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)
> SelectHealth Community Care® (Medicaid)
> Federal Employee Health Benefits (FEHB) plans

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

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SelectHealth® News

Mike Cotton Selected as New President and CEO of SelectHealth

Following an extensive national search, the Executive Leadership Team and the Intermountain and SelectHealth Boards of Trustees have selected Mike Cotton as the new President and CEO of SelectHealth. Mike will start his new role in mid-November.

Who is Mike Cotton?
Mr. Cotton is a seasoned healthcare leader with extensive experience in integrated health systems. He is a strategic thinker, consumer centered, and a member advocate—a positive and collaborative leader who is committed to our mission-driven growth, member experience, and doing the right thing for all we serve.

Experience: Since 2015, Mike has been CEO of Providence Health Plan, part of the Providence St. Joseph Health System, a national, not-for-profit Catholic health system based in Portland, Oregon. Prior to that, he was vice president and chief operating officer for Humana, responsible for their Medicaid and state-based contract programs. He previously held leadership positions with Evolent Health and Alere Health as well as provider-sponsored health plans affiliated with University Hospitals Health System and Premier Health System, based in Ohio.

Mike’s leadership has been instrumental in the success of growing overall plan membership, long-term care and Medicaid programs, and population health products and programs as well as expanding partnership relationships.

Education: Mike graduated from Cleveland State University, earning an MBA in healthcare administration. He also holds a certificate of executive healthcare management from Case Western Reserve University and completed his undergraduate studies at Franklin University and The Ohio State University in Columbus, Ohio.

How will leadership transition occur?
Current SelectHealth CEO Pat Richards will retire on August 31, 2020. Bert Zimmerli, Intermountain’s executive vice president and chief financial officer, will serve as the interim SelectHealth president and CEO until Mike joins us in November. Bert also served in this interim capacity prior to Pat Richards joining SelectHealth 10 years ago.

Pharmacy News

Read the latest Pharmacy & Therapeutics newsletter along with Formulary Updates. These contain information about recent formulary decisions, specific therapeutic class updates, and industry news.

Access these key resources for opioid prescribing:
> Providers Clinical Support System
> How to Monitor Opioid Use for Your Patients with Chronic Pain (AAFP article)
> HHS Tapering Guidelines
> Opioid & Benzodiazepine Co-Prescribing
SelectHealth is Now an NCQA Partner in Quality

SelectHealth recently became a National Committee for Quality Assurance (NCQA) Partner in Quality. As a result, we can now provide a code for a 20% discount on the NCQA initial application fee for practices applying for NCQA Recognition (initial only). Learn more about how applying will benefit your practice.

What is the NCQA Partner in Quality (PIQ) Program?
The NCQA Partner in Quality (PIQ) program recognizes organizations that provide financial incentives or support services to practices seeking recognition for one of NCQA’s Recognition programs.

SelectHealth qualified for this program by helping practices move to a medical home delivery model and providing care coordination payments to sites participating in the SelectHealth Advanced Primary Care medical home program.

The NCQA PCMH Recognition program helps transform a primary care practice into a well-functioning PCMH by helping:

> Structure leadership and care team responsibilities to best partner with patients, families, and caregivers.
> Set standards for data collection, medication reconciliation, evidence-based clinical decision support, and other activities.
> Ensure continuity of care through patient-centered access to clinical advice.
> Set up care management protocols to identify patients who need more closely managed care.
> Better manage care coordination and transitions among primary and specialty care clinicians via effective information sharing and patient referral management that minimizes cost, confusion, and inappropriate care.
> Measure performance, set goals, and implement performance-improvement activities.

What are the benefits of the Medical Home Program?
Modeled after the patient-centered medical home (PCMH), this program offers providers technical assistance, learning collaboratives, care management support, and enhanced reporting. Research shows that PCMHs help improve healthcare quality, reduce costs, improve the patient experience, and reduce clinician burnout.

NCQA Recognition Program Benefits
1. Helps reduce costs and improve patient satisfaction and health
2. Gives practices a framework for transitioning to value-based care
3. Provides clinicians in recognized PCMH practices key industry credits, such as:
   > Medicare MIPS Quality Payment Program credits—Automatic credit under the “Improvement Activities” category
   > Professional Maintenance of Certification Credits from:
     • American Board of Family Medicine (PCMH, DRP, HSRP)
     • American Board of Internal Medicine (PCMH, PCSP)
     • American Board of Pediatrics (PCMH)
     • American Board of Physical Medicine and Rehabilitation (PCSP)
4. Offers additional practice management benefits per these publications:
   > NCQA PCMH Evidence Report, which demonstrates how medical homes improve patient care and safety and reduce costs
   > The Milliman White Paper, which examines the operational and financial considerations for becoming a PCMH-recognized entity from the perspective of a primary care practice
SelectHealth News, Continued

Pediatric, Preventive-only Dental Benefits

SelectHealth Classic℠ network individual and small employer dental plans include “embedded” preventive dental benefits for pediatric patients. Not all plans cover pediatric dental services; contact Member Services at 800-538-5038 for details.

Please review and share the information in Figure 1 below with your staff.

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>PEDIATRIC Allowable Benefit/Time Frame</th>
<th>Applicable Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanings</td>
<td>2 cleanings/calendar year</td>
<td>D1110, D1120</td>
</tr>
<tr>
<td>Fluoride Application</td>
<td>2 applications/calendar year</td>
<td>D1206, D1208</td>
</tr>
<tr>
<td>Oral Examinations</td>
<td>2 exams/calendar year</td>
<td>D0120, D0140, D0145, D0150, D0160</td>
</tr>
<tr>
<td>Sealants</td>
<td>1 sealant/5-year period on permanent molars with no occlusal restoration</td>
<td>D1351</td>
</tr>
<tr>
<td>Bite-Wing X-Rays</td>
<td>For members age 17 and younger: 2 full series bite-wings/calendar year</td>
<td>D0270, D0272, D0273, D0274, D0277</td>
</tr>
<tr>
<td></td>
<td>OR 2 vertical bite-wings in lieu of full series bite-wings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For members age 18 only: 1 vertical bite-wing/calendar year</td>
<td></td>
</tr>
<tr>
<td>Panorex/Complete Mouth X-rays</td>
<td>1 Panorex/36-month period OR 1 complete mouth X-ray/36-month period</td>
<td>D0330, D0210</td>
</tr>
</tbody>
</table>

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.

Varicose Vein Procedure Authorization Changes in 2021
Intermountain Healthcare News

Immunization Update and ACIP Highlights

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) met on June 24, 2020, in a shortened, one-day virtual meeting to provide guidance on vaccines.

Learn more by accessing these resources:

> **Figure 2 below**, which summarizes the key guidance from this meeting.

> Meeting minutes and slides, which can be found on the ACIP meeting website; click on "Meeting Materials."

> **Related details** for each recommendation (vaccine evidence presented, committee discussion, and votes), which can be accessed online at ACIP Meeting Updates.

**Figure 2: Key Vaccine Guidance Highlights from June 2020 ACIP Meeting**

<table>
<thead>
<tr>
<th>Influenza</th>
<th>2020-2021 influenza vaccine recommendations approved, including:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Three updated vaccine components (A/H1N1, A/H3N2, B/Victoria), this being the first time that the variations in the reference strains for non-egg based products (RIV and ccIV) are being listed. Children (ages 6 months to 8 years) needing 2 doses in a season should receive the second dose even if they turn 9 years of age between doses.</td>
</tr>
<tr>
<td></td>
<td>• The listing of two new products, Fluzone® high-dose quadrivalent (with a volume of 0.7mL/dose) and Fludad® adjuvanted quadrivalent for ages 65 years and older.</td>
</tr>
</tbody>
</table>

| Meningococcal ACWY | Added the newly approved Meningococcal quadrivalent vaccine conjugated to tetanus toxoid protein, MenACWY-TT (MenQuadfiTM/Sanofi Pasteur) to the Vaccines for Children (VFC) program |

In addition, the meeting included the following:


> COVID-19 (novel coronavirus) presentation by the newly formed COVID-19 work group. This presentation focused on COVID-19 epidemiology, immunology of SARS CoV-2, and vaccine development as well as principles regarding its distribution.
Provider Publication Updates

Multidisciplinary clinical experts from Intermountain Healthcare develop Care Process Models (CPMs), related clinical guidelines, and best practice flash cards—based on national and other guidelines—as part of a comprehensive care management system.

Updated CPMs and related tools

Find all Intermountain CPMs at either:

> m.intermountain.net/clinical/Pages/All-Care-Process-Models-(CPMs).aspx

> intermountainphysician.org/clinical/Pages/Care-Process-Models-%28CPMs%29.aspx

CPMs are updated by the clinical programs every two years to reflect the most current, evidence-based standards.

Recently updated CPMs include:

> Asthma: Albuterol Escalation for Pediatrics
> Venous Thromboembolism (VTE)
> Tapering Opioid Pain Medication
> Preterm Birth (Spontaneous and Indicated)

Best practice flash cards

Flash cards are printed or electronic point-of-care tools that summarize key decision points/notes from a CPM or clinical guideline.

New or updated flash cards recently published include:

> Adult Diabetes Mellitus
> Nutritional Care after Bariatric Surgery
> Metabolic and Bariatric Surgery (MBS) Procedures
> Pediatric Traumatic Stress: Primary Care (6-18 years)
> Pediatric Traumatic Stress: Child Advocacy Centers (6-18 years)
> Sepsis (Severe Sepsis and Septic Shock)
> Treatment of Cystitis
SelectHealth Advantage® (Medicare) News

Dental Advantage: Preventive-only Dental Coverage

Included in all Dental Advantage Medicare plans are preventive-only benefits as indicated in Figure 4 below. Access a complete member benefit guide for SelectHealth Advantage plans (Utah). This booklet details counties included in Utah as well as specific included and optional benefits, copays, and maximum out-of-pocket amounts.

<table>
<thead>
<tr>
<th>Preventive Service</th>
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<td>Cleanings</td>
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<td>Oral Examinations</td>
<td>2 exams/calendar year</td>
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<td>Bite-Wing X-Rays</td>
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<td>OR 2 vertical bite-wings in lieu of full series bite-wings/calendar year</td>
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<td>Panorex/Complete Mouth X-rays</td>
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</tr>
<tr>
<td></td>
<td>OR 1 complete mouth X-ray/36-month period</td>
<td>D0210</td>
</tr>
</tbody>
</table>

Questions? Contact Medicare Member Services at 855-442-9900.
SelectHealth Community Care (Medicaid) News

Enrollment During the COVID-19 (novel coronavirus) Pandemic

On March 18, 2020, the Families First Coronavirus Response Act was signed into law. Part of this legislation provided additional funding for Medicaid that was only available if the state implemented continuous eligibility for enrollees through the end of the emergency period.

Because Utah has taken advantage of this funding, Utah Medicaid will not close any Medicaid or CHIP cases during the national emergency. This is being called “continuous enrollment” or “forced enrollment.”

Key elements related to this funding include:

- Medicaid enrollees who were eligible as of March 18, 2020, will continue to receive benefits through the end of the national emergency.
- Cases will only be closed if the member contacts the state and requests that their enrollment be terminated or if the member moves and is no longer a resident of the state.
- Enrollees who would have had their case review during the pandemic will be reviewed once the emergency period ends.

As a result, we anticipate:

- A sharp decline in enrollment once the pandemic ends as enrollees whose eligibility status changed during the emergency period are removed.
- That the state will begin to do outstanding case reviews, which will result in additional enrollees being removed.
- Continued growth in enrollment due to the adult Medicaid expansion and the current economic situation.

Learn more at the Utah Medicaid website.

Medicaid Integration Reminders

How can I tell if someone is on an integrated plan?

For a member on an integrated plan, the word “integrated” appears in the plan name (e.g., SelectHealth Community Care Integrated or Integrated SelectHealth). Providers can verify eligibility and plan information by:

> Using either of these tools:
  • The Utah Medicaid Patient Eligibility Lookup Tool
  • The Provider Benefit Tool on the SelectHealth Provider Portal (secure content login required)
> Submitting an EDI Eligibility Benefit Inquiry and Response (270/271) transaction
> Calling SelectHealth Member Services at 855-442-3234

Where can Medicaid members get mental health care?

Members on an integrated Medicaid plan may receive care at any in-network provider. Members on other Medicaid plans may continue to receive care through the county mental health system or a Federally Qualified Health Center (FQHC).

Several Intermountain Healthcare clinics are contracted for behavioral healthcare with county mental health systems and can provide services to our Medicaid members.

Where to direct patients who may qualify for Medicaid:

> Department of Workforce Services
> Utah Department of Health Medicaid
> Take Care Utah

Learn more at the Utah Medicaid website.
Don’t Forget to Revalidate with Utah Medicaid

In January 2020, the Utah Administrative Rule R414-23-4 went into effect, resulting in greater consequences for providers who fail to revalidate with Medicaid (in accordance with federal regulations).

To summarize the rule, Utah Medicaid will close provider contracts if ANY of the following occur:

1. The provider fails to revalidate within the required 3- or 5-year cycle as directed by 42 CF 424.51. Please note that:
   - Reminder notification is sent via USPS to the mailing address on file for the provider as follows:
     - 90 days prior to validation cycle expiration.
     - 30 days after the first notification if revalidation efforts have not begun.
   - A termination letter will be generated at the end of the 90-day validation cycle if the provider has not completed the revalidation.

2. The provider’s professional license expires. This also applies to expiration of a license associated with the program for Clinical Laboratory Improvement Amendments (CLIA). Please note that:
   - The state sends a reminder notification via USPS to the mailing address on file for the provider 45 days prior to the license expiring.
   - The provider needs to submit license dates as well as a copy of the updated license as a modification in PRISM.
   - A termination letter will be generated if a modification is not submitted prior to the license expiring.

3. State or federal reporting indicates that the provider is deceased.

4. The provider fails to bill Medicaid for one or more years without notice.

Questions? Contact your Provider Relations representative at 800-538-5054.

Medicaid and CHIP Networks Merge

On January 1, 2020, SelectHealth combined the SelectHealth Community Care (Medicaid) and Children’s Health Insurance Program (CHIP) networks. Changes in federal regulations aligned the two programs and required CHIP providers to be enrolled with Medicaid.

Merging these networks means improved continuity of care and retention when members transition between the two plans, along with simpler plan administration.

Most providers who already see CHIP members have been added to the Medicaid network and will be reimbursed at the same rate as before the merge.

SelectHealth continues to evaluate areas with limited healthcare access to provide options for all of our members.
Practice Management Resources

New Provider Onboarding Tools

New to SelectHealth? For newly contracted providers, we provide key information for navigating our online resources and provider support services.

Now you can find onboarding information for those new to the SelectHealth networks, including a Welcome Flyer and short presentations on:

> Claims Management
> Practice Management Online Tools
> Getting Help for Your Practice Needs

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 6 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.
New Care Management Resources

Now, you can access care management information and resources (e.g., the video and “rack” card shown in Figure 7 at right). Check out this new area of selecthealthphysician.org.

A care manager can support your patients by:

> Reminding them to get preventive care, such as immunizations and recommended screenings
> Designing a care plan that improves physical and mental well-being
> Communicating with providers regarding complicated, chronic conditions, such as diabetes, asthma, heart disease—even cancer
> Coordinating care through our Medical Home team to get treatment and any needed medications
> Carefully explaining health insurance benefits
> Creating an action plan and getting needed support to improve health
> Connecting your patients with community resources, such as finding a ride to an appointment

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 pass code 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. A new interface for entering your user name and password debuted on May 22, 2020. Now 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 other areas.
Medical Policies; Coding & Reimbursement

Medical Policy Update Bulletin

This bulletin provides 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. **Beginning in September, the Medical Policy Update Bulletin will be published monthly to provide more timely information to providers.**

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.

New policies

Two **new policies** were recently created and published:

- **Small Bowel Transplant (640)**, effective **05/18/20**
- **Office-Based Anesthesia (641)**, effective **06/24/20**

Revised policies

Policies are listed alphabetically for quick access. Each policy title is linked to the full policy on the *SelectHealth Provider Portal*, where all policies can be accessed alphabetically and by category.

<table>
<thead>
<tr>
<th>REVISED Policy (Number)</th>
<th>Effective Date</th>
<th>Summary of Change (only applies to commercial plan policy unless otherwise indicated in <strong>BOLD</strong> type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric Surgery Guidelines (295)</td>
<td>07/01/20</td>
<td>Modified criterion (#2-di) concerning behavior modification: &quot;The member must demonstrate behavior modification, including improvement in nutritional intake and physical activity during the program, which is at least 90 days supervised by a qualified professional ....&quot;</td>
</tr>
</tbody>
</table>
| Diagnostic and Therapeutic Interventions for Spinal Pain (626) | 06/19/20 | Added clarification: "SelectHealth may cover two MBBs or two diagnostic anesthetic facet blocks" and "Physical therapy (minimum of 4 visits over a 6-week period), or chiropractic therapy (minimum of 4 visits over a 6-week period)."
| Eustachian Tube Balloon Catheter (623) | 06/17/20 | Revised age requirement from “Patient is over the age of 22” to “Patient is 18 years of age or older”

*Reminder for Primary Care Providers*

Effective January 1, 2020, **Policy #295 (Bariatric Surgery Guidelines)** identifies the following as the only covered bariatric surgeries when criteria are met:

- > Laparoscopic/open gastric bypass (Roux-en-Y) with short limb (< 150 cm)
- > Laparoscopic/open sleeve gastrectomy
- > Biliopancreatic bypass with or without duodenal switch

**Note:** This policy, revised in the first row of the table below, applies to commercial plan policies (for groups selecting this benefit).

*Continued on page 13...*
Medical Policies, Coding & Reimbursement, Continued

...Continued from page 12

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Anticoagulation Monitoring (410)</td>
<td>05/27/20</td>
<td>Implemented the following modifications:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Removed age requirement of ≥18 years old</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Added Kawasaki Disease and congenital heart disease (requiring chronic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>anticoagulation) to list of qualifying diagnoses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Changed requirement concerning attempt at prior anticoagulation from</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“6 continuous months” to “3 continuous months”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Updated documentation/communication requirements between provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and member/guardian</td>
</tr>
<tr>
<td>Hypoglossal Neurostimulation</td>
<td>05/28/20</td>
<td>Changed requirement for BMI from “BMI &lt; 32kg/meter squared” to “BMI &lt;</td>
</tr>
<tr>
<td>(Inspire Upper Airway Stimulation) (608)</td>
<td></td>
<td>35kg/meter squared” and modified requirement concerning CPAP failure</td>
</tr>
<tr>
<td>Hysterectomy (620)</td>
<td>06/17/20</td>
<td>Removed “Long-term IUD usage” as a high-risk indicator for ovarian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>cancer from Oophorectomy Criteria section</td>
</tr>
<tr>
<td>Implanted Intraocular Devices for the Treatment</td>
<td>05/01/20</td>
<td>Reformatted and separated criteria according to type of device, and</td>
</tr>
<tr>
<td>of Glaucoma (471)</td>
<td></td>
<td>incorporated other forms of glaucoma in addition to open-angle as</td>
</tr>
<tr>
<td></td>
<td></td>
<td>qualifying conditions (within scope of requirements)</td>
</tr>
<tr>
<td>Kidney Transplant and Re-Transplantation (141)</td>
<td>06/19/20</td>
<td>Modified “Absolute Contraindication” regarding Hepatitis C:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Active Hepatitis C and HIV positivity”</td>
</tr>
<tr>
<td>Minimally Invasive Fusion of the Sacroiliac</td>
<td>04/24/20</td>
<td>Removed physical examination documentation requirements for “The</td>
</tr>
<tr>
<td>Joint (595)</td>
<td></td>
<td>Fortin Finger Test” and “Neurological testing” from criteria for</td>
</tr>
<tr>
<td>Phototherapies for the Treatment of Skin</td>
<td>05/11/20</td>
<td>Added morphea as a qualifying condition for office-based PUVA or</td>
</tr>
<tr>
<td>Conditions (351)</td>
<td></td>
<td>narrowband/broadband UVB phototherapy; when criteria are met</td>
</tr>
<tr>
<td>Reduction Mammoplasty (Breast Reduction) (172)</td>
<td>07/01/20</td>
<td>Reformatted qualifying conditions pertaining to female breast</td>
</tr>
<tr>
<td></td>
<td></td>
<td>hypertrophy</td>
</tr>
<tr>
<td>Total Ankle Arthroplasty (Total Ankle</td>
<td>04/29/20</td>
<td>Generalized criteria #2 to require ankle joint damage to be attributed</td>
</tr>
<tr>
<td>Replacement) (358)</td>
<td></td>
<td>to “arthritis;” modified criteria #4 to require only “12 weeks” of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>failed conservative treatment, as well as removed “physical therapy”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>as a necessary aspect of failed conservative treatment; removed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>criteria regarding “contralateral ankle” requirements (previously</td>
</tr>
<tr>
<td></td>
<td></td>
<td>criteria #5); and clarified that “revisions” are covered with clinical</td>
</tr>
<tr>
<td></td>
<td></td>
<td>documentation</td>
</tr>
<tr>
<td>Vagal Nerve Stimulation (VNS) (186)</td>
<td>05/20/20</td>
<td>Changed age requirement to “one year of age or older” instead</td>
</tr>
<tr>
<td></td>
<td></td>
<td>of “6 years of age or older”; and modified non-coverage statement to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>exclude VNS treatment for all indications except intractable epilepsy</td>
</tr>
</tbody>
</table>
Newly archived policies

SelectHealth archives a policy when a certain set of criteria is no longer applicable or necessary, such that a code (or codes) is either set to be automatically covered or automatically not covered. This nullifies the need for any clinical criteria and corresponding medical policy.

There is one newly archived policy this period: **Proton Beam Therapy (456)**, effective 10/01/19 (retroactive); this policy is now administered by AIM Specialty Health.

August 2020 Coding Updates

Effective **October 1, 2020**, there will be over 1,000 updates to ICD-10-CM/ICD-10-PCS codes as well as many updates to HCPCS/Procedure codes. Please be sure to use the applicable version of your coding books based on your dates of service to ensure you remain current and code accurately.

For more info regarding these changes, please visit the [CMS website](https://www.cms.gov).

**Beginning in September, coding updates will be published online each month to provide more timely information to providers.**