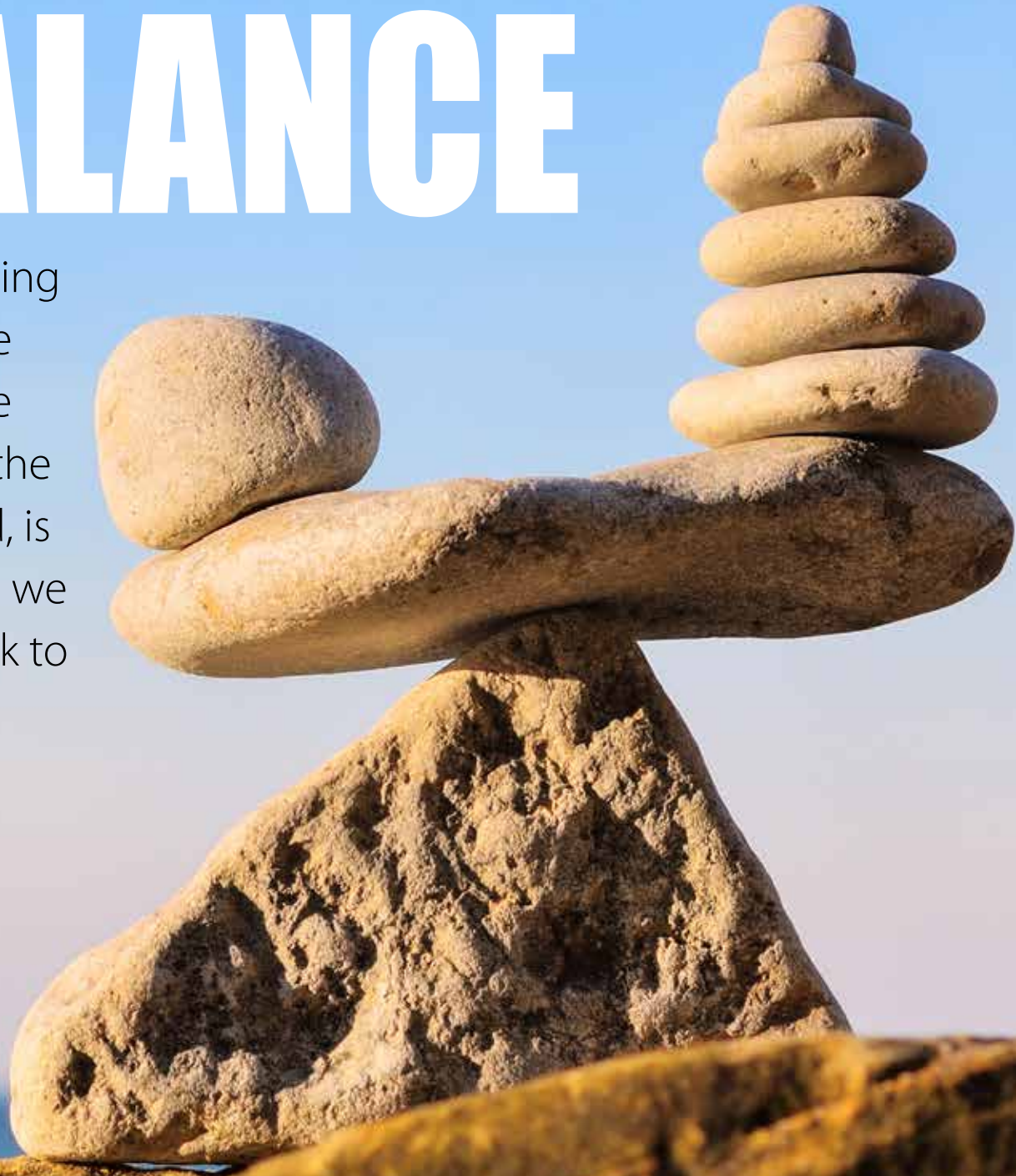


# BALANCE

It's something many strive for; Balance Billing, on the other hand, is something we all can work to avoid.

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## INSIDE

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& INFORMATION FOR  
PROVIDER PARTNERS

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**COVER STORY: Out-of-Network Referral and Preauthorization**

# Help Us Help Members Avoid Big Balance Bills

## *Diligence is Key to Keep Members In-Network and Preauthorized*

**T**he two items that most often leave our members facing a large financial balance bill are:

- » They are referred and obtain services from an out-of-network provider who is not under contract with PEHP and who has no obligation to accept PEHP's community fee.
- » A service that requires prior authorization for coverage is performed without prior authorization and after the services are performed, it is determined the services did not meet the criteria for coverage.

Both situations often leave our members with large balance bills that often range from a hundred to thousands of dollars, which is extremely concerning for our members, your patients.

PEHP continually educates our members on healthcare pitfalls to help protect them financially from these situations. We expect the provider community to assist our members in this process.

Fortunately, most providers are very diligent in helping their patients get to in-network providers and pre-authorize services. There are a few



outliers that often put our members in situations that expose them to significant financial costs.

PEHP continues to provide warnings on our directory about providers who are known to put members in these situations. PEHP will be reaching out to the worst offenders with a request that they improve in these areas.

For those providers who fail to correct these practices, PEHP will remove them from our network panels.

Our goal is to work cooperatively with our provider partners in a way that helps our members obtain the healthcare services they need while protecting them from unexpected costs.

## Provider Basics

# Check Out Online Reference Guide

**P**EHHP has recently published an updated provider basic reference guide at [www.pehp.org](http://www.pehp.org). Our Provider Basics will help guide you on how to help your PEHP patients maximize their benefits.

The purpose of the reference guide is to highlight the most common areas in

which we have limits, authorizations, or other benefit difference with other payers, so that we can make working with PEHP easy. It provides information on networks, our Preferred Drug List, the Affordable Care Act (ACA), labs and imaging, preauthorization, benefit exclusions, as well as

tips for specific provider specialties to identify items that often lead to denials.

We encourage you to become familiar with this guide to reduce your payment denials and minimize uncovered and/or unnecessary healthcare costs for our members, your patients.

### State Traditional Plan Co-Pays Changing

**T**he State of Utah will make changes to its Traditional plans co-pay tiers starting July 1, 2018. To ensure your office collects the correct co-pay for PEHP members, please check for a current PEHP membership card.

Your office may also obtain real-time/online information via a 270/271 EDI transaction through your billing software or your office can log in through PEHP's provider portal in the "for Providers" section of [www.pehp.org](http://www.pehp.org), to check eligibility.

### Colorectal Cancer Policy

**P**EHHP has recently updated our colorectal cancer screening policy. PEHP now covers stool-based DNA screening (CPT 81528) once every three years for routine screening of colorectal cancer. PEHP's complete policy can be found in the Clinical Policies Section in the provider portal on [www.pehp.org](http://www.pehp.org).

### Summit and Summit Exclusive Network Differences

**R**ecently, PEHP added a Summit Exclusive Network. There is a slight difference between the two networks in Cache County, but are the same in other areas.

» **Summit Exclusive Network** includes Logan Regional Hospital, as well as the IHC physicians in Cache County.

» **Summit Network** includes all other providers and **EXCLUDES** Logan Regional Hospital and the IHC physicians in Cache County.

PEHP members and providers can find a list of providers who are on these Networks, by visiting [www.pehp.org/ProviderLookup](http://www.pehp.org/ProviderLookup). This list is subject to change often.

## DID YOU KNOW?

*Non-chiropractic specialists wanting to join a chiropractic group and offer non-chiropractic services are subject to PEHP's network access needs for the other specialty/ services they offer. This may result in non-chiropractic specialists being ineligible to join PEHP's network.*



***New to PEHP Provider Relations***

## **PEHP Welcomes Josh Hunter**

**I** was born and raised in San Diego, California, but have lived in Utah now for over 20 years. I've been married for 21 years and have three great kids.



Education-wise, I have a Bachelor's Degree in Business

Marketing and a Master's in Business Administration. I have worked in the healthcare industry for more than 10 years and am pleased to now be with PEHP.

My current position is Provider Data Analyst; and I look forward

to the exposure and experience of what goes on behind the scenes to efficiently and accurately administer benefits and payments to our valued members and providers.

Outside of work, my biggest hobby is mountain biking. If I'm not doing activities with my family, I am out riding.

***Updates and Reminders***

## **Keeping You In the Know**

**W**e encourage all providers to become familiar with our clinical policies, which are found at [www.pehp.org](http://www.pehp.org). A login is required. Please contact your Provider Relations Specialist if you don't have one.

A few updates of note:

- » Effective 6/1/18, preauthorization will be required for codes 64505, 64510, 64517, and 64520 (related to sympathetic nerve blocks). Preauthorization forms are available to providers at [www.pehp.org](http://www.pehp.org).
- » CPT code 64505 is not covered for headaches.
- » PEHP considers the prosthetic replacement of the first metatarsal phalangeal joint for hallux rigidus or vulgaris investigational when compared to solid arthrodesis.
- » PEHP considers modular implants (e.g., the METIS prosthesis and the ToeFit-Plus prosthesis) experimental and investigational for replacement of the first metatarsal phalangeal joint and for other indications because their long-term effectiveness has not been established.
- » PEHP considers interpositional arthroplasty with biologic spacers (e.g., the InterPhlex interdigital implant) and total prosthetic replacement arthroplasty using total metallic or silastic implants experimental and investigational for hallux rigidus, degenerative arthritis, and other indications involving the metatarsal phalangeal joints because their effectiveness has not been established.

**DID YOU KNOW?**

*PEHP WeeCare is our prenatal and postpartum program, in which all PEHP members are eligible to participate. Members can call 801-366-7400 to get started!*

## Intermittent Pneumatic Compression Devices

# Refresher on PEHP Policy

**P**EHP has recently observed a large increase in non-medically necessary intermittent pneumatic compression devices being ordered by physicians after surgeries. As a result, members have often been left with large balance bills from the DME vendors that have provided the equipment.

PEHP would like to remind offices of the criteria for these devices from our Intermittent Pneumatic Compression Devices Policy. The full policy is available on the PEHP provider portal.

Outpatient use (no more than 14 days) of limb pneumatic compression devices for venous thromboembolism prophylaxis after major orthopedic surgery (total hip arthroplasty, total knee arthroplasty, or hip fracture surgery) or after major non-orthopedic surgery (open abdominal and open-pelvic procedures) meets PEHP's medical criteria for coverage in patients with a contraindication to pharmacological agents (i.e., at high-risk for bleeding\*).

\*The ACCP guidelines on prevention of VTE in orthopedic surgery patients list the following general risk factors for bleeding:

- » Previous major bleeding (and previous bleeding risk similar to current risk)
- » Severe renal failure
- » Concomitant antiplatelet agent
- » Surgical factors: history of or

difficult-to-control surgical bleeding during the current operative procedure, extensive surgical dissection, and revision surgery



The American College of Obstetricians and Gynecologists (ACOG) proposed the following risk classification for VTE in patients undergoing major gynecological surgery:

» Low: Surgery lasting less than 30 minutes in patients younger than 40 years with no additional risk factors.

» Moderate: Surgery lasting less than 30 minutes in patients with additional risk factors; surgery lasting less than 30 minutes in patients age 40-60 years with no additional risk factors; major surgery in patients younger than 40 years with no additional risk factors.

» High: Surgery lasting less than 30 minutes in patients older than 60 years or with additional risk factors; major surgery in patients older than 40 years or with additional risk factors.

» Highest: Major surgery in patients older than 60 years plus prior venous thromboembolism, cancer, or molecular hypercoagulable state.

We request your office review and follow the clinical guidelines for pneumatic compression devices and help our members, your patients, from getting stuck with a large bill.

## DID YOU KNOW?

Providers can download Medical Preauthorization Forms on our unsecured site at [www.pehp.org](http://www.pehp.org).

**Laboratory Cost Transparency**

# Ordering Out for Labs? Use Independent Sites

**W**here a provider refers laboratory tests has a significant impact to the cost of your patient’s overall medical visit.

Referrals to a hospital laboratory can cost 3 to 5 times more than an independent laboratory or office laboratory.

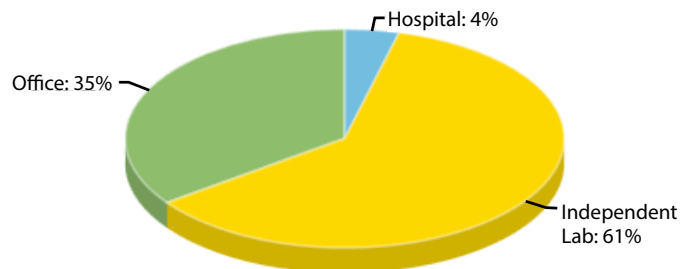
PEHP has recently added a tool to our Provider Directory for our members that will show where their provider is sending labs and the cost difference.

The chart on the right shows the difference for routine screening tests for one of our providers and includes the percentage of referrals this provider sends to each type of laboratory.

If your office does not perform laboratory testing for your patient’s visit, we encourage you to refer PEHP members to independent laboratories from their PEHP network.



### Laboratory Referral Percentage



Code	Description	Hospital Costs	Independent Lab Costs	Office Costs
80050	Comprehensive health testing	\$223.75	\$37.21	\$41.67
80053	Metabolic blood tests	\$75.89	\$13.42	\$14.76
80061	Cholesterol testing	\$63.61	\$17.11	\$18.04
81001	Urine analysis	\$37.18	\$4.14	\$4.48
82306	Test for vitamin D deficiency	\$97.06	\$37.37	\$39.98
83036	Blood sugar (glucose) test	\$40.43	\$12.40	\$13.36
84443	Thyroid hormone test	\$69.71	\$21.34	\$22.57
85025	Detailed blood cell count	\$48.49	\$6.76	\$7.53
85610	Test prothrombin clotting time	\$24.20	\$5.09	\$5.45
87086	Urine test for bacteria	\$55.04	\$10.34	\$11.10

*\*Price rating is based on the cost of an individual procedure. This is only one part of the overall cost. Other factors include which procedures the provider bills, how many, and where they are performed.*

**DID YOU KNOW?**  
As of October 1, 2016, PEHP requires the highest level of specificity on the diagnosis code being billed. Failure to do so will result in the claim being denied.

**PEHP Wellness**

# Free Health Coaching Now Available for Medicare Supplement Members

**Y**our patient with a body mass index (BMI) of 30 or higher may qualify for PEHP Health Coaching. Our lifestyle behavior change program provides education, support, and encouragement to help your patient succeed in improving his or her health behaviors.

Each PEHP member consults with a Health

Coach to discuss the individual’s health behaviors and readiness to change. The member will participate in a confidential partnership for 6-12 months.

During this time, he or she will identify personal motivations for health, form an action plan and learn how to overcome barriers to achieving health goals. With our

support and your patient’s dedication, a healthier lifestyle is within reach.

Do you have a patient interested in joining PEHP Health Coaching? Online registration is available to get started on the path to better health. Questions? Call 801-366-7300 or 855-366-7300, email [healthcoaching@pehp.org](mailto:healthcoaching@pehp.org).

**Enhanced Appeals Process**

## Avoid Delays With Timely Submissions

**B**eginning with appeals received July 1, 2018, PEHP will be implementing an enhanced appeals process. Providers who disagree with how a claim was processed may dispute the claim within 180 days of the initial determination. For a successful appeal, it must now include:

1. An explanation of why the provider feels the denied charge is payable, i.e., “Code(s) XXXXX can be payable separately.”
2. Have supporting documentation/guidelines to back up the appeal. This should include what NCCI edit the provider believes the procedure can be payable separately under, i.e. “NCCI guidelines indicate payment is allowed for removal of lesions from different sites when billed with a modifier-59 and supported in the

documentation.”

- a. Furthermore, provider must highlight in the records where their claim is supported.

Appeals received that simply state, “Please review, charge is payable with modifier”, or “Records attached” etc., without the documentation described in No. 2 above, will be returned to the sender with a cover sheet that indicates the appeal can’t be reviewed until requested information is received. It will also have reminders of PEHP’s timely filing limits.

Appeal reviews take time. To help avoid unnecessary delays, please make sure the request is submitted timely and with all the necessary information.

We encourage providers to become familiar with our appeals process at [www.pehp.org](http://www.pehp.org).

**DID YOU KNOW?**

PEHP currently supports the following EDI transactions: 837, 270/271, 276/277, 277CA, 835, and EFT.



**Auditing**

# Mental Health Auditing Concerns

The auditing department at PEHP continually audits claims to ensure accuracy of billing and correct coding. PEHP follows the American Medical Association (AMA) current procedural terminology (CPT) codebook for their rules and guidelines.

Along with that, PEHP has a Master Policy and clinical policies, which can be found on our web page behind the provider login.

PEHP uses a third-party auditing vendor that helps with the reviews, which consists of a team of CPC coders, RN's and peer reviews when needed. The vendor also identifies billing spikes and/or billing patterns within specialty provider groups.

**Marriage Counseling**

During our audits it has been identified on several occasions, that mental health providers are seeing couples or individuals for marriage counseling. This is not a covered benefit for any of PEHP's members.

PEHP is also aware when an individual is seen there may be other diagnoses associated with marriage counseling and should be identified through the AMA coding rules and guidelines. However, if the primary purpose of the visit is to discuss marital issues, regardless of other associated diagnoses, the visit would be considered marriage counselling and should not be billed to PEHP.

Marriage counseling should be arranged as a private pay non-covered service if provided to PEHP members.

The definition of marriage counseling

according to the Mayo Clinic:

*“Marriage counseling, also called couples therapy, is a type of psychotherapy. Marriage counseling helps couples of all types recognize and resolve conflicts and improve their relationships. Through marriage counseling, you can make thoughtful decisions about rebuilding and strengthening your relationship or going your separate ways.”*

*“Marriage counseling is often short term. Marriage counseling typically includes both partners, but sometimes one partner chooses to work with a therapist alone. The specific treatment plan depends on the situation.”*

**Psychotherapy Codes**

Psychotherapy codes have been evolving from a regular psychotherapy code set of 90832-90838 to evaluation and management codes with an add on code. When being billed, ensure your documentation supports the codes being billed.

We've also seen several providers billing the psychotherapy 90838 and crisis codes 90839-90840 more frequently and not meeting the AMA coding requirements. Remember, if it's not documented, it did not happen and is not payable.

For any questions or concerns, contact your Provider Relations Specialist.

**DID YOU KNOW?**

PEHP requires all contracted providers to complete the recredentialing process at least once every three years. A verification form will be sent to the provider. All providers are expected to respond to the request in a timely manner. Our Credentialing / Re-Credentialing Policy and Procedure can be found at [www.pehp.org](http://www.pehp.org). For further questions, contact your Provider Relations Specialist.



## Valuable Info From EDI

**EFT Notifications:** Providers set up for EFT can receive emails directly from PEHP, letting them know a payment has been made. We are currently receiving a lot of rejected emails, as the information we have is either incorrect, invalid, or outdated. If your office is currently set up for EFT and want the email notifications, contact PEHP’s EDI Department at 801-366-7544, to ensure that what we have on file is a current/valid email address. If you aren’t currently set up for EFT, login under providers at [www.pehp.org](http://www.pehp.org), select EFT Agreement and follow the prompts.

### **EDI 277CA Claim Acknowledgement Tool:**

Providers can check which claims were accepted into our adjudication system and those that were rejected, including the reason for the rejection. The tool is found online at [www.pehp.org](http://www.pehp.org).


### Online Tool Tips

**IMPORTANT:**


**The date you submitted the claim and the date we received the claim are different. Please make sure you are putting in a range to receive results.**

#### EDI 277CA Claim Acknowledgement Search Tool

\* required fields

Submission Beginning Date\* 


Enter the date you submitted the claim.

Submission Ending Date\* 

Because we don’t know when your clearinghouse will forward your claim on to us, the date **must be** at least one week later than the submission beginning date.

PEHP Subscriber ID

Patient Account Number

Date of Service 

View Results

Cancel

## LDL Bundling Edit

Providers are continually asking about our LDL bundling edit, and why code 87321 (LDL cholesterol measurement) is bundling into 80061 (Lipid Profile, includes the Total Cholesterol (TC), HDL, and Triglycerides (T/5)).

PEHP’s code editing system bundles 83721 into 80061, because the LDL can be obtained with the following calculation from the 80061:

$$LDL = TC - HDL - (T/5)$$

Claims billed with both CPT codes will be bundled. Code 83721 will be listed as a provider write-off and is not billable to our members, according to section 2.5 in your provider agreement.

To better understand our edits, providers can utilize the “Clear Claim Connection” tool at [www.pehp.org](http://www.pehp.org). Basic claim information can be added, and results will display on if the services will be allowed or denied. If denied, a rationale will be given.

## Rx Info Available Via cHIE

PEHP has recently started to make our members’ prescription drug data available through the Utah Health Information Network’s (UHIN) clinical Health Information Exchange (cHIE) tool.

We understand that medication management and compliance can have a significant impact on a person’s health and your ability to assist them in improving their health.

We hope this additional data will be another tool that will allow your office to best treat our members.

## DID YOU KNOW?

Providers can view our Federal Healthcare Reform Coding Table at [www.pehp.org/providers/claims-and-billing/preventive-services](http://www.pehp.org/providers/claims-and-billing/preventive-services). This table provides information on which CPT and Diagnosis Code combinations qualify for the Healthcare Reform preventive visits.

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

## Drugs REMOVED from List

Drug Name	Effective Date
Avastin	July 1, 2018
Tysabri	July 1, 2018
Neulasta	July 1, 2018
Modafinil 200mg tablet	March 1, 2018

your 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

## Drugs ADDED to List

Drug Name	Effective Date
Xtampza	July 1, 2018
Tremfya	July 1, 2018
Mavyret	January 1, 2018
Vosevi	January 1, 2018

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).

# 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

Drug Name	Formulary Change	Formulary Alternative	Effective Date
Dexcom G4/G5	Tier 3	Freestyle Libre	July 1, 2018
Butrans patch	Tier 3	Buprenorphine patch	July 1, 2018
Dextroamphetamine ER	Tier 3	Methylphenidate CD	July 1, 2018

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. Above are the most recent changes.

## 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 #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 84102-2004



**PROVIDER NEWS**  
A PEHP PROVIDER RELATIONS PUBLICATION PEHP SPRING 2018

# Contact List

**Please note:** *The contact numbers for Case Management, Preauthorization and Health Benefits Dept are not the same.*

**Case 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*

.....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 Health Coaching....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

Josh Hunter .....801-366-7341  
Provider Relations Analyst josh.hunter@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