

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)
- > 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

Genetic Testing and Radiation Oncology: New Preauthorization Services from AIM Specialty Health®

Effective **October 1, 2019**, SelectHealth will partner with AIM Specialty Health (AIM) to manage clinical appropriateness and preauthorization review for genetic testing and radiation oncology services for members on all plans.

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.

CPT codes requiring preauthorization will be the same for SelectHealth and AIM. Before scheduling or performing services, verify that you've been issued an authorization number.

Note: Certain services may not be covered by some plans, regardless of a preauthorization request.

End-user training webinars will be offered for using the AIM portal for preauthorization and clinical review requests. Watch for an email with upcoming dates and instructions.

Questions?

Contact Provider Development at **801-538-5054**.

How do I access AIM services?

Beginning **September 16, 2019**, Request reviews or verify that an order number has been issued by contacting AIM via:

- > **The AIM 24/7 ProviderPortalSM:** Use a single sign on within the [SelectHealth portal](#). This fully interactive resource processes requests in real time against clinical criteria.
- > **Phone: 844-377-1281** (8:00 am–5:00 pm MST).

What services will AIM review?

Figure 1 below provides details on using AIM for preservice reviews for services provided on or after **October 1, 2019**.

Figure 1. AIM Clinical Appropriateness Reviews and Preauthorizations

Genetic Testing Services		Radiation Oncology Services (Non-emergency, outpatient modalities)
Applicable Services	<ul style="list-style-type: none"> • Genetic testing for hereditary cardiac disease, hereditary cancer susceptibility, and single-gene and multifactorial conditions • Pharmacogenetic testing and genetic testing for thrombotic disorders • Reproductive carrier screening and prenatal diagnosis • Molecular testing of solid and hematologic tumors and malignancies • Whole exome and whole genome sequencing 	<ul style="list-style-type: none"> • Intensity-modulated radiation therapy (IMRT) • Stereotactic radiosurgery (SRS) • Stereotactic body radiotherapy (SBRT) • Brachytherapy of the esophagus, biliary tract, penile tumor, uterine tandems/vaginal ovoids or breast only (For CHIP members, uterine tandems/vaginal ovoids only) • Proton beam therapy (PBRT) • Lutathera®, Zevalin®, and Xofigo®
Approval Lead Times	<ul style="list-style-type: none"> • Requests for testing at in-network laboratories that meet medical necessity criteria are approved in real time. • Decisions for requests using out-of-network labs may take longer to evaluate and communicate. 	<ul style="list-style-type: none"> • You may request a review within 2 days of the first treatment start date before a claim is filed. • Requests for testing at in-network facilities that meet medical necessity criteria are approved in real time. • Decisions for requests using out-of-network labs may take longer to evaluate and communicate.

SelectHealth News, Continued

Social Determinants of Health

Social determinants of health play a significant role in your patients' well-being and their ability to follow recommended treatment plans.

Our care managers, both Registered Nurses (RNs) and Licensed Clinical Social Workers (LCSWs), work one-on-one with patients to recognize and address these social factors. Many of our care management successes include connecting members with:

- > Financial assistance (for medications or medical bills)
- > Housing and utilities assistance
- > Transportation to and from medical appointments
- > Healthy food options
- > Social support systems

Learn more about care management at SelectHealth by visiting selecthealth.org or calling **801-442-5305**.

Please consider referring your SelectHealth patients who might benefit from these services. When calling, please select the appropriate option as indicated below:

- > **Option 1:** Advantage (Medicare)
- > **Option 2:** Community Care (Medicaid)
- > **Option 3:** Commercial Small Employer/Individual
- > **Option 4:** Commercial Large Employer/Self-funded/FEHB

For a full evidence-based model of care, check out the new Intermountain Healthcare [Social Determinants of Health Care Process Model](#).

New Cologuard Screening Coverage for Commercial Plans

Effective **April 1, 2019**, SelectHealth expanded coverage of Cologuard® screening to all members enrolled on our commercial plans (this coverage is already in effect for Medicare Advantage members).

This screening is now covered under the preventive benefit every three years for patients meeting the following criteria:

- > **No previous positive Cologuard test**
- > Ages 50 to 75
- > No signs or symptoms of colorectal disease, including but not limited to lower GI pain, blood in stool, positive fecal occult blood test, positive fecal immunochemical test, or no prior history of abnormal fecal DNA test
- > Average risk for colorectal cancer:
 - **No personal history** of adenomatous polyps, colorectal cancer, or inflammatory bowel disease (e.g., Crohn's disease, ulcerative colitis)
 - **No family history** of colorectal cancer, adenomatous polyps, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer

Note: Cologuard screenings billed within the three-year time frame are not covered and become the member's responsibility.

This coverage is retroactive to April 1, 2019. For claims denied since that date, SelectHealth will identify and process the claims according to the new benefit. No action is needed by your clinic related to these retroactive claims.

For detailed information, review [Preventive Care and Screening Guidelines](#) (Coding and Reimbursement Policy #06).

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

SelectHealth News, Continued

Enhancing Patient Access to Advanced Practice Providers (APPs)

As part of our commitment to increasing member access to care, SelectHealth is expanding our network of Advance Practice Providers (APPs)—physician’s assistants and nurse practitioners.

Effective **August 1, 2019**, SelectHealth will begin adding those APPs to our online provider directory who schedule and manage patients independently.

We encourage APPs to get credentialed and contracted by **December 31, 2019**. After that date, claims for APP services submitted under a supervising physician may be denied.

How do I start the credentialing and contracting process?

If you are not currently credentialed and contracted with SelectHealth, download and complete the [APP Credentialing Request Form](#) to begin the process (see figure 2 at right). This is a fillable form that lets you quickly add information and save a copy to your device. Be sure to click on **"Highlight Existing Fields"** as shown in figure 3 below. Then, enter your information in the blue fields that appear.

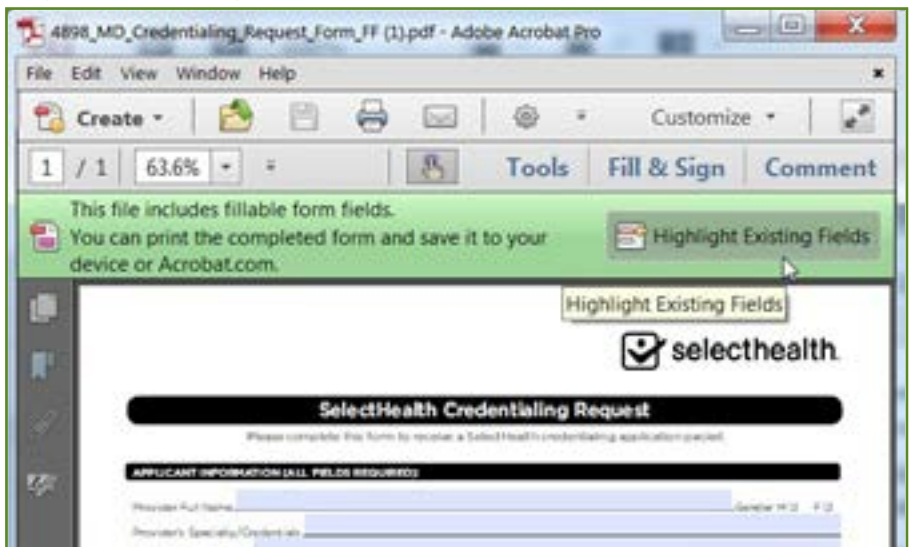
Email the completed form to your Provider Relations representative.

How can I get added to the provider directory?

If you are an APP who manages and schedules patients independently of a supervising physician, contact your Provider Relations representative at **800-538-5054**.

Figure 2. APP Credentialing Form

Figure 3. Using the Fillable Form



Get to Know Our Member Rights and Responsibilities

It is important that all caregivers understand the rights and responsibilities of SelectHealth members. Please become familiar with the following SelectHealth Member Rights and Responsibilities statement. This is meant as a general overview for all provider offices.

SelectHealth Member Rights and Responsibilities Statement

As a Member, you have the right to:

- > Receive information about our services, providers, and members' rights and responsibilities.
- > Receive considerate, courteous care and treatment with respect for personal privacy and dignity.
- > Receive accurate information regarding your rights and responsibilities and benefits in member materials and through telephone contact.
- > Be informed by your provider about your health so they may make thoughtful decisions before you receive treatment.
- > Candidly discuss with your healthcare provider appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage. We do not have policies that restrict dialogue between provider and patient, and we do not direct providers to restrict information regarding your treatment options.
- > Have reasonable access to appropriate medical services regardless of their race, religion, nationality, disability, sex, or sexual preference; and 24-hour access to urgent and emergency care.
- > Receive care provided by or be referred by your primary care provider.
- > Have all medical records and other information kept confidential.
- > Have all claims paid accurately and in a timely manner.

As a Member, you have the responsibility to:

- > Treat all our providers and personnel at SelectHealth courteously.
- > Read all plan materials carefully as soon as you enroll and ask questions when necessary.
- > Ask questions and make certain you understand the explanation and instructions you are given.
- > Understand the benefits of your plan and understand not all recommended medical treatment is eligible for coverage.
- > Follow plans and instructions for care that have been agreed upon with the provider.
- > Express constructively your opinions, concerns, and complaints to the appropriate people at SelectHealth.
- > Follow the policies and procedures of your plan, and when appropriate, seek a referral from your primary care provider to SelectHealth providers or call SelectHealth for assistance.
- > Ask questions and understand the consequences of refusing medical treatment.
- > Responsibility to understand your health problems, communicate openly with your Healthcare provider, develop a patient-provider relationship based on trust and cooperation, and participate in developing mutually agreed-upon treatment goals.
- > Read and understand your plan benefits and limitations, and call us with any questions.
- > Keep scheduled appointments or give adequate notice of cancellation.
- > Obtain services consistently according to the policies and procedures of your plan.
- > Use our providers when applicable, carry your ID card, and pay copay/coinsurance amounts at the time of service.
- > Provide all pertinent information needed by your provider to assess your condition and recommend treatment.

Pharmacy News

OxyContin® No Longer Covered

Effective **July 2019**, Xtampza® ER (oxycodone ER) was added to our Commercial and Medicare formularies. As part of this addition, generic oxycodone ER tablets will remain covered, but **brand-name OxyContin (oxycodone ER) will no longer be covered.**

Members who are established on brand-name OxyContin will be expected to transition by **December 1, 2019** to one of the following:

- > Xtampza ER
- > Oxycodone ER
- > Another opioid or non-opioid medication

Please plan and prepare accordingly to help minimize disruption for your patients and to continue providing great care.



Pharmacy Resources

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.

Our other opioid management programs remain in place, including initial days' supply limits, quantity limits, and morphine equivalent limits.

For more information:

- > Call SelectHealth pharmacy services at **800-442-3129**.
- > Refer to the [online formulary](#).

How to Get a Pharmacy Preauthorization for a SelectHealth Member

Submit SelectHealth preauthorization requests and check status of submitted requests via [PromptPA](#), our secure website.

- > No account is required
- > Must use Internet Explorer or Chrome
- > Upload chart notes/labs*

Questions? Contact us at **800-442-3129**.

* Incomplete requests and/or missing chart notes/labs will delay turnaround time.

Why PromptPA?

- > No Account Required
- > Secure
- > Fast & easy
- > No hold times
- > Submit chart notes/labs
- > Check PA status

PromptPA
Prior Authorization/Pre-Certification Portal

Practice Management Resources

What's New on Selecthealthphysician.org?

This new feature of *Provider Insight* will include information on new or significantly updated online content to support practice management. Recently added features include:

- > [Behavioral Health Resources](#) (see below for more information)
- > [Advance Practice Provider \(APP\) Credentialing form](#) (see [page 4](#))
- > [Cultural Competency Training](#) (see [page 9](#))
- > [Language Services Information](#) (see [page 9](#))

New online behavioral health resources

As part of our focus on addressing Utah's serious behavioral health needs, SelectHealth now offers providers a new online collection of information and resources to help you connect our members with best practices, treatment options, and support.

[Behavioral Health Resources](#) (see figure 4 below) provides information and updates on our network expansion efforts as well as providing information and support for our providers related to:

- > **Mental Health Integration (MHI):**
Find information on topics, such as common MHI strategies, using depression screening tools, and submitting claims for MHI.
- > **Zero Suicide:**
Learn about key suicide prevention strategies for both primary care/outpatient and inpatient/subacute care settings. Access hotlines, online resources, and a variety of zero suicide prevention tools for your practice.
- > **Opioid Prescribing:**
Access a quick-reference guide for matching key strategies for prescribing, management/tapering, and care coordination for addiction and overdose prevention as well as treatment considerations.

Our key behavioral health challenges are that:

- > About **20%** of primary care visits have a mental health component.
- > **35%** of children with known mental health conditions are treated only in pediatric settings.
- > About **50%** of adults will have a mental health or substance use-related need at some point in their lives.
- > Only about **33%** of adults with these treatment needs will have access to care.

Figure 4. Behavioral Health Resources



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Practice Management Resources, Continued

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Cultural competency training

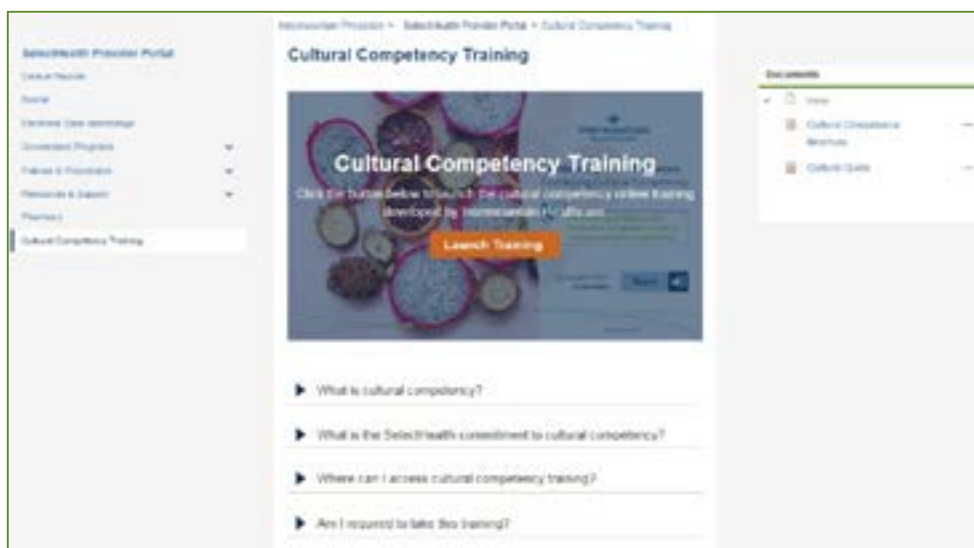
SelectHealth now offers a 10-minute online [Cultural Competency Training](#) (see figure 5 below).

The Centers for Medicare and Medicaid Services (CMS) defines cultural competency as, "...the ability of health care providers to work effectively with colleagues and patients in cross-cultural situations...." and asserts that this is a vital component of professional competence.

The **benefits** to healthcare providers and their organizations of a culturally competent practice include:

- > Improved patient care and satisfaction
- > Decreased malpractice risk
- > Enhanced operational efficiency
- > Increased compliance with State and Federal regulations
- > Reduced health disparities

Figure 5. Cultural Competency Training on the Provider Portal



Language services information

You can access full information online about [SelectHealth contracted interpretation services](#). Figure 6 below gives an overview of contracted services and phone numbers.

Figure 6. Contracted Language Interpreters (based on location where member receives care)

American Sign Language		
American Sign Language (ASL)	ASL Communication: 801-699-9609 / 800-908-3386	
Limited English Proficiency (LEP)		
Onsite In-Person Visits (Patient and interpreter are both in the office.)	InSync Interpreters: 801-838-8100 LanguageMed: 801-750-4661	InSync Interpreters: 801-838-8100 LanguageMed: 801-750-4661 CommGap: 801-944-4049/888-338-5538
Telephonic In-Person Visit (Patient is in the office, and interpreter is on the phone.)	Pacific Interpreters: 844-256-1960	Pacific Interpreters: 844-256-1960 CommGap: 801-944-4049/888-338-5538
Telephonic Follow-up (Patient and interpreter are both on the phone.)	SelectHealth Member Services: 855-442-3234 New coverage effective May 1, 2019 (for help with communicating lab or radiology results, appointment scheduling, medication changes, etc.)	

Practice Management Resources, Continued

Accessing the Provider Portal

Request access to the SelectHealth physician portal to use Care Affiliate and AIM preauthorization services by visiting selecthealthphysician.org (see the area magnified in figure 10 at right), and following these instructions:

1. Download and complete the required documentation for:
 - > **A new account:** Submit the *SelectHealth Information Technology Services Agreement (ITSA) AND the Online Login Application*.
 - > **A new user on an existing account:** Submit **ONLY** the *Online Login Application*.
2. Email completed documentation to providerwebservices@selecthealth.org.

Questions? Email providerwebservices@selecthealth.org, or call **800-538-5054** (option 2).

Figure 10. Sign-up Instructions



Reduce Claim Delays with the Provider Benefit Tool

The SelectHealth Provider Benefit Tool will help you check:

- > Eligibility and benefits before your patients arrive
- > Status of claims and remittance advice

Need access to the Provider Benefit Tool? Follow the instructions above.

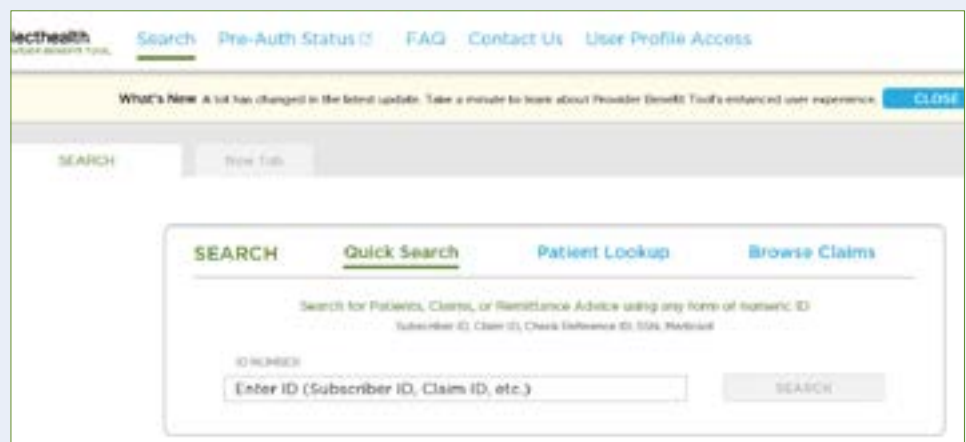
Need help using the Provider Benefit Tool?

Once you have access and log in to the Provider Portal, click on the Provider Benefit Tool icon. You will find resources to help you easily navigate the tool, including Quick Search, Patient Lookup, and Browse Claims (see figure 7 above).

Questions? Email providerwebservices@selecthealth.org, or call **800-538-5054** (option 2).



Figure 7. Provider Benefit Tool Resources



Medical Policies; Coding and Reimbursement

Medical Policy Update Bulletin

Please review the approved and revised Coding and Reimbursement Policies below for access to new and revised medical 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 Coding and Reimbursement Policy but does not indicate if 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 created and published:

- > [Ambulatory Electroencephalography \(EEG\) \(634\); effective 7/12/2019](#)
- > [Cryoanalgesia Using the Ilovera System for Knee Pain \(632\); effective 6/18/2019](#)
- > [Diagnostic and Therapeutic Interventions for Spinal Pain \(626\); effective 5/15/2019](#)
- > [Latera \(633\); effective 6/24/2019](#)
- > [Orthognathic Surgery \(631\); effective 6/12/2019](#)

For each category in the table below (and on the next two pages), 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.

Revised policies (for SelectHealth Community Care [Medicaid/CHIP])

REVISED Policy Title (Number)	Effective Date	Summary of Change
Cervical and Lumbar Spinal Fusion and Combined Decompression/Fusion (622)	5/1/2019	All three policies were updated with the following revision: "SelectHealth Community Care [Medicaid/CHIP] will follow the Commercial Plan Policy (effective May 1, 2019)"
Total Hip Arthroplasty (599)	5/1/2019	
Total Knee Arthroplasty (598)	5/1/2019	

Revised policies (for commercial plan policies ONLY)

REVISED Policy Title (Number)	Effective Date	Summary of Change
Autologous Chondrocyte Transplantation (ACT) or Implantation (ACI) (195)	6/12/2019	Removed requirement from criteria of: "... signed consent acknowledging willingness to bear all rehabilitation costs ... not covered by current insurance coverage policies"
Deep Brain Stimulation (DBS) (205)	5/7/2019	Incorporated criteria for coverage of DBS for epilepsy
Diagnostic and Therapeutic Interventions for Spinal Pain (626)	7/12/2019	Modified criteria to include requirement that medial branch blocks (MBBs) must be performed without analgesics administered prior to the procedure

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Medical Policies, Coding & Reimbursement, Continued

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Intravascular Imaging (i.e., Intravascular Ultrasound [IVUS]) and Optical Coherence Topography (OCT) (447)	5/15/2019	Removed qualifying factor from set of criteria concerning evaluating the need for an intracoronary interventional procedure
LDL Apheresis (Liposorber Device, Help System) (207)	5/13/2019	Added requirement to existing criteria: "... therapy must be performed by a board-certified lipidologist at a formal lipid management clinic"
Stereotactic Radiosurgery (SRS)/ Stereotactic Radiotherapy (SRT)/ Stereotactic Radio Body Therapy (SBRT) (336)	5/3/2019	Modified criterion #5 to be in alignment with AIM guidelines: "Solitary or multiple brain metastases in patients who have a Karnofsky Performance Status score \geq 70 or require treatment to a previously irradiated field"
Transcranial Magnetic Stimulation (TMS) for Depression and Other Psychiatric Disorders (241)	7/3/2019	Modified criteria to include requirement that TMS must be recommended and monitored by a physician
Wound Care and Physical Therapy (469)	6/20/2019	Updated criteria to include: "Documentation includes medical necessity for utilizing a physical therapist to provide wound care rather than a trained wound care nurse or technician."

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.

Newly archived **policies that remain covered** include :

- > [Bronchiolitis Inpatient Admission Criteria \(109\)](#); effective 6/6/2019
- > [Endobronchial Ultrasound \(418\)](#); effective 6/7/2019
- > [Immunochemical Fecal Occult Blood Testing \(Immunochemical FOBT\) \(333\)](#); effective 6/6/2019

A newly archived policy **that remains not covered** is [VWING Subcutaneous Vascular Needle Guide for Vascular Access in Dialysis \(550\)](#); effective 6/7/2019.

In addition, [Image Guided Lumbar Decompression \(446\)](#) was archived (effective 7/1/2019) because it **includes the same criteria** as now found in [Percutaneous Disc Decompression Procedures \(Nucleoplasty, Percutaneous Manual, Automated, Laser Discectomy, and Endoscopic\) \(209\)](#); last revised 12/5/2018.

August 2019 Coding Updates (Note: Documentation changes apply to all plans.)**Genetic testing and radiation oncology requiring preauthorization**

Genetic testing and radiation oncology will now require authorization through AIM Specialty Health® (AIM), beginning **October 1, 2019**, for all lines of business. For more information, see article on [page 2](#).

Drugs and biologicals

New policies for drugs and biologicals (based on correct dosing, FDA packaging inserts, and pharmacy compendia) will be implemented sometime during the fourth quarter for the following codes:

- > Brentuximab Vedotin (**J9042**)
- > Fulvestrant (**J9395**)
- > Lanreotide (**J1930**)
- > Irinotecan (**J9206**)
- > Ipilimumab (**J9228**)
- > Epoetin Alfa (Non-ESRD) (**J0885, Q5106**)
- > Pegfilgrastim (**J2505, Q5108, Q5111**)
- > Goserelin Acetate Implant (**J9202**)
- > Histrelin Implant (Vantas) (**J9225**)
- > Antihemophilic Factor IX Complex (Bebulin, Profilnine) (**J7194**)
- > Iron Dextran (**J1750**)
- > Iron Sucrose (**J1756**)
- > Agalsidase Beta (**J0180**)
- > Rituximab (**J9312**)
- > Trastuzumab (**J9355**)
- > Alpha 1-Proteinase Inhibitor (**J0256, J0257**)
- > Sodium Hyaluronan or Derivative (**J7318, J7320-J7329**)
- > Autologous Cultured Chondrocytes, Implant (**J7330**)

95165 - Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)

SelectHealth allows 120 units per year; additional units will be disallowed. To ensure correct payment of claims, SelectHealth will need to retract any additional payment made if more than 120 units have been allowed in a 12-month period (per claims reviews).

Smoking cessation

Effective **July 1, 2019**, smoking cessation will be considered a subset to a preventive exam regardless of the 25 modifier. SelectHealth will continue to edit claims (as currently done) with non-preventive E&Ms that are also billing smoking cessation.

Medicaid changes for physical therapy and occupational therapy services

Utah's Physical Therapy and Occupational Therapy Services Provider Manual was updated in **July 2019**. Providers should become familiar with the changes, including:

- > Physical therapists (PT) or occupational therapists (OT) will no longer use **HCPCS code T1015** to report services.
- > PT and OT providers will be required to use appropriate modality and/or therapy CPT codes to report services.
- > A visit is defined as a date of service regardless of the number of modalities/therapies performed on that date of service.