Welcome to the Provider Insight newsletter.

Here, you’ll find medical, dental, and pharmacy information as well as updates to our plans:

> Commercial

> SelectHealth Advantage® (Medicare)

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

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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 persons aged 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.
Communicating with Older Adults

The Centers for Disease Control (CDC) have 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 2 at right.²

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 3 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.

<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>

<table>
<thead>
<tr>
<th>Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; Speaking loudly and clearly</td>
</tr>
<tr>
<td>&gt; Limiting background noise</td>
</tr>
</tbody>
</table>

Figure 2. Percent of Adults over 60 Who Have Literacy Difficulties²

| 80% | Understanding and using information in forms and charts |
| 71% | Reading and understanding print materials               |
| 58% | Interpreting numbers and doing calculations              |

Continued on page 4...
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.

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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

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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 4 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 4. 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.
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 status of claims and remittance advice.

**Need access to the Provider Benefit Tool?** Follow the instructions on page 6.

**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 5 below).

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

**Figure 5. Provider Benefit Tool Resources**
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 $\geq$ 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 $\geq$ 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>Implanted 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 9...
...Continued from page 8

<table>
<thead>
<tr>
<th>Archival Summary</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
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, face-to-face with the patients</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>
</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>
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](http://selecthealthphysician.org) home page to get set up (see Figure 6).

> Once you have access, just select the AIM icon to be directed to the AIM system portal (see Figure 7).

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

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**Figure 6. Getting Set Up with a Portal Login**

**Figure 7. Accessing AIM on the Provider Portal**