

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

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

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

AIM reviews treatment plans against clinical appropriateness criteria to help ensure that care aligns with established evidence-based medicine. This will improve members' access to quality care while reducing costs associated with unnecessary or inappropriate treatment.

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

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

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

Questions?

Contact Provider Development at **800-538-5054**.

How do I access AIM services?

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

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

What services will AIM review?

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

Figure 1. AIM Clinical Appropriateness Reviews and Preauthorizations

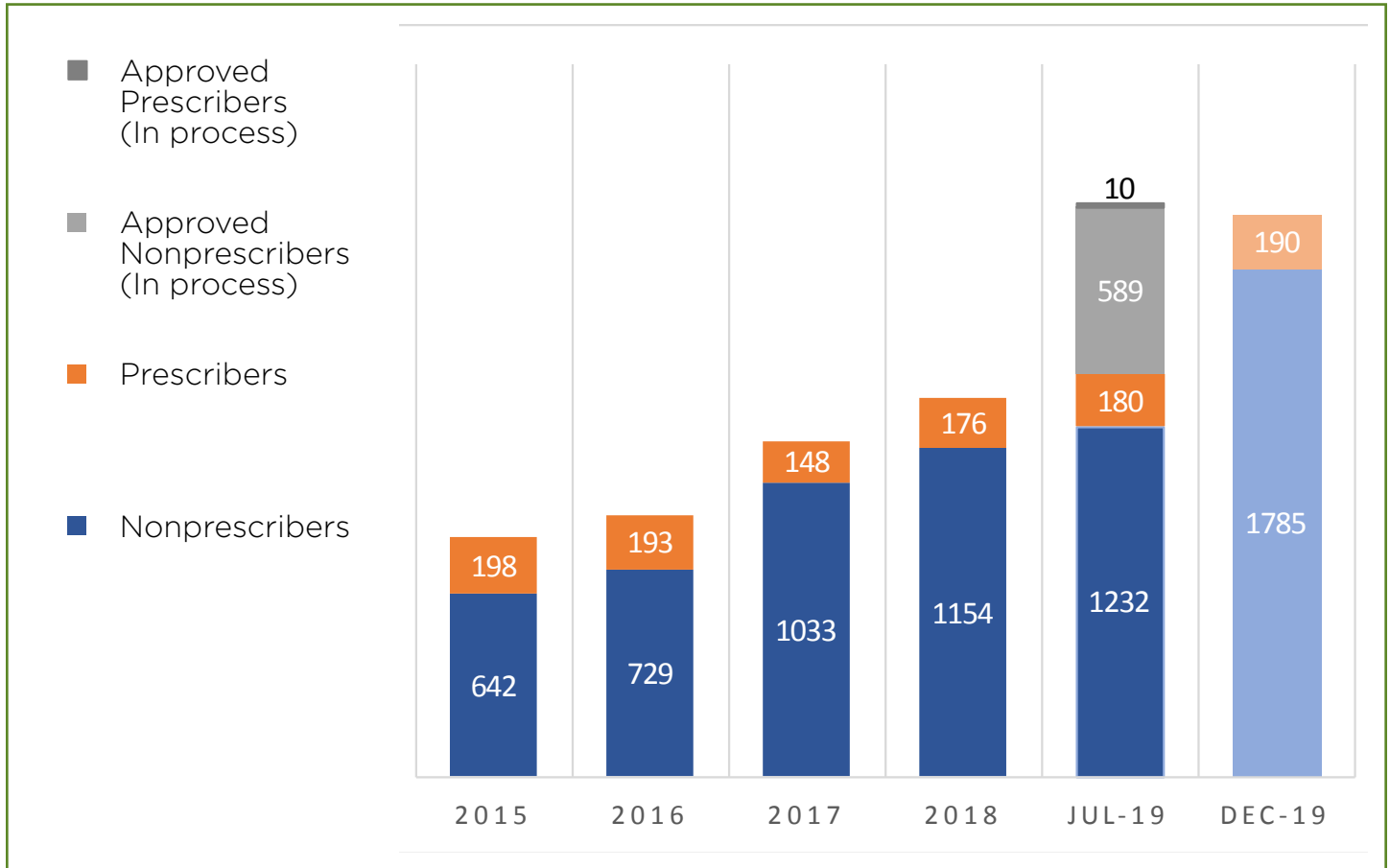
Genetic Testing Services		Radiation Oncology Services (Non-emergency, outpatient modalities)
Applicable Services	<ul style="list-style-type: none"> • Genetic testing for hereditary cardiac disease, hereditary cancer susceptibility, and single-gene and multifactorial conditions • Pharmacogenetic testing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

Behavioral Health Networks: We're Open for Business!

SelectHealth increased the total behavioral health providers in our networks by 114% from 2015 to 2018. In 2019, we are working to add over 600 behavioral health providers and expand our Utah-based acute and subacute services (see figure 2 below). Behavioral health network expansion efforts also focus on:

- > Increasing patient access to Applied Behavioral Analysis (ABA) services, eating disorders treatment facilities, and school/home-based psychotherapy services.
- > Developing a methadone maintenance network
- > Working with mental health authorities to meet the needs of new SelectHealth members when the Utah Medicaid Expansion Bill takes effect (January 2020)

Figure 2. Behavioral Health Network Growth



SelectHealth News, Continued

Social Determinants of Health

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

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

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

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

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

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

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

New Cologuard Screening Coverage for Commercial Plans

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

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

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

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

This coverage is retroactive to April 1, 2019.

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

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

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

SelectHealth News, Continued

Enhancing Patient Access to Advanced Practice Providers (APPs)

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

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

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

How do I start the credentiaing and contracting process?

If you are not currently credentialed and contracted with SelectHealth, download and complete the [APP Credentialing Request Form](#) to begin the process (see figure 3 at right). This is a fillable form that lets you quickly add information and save a copy to your device. Be sure to click on **"Highlight Existing Fields"** as shown in figure 4 below. Then, enter your information in the blue fields that appear.

Email the completed form to your Provider Relations representative.

How can I get added to the provider directory?

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

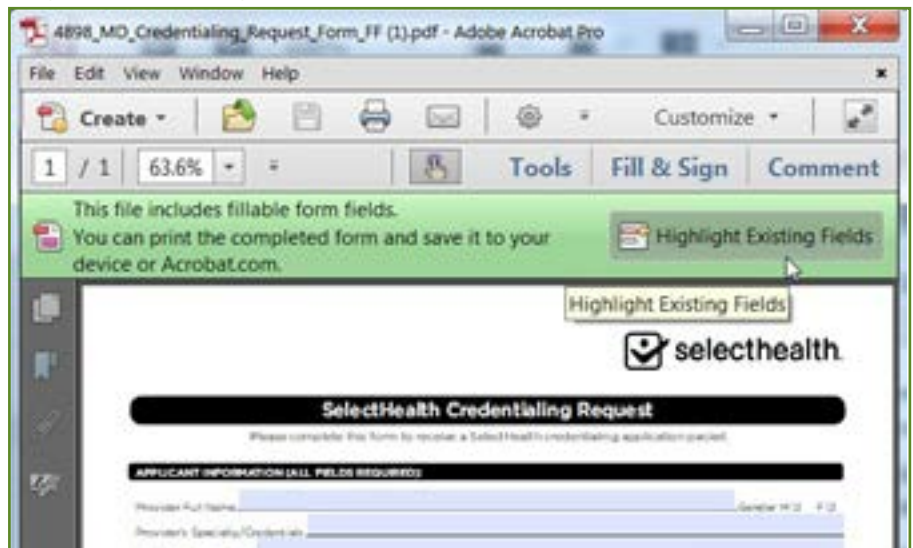
Figure 3. Behavioral Health Network Growth

The image shows a screenshot of the 'Advanced Practice Providers (APP) Credentialing Request' form. At the top right is the SelectHealth logo. The form title is 'Advanced Practice Providers (APP) Credentialing Request'. Below the title, there is a section for 'APPLICANT INFORMATION (ALL FIELDS REQUIRED)'. This section includes fields for:

- Provider Full Name
- Provider Primary Specialty/Credentials
- Provider Secondary Specialty/Credentials
- Provider Address (Street, City, State, Zip)
- Phone Number
- Mobile Phone Number
- Fax Number
- Work Email Address
- Home Email Address
- Work Email Address
- Work Phone Number
- Work Fax Number
- Work Email Address
- Work Phone Number
- Work Fax Number

 There are also checkboxes for 'I am currently credentialed with another organization' and 'I am currently employed by another organization'. At the bottom of the form, there are instructions and a 'Print' button.

Figure 4. Using the Fillable Form



Get to Know Our Member Rights and Responsibilities

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

SelectHealth Member Rights and Responsibilities Statement

As a Member, you have the right to:

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

As a Member, you have the responsibility to:

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

Pharmacy News

OxyContin® No Longer Covered

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

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

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

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



Pharmacy Resources

Please take a few minutes to read the latest [Pharmacy & Therapeutics](#) newsletter along with Formulary Updates. These contain information about recent formulary decisions, specific therapeutic class updates, and industry news.

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

For more information:

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

How to Get a Pharmacy Preauthorization for a SelectHealth Member

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

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

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

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

Why PromptPA?

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

PromptPA
Prior Authorization/Pre-Certification Portal

Intermountain Healthcare News

Immunization Update and ACIP Highlights

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) met on June 27–28 to provide guidance on vaccines. **Figure 5 below** summarizes the key guidance from this meeting. The committee also discussed a recommendation to be voted on at a future meeting related to **Tdap** (see [next page](#) for more information). **Related details** for each recommendation (vaccine evidence presented, committee discussion, and votes) can be accessed on the [SelectHealth Provider Portal](#).

Figure 5: Key Vaccine Guidance Highlights from June 2019 ACIP Meeting	
Influenza	<p>2019-2020 influenza vaccine statement approved with these clarifications:</p> <ul style="list-style-type: none"> • Early vaccination (i.e., July and August) is likely to be associated with suboptimal immunity before the influenza season ends, particularly among older adults. • Children (ages 6 months to 8 years) needing 2 doses in a season should receive the second dose even if they turn 9 years of age between doses. • It is acceptable to give 2 vaccines together that contain novel adjuvants (e.g., adjuvanted influenza and Shingrix®) if non-adjuvanted influenza vaccine is unavailable.
Hexavalent*	<p>When available in 2021, the new hexavalent childhood vaccine VAXELIS™ was approved for use in the Vaccines for Children (VFC) Program</p> <p>Note: VAXELIS is not approved for use as a booster dose for a hepatitis B birth dose, which should still be administered when using this new hexavalent.</p>
HPV	<p>Harmonized the catch-up recommendations for up to 26 years for both males and females.</p> <p>Approved a "shared clinical decision-making" recommendation for those ages 27 to 45 years.</p>
PCV13	<p>Changed recommendation to "shared clinical decision making" for those ages 65 and older (previously a full recommendation).</p>
Meningo-coccal B	<p>Approved booster schedule for high-risk persons ages 10 years or older (e.g., complement component deficiency, complement inhibitor use, asplenia, or microbiologists) as follows:</p> <ul style="list-style-type: none"> • One year following the primary series • Every 2 to 3 years thereafter <p>Approved schedule for those determined by public health officials to be at increased risk during an outbreak as follows:</p> <ul style="list-style-type: none"> • A 1-time booster dose if 1 year or longer since the person completed the MenB primary series • A booster dose interval of 6 months or longer depending on the specific outbreak, vaccination strategy, and projected duration of elevated risk
HEP A	<p>Changed recommendations as follows:</p> <ul style="list-style-type: none"> • Recommend 2-dose catch up for everyone ages 2 through 18 • Remove vaccine indication for clotting factor • Add HIV as an indication for routine vaccination in those ages 1 year and older

* DTaP5, IPV, Hep B, Hib PRP-OMP reduced amount

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Intermountain Healthcare News, Continued

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Future Recommendation: Tdap

Adacel® Tdap was approved by the FDA in January 2019 as a repeat tetanus dose in those ages 10-64, as long as there has been an eight-year separation between doses or at least five years between doses for wound management. The Work Group recommended that a future vote address using either Tdap or Td for:

- > The decennial Td
- > Tetanus prophylaxis in the setting of wound protection
- > Additional doses of the catch-up immunization schedule for persons over seven years of age

Questions?

Contact Tamara Sheffield, MD, MPA, MPH, Medical Director, Community Health and Prevention, Intermountain Healthcare, at **801-442-3946**.

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 either:

- > [m.intermountain.net/clinical/Pages/All-Care-Process-Models-\(CPMs\).aspx](http://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.

New CPMs recently published include:

- > [Carbon Monoxide Poisoning](#)
- > [Social Determinants of Health](#)

Recently updated versions include:

- > [Streptococcal Pharyngitis \(Adult and Pediatric\)](#)
- > [Acute Coronary Syndrome \(ACS\)](#)
- > [Diabetes Prevention Program](#)
- > [Pediatric Otitis Media, Acute \(Ear Infection\)](#)
- > [Acute Sinusitis in Adults and Children](#)
- > [Opioid Use in Pregnancy](#)

Opioid Prescribing Successes

Systemwide, Intermountain reduced the number of opioid tablets prescribed in 2018 by **30%**. In fact, since 2017 Intermountain has reduced the number of opioid pills prescribed by **5,433,553**.

Intermountain continues to make progress on its opioid goals. As of July 10, 2019, Intermountain has **reduced** the number of opioids prescribed for:

- > Acute pain by **18%**
- > Chronic pain by **16%**

In addition, there has been a **51% decrease** in patients with both benzodiazepine and opioid co-prescribing, which increases the risk of overdose deaths.

Access the new [Behavioral Health Resources](#) area of selecthealthphysician.org for opioid prescribing best practices and resources.

Information taken from: *Intermountain Stories*, Here's how Intermountain was able to reduce the number of opioid pills prescribed after heart surgery by 40 percent in less than a week. Available at: <https://m.intermountain.net/newsroom/Pages/Here's-how-Intermountain-was-able-to-reduce-the-number-of-opioid-pills-prescribed-after-heart-surgery-by-40-percent-in-less.aspx?editionid=1903>. Accessed August 9, 2019.

SelectHealth Advantage (Medicare) News

The Weigh to Health® Program: Diabetes Prevention Services for Medicare Patients

The Weigh to Health program, developed by Intermountain Healthcare, helps participants lose 5-7% of their starting body weight and increase moderate physical activity to 150 minutes per week.

In 2017, the program updated curriculum and requirements to become a Centers for Disease Control (CDC)-accredited National Diabetes Prevention Program. Along with that process, The Weigh to Health program has been working to become a Medicare Diabetes Prevention Program provider. By the end of 2019, the 12-month program will be offered to those insured by Medicare.

How will members use this benefit?

Currently, most SelectHealth plans cover the up-front cost of The Weigh to Health program for patients who either have a BMI ≥ 30 or have been diagnosed with weight-related comorbidity such as prediabetes, high cholesterol, hypertension, and cardiovascular disease.

Medicare participants will need to have a blood test confirming prediabetes in order to use this one-time benefit.



What does the program include?

The program includes 18 group sessions facilitated by a Registered Dietitian Nutritionist (RDN) and four, one-on-one RDN appointments over 12 months. The program's focus on facilitating healthy lifestyle changes is the best option for patients who have screened at-risk for prediabetes, had a

blood test confirming prediabetes, or don't have prediabetes but want to lose weight. Regularly scheduled orientations are held at different facilities, giving patients a number of convenient options.

Where can members learn more?

For more information and a list of facilities offering The Weigh to Health program, visit [The Weigh to Health website](#).



SelectHealth Community Care (Medicaid) News

New Attestations for Medicaid Providers

As part of our Medicaid Managed Care Organization (MCO) requirements, SelectHealth ensures that our provider directory includes information about which providers:

- > Offer medical diagnostic equipment for members with disabilities
- > Have participated in some type of cultural competency training

ADA attestation

SelectHealth is required to maintain and monitor a network of appropriate providers sufficient for providing adequate access to enrollees, including those with physical or mental disabilities (42CFR438.206(a), 438.68(c)(i)-(ix)) per our MCO requirements.

Figure 6 below, excerpted from an ADA flyer on medical diagnostic equipment, provides an overview of the types of equipment for a positive attestation. **Note that your office does not need to have this equipment, but you will need to indicate if you do.** Using this ADA information, we can ensure that members with disabilities can find a provider who best meets their needs.

Learn more details about Medical Diagnostic Equipment standards in [36 CFR Part 1195](#).

To help providers feel confident in their attestation responses, Provider Relations representatives will be visiting clinics throughout the year to provide additional guidance and resources regarding ADA guidelines and medical diagnostic equipment.

Figure 6. Accessible Medical Diagnostic Equipment

Patient Positions Equipment Designed to Support	Equipment Features Addressed by the Technical Criteria	Examples of Types of Equipment that Apply to Patient Position
M301 - Diagnostic Equipment Used by Patients in Supine, Prone, or Side-Lying Position	<ul style="list-style-type: none"> • Transfer surface, including height, size, and transfer sides • Transfer supports, stirrups, and head and back support • Lift compatibility 	<ul style="list-style-type: none"> • Examination tables • Examination chairs designed to recline and be used as examination tables
M302 - Diagnostic Equipment Used by Patients in a Seated Position	<ul style="list-style-type: none"> • Transfer surface, including height, size, and transfer sides • Transfer supports, armrests, and head and back support • Lift compatibility 	<ul style="list-style-type: none"> • Examination chairs • Imaging equipment designed for use with a seat • Weight scales designed for use with a seat
M303 - Seated in a wheelchair	<ul style="list-style-type: none"> • Wheelchair space, including orientation, width, depth, knee and toe clearance, and surface slope • Changes in level at entry to wheelchair space, including ramps • Components capable of examining body parts of patients seated in a wheelchair, including height of breast platforms 	<ul style="list-style-type: none"> • Imaging equipment designed for wheelchair use • Weight scales designed for wheelchair use
M304 - Standing position	<ul style="list-style-type: none"> • Slip resistant standing surface • Standing supports 	<ul style="list-style-type: none"> • Imaging equipment designed for use in standing position • Weight scales designed for use in standing position

Excerpted from: ADA National Network. *Accessible Medical Diagnostic Equipment*. 2017. Available at: <https://adata.org/factsheet/accessible-medical-diagnostic-equipment>. Accessed August 7, 2019.

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Cultural competency training

Per State Medicaid regulations, providers for Medicaid ACO members will need to attest to whether or not they have completed some type of cultural competency training. SelectHealth now offers a 10-minute online **Cultural Competency Training** (see figure 7 below). You can also participate in an equivalent cultural sensitivity training program of your choice.

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

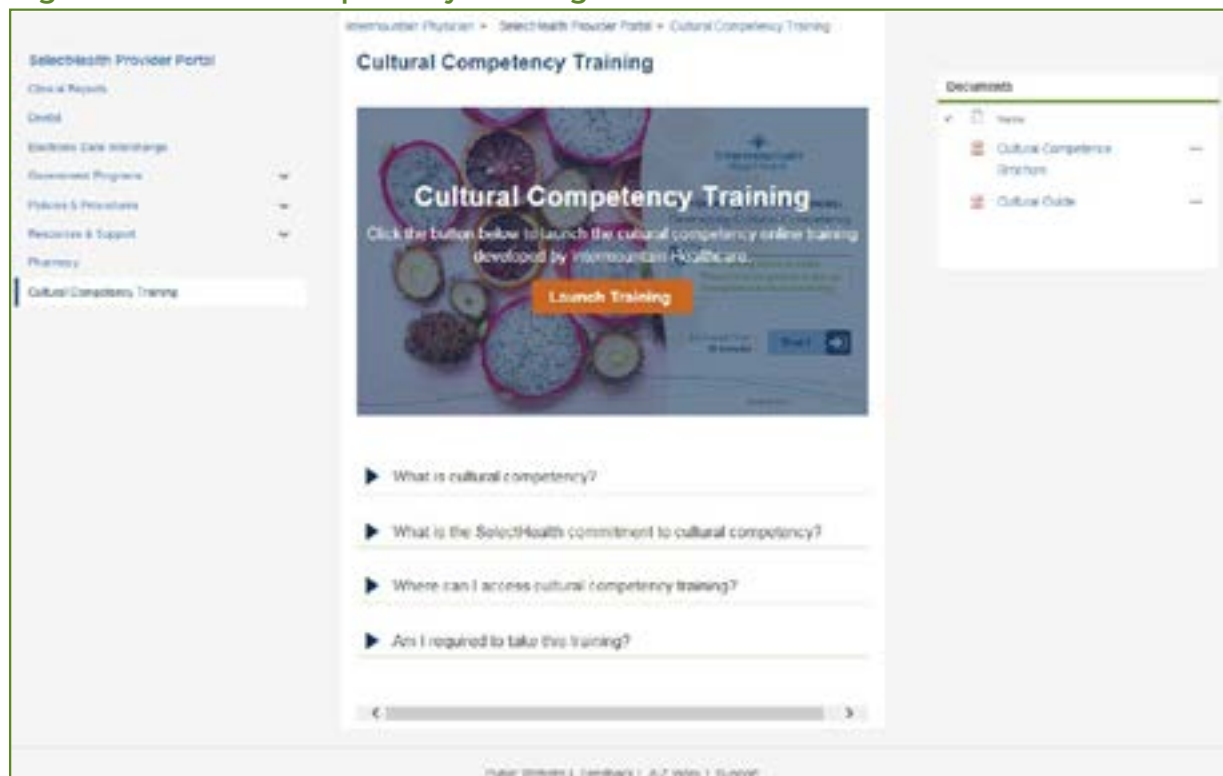
What are the benefits to healthcare providers and their organizations of a culturally competent practice? Practices can see:

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

Questions?
Contact your Provider Relations representative at **801-442-7740**.

SelectHealth will include this information in the provider directory so that members can find providers who best meet their cultural competency needs.

Figure 7. Cultural Competency Training on the Provider Portal



Practice Management Resources

What's New on Selecthealthphysician.org?

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

- > [Behavioral Health Resources](#) (see below for more information)
- > [Advance Practice Provider \(APP\) Credentialing form](#) (see [page 5](#))
- > [Cultural Competency Training](#) (see [page 12](#))
- > [Language Services Information](#) (see [page 14](#))

New online behavioral health resources

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

[Behavioral Health Resources](#) (see figure 8 below) provides information and updates on our network expansion efforts as well as providing information and support for our providers related to:

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

Our key behavioral health challenges are that:

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

Figure 8. Behavioral Health Resources



Continued on page 14...

Practice Management Resources, Continued

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Language services information

Access full information online about [SelectHealth contracted interpretation services](#). Figure 9 below gives an overview of contracted services and phone numbers.

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

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

Accessing the Provider Portal

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

- 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*.
- Email completed documentation to providerwebservices@selecthealth.org.

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

Figure 10. Sign-up Instructions



Practice Management Resources, Continued

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
- > Details 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 the Population Health Consultants at Intermountain Healthcare at phconsultants@imail.org.

Figure 11. Accessing 2019 Physician Performance Metrics



Reduce Claim Delays with the Provider Benefit Tool

The SelectHealth Provider Benefit Tool will help you check:

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

Need access to the Provider Benefit Tool?

Follow the instructions on [page 14](#).

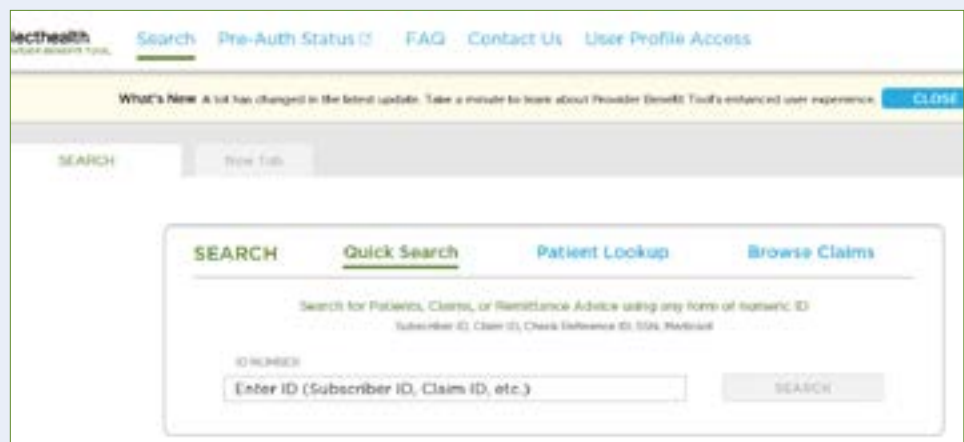
Need help using the Provider Benefit Tool?

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 above).

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



Figure 12. Provider Benefit Tool Resources



Medical Policies; Coding and Reimbursement

Medical Policy Update Bulletin

Please review the approved and revised Coding and Reimbursement Policies below for access to new and revised medical policies in their entirety, along with an overview or summary of changes.

The appearance of a policy in the *Medical Policy Update Bulletin* indicates that SelectHealth has recently adopted or revised a Coding and Reimbursement Policy but does not indicate if SelectHealth provides coverage for the procedures listed. For any inconsistency or conflict between the information provided in this bulletin and the posted medical policy, the provisions of the posted policy will prevail.

New policies created and published:

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

For each category in the table below (and on the next two pages), policies are listed alphabetically for quick access.

Each policy title is linked to the full policy on the [SelectHealth Provider Portal](#), where all policies can be accessed alphabetically and by category.

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

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

Revised policies (for commercial plan policies ONLY)

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

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Medical Policies, Coding & Reimbursement, Continued

...Continued from page 16

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

Archived policies

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

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

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

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

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

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

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

Drugs and biologicals

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

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

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

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

Smoking cessation

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

Medicaid changes for physical therapy and occupational therapy services

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

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