

PATHWAYS TO MANAGED CARE

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Commercial



This information applies to Blue Network P, Blue Network S, and Blue Network L unless stated otherwise. Beginning October 1, 2021, some Commercial members over the age of 18 will require prior authorization for lab-based sleep studies for the following codes: 95807, 95808, 95810, 95811. Home-based sleep studies for Commercial members don't require prior authorization.

You can submit authorization requests through the Authorization Submission/Review application tile in Availity, by faxing them to Commercial Utilization Management at 1-866-558-0789 or by calling the Provider Service Line at 1-800-924-7141.

Cigna Clinical, Reimbursement and Administrative Policy Updates

Effective July 1, 2021

Arthroplasty, arthrodesis, and laminectomy level of care review

The Centers for Medicare & Medicaid Services (CMS) and evidence-based guidelines from MCG Health designate procedures with CPT codes 27702, 27870, and 63045 as outpatient when medically appropriate. In keeping with this standard, for dates of service on or after July 1, 2021, Cigna may deny coverage for these procedures when requested at the inpatient level of care. Denials will include medical necessity appeal rights.

Cigna will require precertification to determine the medically necessary and appropriate level of care for these procedures, and base review of medical necessity on MCG criteria.

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Updates

AETNA
Site of service Precert

UNITEDHEALTHCARE
Prior Auth Changes



KATHERINE CHRISTIAN, MHA
Director, Managed Care, UPA
865.670.6180
kachristian@utmck.edu



Cigna Clinical, Reimbursement and Administrative Policy Updates

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Effective October 1, 2021

Spinal fusion level of care review

CMS and evidence-based guidelines from MCG guidance designate CPT codes 22558, 22612, 22600, 22630, 22633, and 22856 as outpatient when medically appropriate. In keeping with this standard, for dates of service on or after October 1, 2021, Cigna will require precertification to determine the medically necessary and appropriate level of care for these procedures, and base our review of medical necessity on MCG criteria.

Effective October 16, 2021

Venipuncture billed with certain lab codes

As a result of a recent review, and consistent with industry standards for venipuncture reimbursement, Cigna will deny CPT code 36415 when billed with certain lab codes as incidental. The method of obtaining the sample is integral to performing the laboratory analysis when reported by the same provider. This update excludes claims billed with modifier 59 and national lab Taxpayer Identification Numbers.

Boards or Certifications

As a reminder, upon renewal of boards or certifications, please send an updated certificate to the UPA Managed Care Office at:

upamanagedcareoffice@utmck.edu



Site-of-service precertification requirements

Effective December 1, 2021, Aetna will implement site-of-service precertification requirements for certain procedures.

Aetna will not require precertification for services performed in an ambulatory surgical facility or an office.

Aetna will require precertification for procedures performed in an outpatient hospital setting. Our goal is to ensure that members receive quality care at the most appropriate site of service based on individual needs.

Aetna will consider the following during the precertification process:

- The need for access to more intensive services or medical support
- The availability of a participating network facility
- Physician privileges
- Other specialty requirements

For a list of procedure codes that require precertification under this policy, log in to the Availity provider portal and go to:

- Aetna Payer Space
- Resources
- Clinical Resources
- Site of Service Outpatient Surgical Procedure List



MEMORANDUM

SEPTEMBER 8, 2021

TO:
Billing Office Contacts
Managed Care Contacts

FROM:
Gwyn Walters, Vice President, Research and Reimbursement

TENNCARE PCP ASSIGNMENT WAIVER

While TennCare had terminated the previous waiver around primary care physician (PCP) assignments effective July 31, 2021, they have now agreed to reinstate that waiver back to that date until further notice.

The directive from TennCare to the TennCare MCOs was:

“The MCOs will continue the suspension of the practice of denying PCP service claims submitted by providers who are not the assigned PCP of the members they are serving until further notice. Any claims that were denied since July 31, 2021 as a result of the PCP assignment requirements, should be reprocessed and retroactively approved back to July 31, 2021. As has been the practice throughout this year, members will continue to be assigned PCPs according to the normal process.”

Please review the memo at this link and forward this information to anyone in your organization this impacts.

If you have questions, please contact Gwyn Walters.

UPA Managed Care Contacts

Dee Turpin,
UPA Credentialing Coordinator
Contact for provider load issues;
provider/office demographic changes;
Provider Data Verifications; provider
resignations and office changes.
dturpin@utmck.edu

Donna Braden-Paduan,
UPA Credentialing Specialist
Contact for recredentialing and
AppCentral questions.
dbraden@utmck.edu

Victoria DeFelice,
UPA Credentialing Specialist
vdefelice1@utmck.edu

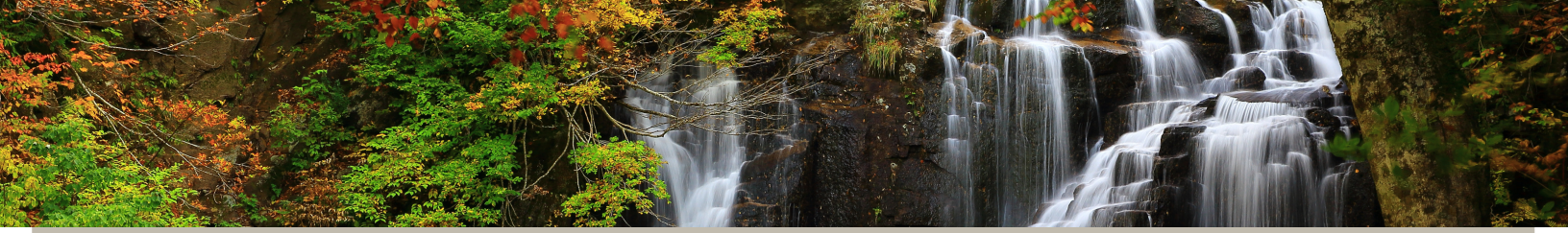
All provider load issues questions and/or
issues should be emailed to:
UPAManagedCareOffice@utmck.edu

New Providers NOTE: Proceduralists



We have recently seen a trend of our major carriers taking a full 60 days to load new providers to their roster.

Please be aware that any new providers that require authorizations may take longer to be loaded to the carriers.



UnitedHealthcare® Prior Authorization Program Changes: COVID-19

This announcement is applicable to all in-network hospitals and all in-network skilled nursing facilities (SNFs) in Tennessee statewide. It supplements the temporary program changes that were announced for the Johnson City, Kingsport-Bristol and Morristown, Tennessee Metropolitan Statistical Areas (MSA) on Friday, Aug. 27, 2021.

UnitedHealthcare is temporarily suspending prior authorization requirements for in-network hospitals and SNFs statewide due to an overwhelming increase in COVID-19-related Emergency Department visits, admissions and transfers. The suspended requirements and dedicated support resources are being communicated directly to you as one of the impacted hospitals or facilities in Tennessee.

The specific adjustments to our program in Tennessee statewide apply to UnitedHealthcare Medicare Advantage, Individual Exchange and Individual and Group Market health plan members effective Sept. 3, 2021 until Sept. 27, 2021. These adjustments include:

- SNF prior authorization: We're suspending post-acute prior authorization requirements for admission to in-network SNFs
- Transfer prior authorizations: We're suspending prior authorization requirements when a member transfers to a new in-network facility
- COVID-19-related oxygen requests: As a reminder, for orders involving COVID-19-related oxygen requests, oxygen can be delivered without prior authorization and does not need to meet current clinical criteria
- Discharge and post-care assistance: If your team needs assistance with discharge planning or finding post-acute care for patients with complex needs, please email COVID-19dischargeplanning@uhc.com

After Sept. 27, 2021, we may conduct selective retrospective reviews for services rendered during this time period. Admission notification is still required during this time, in alignment with the current protocol to support you in arranging post-admission care or other support services, if needed. In most cases, notification of inpatient admission is provided to UnitedHealthcare by the hospital or facility through Link or an EDI 278N transmission that requires no intervention on the part of your staff.

If you have questions, please contact Asher Turney, M.D., UnitedHealthcare Market Chief Medical Officer, at asher_turney@uhc.com or 763-361-8827. For the most up-to-date information surrounding our other efforts related to COVID-19, please visit UHCprovider.com/COVID19.

We will continue to monitor guidance issued by regulatory authorities and keep you posted as the COVID-19 crisis continues to evolve. As dedicated workers on the front lines of this pandemic, we deeply appreciate your efforts to fight this virus. Thank you for all you're doing.

Sincerely,
Ed Lagerstrom
President, UnitedHealthcare Networks

Anne Boland Docimo, M.D.
Chief Medical Officer, UnitedHealthcare

University Physicians' Association, Inc.

Vision

To extend our passion by helping clients through creating new partnerships within the medical community.

Mission

To offer the medical community seamless, knowledge-based solutions by providing services customized to a client's specific need.

Values

Partnerships, Accountability, Integrity, Expertise, Versatility.



2021 Carrier Contract List

Carrier List	Line of Business	Provider Rep	Email	Phone/Fax	Notes	
Aetna	PPO/POS/EPO	Valerie Colclough	ColcloughV@aetna.com	(P) (615) 322-1658		
	Medicare Advantage				* UT is not contracted at this time	
American Health Plans	I-SNP	Donita Baumgardner	dbaumgardner@amhealthplans.com	(P) (423)747-9622		
AmeriGroup/AmeriVantage	TennCare/Medicare Advantage/SNP	Bradley Clifford	bradley.clifford@amerigroup.com	(P) (423) 637-9721	PCP Required	
	*Coverkids			(F) (866) 574-6748		
BlueCross BlueShield Tennessee		Jeanine Warren	Jeanine_warren@bcbst.com	(P) (865) 588-4647	**Non Par for Blue Essentials	
	*Network P	Commercial		(F) (865) 588-4655		
	*Network S	Commercial Limited Network, Exchange				
	*BlueAdvantage LPPO	Medicare Advantage				
	*BlueCare & TennCare Select & CoverKids	TennCare/CHIP			PCP Required	
	*Blue Care Plus	SNP				
Bright Health	Limited Network/Exchange	Katrina Chandler	kchandler@brighthouseplan.com	(P) (901) 313-8700	*Must have privileges at UT	
Cigna	PPO/POS/EPO	Michele Stepney	michele.stepney@cigna.com	(P) (860) 787-6165		
	*Cigna Connect	Exchange			*Effective 01/01/2019 Knoxville region only	
	*Cigna- Great West	Commercial				
	*Cigna Local Plus and Cigna Sure Fit	Commercial Limited Network			Cigna Sure Fit terms 7/31/21	
	*Cigna HealthSprings	Medicare Advantage HMO and PPO	Shannon Reynolds, MPH	shannon.reynolds@cigna.com	(P) (615) 210-3894	*Must have PCP for HMO Plan
Coventry	HMO/PPO/OPM/WC	Provider Service	www.directprovider.com	(P) (800) 937-6824	Now owned by Aetna	
First Health	Leased Network/Mail-Handlers/WC	Provider Service	www.directprovider.com	(P) (800) 937-6824	Now owned by Aetna	
Humana	PPO/POS/EPO		humanaproviderservices@humana.com	(P) (800) 448-6262	*Include reference # from 1st attempt to resolve issue	
	*PPOx	Limited Network	Darlene Branim	lbranim@humana.com		
	*CPOS	Limited Network				
	*Humana Gold	Medicare Advantage/SNP				
	*ChoiceCare	National Network				
MultiPlan	Leased Network/Medical/WC	Customer Service		(800) 950-7040		
	*Beech Street	Leased Network/Medical/WC				
	*PHCS	Leased Network/Medical/WC				
	*Integrated Health Plan (IHP)	Leased Network/Medical/Auto/Health Savings/WC				
NHC Advantage	I-SNP	Robyn Hopkins	robyn.hopkins@allyalign.com	(P) (913) 653 - 5921		
NovaNet PPO	Leased Network/Medical/Auto/WC	Jill Smith	jsmith@novanetppo.com	(P) (800) 513-7177 Ext. 283		
NX Health Network	PPO	TPA - Claims Issues	www.capitoladm.com			
UnitedHealthcare		Amanda Hustad	Amanda_Hustad@uhc.com	(P) (423) 845 -0173		
	*UHC, UHC Navigate	HMO/PPO/POS		(F) (844) 387-3343		
	*UHCrv	HMO/PPO/POS				
	*UnitedHealthcare Community Plan	TennCare/SNP			PCP Required	
	*Medicare Solutions	Medicare Advantage/AARP				
	*VACCN	Veterans				
	*Coverkids					
UPMC Health Plan	Medicare Advantage		Pending			
Wellcare	Medicare Advantage HMO and PPO	Barbre Jackson	Barbre.Jackson@wellcare.com	(501) 366-6268		