Welcome to the Provider Insight newsletter.
Here, you’ll find medical, dental, and pharmacy information as well as updates to our plans:

> Commercial

> SelectHealth Advantage® (Medicare)

We encourage you to read Provider Insight to stay up to date on policies affecting our members and your patients.

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Supporting You Throughout the COVID-19 (novel coronavirus) Crisis

Today seems a world away from when we published the February issue of Provider Insight. It has been a time of constant, unrelenting change and coming to terms with uncertainty, upheaval, and new “normals.” At SelectHealth, we understand not only the challenges this time has presented for our members, but also for you—the healthcare providers our members count on.

For healthcare providers, this has been a time when the nation has openly recognized your heroism. This has been a time when you have stepped up to embrace telehealth, learning and refining this tool to deliver routine care and the kind of follow-up monitoring patients need. This has been a time when you have worked side by side with other providers from all areas of medicine to meet the rapidly changing needs of COVID-19 patients. And, this has been a time when your practices have struggled with layoffs, financial losses, and concerns over the impending medical backlog.

Beyond meeting the needs of those struggling to recover from the virus, you go to bed at night worried about the patients you see who may be grappling with job loss, hunger, and emotional distress brought on by the pandemic. And you fear for those you don’t see—the patients too afraid of exposure to come to an office or hospital when they need to. You painstakingly protect your coworkers and your families from exposure. And finally, you worry about the financial health of your practice and ability to sustain the access to care your patients need.

“As servant caregivers, we’ve never had a more profound challenge or opportunity to unite in common purpose of serving our members, patients, and communities—the reason for our existence.”

Tom Wahlen
AVP Provider Development

SelectHealth is here and has the resources to be here whenever you and your patients need us. We are fully staffed, have a robust infrastructure that has transitioned smoothly to virtual operations, and have dedicated professionals, often working overtime, to help our providers, facilities, and members stay focused on their health and well-being.

Our organization is financially prepared for the long haul to provide the consistency and sustainability our communities need.

We are vigilant about safeguarding everyone’s health and financial well-being. SelectHealth endeavors to find ways to help members when they struggle to maintain insurance coverage and to get provider claims paid as quickly as possible. We provide stable jobs to maintain the local support and expertise you count on every time you call us or send an email.

We are an independent community partner. Together, Intermountain Healthcare and SelectHealth have been part of the fabric of Utah communities for over 100 years. SelectHealth professionals live in your neighborhoods, visit your clinics for our personal and family members’ healthcare, and volunteer with you for local charities. Our stable workforce of 1,700 professionals contribute to our communities’ economies throughout the region. We are your neighbors, we know you by name and face, and we truly care about your personal and business well-being.

Now more than ever, our long-standing community partnerships and outreach efforts...
are vital, such as Intermountain Laboratory Services’ partnership with ARUP Laboratories to provide timely and accurate COVID-19 testing services.

We want to work with providers throughout our networks to navigate this new landscape, innovating and measuring progress to ensure member access to quality, affordable healthcare during these difficult times. We want to do even more to support providers and facilities. Currently, we are focused on:

> **Continuing to pay claims quickly.** We process 96% of claims submitted within 15 days and 99.4% within 30 days.

> **Ensuring excellent service.** Our customer service staff answers nearly 1.6 million calls annually. The average speed to answer calls is 22 seconds (or 91% of calls answered within 30 seconds) with nearly 97% of caller issues resolved on the first call.

> **Expanding our behavioral health network.** We now have more than 2,400 behavioral health providers in Utah—one of the broadest behavioral health networks in the state.

> **Helping those behavioral health providers new to SelectHealth.** We now offer brief online tools for getting started with us. (See Figure 1 at right).

> **Promoting mental health integration (MHI) in primary care settings.** Our Provider Relations team holds virtual MHI forums statewide that bring primary care and behavioral health providers together to innovate solutions for our members’ ongoing needs.

> **Keeping you in the loop.** Provider Relations representatives are, on average, in contact each week via email or phone with 130 clinics/providers. This team sent out six COVID-19 Provider Updates to 995 clinics/providers in less than two months, offering up-to-date information and resources for managing a rapidly changing situation.

We are committed to actively supporting providers during the COVID-19 pandemic and beyond. In the last 60 days, SelectHealth has taken steps to help our providers weather this crisis. We have:

> Extended existing preauthorization through December 31, 2020

> Provided earlier prescription refills and allowed more lenient time lines for MMS and DME supply refills

> Made significant changes to expand telehealth coverage and reimbursement

> Created an online resource for COVID-19 provider updates and quick links

> Increased staff hours to maintain the most responsive turnaround claims processing times possible

> Provided helpful resources for member financial assistance and small business COVID-19 relief resources

> Communicated detailed telehealth coding and billing guidance for all plans

As we all look to not just survive but learn from the lessons of this pandemic, SelectHealth will be here to help you transition through this difficult time and champion innovative ways to deliver care going forward. Together, we will ensure people live the healthiest lives possible.

Visit our online resources. Call us when you need help. We’re here for you.
Expanding Our Behavioral Health Network

Provider Development has expanded our network to include more than 2,400 contracted behavioral health providers statewide (including professional providers and facilities). This is now one of the broadest behavioral health networks in Utah, improving access and enabling members to receive services in person and virtually.

Behavioral health network expansion efforts also focus on:

> Increasing patient access to Applied Behavioral Analysis (ABA) services, eating disorders treatment facilities, and school/home-based psychotherapy services
> Developing a methadone maintenance network
> Working with mental health authorities to meet the needs of new SelectHealth members based on the Utah Medicaid Expansion Bill
> Collaborating with affiliated practices to raise awareness of mental health integration benefits and implementation strategies within clinics

As part of this expansion, we have developed a series of brief, easy-to-use onboarding presentations accessible within the Behavioral Health Resources area of selecthealthphysician.org and the Provider Portal. We email all newly contracted providers a Welcome Flyer with embedded links to these presentations and other key resources.

Initial Appointment Policy Change for Office-Based Specialties

Effective May 1, 2020, applicants for SelectHealth network participation can be presented to the SelectHealth Credentials Committee prior to being granted active, active referral, or provisional active staff privileges at an Intermountain Healthcare or a SelectHealth-contracted hospital.

Applicants must apply for appropriate privileges and have 120 days to obtain approval. If privileges have not been obtained within 120 days, panel participation will be terminated immediately until privileges are granted.

The policy change is specific to applicants in office-based specialties who rarely use hospital privileges. These specialties include, but are not limited to:

> Addiction Medicine
> Allergy/Immunology
> Ambulatory
> Dermatology
> Endocrinology
> Family Practice
> Geriatrics
> Hospice
> Internal Medicine (primarily office based)
> Neuro-ophthalmology
> Pain Medicine
> Palliative Care (non-hospital providers)
> Pediatrics
> Rheumatology
> Sports Medicine
> Student Health
> Urgent Care

Questions? Contact your Provider Relations Representative at 801-538-5054.
Pharmacy News

Coverage Changes for Continuous Glucose Monitors

The continuous glucose monitors (CGMs) Dexcom G6 and Freestyle Libre have been moved to the preferred brand tier for RxCore, RxSelect, and Medicare Advantage plans. These monitors are covered for members with type 1 and type 2 diabetes. Coverage requires paid claims within the last 180 days for:

1. Short-acting insulin, a short-acting insulin mix, or U-500 insulin
2. Blood glucose test strips

Guardian and Medtronic brand CGMs remain in the non-preferred brand tier and may be covered for members with type 1 diabetes mellitus who use a compatible insulin pump. Figure 3 below summarizes coverage for CGMs.

Note: CGMs are not covered for Medicaid members because the monitors are not covered by the Utah Department of Health Medicaid program.

Figure 3. Continuous Glucose Monitor Coverage Summary

<table>
<thead>
<tr>
<th>Device</th>
<th>RxSelect</th>
<th>RxCore</th>
<th>Medicare Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freestyle Libre*</td>
<td>Preferred brand</td>
<td>Preferred brand</td>
<td>Part B*</td>
</tr>
<tr>
<td>Dexcom G6*</td>
<td>Preferred brand</td>
<td>Preferred brand</td>
<td>Part B*</td>
</tr>
<tr>
<td>Guardian</td>
<td>Non-preferred brand with PA**</td>
<td>Non-preferred brand with PA**</td>
<td>Not covered</td>
</tr>
<tr>
<td>Medtronic</td>
<td>Non-preferred brand with PA**</td>
<td>Non-preferred brand with PA**</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

* Requires step therapy reflected by pharmacy claims within the past 180 days
** Prior authorization (PA) requires that the member has type 1 diabetes mellitus and uses a compatible insulin pump

Please take a few minutes to read the latest Pharmacy & Therapeutics newsletter along with Formulary Updates. These contain information about recent formulary decisions, specific therapeutic class updates, and industry news.
SelectHealth Advantage® (Medicare) News

What is the Health Outcomes Survey (HOS)?

The HOS is administered annually and consists of a series of health status-related questions posed to individuals with a Medicare Advantage (MA) plan. Centers for Medicare and Medicaid Services (CMS) uses HOS results to monitor health plan performance and drive quality improvement. Participation is mandatory for MA plans, and results impact annual CMS Star ratings.

How is the HOS implemented?

Each year, a CMS-approved vendor surveys a random sample of MA plan members about their health status and discussions with their providers. Ideally, network providers include these discussions during a clinic visit or an annual wellness visit.

In 2018, for example, members were asked if they:

> Felt that their physical or mental health was improved, the same, or worse compared to the previous year
> Had discussed with their provider:
  • Physical activity and ways to improve it
  • Falls or balance problems and how to avoid falls
  • Urine leakage or urinary incontinence treatment

What should providers do?

SelectHealth providers should reaffirm their commitment to quality by addressing the above topics in patient conversations, paying special attention to any patient-reported issues that we communicated to your clinic.

In addition to your participation directly impacting our MA Star rating, it also helps:

> SelectHealth target quality improvement activities and resources
> Members make informed healthcare choices
> Advance the science of functional health outcomes measurement

What provider support tools does SelectHealth offer?

We offer two tools to help clinicians plan for and monitor success on these measures:

1 **My Doctor’s Visit**:
   This member education brochure can help facilitate in-office discussions. Many clinics use this brochure for their MA patients as a handout during an annual wellness visit.
   For printed copies, contact Amy Bone at either:
   • 801-442-9308; or
   • amy.bone@selecthealth.org
   Or, download a PDF of *My Doctor’s Visit*.

2 **Survey Reports**: We administer a survey like the HOS to SelectHealth Advantage members each year.

   If one of your patients reported on a topic for which they received no provider discussion, a report was sent to you in January/February 2020.

Questions?
Contact Amy Bone at 801-442-9308 or at amy.bone@selecthealth.org.
Fraud/Waste/Abuse Compliance Trainings and Attestation

Centers for Medicare and Medicaid Services (CMS) requirements for fraud, waste, and abuse (FWA) compliance trainings and attestation are described in Figure 4 below. Providers completing these training efforts should submit a training attestation (see Figure 5).

Figure 4. Compliance and Training Requirements

<table>
<thead>
<tr>
<th>Compliance Program</th>
<th>Training Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement or adhere to a compliance program including:</td>
<td>Train employees and contractors supporting SelectHealth Medicare Advantage plans on compliance policies and FWA, although use of the CMS material is not required.</td>
</tr>
<tr>
<td>• Adoption of policies and procedures to prevent FWA, promoting ethical conduct, and ensuring compliance with Federal and State laws, regulations, and other requirements relating to the Medicare program</td>
<td><strong>Note that:</strong></td>
</tr>
<tr>
<td>• A Code of Conduct</td>
<td>• You should administer training within 90 days of contract/hire as a best practice.</td>
</tr>
<tr>
<td>• Exclusion screening (via the Department of Health and Human Services Office of Inspector General [OIG] List of Excluded Entities and Individuals [LEIE], and the General Services Administration System for Award Management [GSA/SAM])</td>
<td>• The content of the training is at the discretion of your organization. The use of previous, CMS-issued content is no longer mandatory; however, you can access the existing, online CMS-issued trainings for your reference (SelectHealth retains this link at selecthealthphysician.org).</td>
</tr>
<tr>
<td>• A program for maintaining reporting and communication channels</td>
<td></td>
</tr>
<tr>
<td>• Auditing and monitoring any contracted vendors that perform Medicare functions</td>
<td></td>
</tr>
<tr>
<td>• Ten-year records retention</td>
<td></td>
</tr>
</tbody>
</table>

SelectHealth, in compliance with requirements from CMS and State laws, requires providers on certain networks to regularly attest to actions within their practice. Use the table in Figure 5 below as an at-a-glance reference for these attestations.

Figure 5. Attestation Overview

<table>
<thead>
<tr>
<th>Network</th>
<th>Attestation Frequency</th>
<th>Attestation Type(s)*</th>
<th>Resource Links</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SelectHealth Advantage (Medicare)</td>
<td>Annually</td>
<td>Participation in:</td>
<td>Information on FWA requirements and training:</td>
<td>Quarterly notifications are sent to providers until completed,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• FWA training</td>
<td>• Public Site</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Compliance training</td>
<td>• Secure Portal</td>
<td></td>
</tr>
<tr>
<td>SelectHealth Community Care (Medicaid)</td>
<td>Quarterly</td>
<td>Participation in cultural competency training</td>
<td>Cultural Competency</td>
<td>Neither cultural competency training nor provision of diagnostic equipment are required; however, the SelectHealth provider directory will reflect attestation results (updated quarterly).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provision of medical diagnostic equipment for those with disabilities</td>
<td>• Public Site</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Secure Portal</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Medical Diagnostic Equipment standards (36 CFR Part 1195)</strong></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Accessible Medical Diagnostic Equipment</strong> (from ADA National Network)</td>
<td></td>
</tr>
</tbody>
</table>

* Access the online attestation.
Practice Management Resources

New Behavioral Health Tools

As part of our expansion efforts for the SelectHealth Behavioral Health network, we are continually looking at ways to help providers quickly access the tools they need.

Now you can:

> Find onboarding information for those new to the SelectHealth behavioral health network, including a **Welcome Flyer** and short presentations on **Claims Management**, **Practice Management Online Tools**, and **Getting Help for Your Practice Needs**.

> Use the new, streamlined **Behavioral Health-Related Preauthorization—Initial Request** form that replaces the previous two forms for psychiatric- and substance-related preauthorization requests. Simply download the form, fill out the pre-programmed fields, and send via email based on the choices at the bottom of the form.

Medical Home Online Resources

The **Provider Portal** (requires a secure content login) now offers a variety of resources and reports related to Medical Home (see Figure 7 at right).

Click on the Medical Home icon on the Portal home page to access this one-stop location for program benefits, participation requirements, and more.

**Questions?** Contact your Medical Home or Provider Relations representative.

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**Figure 6. Get Started with SelectHealth**

Claims Management

SelectHealth strives to meet and exceed benchmarks for on-time claims payment.

Practice Management Online Tools

SelectHealth offers a wide range of online resources to support your practice needs.

Getting Help for Your Practice Needs

SelectHealth representatives offer exceptional personal assistance and support.

**Figure 7. Medical Home Online Resources**

Medical Home

SelectHealth strives to meet and exceed benchmarks for on-time claims payment.

The SelectHealth Behavioral Health network offers a variety of resources and reports related to Medical Home (see Figure 7 at right).

Click on the Medical Home icon on the Portal home page to access this one-stop location for program benefits, participation requirements, and more.

**Questions?** Contact your Medical Home or Provider Relations representative.
Preauthorization Updates

Current public health priorities mean that many preauthorized treatments have been rescheduled. Authorization for rescheduled treatments remains in effect through **December 31, 2020**, as long as a member remains eligible and covered under an active SelectHealth plan.

Requests for preauthorization will be reviewed based on medical appropriateness. Providers are responsible for coordinating with local facilities on public health guidelines that impact scheduling procedures and surgeries.

As the guidelines for surgeries and procedures change, there may be an influx of preauthorization requests. Avoid delayed determinations by submitting your requests as soon as possible through the online Care Affiliate® tool. The tool has a streamlined process that results in a shorter turnaround time for submissions.

Learn more about Care Affiliate and how easy it is to use by accessing a short training course. Request information on upcoming Care Affiliate WebEx training by contacting a Care Affiliate expert at careaffiliate@selecthealth.org.

**Medical oncology: New preauthorization services from AIM Specialty Health**

Effective **June 1, 2020**, SelectHealth will partner with AIM Specialty Health (AIM) to manage clinical appropriateness and preauthorization review for **intravenous and injectable medical oncology services** for members on all plans.

All regimens, including oral and intravenous or injectable chemotherapy or immunotherapy, must be submitted to AIM for pathways adherence.

**Note:** Preauthorizations for oral oncology drugs are managed by SelectHealth and should be submitted via PromptPA.

AIM reviews treatment plans against clinical appropriateness criteria to help ensure that care aligns with established evidence-based medicine. This will improve members’ access to quality care while reducing costs associated with unnecessary or inappropriate treatment.

**How do I access AIM services?**

Beginning **May 18, 2020**, request reviews or verify that an order number has been issued by contacting AIM via:

- **The AIM 24/7 ProviderPortal™ (secure login required):** Access this fully interactive resource that processes requests in real time against clinical criteria.
- **Phone: 844-377-1281** (8:00 a.m.–5:00 p.m. MST).

**Where can I learn more about AIM?**

Visit **Medical Oncology Program for SelectHealth Providers** to learn more about the ProviderPortal, including the clinical appropriateness review process and features, tutorials and FAQs, pathways, and worksheets to help you gather information needed for review requests.

You can also review the end-user training presentation slides from webinars offered throughout April and May. This presentation focused on using the AIM portal for preauthorization and clinical review requests.

**Questions?**

Contact your Provider Relations representative at **800-538-5054** or via email at provider.development@selecthealth.org.
Varicose vein procedure authorization changes in 2021

Effective January 1, 2021, SelectHealth will only authorize varicose vein procedures for members on commercial plans and SelectHealth Advantage (Medicare) that are done in a facility with Intersocietal Accreditation Commission (IAC) accreditation as a vein center. As a result of this requirement, on the same date, SelectHealth will also remove specific clinical criteria in lieu of accreditation.

SelectHealth is constantly working to manage utilization, which has historically been by means of preauthorization only. Moving to oversight via an accreditation process ensures quality outcomes for our members and is more consistent with our goals as an organization. The IAC provides quality and safety oversight by:

> Reviewing imaging with inter-rater monitoring
> Reviewing processes around procedure types and volumes
> Requiring outcomes documentation

Facility accreditation
Facilities not currently accredited with the IAC must become accredited by January 1, 2021, or procedures must be moved to accredited facilities. Learn about obtaining IAC accreditation, a process that typically takes between three and six months.

Preauthorization
Preauthorization is still required, and the preauthorization forms will include a question about IAC accreditation. Procedures performed without preauthorization will be denied to the provider. Codes not covered will remain uncovered regardless of facility accreditation.

Questions? Contact your Provider Relations representative at 801-538-5054.

Enhanced Security Online
We are making some login changes to increase security for the applications we use at SelectHealth. With an ever-increasing number of cyberattacks against hospitals and health providers, the FBI and other enforcement agencies highly recommend 2-step verification for external access to SelectHealth resources to protect our members’ personal health information.

How does 2-step verification work?
This secure method for allowing access to computer systems requires two steps (or two forms of identification) to gain access.

1. Enter your typical User ID and password.
2. Use a passcode generated by your smartphone or other smart device using the PING software platform (see Quick Links).

PING is a free app that can even use facial and fingerprint authentication, further enhancing simplicity and security.

How will this change occur?
This change will occur over time with a new interface for entering your user name and password appearing on May 22, 2020. When you log in to the Provider Benefit Tool, you will see a new screen that allows you to either sign up for 2-step verification or skip it until later. At some point in the future, you will be required to enroll in 2-step verification to access Provider Benefit Tool, Care Affiliate®, or Provider Reports. Please check out the Quick Links below to learn more.

QUICK LINKS
Enroll in 2-step verification.
Access “How To” Help Documents.

Questions? Call support services at:
> 801-442-5731 in the Salt Lake Valley; or
> 800-442-4566 for all other areas
Medical Policies; Coding & Reimbursement

Medical Policy Update Bulletin

The Medical Policy Update Bulletin gives you access to new and revised medical as well as coding and reimbursement (C&R) policies in their entirety, along with an overview or summary of changes.

The appearance of a policy in the Medical Policy Update Bulletin indicates that SelectHealth has recently adopted or revised a C&R policy but does not indicate whether or not SelectHealth provides coverage for the procedures listed. For any inconsistency or conflict between the information provided in this bulletin and the posted medical policy, the provisions of the posted policy will prevail.

There are two new policies that were recently created and published:

> Neuromonitoring During Spinal Surgery (PediGuard and EMG) (639), effective 04/17/20
> Withdrawal Management (638), effective 03/31/20

Revised policies

<table>
<thead>
<tr>
<th>REVISED Policy Title (Number)</th>
<th>Effective Date</th>
<th>Summary of Change (only applies to commercial plan policy unless otherwise indicated in BOLD type)</th>
</tr>
</thead>
</table>
| Artificial Spinal Disc Replacement (243) | 02/05/20 | Modified criteria to include the additional exclusions: “SelectHealth does NOT cover artificial intervertebral cervical or lumbar disc for all other non-FDA approved indications, as these are considered experimental, investigational, and unproven…."
| Autologous Chondrocyte Transplantation (ACT) Or Implantation (ACI) (195) | 02/21/20 | Modified criterion #2: “BMI < 35.”
| Bariatric Surgery Guidelines (295) | 04/09/20 | Removed face-to-face treatment requirement. |
| Cervical and Lumbar Spinal Fusion and Combined Decompression/Fusion (622) | 02/21/20 | Modified criteria concerning failure of conservative therapy to include failure of either physical therapy or chiropractic therapy. |
| Cochlear Implantation (302) | 02/19/20 | Updated criteria, including modifying age range for children who may qualify for cochlear implantation, to start at 9 months instead of 12 months. |
| Diagnostic and Therapeutic Interventions for Spinal Pain (626) | 02/21/20 | Modified criteria concerning failure of conservative therapy to include failure of either physical therapy or chiropractic therapy. |

Continued on page 16...
<table>
<thead>
<tr>
<th>REVISED Policy Title (Number)</th>
<th>Effective Date</th>
<th>Summary of Change (only applies to commercial plan policy unless otherwise indicated in BOLD type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Monitoring for Monoclonal Antibody Therapy in Inflammatory Bowel Disease and Other Disorders (532)</td>
<td>02/26/20</td>
<td>Modified title of policy, and for Commercial Plan Policy, added the following exclusion: “... do not cover drug and antibody level monitoring for all other disorders (e.g., rheumatologic disorders, vasculitis, skin disorders) due to inadequate literature ....”</td>
</tr>
<tr>
<td>Endobronchial Valves (613)</td>
<td>02/12/20</td>
<td>Revised to provide coverage of FDA-approved endobronchial valves (e.g., the Zephyr Endobronchial Valve System) when criteria are met.</td>
</tr>
<tr>
<td>Endoscopic Correction of Vesicoureteral Reflux Using Bulking Agents (301)</td>
<td>02/21/20</td>
<td>Clarified that coverage pertains only to the Deflux bulking agent.</td>
</tr>
<tr>
<td>Heart Transplant: Children (Under Age 18) (126)</td>
<td>02/26/20</td>
<td>Modified overall criteria to be in alignment with updated guidelines.</td>
</tr>
<tr>
<td>Hyperbaric Oxygen Therapy (HBO2/HBOT) (129)</td>
<td>02/21/20</td>
<td>Modified requirement for: &quot;Carbon monoxide (CO) intoxication, acute and severe with or without cyanide poisoning: May treat if symptoms are severe, or CoHb &gt;10%, and less than 24 hours from CO poisoning,&quot; and revised treatments for: &quot;Osteomyelitis, chronic refractory: 40 initial treatments; up to 60 treatments, which will require documentation and MD review.&quot;</td>
</tr>
<tr>
<td></td>
<td>03/11/20</td>
<td>Modified time frame for: &quot;Acute Idiopathic Hearing Loss: Condition must be present for &lt;30 days...&quot; instead of condition being present for 14 days.</td>
</tr>
<tr>
<td>Infertility Evaluation and Treatment (500)</td>
<td>01/29/20</td>
<td>Revised title of policy (previously, “Synthetic Skin Substitutes”); for Commercial Plan Policy, added Flower AmnioPatch and Novafix to list of covered products.</td>
</tr>
<tr>
<td>Intermediate Levels of Care Utilization in Behavioral Health (582)</td>
<td>04/09/20</td>
<td>Removed face-to-face treatment requirement.</td>
</tr>
<tr>
<td>Investigational Trial Coverage (138)</td>
<td>02/03/20</td>
<td>For Idaho Commercial, Fully-Insured plans, modified criteria: &quot;... do not require a disease or condition to be ‘life-threatening’ to qualify for Investigational Trial Coverage. A study or investigation does not have to be ‘new’ to qualify; if the study or investigation has been reviewed and approved by the review board of an institution that has an agreement with the Office for Human Research Protections of the United States Department of Health and Human Services, it is eligible.”</td>
</tr>
<tr>
<td>REVISED Policy Title (Number)</td>
<td>Effective Date</td>
<td>Summary of Change (only applies to commercial plan policy unless otherwise indicated in <strong>BOLD</strong> type)</td>
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<tr>
<td>--------------------------------</td>
<td>----------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mechanical Thrombectomy Devices for Acute Ischemic Stroke (391)</td>
<td>02/26/20</td>
<td><strong>Modified title of policy,</strong> and for Commercial Plan Policy, clarified that only FDA-approved mechanical thrombectomy devices are covered.</td>
</tr>
<tr>
<td>Myocardial PET Scans for Cardiac Indications (528)</td>
<td>01/22/20</td>
<td>Added &quot;Known Cardiac Sarcoidosis&quot; to list of eligible conditions that qualify for coverage.</td>
</tr>
<tr>
<td>Oxygen Coverage (158)</td>
<td>02/21/20</td>
<td><strong>Utah Only:</strong> Clarified that coverage of portable oxygen concentrators may apply to either patients who frequently travel or those who live outside of Intermountain Homecare and Hospices' service area.</td>
</tr>
<tr>
<td>PET/CT Combination Scans for Oncology Indications (266)</td>
<td>02/28/20</td>
<td>Added &quot;Prostate Cancer&quot; and &quot;Neuroendocrine Tumors&quot; to list of eligible conditions that qualify for PET/CT combination scans when criteria are met.</td>
</tr>
<tr>
<td>Propel and Sinuva Implants for the Treatment of Chronic Rhinosinusitis (545)</td>
<td>02/28/20</td>
<td><strong>Modified title of policy,</strong> and for Commercial Plan Policy, revised to provide coverage of either the Propel or Sinuva implant; when criteria are met.</td>
</tr>
<tr>
<td>Radiofrequency Ablation (RFA) of the Sacroiliac (SI) Joint (389)</td>
<td>01/27/20</td>
<td>Added the following exclusion: “SelectHealth does NOT cover diagnostic nerve blocks when performed as a precursor to sacroiliac joint RFA procedures, as sacroiliac joint RFA procedures are not covered.” [Effective 01/01/20]</td>
</tr>
<tr>
<td>Synthetic Bulking Agents for Stress Urinary Incontinence (218)</td>
<td>04/17/20</td>
<td>Added Coaptite and Macroplastique as covered synthetic bulking agents.</td>
</tr>
<tr>
<td>Tonsillectomy and Adenoidectomy (621)</td>
<td>03/25/20</td>
<td>Added criterion #d as a qualifying indicator to criteria #1(4): “Periodic fevers in children with aphthous stomatitis, pharyngitis, and adenitis (PFAPA) and who may have ANY of the following indications: ... a), b), c) ... d) If shared decision making has occurred and the tonsillectomy has been recommended by the PCP or non-surgical specialist....”</td>
</tr>
<tr>
<td>Transcatheter Pulmonary Valve Replacement (483)</td>
<td>02/13/20</td>
<td>Clarified that coverage of these valves is for FDA-approved devices (e.g., Melody Transcatheter Pulmonary Valve, Sapien XT), and pertains to both adult and pediatric populations when criteria are met.</td>
</tr>
<tr>
<td>Urolift System for the Treatment of Benign Prostatic Hyperplasia (553)</td>
<td>02/27/20</td>
<td>Revised age requirement for men from ≥50 years to ≥45 years (with prostate volumes less than 100 cc); added requirement of failure ≥3 months of conservative therapy or intolerance of BPH medications (or medical therapy is contraindicated) to criteria.</td>
</tr>
<tr>
<td>Varicose Vein Procedures (193)</td>
<td>04/15/20</td>
<td>Revised to provide coverage of cyanoacrylate (e.g., VenaSeal® Closure System) when criteria are met.</td>
</tr>
</tbody>
</table>

*Continued on page 18...*
May 2020 Coding Updates*

Hysterectomy with oophorectomy

SelectHealth is seeing an increase in hysterectomies billed with oophorectomies in which providers meet the criteria for a hysterectomy but not for an oophorectomy. The missing information may result in a denial of the oophorectomy portion of the procedure. For the criteria on coverage for a hysterectomy with oophorectomy, refer to medical policy #620: Hysterectomy.

Reminder: New diagnosis and procedure codes

Remember to use current coding materials to receive proper reimbursement for services rendered.

There are two new ICD-10 codes effective April 1, 2020, as well as several HCPCS and procedure codes with effective dates from February through July 2020.

Note that some of these changes are related to the novel coronavirus (COVID-19), but others are not. Visit the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA) for more information regarding the latest updates.

* Documentation changes apply to all plans.