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

Patricia R. Richards, President & CEO of SelectHealth, Will Retire in August 2020

SelectHealth President & Chief Executive Officer Pat Richards recently announced she will retire in August of this year. A national search firm has been selected, and a search for a new CEO has begun. Although Pat will phase out her activities in August, she will support an effective transition for the new CEO for a few months, as needed.

Under Pat’s leadership, SelectHealth has:

> Grown to serve over 925,000 members in Utah, Wyoming, Idaho, and Nevada
> Expanded coverage for beneficiaries of Medicare Advantage and Medicaid
> Increased access to insurance for individuals, families, and small employers through active participation in the health insurance marketplace
> Been ranked “highest in member satisfaction in the mountain region” nine times by J.D. Power and Associates
> Been named one of Utah’s “Best Companies to Work For” 11 times by Utah Business magazine
> Been recognized with the “Top Workplaces” award from Energage and Salt Lake Tribune.

Pat was named one of the “Women of the Year” in 2018 for her impact on the healthcare industry and “CEO of the Year” in 2013 by Utah Business magazine for her leadership and vision.

Please join us in thanking Pat for her many contributions and congratulating her on her retirement plans.
SelectHealth News, Continued

Commercial Fee Schedule Timing Change in 2020

Beginning in 2020, SelectHealth is changing the timing of commercial network fee schedule adjustments (excluding Individual ACA fee schedules). Fee schedules will be adjusted on July 1 each year instead of January 1, as in the past. However, new codes will continue to be added at the beginning of each year. For reference, please review Figure 1 at right.

Note that timing for Medicare, Medicaid, and the Individual ACA fee schedule adjustments will not be affected by this change.

This change to the commercial fee schedule reflects a SelectHealth business decision to continue evaluating available data and communicate these adjustments to providers in a timely manner.

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

Figure 1. Fee Schedule Adjustment Calendar

<table>
<thead>
<tr>
<th>Network Type</th>
<th>2020 Adjustment Date(s)</th>
<th>Change from 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>July 1</td>
<td>Previously January 1</td>
</tr>
<tr>
<td>Medicare</td>
<td>January 1</td>
<td>No calendar change</td>
</tr>
<tr>
<td>Medicaid*</td>
<td>October 1</td>
<td></td>
</tr>
<tr>
<td>Individual ACA</td>
<td>January 1</td>
<td></td>
</tr>
</tbody>
</table>

*SelectHealth may also updated Medicaid fee schedules, as needed, when the State issues significant updates.

Pharmacy News

Effective January 2020, there will be a new generic version of Novolog, produced by Novo Nordisk, which will be:

> Labeled as “insulin aspart”
> Identical to Novolog
> Available in both pen and vial form

NOTE: Members can substitute insulin aspart for Novolog at the pharmacy without a new prescription. Figure 2 below illustrates these insulin coverage changes for commercial and Medicare Advantage plan members.

Questions? Contact 855-442-9900.

Figure 2. 2020 Insulin Tier Coverage Changes

<table>
<thead>
<tr>
<th>Insulin Type</th>
<th>SelectHealth Plan(s)</th>
<th>New Tier Coverage</th>
<th>Previous Tier Coverage</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novolog</td>
<td>Commercial</td>
<td>Preferred Brand</td>
<td>Preferred Brand</td>
<td>January 1</td>
</tr>
<tr>
<td></td>
<td>Medicare Advantage</td>
<td>Tier 3 (preferred brand)</td>
<td>Tier 1 (preferred generic)</td>
<td>February 1</td>
</tr>
<tr>
<td>Generic Novolog (insulin aspart)*</td>
<td>Commercial</td>
<td>Tier 1 (preferred generic)</td>
<td>N/A</td>
<td>January 1</td>
</tr>
<tr>
<td>Novolin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Novolog (insulin aspart)*</td>
<td>Medicare Advantage</td>
<td>Tier 1 (preferred generic)</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Novolin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lantus, Toujeo</td>
<td>Medicare Advantage</td>
<td>Tier 1 (preferred generic) ONLY after pharmacy deductible is met</td>
<td>Tier 3 (preferred brand)</td>
<td></td>
</tr>
</tbody>
</table>

* New generic version of Novolog (produced by Novo Nordisk)

Be sure to check out the latest Pharmacy & Therapeutics newsletter along with Formulary Updates for information about all recent formulary decisions, specific therapeutic class updates, and industry news.
Intermountain Healthcare® News

Intermountain Embarks on Zero Suicide Journey

In October 2018, Intermountain adopted the Zero Suicide model and hired a program director to guide a system-wide effort to improve coverage, care, and outcomes for those at risk of suicide. The overall aim, aligned with state leaders, is to achieve a 10% reduction in the suicide rate in the areas Intermountain serves.

The strategy focuses on:

> Improving access to effective behavioral health treatment (see Figure 3 below)
> Shifting attitudes and social norms to support protective behaviors
> Reducing risk during periods of acute crisis (which, in turn, reduces both the likelihood and fatality of suicide attempts)

Remember, Words Matter

As part of shifting attitudes and social norms, we encourage everyone to use the most appropriate language possible as we support our patients, caregivers, and community. Suicide can be a highly sensitive topic, and our language choice can go a long way in helping reduce the stigma associated with it, while also showing compassion toward people affected by suicidal behavior and devastating loss.

Figure 3. Crisis Resources

If you or someone you know struggles with thoughts of suicide, contact one of these resources:

> The National Suicide Prevention Lifeline — In English: 800-273-8255; En Español: 888-628-9454; for those who are deaf and hard of hearing: 800-799-4889
> TrevorLifeline for LGBTQ: 866-488-7386
> Veterans Crisis Line: 800-273-8255 (Press 1)
> Employee Assistance (for Intermountain employees): 800-832-7733 for brief counseling

<table>
<thead>
<tr>
<th>Utah-specific Resources:</th>
<th>Idaho-specific Resources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNI Crisis Hotline: 801-587-3000</td>
<td>Idaho Suicide Prevention Hotline: 208-398-4357</td>
</tr>
<tr>
<td>NAMI Utah</td>
<td>NAMI Idaho</td>
</tr>
<tr>
<td>American Foundation for Suicide Prevention</td>
<td>American Foundation for Suicide Prevention</td>
</tr>
<tr>
<td>SafeUT App</td>
<td></td>
</tr>
</tbody>
</table>

Continued on page 5...
**General Definitions**

Here are four key definitions to keep in mind:

1. **Suicide** refers to, “...death caused by self-directed injurious behavior with an intent to die as a result of the behavior.”¹

2. **Suicide attempt** means, “...non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior.”¹

3. **Suicidal ideation** describes, “...thinking about, considering, or planning suicide.”¹

4. **Suicidal behavior** refers to all three of the above: suicide, suicide attempts, and suicidal ideation.²

**Terms to Avoid**

Many commonly used terms and phrases contribute to negative impressions. Avoid the following terms:

> “Unsuccessful suicide,” “successful suicide,” “completed suicide,” or “failed suicide,” as these terms can inadvertently create the impression that dying by suicide is a good thing. Instead, use words like “died by suicide,” “suicide death,” and “suicide decedent.”

> “Committed suicide,” as this term can imply criminality or immorality (e.g., “committed a crime” or “committed a sin”).

> Referring to people as “suicidal”; instead, refer to a person as “having suicidal thoughts” or “at risk for suicide,” as risk is variable.

Figure 4 below offers phrases to avoid and substitutions that reduce stigma.

Learn more about communication best practices by reviewing Intermountain Healthcare: Suicide Prevention Content Guide.

**Reduce Access to Lethal Means**

Access to firearms is one of the main drivers of the disproportionately high rate of suicide in the Mountain West. To help address this problem, Intermountain has focused on:

> **Taking a leadership role** (in collaboration with the Utah Governor’s Office and Legislature) in developing a $2 million, three-year media and education risk-reduction campaign. Intermountain has made safe firearm storage a key pillar of this campaign

> **Training 1,157 Utah professionals** in Counseling on Access to Lethal Means

**Figure 4. Phrases to Avoid**

<table>
<thead>
<tr>
<th>Avoid Phrases Like:</th>
<th>Use Phrases Like:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person terminated or expired.</td>
<td>The person died by suicide.</td>
</tr>
<tr>
<td>The person committed suicide.</td>
<td>The person took his/her own life.</td>
</tr>
<tr>
<td>The attempt was successful.</td>
<td>The person survived the suicide attempt.</td>
</tr>
<tr>
<td>The person suicided.</td>
<td>The non-fatal suicide attempt.</td>
</tr>
<tr>
<td>The person’s attempt was unsuccessful.</td>
<td>The non-fatal attempt to take his/her life.</td>
</tr>
<tr>
<td>The failed attempt.</td>
<td></td>
</tr>
<tr>
<td>The completed suicide.</td>
<td>The suicide death.</td>
</tr>
<tr>
<td>The death by suicide.</td>
<td>Or simply - the suicide.</td>
</tr>
<tr>
<td>The victim of suicide.</td>
<td>The suicide decedent.</td>
</tr>
<tr>
<td></td>
<td>The person who died by suicide.</td>
</tr>
<tr>
<td></td>
<td>The person who took his/her own life.</td>
</tr>
</tbody>
</table>
(CALM)—a brief clinical intervention that can dramatically reduce the likelihood of suicide while respecting 2nd Amendment rights

> Making gun locks and related literature available to all Utah and Idaho pharmacies, hospitals, and clinics (external and internal) in 2020

Help Navigate Crises and Access to Timely, Effective Care

Another major component of Zero Suicide is helping people safely navigate crises and get access to timely, effective care. While much of this work in 2019 involved new pilots and protocols in clinical contexts (e.g., emergency departments and SelectHealth member services), it has also focused on a key locus of influence: The Intermountain community of nearly 40,000 caregivers. More than 30,000 caregivers and 12,000 community members have completed at least one Intermountain-supported training to enhance their confidence and competence in supporting colleagues, family, friends, and themselves at times of mental and emotional distress.

Learn more about suicide prevention efforts at Intermountain.

Suicide Risk Warning Signs

**Watch for these warning signs:**

> Talking about wanting to die
> Looking for a way to kill oneself
> Visiting or calling people to say goodbye
> Giving away prized possessions
> Talking about feeling hopeless or having no purpose
> Talking about feeling trapped or in unbearable pain
> Talking about being a burden to others
> Increase in drug or alcohol use
> Acting anxious, agitated, or reckless
> Sleeping too little or too much
> Withdrawing or feeling isolated
> Showing rage/talking about seeking revenge

**Take action by:**

> Taking the person seriously
> Not leaving them alone
> Removing any firearms, alcohol, drugs, or sharp objects that could be used in a suicide attempt
> Calling the National Suicide Prevention Lifeline: **800-273-TALK (8255)**. For Español, call: **888-628-9454**. For those who are deaf or hard of hearing, call: **800-799-4889**.
> Escorting them to mental health services or an emergency room

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Provider Publication Updates
Care Process Models (CPMs), related clinical guidelines, and best practice flash cards are developed by multidisciplinary clinical experts from Intermountain Healthcare based on national and other guidelines as part of a comprehensive care management system.

CPM Updates
Find all Intermountain CPMs at one of these locations:
> 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:
> Proven Imaging: Hip Pain
> Proven Imaging: Low Back Pain
> Proven Imaging: Shoulder Pain
> Proven Imaging: Neck Pain

Clinical Guideline Updates
There is a new clinical guideline available publicly, E-Cigarette or Vaping Associated Lung Injury (E-VALI), that addresses best practices for diagnosis, reporting, treatment, and follow up (see Figure 5 at right).

A recently updated clinical guideline (available to Intermountain clinicians) is Transitioning to a Direct Oral Anticoagulant.

Best Practice Flash Card Updates
These flash cards are derivative point-of-care tools summarizing key decision points or notes from a CPM or guideline that:
> Provide frequently needed brief decision advice or quick reference information.
> Contain algorithms or tables that aid in diagnosis (on one side) and treatment (on the other side).
> Link to the CPM or guideline they support.
> Are also available for mobile devices via the Intermountain Physician app (login required).

Check out instructions for accessing and using the app.

Recently updated flash cards include:
> Chronic Kidney Disease (CKD)
> Minor Head Trauma in Pediatric Patients

Figure 5. New E-VAL Clinical Guideline
SelectHealth Community Care (Medicaid) News

Medicaid Expansion and Integration in Utah

The Utah Department of Health announced plans in late December to implement full Medicaid expansion in 2020. That means adults with household incomes up to 138% of the federal poverty level (FPL)—$17,236 a year for an individual or $35,535 for a family of four—are now eligible for Medicaid coverage.

Medicaid is a public health insurance program for people with low incomes and limited resources. An estimated 68,000 people became eligible for Medicaid in April 2019, when a limited expansion for people earning up to 100% of the FPL was implemented. The state estimates another 45,000 people are now Medicaid-eligible under the full expansion. Close to 34,000 individuals enrolled with fee-for-service Medicaid when it expanded in 2019.

Who will have the integrated mental health benefit?

As part of the expansion, some members will have an integrated physical and mental health benefit referred to as the “Utah Medicaid Integrated Care Plan (UMIC).” This integrated mental health benefit is only available to the expansion population in Weber, Davis, Salt Lake, Utah, and Washington counties.

Members who qualified for Medicaid under the expansion and live in these five counties will have their physical and behavioral (mental) health benefits administered by an ACO, such as SelectHealth. This product will be referred to as SelectHealth Community Care Integrated Health and became effective January 1, 2020.

In all other counties, enrollees will have a carved out behavioral health benefit administered by the local mental health authority, which is the same as the Legacy Medicaid population.

How do families access behavioral health services under the new integrated benefit?

There will be some complexities with the new integrated benefit as families receive behavioral health services in different systems* as indicated below:

- **All integrated plan expansion members** may receive care at any provider in our network.

- **Expansion adults** outside of the five, integrated-benefit counties will receive care through the county mental health system or Federally Qualified Health Centers (FQHC).

- **Children and non-expansion adults on the Legacy Medicaid program** will continue to receive their care through the county mental health system and FQHCs.

- **All SelectHealth Medicaid enrollees** can access physical and behavioral health services at Intermountain Behavioral Health Integrated clinics in Davis, Weber, and Washington counties, which subcontract with county mental health systems.

How can providers determine who has the integrated benefit at the point of service?

Unsure if a patient has an integrated benefit? Then, use these resources:

- Medicaid’s online Patient Eligibility Lookup Tool (requires account setup).

- Submit an electronic 270/271 eligibility inquiry and response transaction to Utah Health Information Network (UHIN). Access the 270/271 Companion Guide for instructions, or contact the SelectHealth Electronic Data Interchange (EDI) team at 800-538-5099 or via email at edi@selecthealth.org.

- SelectHealth Member Services; call for benefit information at 800-538-5038.

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* State facilities are referred to as “mental health” facilities while Intermountain uses the term “behavioral health” instead.
Practice Management Resources

Reducing Turnaround Time for Preauthorization Requests

SelectHealth continues to expand and enhance integrated tools that facilitate more streamlined preauthorization requests.

Preauthorization Form Updates

We've established dedicated email addresses and removed fax numbers from SelectHealth preauthorization forms. Download and complete the form online and attach relevant documentation to the appropriate email for the member's plan (see the bottom of each form for instructions).

Care Affiliate® Online Submission Tool

Consider using our online submission tool, Care Affiliate, to submit, track, and (in many cases) receive auto approval for your patient’s preauthorization requests.

Access Care Affiliate through the SelectHealth Provider Portal using your secure login credentials. New to the Portal? You will find access instructions on the next page or at selecthealthphysician.org.

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

Genetic Testing and Radiation Oncology Preauthorizations

Genetic testing and radiation oncology preauthorizations are now managed via our relationship with AIM Specialty Health®. Through their portal (see access instructions below), AIM reviews treatment plans against clinical appropriateness criteria to help ensure that care aligns with established evidence-based medicine. Use AIM to obtain pre-service review as indicated in Figure 6 below.

Access AIM by through the SelectHealth Provider Portal. Click on the AIM icon to start the process. If you do not have access to the Provider Portal, follow the instructions on the next page or at selecthealthphysician.org.

Figure 6. When to Obtain AIM Pre-Service Reviews

<table>
<thead>
<tr>
<th>Genetic Testing</th>
<th>Radiation Oncology (non-emergency, outpatient modalities)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Genetic testing for hereditary cardiac disease, hereditary cancer susceptibility, and single-gene and multifactorial conditions</td>
<td>• Intensity-modulated radiation therapy (IMRT)</td>
</tr>
<tr>
<td>• Pharmacogenetic testing and genetic testing for thrombotic disorders</td>
<td>• Stereotactic radiosurgery (SRS)</td>
</tr>
<tr>
<td>• Reproductive carrier screening and prenatal diagnosis</td>
<td>• Stereotactic body radiotherapy (SBRT)</td>
</tr>
<tr>
<td>• Molecular testing of solid and hematologic tumors and malignancies</td>
<td>• Brachytherapy of the esophagus, biliary tract, penile tumor, uterine tandems/vaginal ovoids, or breast only (for CHIP members, uterine tandems/vaginal ovoids only)</td>
</tr>
<tr>
<td>• Whole exome and whole genome sequencing</td>
<td>• Proton beam radiation therapy (PBRT)</td>
</tr>
<tr>
<td></td>
<td>• Lutathera, Zevalin, and Xofigo</td>
</tr>
</tbody>
</table>
Practice Management Resources, Continued

Accessing the Provider Portal

Key practice management tools—AIM, Care Affiliate, the Provider Benefit Tool, SelectHealth PreauthRx, and Medical Policies—are available on the secure SelectHealth Provider Portal. If you do not have a login, follow these instructions to gain access:

1. Visit selecthealthphysician.org (see the area magnified in Figure 7 at right)

2. 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.

3. Email completed documentation to providerwebservices@selecthealth.org.

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

Reduce Claim Delays with the Provider Benefit Tool

Use the SelectHealth Provider Benefit Tool to check eligibility and benefits before your patients arrive. You can also check the 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’ve logged 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 8 at right).

Questions? Email providerwebservices@selecthealth.org, or call 800-538-5054 (option 2).
Medical Policies; Coding & Reimbursement

Medical Policy Update Bulletin

Please review the approved and revised Coding and Reimbursement Policies below. The Medical Policy Update Bulletin gives you 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 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 is a new policy that was recently created and published: Testing Vitamin D Serum Levels (77), effective 10/21/19.

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>
<tbody>
<tr>
<td>Bariatric Surgery Guidelines (295)</td>
<td>01/01/20 (for new and renewing 2020 plans)</td>
<td>The following procedures are the only covered bariatric surgeries when criteria are met: laparoscopic/open gastric bypass (Roux-en-Y) with short limb (&lt;150 cm), laparoscopic/open-sleeve gastrectomy, and biliopancreatic bypass with or without duodenal switch.</td>
</tr>
<tr>
<td>Blepharoplasty, Brow Ptosis Repair, and Reconstructive Eyelid Surgery (567)</td>
<td>01/03/20</td>
<td>Added criteria for coverage of ectropion and entropion procedures; reformatted overall criteria to include corresponding codes.</td>
</tr>
<tr>
<td>Cellular and/or Tissue-based Products (227)</td>
<td>12/31/19</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>Cervical and Lumbar Spinal Fusion and Combined Decompression/Fusion (622)</td>
<td>11/20/19</td>
<td>Modified criterion #5C to include requirement of at least 6 weeks of conservative therapy.</td>
</tr>
<tr>
<td>Deep Brain Stimulation (DBS) (205)</td>
<td>10/23/19</td>
<td>Modified criterion #4d: “The patient must have a well-documented seizure disorder with a debilitating effect on the patient’s ability to function.”</td>
</tr>
<tr>
<td>Eating Disorders: Inpatient Treatment (211)</td>
<td>10/28/19</td>
<td>Modified criteria to align with updated regulations.</td>
</tr>
<tr>
<td>Gender Confirmation Surgery (386)</td>
<td>11/01/19</td>
<td>Added urethroplasty and vulvectomy to list of covered procedures (when criteria are met).</td>
</tr>
<tr>
<td>Genetic Testing: Genetic Mutation Analysis Utilizing Solid Tumor Tissue (570)</td>
<td>10/18/19</td>
<td>Modified criterion #B and #C: “Next-generation sequencing &lt;50 genes can be performed in nonsmall-cell lung cancer (NSCLC) regardless of tissue availability and stage of cancer; OR next-generation sequencing &gt;50 genes when limited tissue is available can be performed in nonsmall-cell lung cancer (NSCLC) regardless of stage of cancer.”</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 BOLD type)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Home Anticoagulation Monitoring (410)</td>
<td>01/01/20</td>
<td>For groups selecting this benefit, revised to provide coverage when criteria are met.</td>
</tr>
<tr>
<td>Hyperbaric Oxygen Therapy (HBO2/HBOT) (129)</td>
<td>11/01/19</td>
<td>Modified criterion concerning “Radionecrosis, soft tissue” and for SelectHealth Community Care (Medicaid/CHIP), added statement: “Utilization review will be required to send the case for medical necessity review if additional hyperbaric therapy is requested once quantity limits as listed above have been achieved.”</td>
</tr>
<tr>
<td>Hypoglossal Neuro-stimulation (Inspire Upper Airway Stimulation) (608)</td>
<td>01/21/20</td>
<td>Revised to provide coverage of Inspire when criteria are met.</td>
</tr>
<tr>
<td>Hysterectomy (620)</td>
<td>12/30/19</td>
<td>Removed the following requirements: Pregnancy test/status from criteria #2, #4, and #5; thyroid disease exclusion from criterion #2aiii; and Normal UA from criterion #3c.</td>
</tr>
<tr>
<td>Laser Therapy for Keloids and Hypertrophic Scars (231)</td>
<td>12/30/19</td>
<td>Revised title of policy; added trial of fluorouracil to suggested algorithm for first-line therapy.</td>
</tr>
<tr>
<td>Laser Treatment of Congenital Hemangiomas and Rosacea (168)</td>
<td>10/24/19</td>
<td>Modified criterion #A3: “Any port wine stain area to resolve a functional problem associated with pain, infection, ulceration, or bleeding, or when there is documented evidence of physical functional impairment.”</td>
</tr>
<tr>
<td>Liver Transplant (Adult, Cadaveric) (142)</td>
<td>11/01/19</td>
<td>Updated criteria, including implementing UNOS standards into criterion #B-2d and inserting updated criteria into Policy #144 (Simultaneous Liver and Kidney Transplant [SLK]).</td>
</tr>
<tr>
<td>Mechanical Insufflation-Exsufflation Therapy for the Clearance of Airway Secretions (CoughAssist Device) (246)</td>
<td>12/30/19</td>
<td>Modified requirement concerning peak cough flow to be: “...less than 270 L/minute and/or whose maximal expiratory pressures are less than 60 cm H2O.”</td>
</tr>
<tr>
<td>Simultaneous Kidney and Liver Transplant (SLK) (144)</td>
<td>11/20/19</td>
<td>Modified title of policy, and inserted updated criteria from Policy #142 (Liver Transplant [Adult, Cadaveric]).</td>
</tr>
<tr>
<td>Varicocele Embolization (612)</td>
<td>11/19/19</td>
<td>Changed title of policy from “Varicocele Repair” to “Varicocele Embolization.”</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.

Effective 12/2/19, Home Tests for Bladder Cancer (330) was switched to covered (due to a lack of utilization).

Other newly archived policies where policy/codes remain covered include:

> Staples Transanal Rectal Resection (STARR) for the Treatment of Rectal Prolapse and Obstructed Defecation (381), effective 12/2/19
> Human Epididymis Protein 4 (HE4) Assay (466), effective 12/2/19

In addition, all genetic testing policies have been archived, including criteria/coverage decisions, as they are now contracted with AIM Specialty Health®, EXCEPT the following (effective 10/1/19):

> Genetic Testing: Genetic Mutation Analysis Utilizing Solid Tumor Tissue (570)
> Genetic Testing: Cell-Free Tumor DNA/Liquid Biopsy (581)
> Molecular Genetic Testing Guidelines (636)
February 2020 Coding Updates (Note: Documentation changes apply to all plans.)
There are a number of changes in the coding world so far for 2020. Although not all, some notable changes include codes for:

> Health behavior intervention
> In-home visits
> Grafts
> Bypasses
> Myocardial imaging
> Electroencephalograms

Figure 9 below indicates the full scope of these changes.

Please be sure to use the 2020 coding book to ensure accurate coding and remain current. For more info regarding these changes, visit the CMS website.

<table>
<thead>
<tr>
<th>Coding Change (effective date)</th>
<th>New</th>
<th>Revised</th>
<th>Deleted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT changes (01/01/2020)</td>
<td>38</td>
<td>35</td>
<td>17</td>
<td>394</td>
</tr>
<tr>
<td>HCPCS changes (01/01/2020)</td>
<td>191</td>
<td>62</td>
<td>79</td>
<td>332</td>
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<tr>
<td>ICD-10 CM changes (10/01/2019)</td>
<td>273</td>
<td>30</td>
<td>21</td>
<td>324</td>
</tr>
<tr>
<td>ICD-10 PCS changes (10/01/2019)</td>
<td>734</td>
<td>2</td>
<td>2056</td>
<td>2792</td>
</tr>
</tbody>
</table>

New Opioid Treatment Codes for Medicare
SelectHealth is actively working on the coverage benefits for these 14 new Medicare-enrolled opioid treatment program codes*, which became effective January 1, 2020:

> **G2067:** Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program).

> **G2068:** Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program).

> **G2069:** Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program).

> **G2070:** Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program).

Questions regarding these codes? Call Member Services at 800-538-5038.

Continued on page 15...
Medical Policy; Coding and Reimbursement, Continued

...Continued from page 14

> G2071: Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program).

> G2072: Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program).

> G2073: Medication-assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program).

> G2074: Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program).

> G2075: Medication-assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program); partial episode.

> G2076: Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment conducted by a program physician or primary care physician, or an authorized health care professional under the supervision of a program physician or qualified personnel that includes preparation of a treatment plan that includes the patient’s short-term goals and the tasks the patient must perform to complete the short-term goals; the patient’s requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.

> G2077: Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.

> G2078: Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.

> G2079: Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.

> G2080: Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.

* All codes listed are reprinted verbatim from the CMS Opioid Treatment Programs (OTPs) Medicare Billing and Payment Fact Sheet.
**REMINDER: Services no longer paid separately with a preventive visit**

Effective **October 1, 2019**, the services listed below are included in a preventive E&M for all lines of business. These should not be paid separately when billed with a preventive E&M.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Duration in Minutes (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0333T</td>
<td>Visual evoked potential, screening of visual acuity, automated, with report n/a</td>
<td></td>
</tr>
<tr>
<td>97802</td>
<td>Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient</td>
<td>15 (each)</td>
</tr>
<tr>
<td>97803</td>
<td>Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient</td>
<td>15 (each)</td>
</tr>
<tr>
<td>99401</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure)</td>
<td>15 (approximately)</td>
</tr>
<tr>
<td>99402</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure)</td>
<td>30 (approximately)</td>
</tr>
<tr>
<td>99403</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure)</td>
<td>45 (approximately)</td>
</tr>
<tr>
<td>99404</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure)</td>
<td>60 (approximately)</td>
</tr>
<tr>
<td>99406</td>
<td>Smoking and tobacco use cessation counseling visit; intermediate</td>
<td>&gt;3 up to 10</td>
</tr>
<tr>
<td>99407</td>
<td>Smoking and tobacco use cessation counseling visit; intensive</td>
<td>&gt;10</td>
</tr>
<tr>
<td>99408</td>
<td>Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services</td>
<td>15-30</td>
</tr>
<tr>
<td>99409</td>
<td>Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services</td>
<td>&gt;30</td>
</tr>
<tr>
<td>G0101</td>
<td>Cervical or vaginal cancer screening; pelvic and clinical breast examination</td>
<td>n/a</td>
</tr>
<tr>
<td>G0102</td>
<td>Prostate cancer screening; digital rectal examination</td>
<td>n/a</td>
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<tr>
<td>G0396</td>
<td>Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST) and brief intervention</td>
<td>15-30</td>
</tr>
<tr>
<td>G0397</td>
<td>Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST) and intervention</td>
<td>&gt;30</td>
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<tr>
<td>G0442</td>
<td>Annual alcohol misuse screening</td>
<td>15</td>
</tr>
<tr>
<td>G0444</td>
<td>Annual depression screening</td>
<td>15</td>
</tr>
<tr>
<td>S0265</td>
<td>Genetic counseling, under physician supervision</td>
<td>15 (each)</td>
</tr>
<tr>
<td>S9470</td>
<td>Nutritional counseling, dietitian visit</td>
<td>n/a</td>
</tr>
</tbody>
</table>

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