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

New SelectHealth Star Ratings Results!

SelectHealth received 4.5 out of 5 Star Rating—Thank you!

Star Ratings for 2020 were recently announced, and due to a combined effort between the health plan and provider network, SelectHealth received a 4.5 Star Rating.

Each year, the Centers for Medicare and Medicaid Services (CMS) reviews health plans that are contracted to offer Medicare Advantage plans. SelectHealth offers a SelectHealth Advantage product in Utah, Idaho, and Nevada that includes both medical and pharmacy benefits. Based on scores in more than 40 measurements, health plans that score 4 or more stars are considered high-performing plans.

We are grateful for our in-network providers and their engagement related to quality improvement and outstanding care for SelectHealth Advantage members.

For more information about Star Ratings, visit https://selecthealth.org/medicare/star-ratings

CALM Training: Reducing Youth Suicide in the Intermountain West

A recent report from the Centers for Disease Control and Prevention (CDC) offers a grim picture for U.S. youth suicide. Using data from the National Vital Statistics System, the CDC reported a rise in suicide rates among youth and young adults from 2007 to 2017. These results show:

> An increase in suicide rates for those ages 10–24.
> For persons aged 10–14, the suicide rate nearly tripled during this same decade (see CDC chart in Figure 1 at right).
> There has been a more recent increase in suicide rates for both persons 10-24 in the latter part of this time frame.
> By 2017, the suicide rate among children and adolescents ages 10-14 was more than twice the homicide rate in that population.

Because suicide is the leading cause of death for Utahns ages 10-24, SelectHealth and Intermountain Healthcare are committed to resolving this crisis. We recently added extensive online Zero Suicide resources for providers. One of these, CALM Training, can have a real impact on the youth suicide rate in Utah and the Intermountain West.

“There is reason to believe that increased gun safety could help us save lives. Providers should access CALM training, a simple solution that helps us address gun safety with our patients in a proven and effective way. Please look into this training for yourself and your clinic,” stresses Dr. Scott Whittle, SelectHealth Medical Director.

Figure 1. Increased Suicide Among Those Aged 10-14

![Figure 1. Increased Suicide Among Those Aged 10-14](https://selecthealth.org/medicare/star-ratings)
Shared Risk Networks: Persistency Measures for 2019

Participating providers in the Shared Risk networks (SelectHealth Advantage, SelectHealth Community Care, and SelectHealth Share) agree to support the Shared Commitments, a value-based healthcare delivery model, for the members attributed to their practices. These commitments promote:

> Clinical excellence, integration, and improvement
> Patient access
> Accountability, operational commitment, and mutual respect

A key watch metric for 2019 has been the Shared Commitment around accurate and complete documentation and coding (persistency). For 2019, SelectHealth set minimum persistency targets for appropriate documentation and coding at 70% by December 1, 2019.

What is persistency, and how does it impact patient outcomes?

A chronic Hierarchal Condition Category (HCC) must be accepted by CMS both in 2018 and 2019 to fit the definition of persistency. HCC corresponds to a patient with a documented and accepted chronic illness in 2018 as well as the same documented chronic illness in 2019. To fall within the persistency metric, the chronic illness must be documented and accepted by CMS on a claim in both 2018 and 2019.

CMS stresses that complete and accurate medical records foster more timely and appropriate care, which leads to improved patient outcomes. Additionally, persistency is key to our ability to identify and deploy appropriate resources to best meet individual SelectHealth Advantage (Medicare) members’ needs.

Questions about persistency? Contact Mitchell Davies at: 801-442-7969 or via email at mitchell.davies@selecthealth.org

How is data gathered for this watch metric?

Providers submit information on SelectHealth Advantage patients with chronic conditions using the SelectHealth Advantage Value-based Care Form available at the Intermountain Reports Center (log in required). Review the Quick Guide: SelectHealth Advantage Value-Based Care Form (as shown in Figure 2 below) for help using this form.

View your current progress reports by:
1. Accessing the Intermountain Reports Center
2. Logging in
3. Clicking on View Report
4. Selecting:
   • Your clinic name
   • ALL providers
   • ALL patients’ names
5. Clicking Run Report and Print

In 2020, SelectHealth and Intermountain will focus on enhanced education and engagement to better support provider progress on all of the Shared Commitments.
**Intermountain Healthcare® News**

**Care Process Model Updates**

Care Process Models (CPMs) are developed by multidisciplinary clinical experts from Intermountain Healthcare and are based on national and other guidelines as part of a comprehensive care management system. 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.

In addition, Intermountain also publishes Best Practices Flash Cards, which are derivative point-of-care tools summarizing key decision points or notes from a CPM or guideline. These flash cards:

> 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.

**New** CPM-based best practice flash cards recently published include:

> Treatment of Cystitis

> Treatment of Pyelonephritis

**Recently updated** CPM versions and associated tools include:

> Assessment for Elective Labor Induction

> Minor Head Trauma in Pediatric Patients with an accompanying **NEW guide** for shared decision making with patients and their families, *Head Injury Decision Guide: Is a CT Scan Right for My Child?* (available in [English](https://example.com) and [Spanish](https://example.com))

> Social Determinants of Health

> Diagnosis and Management of Urinary Tract Infections (UTI) in Adults
SelectHealth Advantage® (Medicare) News

Communicating with Older Adults

The Centers for Disease Control (CDC) has identified a number of challenges when communicating with older adults and providing them and their caregivers with essential health information. While older adults need more medical services and have more chronic illnesses than other populations, their ability to process and retain healthcare information can be affected by the aging process. The National Assessment of Adult Literacy quantified the difficulties faced by adults over 60; these difficulties are summarized in Figure 4 at right.

In the next decade, there will be more than 70 million adults in the United States who are over age 65. These adults may be experiencing changes in cognition, vision, and hearing that make it difficult for them to understand standard healthcare information and make complex decisions about their health. Improving the delivery of information and services to older adults and their caregivers is critical to improving their health and quality of life.

Developing effective strategies

Tailoring health information with specific strategies for working with older adults results in healthcare that is respectful of and responsive to their needs. Figure 5 summarizes strategies for:

> Cognition. Age-related changes include reduced processing speed, a greater tendency to be distracted, and a diminished capacity for processing and remembering new information.
> Vision. Adults over age 65 are twice as likely to have vision problems than other adults.
> Hearing. Hearing loss is common after age 60, and affects half of adults age 85 and older.

Figure 5. Strategies for Tailoring Health Information

<table>
<thead>
<tr>
<th>Cognition</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; Focusing on the essence of the information</td>
<td>&gt; Reducing the amount of text</td>
</tr>
<tr>
<td>&gt; Using plain language</td>
<td>&gt; Printing text with high contrast, preferably black text on a white background</td>
</tr>
<tr>
<td>&gt; Repeating the key points</td>
<td>&gt; Using at least a 16- to 18-point font size</td>
</tr>
<tr>
<td>&gt; Emphasizing those directions and advice that must be followed</td>
<td>&gt; Inserting space of at least 25% of the point size between lines of text</td>
</tr>
<tr>
<td>&gt; Providing brochures, pamphlets, and written instructions to aid memory</td>
<td>&gt; Printing materials on paper with a matte finish</td>
</tr>
<tr>
<td>&gt; Reinforcing meaning with skill-building activities</td>
<td></td>
</tr>
</tbody>
</table>

Continued on page 6...
Using targeted questions
When talking with older adults and their caregivers, consider their common experiences, values, and culture. Collaborating with senior community organizations and local agencies that serve older adults can provide valuable feedback. Try a few of these questions when talking with your older patients:

> What do you already know about this?
> What would you like to know?
> What is difficult to understand about this?
> How do you feel about this?
> What would help you pay attention to this?
> How should this be presented?
> Where should this information be available?

Suggested Resources
> Administration for Community Living: Eldercare Locator
> CDC: Complete Care Plan
> CDC: Health Literacy for Older Adults
> City of Hope: A Communication Guide for Caregivers
> Family Caregiver Alliance: Caregiver Education
> FDA: Communicating Risks and Benefits – An Evidence-Based User’s Guide
> National Institute on Aging: Talking with Your Older Patient
> National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards)
> NIH National Institute on Aging
> NIH National Eye Institute
> NIH National Institute on Deafness and Other Communication Disorders

CMS Requirement Changes for Fraud, Waste, and Abuse (FWA) Compliance

Recently, CMS removed certain compliance training requirements previously applicable to First Tier, Downstream, and Related Entities (FDRs) of Medicare Advantage Plans, such that SelectHealth is no longer required to:

> Provide CMS-issued training to healthcare providers and business partners on general compliance and FWA
> Confirm completion of those trainings

However, SelectHealth providers and business partners (FDRs) are still required to comply with these three, key tasks:

1. Implement a compliance program.

2. Provide annual compliance and FWA training for employees and contractors who support Medicare Advantage plans.

3. Complete the online training attestation here. Attestation records may be reviewed by CMS during compliance audit proceedings.

Learn more about these requirements and find links to helpful resources here.

Questions?
Contact your Provider Relations representative at 800-538-5054 or via email at provider.development@selecthealth.org.

Peripheral vascular/arterial disease (PVD/PAD) is clinically significant atherosclerosis of the extremities due to the presence of plaque in the peripheral arteries. Plaque may also be associated with secondary manifestations, such as claudication, rest pain, ulceration, and ischemia. PVD/PAD affects about 12% of the U.S. population, and “…50-75% of patients with PAD also have clinically significant coronary artery disease or cerebrovascular disease.”

How is PVD/PAD diagnosed?
Look for signs and symptoms in the extremities such as diminished pulses, skin cool to the touch, and pain with activity or at rest. Confirm the diagnosis with an ankle-brachial index (ABI) test (ultrasound and angiography are rarely used). Imaging is not necessary to confirm the diagnosis, although atherosclerosis may be found incidentally on imaging.

How should PVD/PAD be documented?
Document the diagnosis with a complete description: “Peripheral Vascular Disease—lower extremities pale with hair loss, c/o pain when walking. Discussed tobacco cessation. ABI: mid-arterial insufficient bilaterally.”

If there are complications, link them to the PVD/PAD diagnosis. For example, if there is atherosclerosis in the right leg with an ulcer, use the appropriate atherosclerosis code and annotate non-pressure chronic ulcer with the site-specified code.

What about atherosclerosis of aorta?
Kronzon writes in Circulation, “The prevalence of severe aortic plaque in stroke patients (14% to 21%) is on the same order of magnitude as that of the other 2 important causes of embolic stroke, coronary artery disease (10% to 14%) and atrial fibrillation (18% to 30%).”

If atherosclerosis of the aorta is found when reviewing CTs (including abdominal), echocardiogram, ultrasound, or plain films, add this diagnosis to your problem list: “Atherosclerosis of aorta– Found on CT scan from 2016. Continue statin.”

Questions? Contact a member of the SelectHealth Clinical Documentation Specialist-RN team:
> Tamara.Smith@selecthealth.org
> Jodi.Hovey@selecthealth.org
> Savannah.Downer@selecthealth.org

SelectHealth Community Care (Medicaid) News

Medicaid Expansion in Utah

What is the current status for expansion, and how did we get here?

Senate Bill 96 (SB 96) was passed in the 2019 Utah legislative session. It outlined the path for expansion (see Figure 6 at right), including a succession of waivers to be submitted to the Centers for Medicare and Medicaid Services (CMS). One of those waivers, called “the Bridge Plan,” expanded Medicaid to childless adults and adults with dependent children on Medicaid with an income at or below 100% of the federal poverty level (FPL).

Members eligible on the Bridge Plan began enrolling in April 2019 and will transition to Medicaid Accountable Care Organizations (ACO), including SelectHealth, on January 1, 2020. A significant portion of these members will also have a mental health benefit, which ACOs will administer.

On July 31, 2019, the State submitted a new 1115 Waiver to CMS called the “Per Capita Cap Plan.” This plan was intended to replace the Bridge Plan. CMS has denied the waiver portion that requested increased funding, which CMS indicated is only available under a full-expansion up to 138% of the FPL.

The State is now working on something called the “Fallback Waiver,” which expands enrollment up to this level. This does not affect members who qualified for Medicaid under the Bridge Plan. We still expect those members to transition to Medicaid ACOs in January.

If CMS denies the Fallback Waiver, Utah will expand Medicaid through a state plan amendment up to 138% of the FPL. This will occur if no changes are made by the Utah Legislature during the next session, which runs from January to March 2020. If Utah expands up to 138% of the FPL, enrollees between 101-138% FPL in the Federally Facilitated Marketplace will be eligible for Medicaid in July 2020.

For details about Utah’s expansion efforts and the different waivers, visit the Utah Department of Health website (see Figure 7).
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 will become effective January 1, 2020.

There are going to be some complexities with the new integrated benefit. First, we will have families who receive behavioral health services in different systems: Figure 8 below provides an overview of member types and behavioral health benefits in Utah counties. Note that state facilities are referred to as "mental health" facilities while Intermountain uses the term "behavioral health" instead.

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

All expansion members in the five counties listed above 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 about what ACO an individual is enrolled with? Access these resources:

> Medicaid’s online Patient Eligibility Lookup Tool (requires account set up).
> The SelectHealth Provider Portal (requires login set up per instructions on page 11), where you can submit an electronic 270/271 eligibility inquiry and response transaction.
> SelectHealth Member Services; call for benefit information at 800-538-5038.

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### Figure 8. Overview of Behavioral Health Benefits by Member Type

<table>
<thead>
<tr>
<th>Member Type</th>
<th>Behavioral Health Benefit</th>
<th>Utah Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expansion Adult</td>
<td>Integrated</td>
<td>Davis, Salt Lake, Utah, Weber, Washington</td>
</tr>
<tr>
<td></td>
<td>Carved Out</td>
<td>All counties EXCEPT Davis, Salt Lake, Utah, Weber, Washington</td>
</tr>
<tr>
<td>Legacy Adult</td>
<td>Carved Out</td>
<td>All counties</td>
</tr>
<tr>
<td>Legacy Child</td>
<td>Carved Out</td>
<td>All counties</td>
</tr>
</tbody>
</table>
Community Care Fee Schedule Update

Providers recently received notification of the October 1, 2019 fee schedule update for SelectHealth Community Care (Medicaid).

Note that this is the third year that SelectHealth has done an annual fee schedule update with an effective date of October 1.

Provider contracts were updated in 2017 to follow the SelectHealth Community Care fee schedule rather than the state Medicaid fee schedule. Although SelectHealth does not change rates each month to reflect changes in the Utah rates, the July 1 state rates are incorporated into the October 1 fee schedule update each year. The annual October 1 date was chosen to allow time to incorporate the July 1 state rates and communicate changes to providers as required by provider contracts.

The annual update benefits providers and SelectHealth by saving time and administrative costs related to making monthly claim adjustments that were often backdated. It also allows more flexibility in working with providers to use innovative payment arrangements, such as value-based payments.

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

SelectHealth-contracted Language Interpreters

We contract with language interpreters to help you provide the best care for our SelectHealth Community Care* members who speak little or no English as well as for those who use sign language.

Contracted language interpreters are listed in Figure 9 below based on where the member is receiving care. For more detailed information, download the SelectHealth Language Services flyer.

Figure 9. Contracted Language Interpreters (based on location where member receives care)

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

Effective May 1, 2019, SelectHealth Community Care began covering interpreter follow-up phone calls for:

> Communicating lab or radiology results
> Scheduling appointments
> Managing medication changes
Practice Management Resources

Accessing the Provider Portal

Key practice management tools—AIM, Care Affiliate, the Provider Benefit Tool, SelectHealth PreauthRx, and Medical Policies—are available on the SelectHealth secure provider portal, which requires a login. If you do not currently have a login, follow the instructions below to gain access.

1. Visit selecthealthphysician.org (see the area magnified in Figure 10 below)
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).

New Patient Education Resources

Sixteen downloadable patient education fact sheets, in both English and Spanish, are now available on both selecthealthphysician.org and the provider portal. These fact sheets cover a variety of topics related to Mental Health Integration, Zero Suicide, and Opioid Prescribing.

These fact sheets support your conversations with patients and reflect clinically vetted best practices and health literacy principles.

We will be adding more patient education resources in the future; be sure to check the Behavioral Health Resources area on a regular basis.

Access a full list of Spanish-language versions available for download here.

Figure 10. Accessing the Provider Portal

Pharmacy News

Please take a few minutes to read the latest Pharmacy & Therapeutics newsletter along with Formulary Updates.

These contain information about recent formulary decisions, specific therapeutic class updates, and industry news.

selecthealth.org
Population Health On-Demand Physician Performance Metrics

Navigate to intermountainhealthcare.org/phmeasures (see Figure 11 below) for a list of 2019 physician performance metrics for our SelectHealth Share, SelectHealth Community Care, and SelectHealth Advantage products.

Information includes:

> Updated 2019 Quality Measures for your specialty
> Updated 2019 Patient Experience thresholds
> Detail on how shared savings will be distributed to your clinic

We appreciate our relationship with you, your participation, and the excellent care you provide our members.

Questions? Contact Intermountain Population Health Consultants at phconsultants@imail.org.

Reduce Claim Delays with the Provider Benefit Tool

The SelectHealth Provider Benefit Tool will help you check eligibility and benefits before your patients arrive as well as the status of claims and remittance advice.

Need access to the Provider Benefit Tool? Follow the instructions on page 11.

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 12 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.

New policies created and published

> Ambulatory Electroencephalography (EEG) (634); effective 7/12/2019
> Molecular Genetic Testing Guidelines (636); effective 6/12/2019
> IB-Stim (637); effective 10/14/2019

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)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DNA Analysis of Stool for Colon Cancer Screening (Cologuard) (260)</td>
<td>8/2/2019</td>
<td>Modified criterion concerning required post-transplant time frame of heart transplant recipients to be at least ≥ 55 days to be in alignment with updated IMAGE Trial guidelines</td>
</tr>
<tr>
<td>Genetic Expression Profiling for Monitoring Acute Rejection in Cardiac Transplant Patients (ALLOMAP®) (357)</td>
<td>8/2/2019</td>
<td>Modified criterion concerning required post-transplant time frame of heart transplant recipients to be at least ≥ 55 days to be in alignment with updated IMAGE Trial guidelines</td>
</tr>
<tr>
<td>Genetic Testing: Cell-Free Tumor DNA/Liquid Biopsy (581)</td>
<td>8/16/2019</td>
<td>Revised to provide coverage of only the Guardant360 liquid biopsy assay; when criteria are met</td>
</tr>
<tr>
<td>Genetic Testing: Genetic Mutation Analysis Utilizing Solid Tumor Tissue (570)</td>
<td>8/23/2019</td>
<td>Added criterion: “Can be performed for Stage 3 or Stage 4 non-small cell lung cancer (NSCLC) when there is inadequate lung tissue for genetic and immunological testing per NCCN guidelines” to set of eligible conditions for qualifying for coverage of this testing</td>
</tr>
<tr>
<td>Implant Intraocular Devices for the Treatment of Glaucoma (471)</td>
<td>8/1/2019 8/23/2019</td>
<td>Added coverage of the following when criteria are met: &gt; Ahmed Valve and the Baerveldt Implant &gt; Hydrus Microstent</td>
</tr>
<tr>
<td>In-Network Coverage of Medical Services with an Out-of-Network Provider (547)</td>
<td>9/27/2019</td>
<td>Modified title of policy and updated language to more correctly reflect how out-of-network coverage is administered</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging (MRI) for Cardiovascular Indications (154)</td>
<td>8/1/2019</td>
<td>Added coverage of cardiac MRI for evaluation of cardiotoxicity in members undergoing treatment with cardiotoxic medications to allowable conditions</td>
</tr>
</tbody>
</table>

Continued on page 14...
**Medical Policies, Coding & Reimbursement, Continued**

...Continued from page 13

<table>
<thead>
<tr>
<th>Policy Description</th>
<th>Date</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nucleic Acid Amplification Tests (NAAT) for Bacterial Vaginosis and Other Bacterial Infections (615)</td>
<td>9/27/2019</td>
<td>Modified title of policy and updated language in Description and Commercial Plan criteria to include more comprehensive terminology and array of treatments</td>
</tr>
<tr>
<td>Pancreas/Pancreas-Kidney Transplants (610)</td>
<td>9/27/2019</td>
<td>Revised title of policy, modified criterion #4b to include requirement of eGFR score ≤ 20, and created criterion #4c (which aligns with UNOS criteria)</td>
</tr>
<tr>
<td>Percutaneous Vertebroplasty/Kyphoplasty (310)</td>
<td>8/22/2019</td>
<td>Modified criterion concerning required attempt of conservative treatment to include at least a 4-week time frame</td>
</tr>
<tr>
<td>Transcranial Magnetic Stimulation (TMS) for Depression and Other Psychiatric Disorders (241)</td>
<td>9/27/2019</td>
<td>Modified criteria to include requirement that TMS must be recommended and monitored by a physician</td>
</tr>
<tr>
<td>Transcatheter Aortic Valve Implant (TAVI)/Transcatheter Aortic Valve Replacement (TAVR) (444)</td>
<td>8/23/2019</td>
<td>Modified criterion concerning required face-to-face evaluation for open heart surgery to include only one cardiothoracic surgeon instead of two</td>
</tr>
<tr>
<td>Vision Therapy (242)</td>
<td>7/26/2019</td>
<td>Modified criteria for coverage to include requirements of recommendations by either an ophthalmologist or neurologist/concussion specialist, and added amblyopia and esotropia to list of excluded conditions</td>
</tr>
</tbody>
</table>

**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 where policy/codes were **switched to covered** include:

> Glycomark® Test for Hyperglycemia Monitoring (465); effective 8/22/2019  
> Subtalar Implant for Flatfoot Deformity (408); effective 8/23/2019  
> Bipolar Sealers in Surgery (529); effective 8/23/2019

Newly archived policies where policy/codes **remain covered** include:

> OraQuick Saliva HIV-1 Antibody Test for Oral Fluid (247); effective 9/23/2019  
> O-ARM® Multi-Dimensional Surgical Imaging System (458); effective 9/23/2019  
> Apnea Monitor (102); effective 10/1/2019  
> Recombinant Human Bone Morphogenetic Protein (225); effective 10/1/2019
**Medical Policy; Coding and Reimbursement, Continued**

**November 2019 Coding Updates (Note: Documentation changes apply to all plans.)**

Effective **October 1, 2019**, Centers for Medicare and Medicaid Services (CMS) issued over 3,000 updates to ICD-10-CM/ICD-10-PCS codes as well as many new updates to HCPCS/Procedure codes (effective dates ranging from **July 1, 2019** through **October 1, 2019**).

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

**Services no longer paid separately with a preventive visit**

Effective **October 1, 2019**, the services listed in 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</td>
<td>n/a</td>
</tr>
<tr>
<td>97802</td>
<td>Medical nutrition therapy; initial assessment and intervention, individual,</td>
<td>15 (each)</td>
</tr>
<tr>
<td></td>
<td>face-to-face with the patients</td>
<td></td>
</tr>
<tr>
<td>97803</td>
<td>Medical nutrition therapy; re-assessment and intervention, individual,</td>
<td>15 (each)</td>
</tr>
<tr>
<td></td>
<td>face-to-face with the patient</td>
<td></td>
</tr>
<tr>
<td>99401</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s)</td>
<td>15 (approximately)</td>
</tr>
<tr>
<td></td>
<td>provided to an individual (separate procedure)</td>
<td></td>
</tr>
<tr>
<td>99402</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s)</td>
<td>30 (approximately)</td>
</tr>
<tr>
<td></td>
<td>provided to an individual (separate procedure)</td>
<td></td>
</tr>
<tr>
<td>99403</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s)</td>
<td>45 (approximately)</td>
</tr>
<tr>
<td></td>
<td>provided to an individual (separate procedure)</td>
<td></td>
</tr>
<tr>
<td>99404</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s)</td>
<td>60 (approximately)</td>
</tr>
<tr>
<td></td>
<td>provided to an individual (separate procedure)</td>
<td></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>
</tr>
<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>
</tr>
<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>

*Continued on page 16...*
...Continued from page 15

Use AIM for Genetic Testing and Radiation Oncology Preauthorization

Effective October 1, 2019, submit genetic testing and radiation oncology preauthorization to AIM via the SelectHealth Provider Portal per the instructions below:

> If you do not already have a portal login, follow the instructions on the selecthealthphysician.org home page to get set up (see Figure 13).

> Once you have access, just select the AIM icon to be directed to the AIM system portal (see Figure 14).

> Find training and reference materials on the AIM portal to help you quickly start submitting these preauthorizations.

Figure 13. Getting Set Up with a Portal Login

Figure 14. Accessing AIM on the Provider Portal