



**Seventy-eight people die in the U.S. each day from opioid overdose. What can we do to change this tragic trend?**

PAGES 2-3

# THE OPIOID EPIDEMIC

## INSIDE

MORE USEFUL NEWS & INFORMATION FOR PROVIDER PARTNERS

**PEHP WeeCare: Pathway to a Healthy Pregnancy** » PAGE 5



**Medicare Incident-To Billing**

» PAGE 6

**COVER STORY: Fallout of Pain Medication**

# How to Change the

## It Starts with Adjusting Old Habits

**In this issue**

**2-3** Opioid Epidemic

**4** Summit Network Changes in Cache County

**4** Coding Psychotherapy Crisis Codes

**5** Pathway to a Healthy Pregnancy

**6** Billing Incident-To

**7** Medicare Crossover Clams

**7** Helpful Reminders From EDI

**8** Keeping You Informed

**8** Intermittent Pneumatic Compression Device Denials

**9** BRCA Testing Partner

**9** Toxicology Testing Benefits Change

**10** PEHP's Preauthorization List

**10** PEHP's Preferred Drug List

**11** Provider Relations Representatives

**12** Contact List

**Inside the Numbers**



Nearly 1 out of every 7 patients given opioids after a common surgical procedure will experience an opioid-related adverse drug event.



**Source:** American Journal of Managed Care

**O**f the thousands of people in the US who undergo common surgical procedures every day, 99% are prescribed postsurgical opioids. Reports in the medical literature and stories in the news describe an opioid epidemic and the enormous suffering it has wrought. Seventy-eight people die each day in the U.S. from an opioid overdose.

On the one hand, opioids represent a highly effective treatment, which spares patients unnecessary pain and which surgeons have successfully employed for years. On the other hand, the very same treatments are now at the center of a national crisis, the cause of widespread criminal activity, substance abuse, and self-destructive behavior.

In an attempt to change the course of the epidemic, surgical pain management guidelines, which have historically endorsed the wide use of opioids, have now shifted toward reducing opioid exposure and embracing multimodal analgesic strategies. This position is strongly supported by professional medical organizations, which have begun working together to encourage clinicians to look at alternative approaches to analgesia that are less reliant on opioids.

There are multiple solutions to reducing the risk of opioid abuse, but the simplest one is to limit or avoid the use of opioids whenever a safe and effective alternative is available. This does not mean the wholesale

# Opioid Epidemic



abandonment of opioids, which remain a vital part of the armamentarium. It does, however, mean adjusting old habits and being open to newer analgesic options in order to change the course of the epidemic.

Acute pain management practice guidelines—including those from the ASA and American Pain Society—recommend multimodal analgesic techniques in the surgical setting while reducing the need for opioids. Multimodal analgesia provides patients an optimized approach to pain management, reducing the risk

of chronic pain and contributing to successful surgical outcomes.

We encourage all providers to become more aware of the new multimodal analgesic guidelines as a better way to help members avoid possible self-destructive behaviors. Let's work together to find a solution to the current opioid epidemic that we suffer in Utah and nationally.

[Read the complete article](#) published by the Journal of Managed Care including the study references on the opioid epidemic.

## DID YOU KNOW?

*Pre-authorization forms are available at [www.pehp.org](http://www.pehp.org) under the provider portal. Providers do not need a login to obtain the forms.*



**PEHP Summit Network**

# Hospital Change in Cache County

**P**EHHP will be making changes with our Summit Network in Cache County beginning July 1, 2017.

Cache Valley Hospital, owned and operated by MountainStar/HCA, will be joining the network. Logan Regional Hospital will be removed from the Summit Network. Logan Regional Hospital will continue to be available on our Advantage Network in Cache County.

Providers that require hospital privileges that do not affiliate with Cache Valley Hospital will also be removed from just the Summit network in July. We are pleased to partner with Cache Valley Hospital as an option for our members in the Cache County area.



**Accurate Code & Documentation**

## Psychotherapy Crisis Codes

**O**ne of the goals of PEHP audits is to determine if the clinical documentation submitted supports the CPT codes billed.

Per the AMA CPT rules & guidelines Psychotherapy crisis codes are for an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life-threatening or complex & requires immediate, face-to-face attention to a patient in high distress.

The code 90839 is used to report the first 30-74 minutes of psychotherapy for crisis on a given date. Code 90840 is used to

report additional block(s) of time, of up to 30 minutes each beyond the first 74 minutes.

These codes should reflect time spent with patient and/or family outside of a scheduled psychotherapy appointment, which would be reflected in code set 90832-90838.

Our Auditing Department continually audits claims to ensure accuracy of billing and correct coding. PEHP follows the American Medical Association (AMA) Current Procedural Terminology (CPT) coding for rules and guidelines. PEHP also uses a third-party vendor, for coding audits. Verscend consists of a team of CPC coders, Registered Nurses, and peer reviewers.

If you have questions, please contact your Provider Relations Specialist.

**DID YOU KNOW?**

PEHP's Code lookup tool allows you to identify if a code requires pre-authorization or not.

**PEHP WeeCare**



## Pathway to a Healthy Pregnancy

**P**EHHP WeeCare is a pregnancy and postpartum program to help educate our members during and after their pregnancy. Our goal is to help expect mothers have a healthy pregnancy from the time they know they're pregnant, to the delivery of their bundle of joy!

**How do members enroll?**

- » Online at [www.pehp.org/weecare](http://www.pehp.org/weecare) – Anytime during pregnancy, up to 12 months after delivery.
- » Call us at 801-366-7400 or 855-366-7400

**Members can receive:**

- » Prenatal Vitamin Coverage (Preferred Generic).  
*(Depending on plan benefits, we offer full prescription prenatal vitamin coverage (preferred generic) for female members up to age 55.)*
- » A list of generic prenatal vitamins are available online.

**PEHP WeeCare**

- » **Phone:** 801-366-7400, 855-366-7400
- » **Email:** [weecare@pehp.org](mailto:weecare@pehp.org)
- » **Website:** [www.pehp.org/weecare](http://www.pehp.org/weecare)
- » **Mailing:**  
PO Box 3503  
Salt Lake City, Utah  
84110-3503

- » Pre- and Postpartum educational materials.
- » Individualized pamphlets sent by mail or email, to meet the need of each expectant mother.
- » Support.
- » WeeCare Specialist are available to answer questions!
- » Pregnancy Books, such as:

- » What to Expect When You're Expecting
- » What to Expect the First Year
- » What to Expect the Second Year
- » Nursing Mother's Companion
- » You Baby's First Year
- » Rebates.
  - » PEHP WeeCare Rebate - \$50\*
  - » PEHP WeeCare Postpartum Weight Improvement Rebate – \$50\*

For additional enrollment information on rebates, visit [www.pehp.org/weecare](http://www.pehp.org/weecare)

\*PEHP Rebates are taxable

**DID YOU KNOW?**

*Our online provider directory is available to providers and members. When referring our members to another provider, check the directory to ensure that you're helping our members stay in-network, avoiding unnecessary out-of-network bills.*

**Medicare Billing**

# 'Incident-To' Guidelines

**P**EHHP has required provider offices to follow Medicare's "Incident-to" billing guidelines. This requirement aligns with our current credentialing policy, which can be found at [www.pehp.org](http://www.pehp.org).

PEHP continues to find providers not correctly following these guidelines. Therefore, would like to offer additional information, so your office has a better understanding of the policy.

Incident-to guidelines require that the physician **MUST** examine, diagnosis, and develop the plan of care (treatment plan) for the condition.

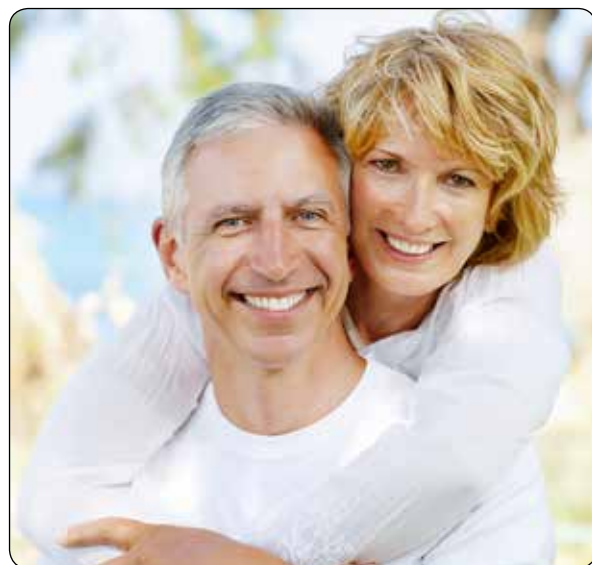
» **When you can bill "Incident-to":**

There must have been a direct, personal, professional service furnished by a physician to initiate the course of treatment, and there must be subsequent services by the physician that reflect continuing active participation in the management of the course of treatment.

› **When it's okay:** Physician meets with patient and sets treatment plan. A physician assistant conducts follow-up appointment. This can be billed under the physician name.

› **When it's not:** Patient sees the physician, and refers them to a physical therapist for treatment. In this example, it is not appropriate for the physical therapist to bill under the physician, as it would not fall within a treatment plan set by the physician.

» **Direct Supervision:** Physicians don't have to be in the exact room with their assistant. However, the physician must be present in the office suite and immediately available to offer



assistance and direction during the time of service that the assistance is providing care.

» **Treatment Plan:** When a physician assistant is providing the "incident-to" services, they should:

- › Document their service of the established treatment plan.
- › Reference by date and location the precedent provider's service that supports involvement of the physician.
- › Legibly records both their identity and credentials. As well as the supervising physician for the encounter.

For a complete listing of guidelines, we invite you to visit CMS's website to learn more at [www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf](http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf). Refer to Chapter 15, Section 60.

Additionally, PEHP contracts with mid-level providers. If you have not already done so, please contact your Provider Relations Specialist to begin the process.

**DID YOU KNOW?**

*Providers can see if services require pre-authorization by logging in at [www.pehp.org](http://www.pehp.org). Information is available under "Clinical Policies", as well as under "Fee Schedule Lookup." Contact your Provider Relations Specialist if you need online access.*

**Medicare Billing**

# Crossover Claims Process

**E**fficiency for Medicare Claims began December 1, 2014. The CMS crossover process routes paid Medicare COB claims directly from Medicare to PEHP, thus eliminating the need for providers to also submit the claim to PEHP.

The intent of the crossover process is to increase efficiency through one claim submission, reduce duplicate submissions, improve payment accuracy, and increase member and provider satisfaction.

Claims submitted to PEHP prior to this crossover process will be rejected. PEHP will respond with a code combination of Acknowledgment Code A3 and Status Code 771 on the 277CA.

You will need to wait 30 calendar days

after Medicare's payment date before submitting the secondary claim to PEHP.

When you receive the remittance advice from Medicare, you can determine if the claim has been automatically forwarded (crossed over) to PEHP.

If you see Remark codes MA18 or N89 on the Medicare remittance, this indicates that the claim was crossed over to PEHP for processing and you do not need to submit a claim to PEHP.

If your claim does not have these remark codes, you can submit the claim but must still wait the 30 days before submitting the claim to PEHP.

If you have questions or concerns, please contact your Provider Relations Specialist.

**Electronic Data Interchange**

## Helpful Reminders from EDI

- » If you change your clearinghouse, contact our EDI department (801-366-7544) or your Provider Relations Specialist to update your Trading Partner Number (submitter ID). This will ensure your claims are not rejected.
- » The 277CA (Claim Acknowledgement) is used to notify providers of the status of EDI claims. Claims accepted will display PEHP's claim number and claims rejected will give the reason for the rejection. The rejection takes place prior to the claim entering our adjudication system. Providers can find this information by logging in at [www.pehp.org](http://www.pehp.org), choosing the rendering provider from the drop-down box (if multiple providers are in the group), and selecting EDI Claim Acknowledgement.
- » Per section 2.7 of the Public Employees Medical Provider Agreement, providers are required to accept all remittance advices on an electronic format, and all payments via EFT. By setting up EFT, providers can receive remittance advices via the 835 ERA or download the PDF file from our website. If you haven't already completed this enrollment, please do so immediately at [www.pehp.org](http://www.pehp.org).

**DID YOU KNOW?**

*PEHP only accepts ICD-10 diagnosis codes. If the claim is billed with ICD-9 diagnosis codes, the claim will be denied requiring resubmission of appropriate diagnosis codes.*



**PEHP Updates**

# Keeping You Informed

**GENETIC TESTS**

- » All tests require preauthorization.
- » Many of our genetic tests, if authorized, are now required to be done through Invitae Labs ([www.invitae.com](http://www.invitae.com)) if available. Provider will order the test through the website directly.

**UROLIFT FOR BENIGN PROSTATE HYPERTROPHY**

- » Covered only if performed in the office. The procedure will not be covered if it is done in the Hospital or Ambulatory Surgical Center (ASC) unless patient has co-morbidities that may create complications, such as bleeding disorder or needing close monitoring.

**SPINAL CORD STIMULATOR**

- » Requests for this stimulator requires evidence that patient has failed all other modalities such as physical therapy or medical management.



**DID YOU KNOW?**

*Patients should not be asked for full payment at the time of service, once coverage with PEHP has been verified. They can, however, be asked for copayments, deductibles, and coinsurance.*

***Intermittent Pneumatic Compression Devices***

## Help Members Avoid Claims Denials

**P**EHHP has noticed a large number of denials and appeals related to intermittent pneumatic compression devices being provided at home with patients following orthopedic surgeries, including shoulder, knee, and hip surgeries.

PEHP has a clinical policy that restricts the coverage of this device at home to patients that are generally unable to ambulate, have a contraindication to

pharmacological prophylaxis, or have other high risk factors.

These denials expose our members, your patients, to thousands of dollars in balancing billing.

The complete clinical policy can be found in the secure PEHP provider portal in the clinical policies section under the Intermittent Pneumatic Compression Devices policy.



## Genetic Testing

# New Partnership with Color Genomics

**P**EHHP is pleased to announce a new exclusive partnership with Color Genomics for BRCA testing. Color's test analyzes over 30 genes – including BRCA1 and BRCA2 – to help women and men learn their risks for the most common hereditary cancers, including breast, ovarian, colorectal, pancreatic, and other cancers.

Color offers a high-quality test, they reported no false positive or false negative tests in their validation studies.

PEHP has already begun our transition of directing services to our new valued partner. As of July 1, 2017, any BRCA

tests not sent to Color Genomics will be processed as an out-of-network claim and benefit and will expose members to large balance bills.

BRCA testing criteria remain in place that requires prior authorization. Our complete BRCA medical criteria policy can be found in the clinical policies section of the Provider Portal under the policy name: Genetic Testing – BRCA Testing, Prophylactic Mastectomy, and Prophylactic Oophorectomy.

To learn more about Color Genomics, please visit their website at: [www.getcolor.com/providers](http://www.getcolor.com/providers).

## Drug Testing

# Changes to Toxicology Testing Benefits

**B**eginning July 1, 2017, all medically necessary drug testing referred to an out-of-network toxicology laboratory will receive a significant reimbursement reduction to the allowed amount.

This reduction in reimbursement will expose our members, your patients, to significant financial risk due to balance billing by out-of-network laboratories.

In-network Toxicology Laboratories can be found by searching in the PEHP



online directory. The PEHP directory can be accessed under [www.pehp.org](http://www.pehp.org), choose the associated network, click on the "Find a Facility" tab and choose "Lab – Drug Testing" under the "Facility Type" dropdown.

The PEHP Provider Directory is also available in Mobile format (Android, Apple, etc.) as well as a web internet format.

Additionally, PEHP requires providers that bill for definitive/quantitative drug testing to have the proper CLIA certification before PEHP will reimburse those codes.

PEHP does not allow pass-through billing. Providers with CLIA certification may contact PEHP about their eligibility to contract with PEHP as an in-network toxicology provider.

**Pharmacy**

# PEHP's Preauthorization Updates

**P**EHHP chooses specific prescription drugs and specialty medications to require preauthorization. These specific prescription drugs and specialty medications are chosen because of:

- » the high potential for adverse reactions, contraindications, misuse, and safety issues;
- » the opportunity to use first line therapy;
- » cost.

To begin, obtain preauthorization forms, located on the right hand

## Drugs ADDED to List

Drug Name	Effective Date
Empliciti	July 1, 2017
Lartruvo	July 1, 2017
Ninlaro	July 1, 2017
Prolia	January 1, 2017
Tecentriq	July 1, 2017
Venclexta	July 1, 2017

side at [www.pehp.org](http://www.pehp.org), under *for Providers*.

Questions? Contact your Provider Relations Specialist or call Customer Service at 801-366-7555 or 800-765-7347. Members may call Customer Service for

status of the provider's request.

Approval or denial will be communicated to the provider's office. Preauthorization does not guarantee payment and coverage is subject to eligibility, benefit coverage, and preauthorization requirements.

PEHP's Preferred Drug List is updated several times a year and contains the most current preauthorization list, in addition to other lists that affect pharmacy choices. Find it at [www.pehp.org](http://www.pehp.org).

## DID YOU KNOW?

PEHP's Provider Tips document is available at [www.pehp.org](http://www.pehp.org). The document provides information on networks, our Preferred Drug List, the Affordable Care Act (ACA), labs and imaging, pre-authorization, benefit exclusions and much more.

# PEHP's Preferred Drug List Updates

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

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

This committee reviews brand name and generic drugs on a quarterly basis to ensure PEHP's Preferred Drug List contains medications that provide our members with the best overall value based on safety, efficacy,

Drug Name	Formulary Change	Formulary Alternative	Effective Date
Amrix	Not Covered	Cyclobenzaprine IR	July 1, 2017
Armodafinil	Tier 3	Modafinil	July 1, 2017
Axiron	Tier 3	Topical Testosterone	July 1, 2017
Ezetimibe	Tier 3		July 1, 2017
Omnaris, Veramyst, Nasonex	Not Covered	Fluticasone, flunisolide, mometasone	July 1, 2017
Pristiq	Tier 3	Desvenlafaxine	July 1, 2017
Seroquel XR	Tier 3	Quetiapine XR	July 1, 2017

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. Above are the most recent changes.

## Provider Relations Representatives

To provide optimal service to PEHP providers, each Provider Relations Representative 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 #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 & 84088), West Valley (84119, 84120 & 84128)

**In-State Counties**

Tooele, Utah

**Out-of-State**

Wyoming

### SERVICE AREA #5

**Selena Johnson**

Provider Data Specialist

*Phone:* 801-366-7511 or 800-753-7311

*Fax:* 801-245-7511

*E-mail:* selena.johnson@pehp.org

**Out-of-State**

All states other than those listed above

### SERVICE AREA #2

**Wendy Philbrick**

Provider Relations Specialist

*Phone:* 801-366-7753 or 800-753-7753

*Fax:* 801-245-7753

*E-mail:* wendy.philbrick@pehp.org

**In-State Counties**

Box Elder, Cache, Davis, Morgan, Rich, Weber

**In-State Cities**

Murray (84107, 84123 & 84157)

**Out-of-State**

Idaho

### 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, 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



**PROVIDER NEWS**  
A PEHP PROVIDER RELATIONS PUBLICATION PEHP SPRING 2017

# Contact List

**Please note:** *The contact numbers for Case Management, Preauthorization and Customer Service are not the same.*

**Case Management**

.....801-366-7755 or 800-753-7490

**Customer Service/  
Pre-authorization (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*  
.....801-262-9619 or 800-926-9619

**Pharmacy**

.....801-366-7551 or 888-366-7551

**Wellness Program**

.....801-366-7300 or 855-366-7300

PEHP Healthy Utah.....801-366-7300 or 855-366-7300

PEHP Waist Aweigh.....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

**Provider Relations**

.....801-366-7557 or 800-677-0457

Chantel Lomax .....801-366-7507 or 800-753-7407  
Provider Relations Specialist chantel.lomax@pehp.org

Henry Cruz .....801-366-7721 or 800-753-7721  
Provider Relations Specialist henry.cruz@pehp.org

Jenna Murphy .....801-366-7419 or 800-753-7419  
Provider Relations Specialist jenna.murphy@pehp.org

Wendy Philbrick .....801-366-7753 or 800-753-7753  
Provider Relations Specialist wendy.philbrick@pehp.org

Selena Johnson .....801-366-7511 or 800-753-7311  
Provider Data Specialist selena.johnson@pehp.org

Jackie Smith .....801-366-7795 or 800-753-7595  
Provider Relations Analyst jackie.smith@pehp.org

Laurel Rodriguez .....801-366-7350 or 800-753-7350  
Provider Relations Manager laurel.rodriguez@pehp.org

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

**PEHP Website**

.....www.pehp.org