

September 2016

PROVIDER TIPS » Primary Care

Preauthorization

- » See [this list](#) of services that require preauthorization.
- » To get preauthorization, get the appropriate form at [PEHP for Providers](#) and fax or mail it to us.
- » These services generally require preauthorization:
 - › Inpatient hospital medical admissions at Primary Children's Medical Center.
 - › These types of inpatient admissions: hospital rehabilitation, skilled nursing facilities, mental health, and substance abuse.
 - › All out-of-network inpatient admissions.
- » For more information about preauthorization, contact your [Provider Relations Representative](#).

Referrals/Networks

Networks

PEHP offers four different Networks. Please help us protect PEHP members from unnecessary large bills by referring them to providers in the PEHP network selected by the patient.

This includes making sure that every person, lab, and facility involved in the patient's care is not just contracted with PEHP but is specifically part of the member's network. Otherwise, the patient can be balanced billed for out-of-network services. Find in-network providers at www.pehp.org/ProviderLookup.

PEHP Advantage » Primarily Intermountain Healthcare. Includes certain others based on geographic need.

PEHP Summit » Primarily University of Utah, IASIS, and MountainStar. Includes Primary Children's Medical Center and all rural IHC facilities.

PEHP Preferred » Includes both Advantage and Summit providers.

PEHP Capital » Primarily IASIS and University of Utah Healthcare. Includes Primary Children's Hospital and all rural facilities.

Prescription Drugs

Get preauthorization by calling 801-366-7358. Forms are available at [PEHP for Providers](#). Download the [Preferred Drug List](#).

Affordable Care Act (ACA)

General information

We cover preventive services at no cost to members. To help your office understand which CPT and diagnosis code combinations qualify for the ACA preventive visits, we have created this [ACA Coding Table](#).

Specialty information

With colonoscopy, patients who meet the criteria for both MAC (anesthesia services for gastrointestinal endoscopic procedure available at www.pehp.org) and the preventative screening guidelines will have the MAC covered at 100% of the PEHP allowed benefit. If the member does not meet MAC coverage criteria, the anesthesia will be completely denied. Medically indicated colonoscopy performed under the age of 50 is paid under regular benefits, not under ACA.

Labs and Imaging

General information

Find in-network laboratories at www.pehp.org/ProviderLookup. In-network, free-standing labs, such as LabCorp and Quest Diagnostics, are less-expensive alternatives to sending the tests through a hospital. In general, the cost for labs are three to six times more expensive in a hospital outpatient setting. For example, in 2015, a comprehensive metabolic panel costs a patient around \$13-14 when done in office or by an independent laboratory, compared to \$86 at a hospital. Another example: Urinalysis done in office or by an independent laboratory costs a patient around \$3-4, compared to \$41 when done by a hospital. This same comparison is true for all labs. Free-standing imaging centers are also less expensive and are available in-network for patients on the PEHP Summit, Preferred, and Capital networks.

Specialty information

PEHP does not cover Sera Prognostic's PreTRM test in pregnant women as it is considered investigational.

Exclusions

[See complete list of exclusions.](#)