will be communicated to the provider's office. Preauthorization does

Drugs Added to List

Drug Name	Effective
Ruzugri	Dec. 2019
Trikafta	Jan. 2020
Omnipod Dash	Feb. 2020
Taltz	Feb. 2020
Rinvoq	March 2020

not guarantee payment and coverage is subject to eligibility, benefit coverage, and preauthorization requirements.

PEHP's Covered Drug List is updated several times a year.

PEHP's Preferred Drug List

PEHP Pharmacy

T he PEHP Covered Drug List helps members and providers choose the most effective and economical medication.

PEHP's Pharmacy and Therapeutics Committee is comprised of local physicians and pharmacists that help manage the PEHP formulary.

This committee reviews brand name and generic drugs on a quarterly basis to ensure PEHP's Covered Drug List contains medications

that provide our members with the best overall value based on safety, efficacy, adverse reactions, and cost effectiveness.

The committee's recommendations are implemented twice a year (January and July) to help guide our members to the safest and most effective therapy while helping to manage the rising cost of pharmacy. Below are the most recent changes.

Drugs Added to List

Drug Name	Effective
Farxiga	Jan. 2020
Kanjinti	Feb. 2020
Truxima	Feb. 2020
Xofluza	March 2020
Rybelsus	April 2020
Sunosi	April 2020

Drugs Removed from List

Drug Name	Effective
Trinaz	March 2020

Tier Updates

Drug Name	Formulary	Effective
Enoxaparin	Tier 1	March 2020

Provider Relations Specialists

To provide optimal service to PEHP providers, each Provider Relations Specialist is assigned a specific area to manage. This assignment is based on the physical locations of the providers. If you are unsure who your representative is, please call PEHP at 800-677-0457 or 801-366-7557.

SERVICE AREA #1

Chantel Lomax
Provider Relations Specialist

Phone: 801-366-7507 or 800-753-7407
Fax: 801-245-7507
E-mail: chantel.lomax@pehp.org

In-State Cities
Holladay (84117, 84121 & 84124), Midvale (84047), Salt Lake City (all other zips codes not mentioned in other service areas), All University of Utah

Out-of-State
Colorado

SERVICE AREA #2

Carrie Leeman
Provider Relations Specialist

Phone: 801-366-7753 or 800-753-7753
Fax: 801-245-7753
E-mail: carrie.leeman@pehp.org

In-State Cities
Murray (84107, 84123 & 84157)

In-State Counties
Box Elder, Cache, Davis, Morgan, Rich, Weber

Out-of-State
All other states, except Colorado, Wyoming, and Arizona

SERVICE AREA #3

Henry Cruz
Provider Relations Specialist

Phone: 801-366-7721 or 800-753-7721
Fax: 801-245-7721
E-mail: henry.cruz@pehp.org

In-State Cities
Kearns (84118), Magna (84044), Taylorsville (84084, 84129 & 84119), West Jordan (84084, 84081 & 84088), West Valley (84119, 84120 & 84128)

In-State Counties
Tooele, Utah

Out-of-State
Wyoming

SERVICE AREA #4

Jenna Murphy
Provider Relations Specialist

Phone: 801-366-7419 or 800-753-7419
Fax: 801-328-7419
E-mail: jenna.murphy@pehp.org

In-State Cities
Draper (84020), Herriman (84065 & 84096), Riverton (84065, 84095 & 84096), Sandy (84070, 84090, 84091, 84092, 84093 & 84094), South Jordan (84065 & 84095)

In-State Counties
Beaver, Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Summit, Uintah, Wasatch, Washington, Wayne

Out-of-State Cities
Las Vegas, Nevada
Mesquite, Nevada

Out-of-State
Arizona

MAILING ADDRESSES

PEHP
560 East 200 South
Salt Lake City, UT 84102-2004

PEHP
Health & Benefits

560 East 200 South | Salt Lake City, UT 84102-2004

Spring 2020

Provider News

Contact List
Note: *Phone numbers for Clinical Management and Health Benefits Dept. are not the same.*

Clinical Management
801-366-7755 or 800-753-7490

Health Benefits Department/ Preauthorization (outpatient)
801-366-7555 or 800-765-7347

EDI Helpdesk
801-366-7544 or 800-753-7818

Inpatient Preauthorization
801-366-7755 or 800-753-7490

Inpatient Mental Health & Substance Abuse Authorization
Blomquist Hale Consulting Group (BHCG)
Jordan School District &
Salt Lake City School District
801-262-9619 or 800-926-9619

Pharmacy
801-366-7551 or 888-366-7551

PEHP Website
www.pehp.org

PEHP Wellness
801-366-7300 or 855-366-7300

PEHP QuitLine
855-366-7500
www.pehp.quitlogix.org

PEHP WeeCare
801-366-7400 or 855-366-7400

Network Strategy & Provider Relations
801-366-7557 or 800-677-0457

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Provider Relations Manager
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laurel.rodriguez@pehp.org

'Ata Latu
Network Strategy & Provider Contracting Senior Manager
801-366-3906
ma'ata.latu@pehp.org

Cortney Larson
Director of Network Strategy & Provider Relations
801-366-7715 or 800-753-7715
cortney.larson@pehp.org