HEALTH PLANS
UNIVERSITY OF UTAH

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PROVIDER CONNECTION

U OF U HEALTH PLANS NEWSLETTER

NOVEMBER 2026

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GENERAL NEWS

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PROVIDER DIRECTORY VERIFICATION THROUGH BETTERDOCTOR®

To comply with the federal No Surprises Act and help members find care more easily, U of U Health Plans uses BetterDoctor® by Quest Analytics® to verify provider directory information every 90 days. Providers may be contacted by email, fax, mail, or phone to confirm or update their information through the BetterDoctor verification process. Keeping provider directory information accurate helps reduce barriers to care and supports compliance with federal requirements.

READ THE ARTICLE >>>

U HEALTH PLUS NETWORK IS DISTINCT – IMPORTANT REMINDER FOR PROVIDERS

The U Health Plus network is distinct from the Healthy Preferred and Healthy Premier networks.

Participation in the Healthy Preferred or Healthy Premier networks does not automatically include participation in the U Health Plus network.

Providers should ensure their office staff are verifying network participation when scheduling or billing for members enrolled in U Health Plus plans. By staying informed and double-checking network status, providers can help ensure a smooth experience for members and avoid unnecessary claim issues.

VERIFY NETWORK PARTICIPATION USING THE ONLINE PROVIDER DIRECTORY >>>

UNDERSTANDING UTILIZATION REVIEW AND COVERAGE DECISIONS

All utilization review decisions and care management actions are based on the appropriateness of care and services in accordance with the member's benefit coverage. U of U Health Plans does not provide incentives or rewards for issuing coverage denials. Incentives are not used to create barriers to care or services. Utilization review decisions are made using nationally recognized criteria, plan benefits, and adherence to utilization management policies and procedures.

PROVIDER OR PRACTICE CHANGES? START HERE

Keeping your provider and practice information up to date is essential for accurate directory listings and efficient operations. Use the resources below to submit updates and ensure your records remain current.

Adding a New Provider?
If you are adding a new provider to a group that is already contracted with U of U Health Plans, complete the **Add Provider for Credentialing Form**.

Need to Update Practice Information, Add a Location, or Terminate a Location?
Submit your updates using the **Provider Information Update Form**. Maintaining accurate information helps us better serve you and your patients.

Not Yet Contracted with University of Utah Health Plans?
Before beginning the credentialing process, practitioners must first complete the **Provider Application**.

LEARN MORE >>>

UTAH COUNTY MARKETPLACE COVERAGE UPDATE EFFECTIVE JANUARY 1, 2027

Beginning January 1, 2027, Individual Exchange (Marketplace) plans will no longer be available to residents of Utah County. This change affects product availability only and does **not** impact provider network participation, including the Healthy Premier network. Providers do not need to take any action, and Group and Medicaid plans will continue to be available as they are today.

WHAT PROVIDERS NEED TO KNOW >>>

INPATIENT CLAIMS BILLING REQUIREMENTS: VALUE CODES 80 & 81 AND NON-COVERED CHARGES

Providers submitting inpatient UB-04 claims must accurately report covered days, non-covered days, and any applicable non-covered charges. Missing or incomplete billing information may result in claim denial and require submission of a corrected claim. Review the full article for billing requirements and denial information.

BILLING REQUIREMENTS AND DENIAL INFORMATION >>>

LOOKING AHEAD: INTEROPERABILITY UPDATES FOR PROVIDERS

New federal interoperability requirements will introduce enhanced capabilities to support data sharing and prior authorization processes through Application Programming Interfaces (APIs). Additional information, including provider resources, implementation guidance, and access instructions, will be available on our **website** beginning January 1, 2027.

Utah Medicaid providers can find additional interoperability registration information in the **September Medicaid Information Bulletin**.

QUALITY IMPROVEMENT & PATIENT CARE

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OUR COMMITMENT TO PREVENTIVE CARE

We know that recent news about vaccines may have raised questions for some members. Our commitment to your health has not changed. U of U Health Plans remains committed to helping our members stay healthy. We encourage members to talk with their doctors and follow recommended vaccine schedules, including the **childhood and adolescent immunization schedule recommended by the American Academy of Pediatrics (AAP)**.

Vaccines covered by your health plan continue to be available according to your plan benefits and coverage rules.

Questions about vaccine coverage or preventive care services? Contact **Member Services**.

EXPANDING ACCESS TO COLORECTAL CANCER SCREENING THROUGH AT-HOME FIT KITS

University of Utah Health Plans continues its partnership with Previon Inc. to offer mail-delivered FIT (Fecal Immunochemical Test) kits, making colorectal cancer screening more accessible and convenient for members. This initiative supports the One Utah Health Collaborative's goal of improving statewide health outcomes by removing common barriers to screening and encouraging early detection. Screening rates for colorectal cancer (CRC) improved across all U of U Health Plans member products, and we are excited to expand this outreach effort to reach even more members this year.

LEARN MORE ABOUT COLORECTAL CANCER SCREENING >>>

PROJECT ECHO

Project ECHO connects primary care providers with University of Utah specialists through virtual telementoring, giving providers timely access to expert guidance, case-based learning, and written clinical recommendations. Participants gain practical, evidence-based knowledge that can help them manage complex cases with greater confidence while keeping patients connected to care in their communities.

Benefits of Project ECHO include:

- Support for managing challenging patient cases.
- Collaborative learning that benefits the entire practice.
- Up-to-date clinical pearls and evidence-based best practices.
- Written recommendations and answers to clinical questions from University of Utah specialists.

EXPLORE PROJECT ECHO >>>

RISK ADJUSTMENT DOCUMENTATION QUICK GUIDE: CARDIOLOGY & VASCULAR CONDITIONS

This quick reference guide provides practical documentation tips for cardiology and vascular conditions, including heart failure, atrial fibrillation, coronary artery disease, and vascular disease. Learn how improved specificity and clear documentation of active vs. historical conditions can support accurate risk adjustment reporting.

VIEW THE QUICK GUIDE >>>

HEALTHY U MEDICAID NEWS

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TELEHEALTH MODIFIERS UPDATE

Effective January 1, 2027, providers will be required to append modifier 93 for audio-only telehealth services and modifier 95 for audio and video telehealth services. Please review the ***Utah Medicaid Provider Manual, Section I: General Information Provider Manual, Chapter 12-7.3***, for complete modifier requirements and billing guidance. Additional details are available in the **September Medical Information Bulletin (MIB)**.

BEHAVIORAL HEALTH REVENUE CODE UPDATES

Effective January 1, 2027, Utah Medicaid will require certain behavioral health residential treatment, partial hospitalization, and intensive outpatient services to be billed using a per diem (daily) methodology. Providers must submit claims through the 837I institutional claim format (electronic equivalent of the UB-04) and bill one unit per day to represent the daily rate.

Claims for residential treatment centers (RTC), partial hospitalization programs (PHP), and intensive outpatient programs (IOP) must include the appropriate revenue code and supporting CPT/HCPCS code. Specific revenue code and billing requirements vary by service type.

For complete billing requirements, applicable revenue codes, and corresponding CPT/HCPCS codes, please refer to the **September Medical Information Bulletin (MIB)**.

BEHAVIORAL HEALTH CODE STANDARDIZATION

Effective January 1, 2027, Utah Medicaid will update billing requirements for certain behavioral health services to align with National Correct Coding Initiative (NCCI) standards. Providers should bill the entire qualifying encounter as a **single unit** rather than using 15-minute incremental units for the affected codes.

While providers should continue to deliver clinically appropriate session lengths, qualifying services must be submitted according to the updated unit requirements.

For complete information, including the affected CPT codes, maximum allowable units, and minimum time requirements, please refer to the September Medical Information Bulletin (MIB).

UPPER PAYMENT LIMIT (UPL) PROJECT

Utah Medicaid has updated its coverage policy for nursing facility services to align with federal guidance and Medicare payment methodologies. The policy change is effective retroactively for services rendered on or after July 1, 2026, and affects which services are included in a nursing facility's daily per diem rate versus those that may be billed separately as ancillary services.

Of particular importance, physical therapy (PT), occupational therapy (OT), and speech-language pathology (SLP) services provided by nursing facility-employed clinicians are no longer separately billable and are now considered routine services included in the facility's daily per diem rate.

Providers are encouraged to review the updated policy and billing requirements to ensure compliance. For additional information and a list of services included in the daily per diem rate, please refer to the September Medical Information Bulletin (MIB).

SPRAVATO OBSERVATION BILLING UPDATE

Effective July 1, 2026, providers should bill prolonged post-administration observation services associated with **Spravato (esketamine)** using **CPT codes 99415 and 99416** when the observation is performed by clinical staff under the direction of a physician or other qualified healthcare professional.

Providers should report **99415** for the first hour of clinical staff observation and **99416** for each additional 30 minutes of medically necessary observation time. Additionally, providers should discontinue using CPT codes 99417 and 99418 for Spravato post-administration observation services when the observation is performed by clinical staff.

For additional billing guidance and coding requirements, please refer to the September Medical Information Bulletin (MIB).

PHARMACY NEWS

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PHARMACY RESOURCES

Our pharmacy and medication information is updated regularly as changes occur. Because drugs may be added or removed from the formulary throughout the year, we recommend reviewing our website at least quarterly for the most up-to-date information, including formulary change notices.

To support your needs, we have compiled a pharmacy resources page with links to our formularies, prior authorization policies and forms, and more.

CHECK OUT THE RESOURCES >>>

OPIOID POISONING: KEY INFORMATION FOR PROVIDERS

Opioid poisoning remains a leading cause of preventable overdose deaths, making early recognition and prompt intervention critical for preventing serious complications and death. Providers should closely monitor patients at increased risk, administer naloxone when appropriate, and educate patients and caregivers on overdose recognition and prevention strategies. Proactive measures, including prescribing the lowest effective opioid dose and considering naloxone co-prescribing for at-risk individuals, can help save lives and improve patient outcomes.

READ MORE >>>

CODING CORNER

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CODES REQUIRING PRIOR AUTHORIZATION

We regularly review our list of Codes Requiring Prior Authorization and update it as changes occur, including adding new codes, changing authorization requirements for existing codes, and removing codes that no longer require authorization.

As part of a recent comprehensive review, U of U Health Plans removed nearly 600 codes from the prior authorization. Because authorization requirements can change over time, providers should always check the current online list before scheduling procedures or prescribing durable medical equipment to determine whether prior authorization is required.

Also, take a moment to review Upcoming Changes to Codes Requiring Prior Authorization to ensure authorizations for future procedures are compliant.

PREPARE FOR CPT 2027 MATERNITY CARE CODING CHANGES

Significant changes to maternity care coding are taking effect January 1, 2027.

The new Current Procedural Terminology (CPT) framework replaces global maternity reporting with service-level reporting for antepartum care, labor management, delivery, and postpartum services. Providers should also be aware of transition-period billing requirements for pregnancies that span the January 1, 2027 implementation date, as well as modifier TH reporting requirements and guidance for applicable maternity-related Evaluation and Management (E/M) services. Understanding these changes now can help support accurate documentation, coding, and billing as implementation approaches.

LEARN MORE >>>

COVERAGE POLICY UPDATES

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MEDICAL POLICY UPDATES

Medical policies for the following services have been recently created, revised, or archived:

- **REVISED** – Ketamine-Assisted Psychotherapy (KAP)
- **REVISED** – Treatment of Capillary Malformations (Port Wine Stains)
- **REVISED** – DecisionDx-UM Testing for Uveal Melanoma
- **REVISED** – Fractional Ablative CO2 (Carbon Dioxide) Laser Treatment for Burn and Hypertrophic Scars
- **REVISED** – Sacral Nerve Stimulation for Pelvic Floor Dysfunction
- **REVISED** – Peripheral Nerve Stimulation
- **REVISED** – Clinical Criteria for Review Determinations
- **REVISED** – Proton Beam Therapy
- **ARCHIVED** – Single Photon Emission Computed Tomography with Computed Tomography (SPECT/CT)
- **ARCHIVED** – Eye Movement Desensitization and Reprocessing (EMDR) Therapy
- **ARCHIVED** – Bariatric Surgery
- **ARCHIVED** – Oral Appliances for Obstructive Sleep Apnea
- **ARCHIVED** – Gastric Pacing
- **ARCHIVED** – Corneal Cross-Linking
- **ARCHIVED** – Bone Mineral Density
- **ARCHIVED** – Fecal Microbiota Transplantation
- **ARCHIVED** – Transcutaneous or Peripheral Magnetic Stimulation
- **ARCHIVED** – Dynamic Splint
- **ARCHIVED** – Cognitive Rehabilitation Therapy
- **ARCHIVED** – Cardiac Positron Emission Tomography (PET) Scans
- **ARCHIVED** – Gender Affirming Surgery
- **ARCHIVED** – Vertical Expandable Prosthetic Titanium Rib for Spinal Disorder
- **ARCHIVED** – Genetic Testing for Breast and/or Ovarian Cancer Susceptibility (BRCA1/BRCA2)

VIEW A SUMMARY OF CHANGES HERE >>>

REIMBURSEMENT POLICY UPDATES

Reimbursement policies for the following services have been recently created, revised, or archived:

- **NEW** – Allergen Immunotherapy (AIT)
- **REVISED** – Doula Services
- **ARCHIVED** – OB Anesthesia
- **ARCHIVED** – Sources for Coding Determinations
- **ARCHIVED** – Status B Bundled Codes

VIEW A SUMMARY OF CHANGES HERE >>>

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