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.

WHAT’S INSIDE

SELECTHEALTH NEWS 2
New Member Benefits in 2019 2
Addressing Social Determinants of Health 4
Meet Mark Wankier, New SelectHealth Director of Provider Relations 4

INTERMOUNTAIN HEALTHCARE NEWS 5
Care Process Model Updates 5
Revised Preventive Care Guidelines for Children and Adults 5

SELECTHEALTH ADVANTAGE (MEDICARE) NEWS 7
Health Outcomes Survey 7
CMS Requirement Changes for Fraud/Waste/Abuse Compliance 8

SELECTHEALTH COMMUNITY CARE (MEDICAID) NEWS 9
Preauthorization Criteria for TKA/THA/Spinal Fusion Surgeries 9
Medicaid Geographic Expansion 9
New Medicaid and CHIP Appeal Filing Deadline 9

PRACTICE MANAGEMENT RESOURCES 10
New Functionality for Submitting Additional Documentation for Claims 10
Health Literacy Tools 13
Population Health 13

MEDICAL POLICIES, CODING & REIMBURSEMENT 14
Medical Policy Bulletin 14
Coding Updates 17
Coding and Documentation Notes for Diabetes and Cancer 18
SelectHealth News

New Member Benefits in 2019
This year, SelectHealth teamed up with Intermountain Healthcare® Central Laboratory to launch a colon cancer screening pilot program for SelectHealth Advantage members. This program helps provide a Fecal Immunochemical Test (FIT), which detects occult blood, to patients with no record of previous colon cancer screening.

Commercial Plans: New Coverage Benefits
The following highlights some of the changes that will be made to Individual, Small Employer, and Large Employer plans in Utah and Idaho. These changes generally go into effect as of the effective date for new plans and upon renewal for existing plans, beginning January 1, 2019. Some exceptions may apply; contact Member Services at 800-538-5038 to confirm benefits.

Key changes in coverage benefits include:

> **Vision therapy** (with preauthorization).

> **Single family therapy/psychotherapy**.

> **Services and treatment for autism spectrum disorder (ASD)**, including applied behavior analysis (ABA) therapy. This is new coverage for Idaho Commercial plans. In Utah, coverage now extends to Small Employer plans.

> **Outpatient physical, speech, and occupational therapy** with no visit limit (for Large Employer plans). However, preauthorization is required after 10 visits.

> **Coverage for Intermountain Connect Care® has been added to Idaho Commercial Plans**. Connect Care is $10 per visit before deductible, except for HealthSave plans. Members on HealthSave plans never pay more than $49.

> **Colonoscopies**: One colonoscopy as preventive every five years regardless of diagnosis. This benefit includes related anesthesia (general anesthesia, deep anesthesia, and Monitored Anesthesia Care [MAC] when rendered in an office setting according to SelectHealth medical policy) and lab work. Previously, these types of anesthesia were only covered in a facility setting.

> **Specific gene therapy treatment** protocols with approved preauthorization. For more information, access the medical policy, *Gene Therapy, Testing, and Counseling*.

> **Methadone** coverage extended to include maintenance or therapy clinics and/or services.

> **Chiropractic care** now requires preauthorization after the 10th visit.

Small Employer and Individual Plans Only: New Coverage Benefits
Both Small Employer and Individual plans in Utah and Idaho have added two new benefits:

1. A five-tier drug formulary, featuring two generic drug tiers. *(Note: Some exceptions apply; contact Member Services for details.)*

2. The SelectHealth Gym Membership Reimbursement program, which allows members to receive quarterly reimbursement (up to $240 per year; $480 per family). Access step-by-step instructions for signing up.

To participate, members need to:

- Be age 18 or older.
- Create a *MyHealth* account.
- Complete the Johnson & Johnson online health assessment.
- Submit receipt(s) for membership payments.

Access complete gym membership program details [here](#).

Continued on page 3...
SelectHealth News, Continued

...Continued from page 2

SelectHealth Community Care (Medicaid) and Advantage (Medicare) Plans: New Coverage Benefits

For SelectHealth Community Care members, coverage has now been expanded to all Utah counties. For SelectHealth Advantage members, there are many new benefits available (see table below).

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Utah Plans</th>
<th>Idaho Plans</th>
<th>Nevada Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Plans: One HMO plan and two Special Needs Plans (SNPs)</td>
<td>n/a</td>
<td>n/a</td>
<td>Clark County</td>
</tr>
<tr>
<td>Enhanced Plans: Preventive dental built into medical benefits</td>
<td>Wasatch</td>
<td>Treasure Valley</td>
<td>Clark County</td>
</tr>
<tr>
<td>Connect Care with $0 copay</td>
<td>All plans</td>
<td>All plans</td>
<td>All plans</td>
</tr>
<tr>
<td>Hearing aids offered through TruHearing™</td>
<td>Central Utah (copays $499-$799)</td>
<td>n/a</td>
<td>Clark County (copays $399-$699)</td>
</tr>
<tr>
<td>Essential plan back to $0 premium (from $14 in 2018)</td>
<td>n/a</td>
<td>Treasure Valley</td>
<td>n/a</td>
</tr>
<tr>
<td>Benefits for over-the-counter medication and transportation</td>
<td>n/a</td>
<td>n/a</td>
<td>All plans</td>
</tr>
</tbody>
</table>

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.
Addressing Social Determinants of Health

Social determinants of health play a significant role in your patients’ well-being and their ability to follow their 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

Please consider referring your SelectHealth patients who might benefit from these services. Call 801-442-5305, and select one of the following:

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

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

Meet Mark Wankier, New SelectHealth Director of Provider Relations

Mark joined SelectHealth in late November after 14 years as the Business Administrator of the Rosenberg, Cooley, Metcalf Clinic (RCMC)—a premier orthopedic group with multiple locations in and around Park City, Utah. RCMC is also the Official Medical Provider of the U.S. Ski and Snowboard Team. As their business administrator, Mark helped establish RCMC as a well-respected, high-performing clinic that is highly aligned with SelectHealth and the medical community.

He currently serves as Executive Director of the Utah Orthopedic Society and previously worked with United Healthcare, Intermountain Healthcare, Mayo Clinic in Scottsdale Arizona, and Health Benefits of America.

Mark is deeply committed to personal excellence with strong business acumen in relationship development and member satisfaction. For him, “Healthcare is complex, emotional, and extremely personal. My individual perspective is that providers with their patients are at the center of a fragile relationship that needs to be protected, encouraged, and enlightened.”

Focusing on strategic management, provider relations, association governance, communications, managed care contracting, financial modeling, and process improvement, Mark thrives in rapidly changing environments and results-driven organizations. “I believe healthcare provides an incredible opportunity to make a difference.” Mark’s personal compass statement that he hopes to champion with the SelectHealth provider network is: “Coming together is a beginning. Keeping together is progress. Working together is success. Honored to do the work, make us prove it!”

Mark holds an MBA and MHA from Arizona State University and a BS in Behavioral Science and Health Studies from the University of Utah. He lives in Holladay, Utah with his wife Nikki and four children. Mark enjoys outdoor recreation with family and coaching youth athletics.
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. Recently updated versions include:

- Recognition and Management of Severe Sepsis and Septic Shock
- Prenatal Care for Maternal Anti-erythrocyte Antibodies
- Acute Coronary Syndrome

Through its Proven Imaging Project, Intermountain Healthcare has developed standardized CPMs for advanced imaging procedures in priority clinical areas. These evidence-based guidelines focus on improving patient safety and outcomes and reducing unnecessary medical spending for the Medicare population and the U.S. health system overall. Updated annually, these Proven Imaging CPMs address best practices for:

- Known or Suspected Coronary Artery Disease
- Suspected Pulmonary Embolism
- Neck Pain
- Low Back Pain
- Headache
- Shoulder Pain
- Hip Pain

Revised Preventive Care Guidelines for Children and Adults
Intermountain preventive care guidelines for children ages 0-10 years and for adults ages 19 years and older have been revised and approved by the Intermountain Medical Group and SelectHealth clinical leadership. Guidelines are available for both Utah and Idaho and are revised and approved every two years. Preventive Care Guidelines for Adolescents (ages 11–18 years) will be revised in 2019.

What is included in the guidelines?
Preventive care guidelines cover screening, counseling (anticipatory guidance), immunizations, and chemoprophylaxis. They also link to helpful tools for delivering preventive services. The guidelines synthesize recommendations from the U.S. Preventive Services Task Force, primary care and specialty societies, and other expert groups. Immunization guidelines follow recommendations of the CDC’s Advisory Committee on Immunization Practices (ACIP).

The table on page 6 offers an at-a-glance view of the new guidelines. Access the full guidelines using the information below.

Where do I find the guidelines?
You can access the guidelines at:

- (For Intermountain providers) Go to m.intermountain.net/clinical/pc/topics/preventive/Pages/Home.aspx, or type “Preventivecare” into the address bar.
- (For affiliated providers) Go to intermountainphysician.org/clinical/pc/topics/preventivecare/Pages/default.aspx.

Questions?
Contact Tamara Sheffield, MD, MPH, Medical Director, Intermountain Healthcare Community Health and Prevention at 801-442-3946 or via email at tamara.sheffield@imail.org.

Continued on page 6...
## Overview of Intermountain Preventive Care Guideline Changes

<table>
<thead>
<tr>
<th>Blood Pressure (BP)</th>
<th>Screening Recommendations</th>
<th>Immunizations</th>
<th>Other Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For Children Ages 0–10 Years</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporation of the 2017 American Academy of Pediatrics (AAP) Clinical Practice Guideline for BP, including:</td>
<td>During the child's 1-, 2-, 4-, and 6-month well-child visits, screening for maternal depression is recommended for the child's mother.</td>
<td>New section on vaccine hesitancy</td>
<td>Advice for breastfeeding mothers to not use marijuana</td>
</tr>
<tr>
<td>&gt; BP category definitions</td>
<td></td>
<td>Travel recommendation for Hepatitis A vaccine in ages 6–11 months</td>
<td>Information for parents on the Daily Vroom app to promote early child development</td>
</tr>
<tr>
<td>&gt; BP percentiles charts based on gender, age, and height</td>
<td></td>
<td>Revised process for hepatitis B titer testing in infants born to hepatitis B surface antigen-positive mother</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reinstatement of Live-attenuated Influenza Vaccine (LAIV) as an option</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Restriction of simultaneous use of Pneumococcal conjugate vaccine (PCV13) and Menactra® in asplenics</td>
<td></td>
</tr>
<tr>
<td><strong>For Adults Ages ≥19 Years</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporation of the 2017 American Heart Association (AHA) and American College of Cardiology (ACC) Guidelines for BP that:</td>
<td>Screening is not recommended in the general, low-risk population, for thyroid cancer, celiac disease, and genital herpes simplex</td>
<td>Addition of homelessness as a risk category for hepatitis A vaccine</td>
<td>Falls-prevention resources</td>
</tr>
<tr>
<td>&gt; Reclassify BP level categories</td>
<td>ECG testing for CV disease risk or atrial fibrillation not recommended (for low-risk population)</td>
<td>Information on new, 2-dose adjuvanted hepatitis B vaccine</td>
<td></td>
</tr>
<tr>
<td>&gt; Emphasize lifestyle changes as primary therapy for elevated BP</td>
<td>Indication for those at risk for breast cancer who might consider 3D tomography as a screening modality</td>
<td>Removal of polysaccharide meningococcal, 4-valent vaccine from the market</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cervical cancer screening option added: HPV-DNA testing alone every 5 years for women ≥ age 30</td>
<td>Use of meningococcal B vaccine during an outbreak</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Revisions to interpersonal violence screening</td>
<td>Replacement of live-attenuated herpes zoster vaccine with the adjuvanted inactivated, 2-dose vaccine for shingles prevention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Guideline for initiation of colon cancer screening at 50 years while American Cancer Society (ACS) guideline under review</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Includes a simplified table based on the highest acceptable blood pressure for the lowest height percentile to quickly determine those needing further evaluation.

2. The recent recommendation by the American Cancer Society to initiate colon cancer screening at age 45 years is currently under review at Intermountain and, at this time, may not be covered by insurance.
SelectHealth Advantage® (Medicare) News

Health Outcomes Survey: Driving Key Conversations with Your Patients

The Health Outcomes Survey (HOS) is a patient-reported outcomes measure used in part by the Centers for Medicare and Medicaid (CMS) to monitor health plan performance and drive quality improvement. Managed care plans with Medicare Advantage (MA) contracts must participate, and the results of the survey also impact the CMS Star ratings for the Medicare managed care programs.

Each year, a CMS-approved survey vendor surveys a random sample of Medicare Advantage Plan members and asks questions related to their health status and discussions with their provider. Ideally, network providers include these discussions during a clinic visit or an annual wellness visit. In 2018 for example, members were asked if they:

> Felt that their physical or mental health was improved, the same, or worse compared to the previous year

> Had discussed with their provider:
  • Physical activity and ways to improve physical activity
  • Falls or balance problems and how to avoid falls
  • Urine leakage or urinary incontinence treatment

> Had a flu shot during the current season

We ask that SelectHealth providers reaffirm their commitment to quality by addressing the above topics in patient conversations, paying special attention to any patient-reported issues that were sent directly to your clinic by SelectHealth. Your participation in these efforts will directly impact not only the SelectHealth MA Star rating, but also help:

> SelectHealth target quality improvement activities and resources

> Members make informed healthcare choices

> Advance the science of functional health outcomes measurement

SelectHealth offers two tools to help clinicians plan for and monitor success on these measures:

1. **My Wellness Visit:** This member education brochure can help facilitate in-office discussions of the above topics and related information.

   Many clinics use this brochure for their Medicare Advantage patients as a handout during an annual wellness visit. For copies, contact Amy Bone at 801-442-9308 (email: amy.bone@selecthealth.org).

2. **Survey Reports:** SelectHealth administers a survey like the HOS to SelectHealth Advantage members each year. If one of your patients reported on a topic where they received no provider discussion, a report was sent to you in January 2019.

Questions? Contact Amy Bone at 801-442-9308 or by email at amy.bone@selecthealth.org.
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** that includes:
   - Adoption of policies and procedures to prevent FWA, promote ethical conduct, and ensure compliance with Federal and State laws, regulations, and other requirements relating to the Medicare program
   - A code of conduct
   - Exclusion screening (Department of Health and Human Services Office of Inspector General [OIG] List of Excluded Entities and Individuals [LEIE] and the General Services Administration System for Award Management [SAM])
   - Program for maintaining reporting and communication channels
   - Downstream entities audit and monitoring
   - Ten-year records retention

2. **Annually train employees and contractors** supporting SelectHealth Medicare Advantage plans on compliance policies and FWA, although use of the CMS material is not required.

Key parameters of this training include:

- You no longer need to conduct training within 90 days of contract/hire; however, SelectHealth suggests this time frame as a best practice.
- The content of the training is at the discretion of your organization. The use of previous, CMS-issued content is no longer mandatory (CMS will be removing this training altogether from their website).
- SelectHealth will maintain existing CMS-issued trainings on our website as reference (although not required).

Access these trainings here, and scroll down to this green button, which links to the training document.

3. **Complete the online training attestation** here by scrolling down and clicking on the green button shown at right. Attestation records may be reviewed by CMS during compliance audit proceedings.

Questions? Contact your Provider Relations representative at 800-538-5054 or via email at provider.development@selecthealth.org.
SelectHealth Community Care (Medicaid) News

Preauthorization Criteria for Total Knee Arthroplasty (TKA), Total Hip Arthroplasty (THA), and Spinal Fusion Surgeries

Beginning May 1, 2019, preauthorization criteria for TKA/THA/spinal fusion surgeries will be the same for SelectHealth Community Care members as it is currently for the commercial plan members.

These evidence-based changes reflect best practices and expert consensus of the Intermountain Musculoskeletal and Neuroscience Clinical Programs.

Please take some time to review the appropriate policies for each type of surgery using the links below:

> Total Knee Arthroplasty
> Total Hip Arthroplasty
> Cervical and Lumbar Spinal Fusion and Combined Decompression/Fusion

Each of these policies includes the specific preauthorization criteria as well as:

> Links to key resources from CMS and the State of Utah
> When surgery is NOT covered (e.g., contraindications or relative contraindications, experimental/investigational procedures, or those robotic-assisted procedures or custom components without adequate outcomes evidence)
> A summary of medical information
> Billing/coding information
> Key references (evidence base)

Questions? Contact your Provider Relations representative at 801-538-5054 or via email at providerrelations@selecthealth.org.

Medicaid Expansion

Effective January 1, 2019, SelectHealth Community Care (Medicaid) offers coverage in all counties within the state of Utah, including both mandatory and optional managed care counties. Please see related information at the Utah Department of Health in the January 2019 Medicaid Information Bulletin.

Reminder

As of May 1, 2019, surgery requests that do not conform to these preauthorization changes will be denied.

Appeal Lead-time Change

On July 1, 2018, the Appeal and Grievances timely filing deadline for SelectHealth Community Care (Medicaid) and CHIP changed from 90 days to 60 days.

According to the regulation, a formal appeal must be filed within 60 days from the date of the Adverse Benefit Determination or the preservice inquiry, as applicable.

Appeals that do not comply with the above requirements are not subject to review by SelectHealth or other challenge.

Access the updated Provider Appeal Form to appeal any coding or benefit decisions.
Practice Management Resources

New Functionality for Submitting Additional Claims Documentation

SelectHealth has added features to the Provider Benefit Tool to make it easier to submit required documents for claims. The process described below will help you search for a claim within the Provider Benefit Tool and attach a document to a claim. **Note:** To attach documents to a claim that needs additional documentation, the claim must be assigned one of the following statuses:

> SelectHealth Advantage (Medicare) claims: “Pended; Awaiting Batch” or “Accepted; Batch Complete”

> All other claims: “Accepted; Batch Complete”

**To Search by Claim ID Number and Attach Document**

1. Click the Search tab in the top navigation. *(See Figure 1: Claim ID.)*

2. Enter the claim ID in the box, “ID Number.”

3. Click the green Search button.

4. Click on the claim ID that appears below.

5. A new window opens. *(See Figure 2: Upload Attachments.)* Select Upload Attachments.

*Remember:*  
- Maximum size per upload file is 15 MB.  
- Attachments must be one of the following file types:
  - JPEG
  - JPG
  - BMP
  - PNG
  - PDF
  - DOC or DOCX
  - XLS or XLSX
  - PPT
  - TIF or TIFF
  - PDF
  - TXT or RTF

Figure 1: Claim ID

Figure 2: Upload Attachments

Continued on page 11...
Reduce claim delays by checking eligibility and benefits before your patients arrive. Electronic transactions (270 and 271) on our Provider Benefit Tool are fast and secure options.

Need access to the Provider Benefit Tool? Click here to get started.
Error Scenarios

The following screens will appear if the uploaded file is not an accepted file type, too large, or if the claim is not in one of the statuses described at the top of page 10.

**Figure 5: File Type or Size Error**

![File Type or Size Error]

- File Uploaded Successfully
- Unsuccessful Upload due to wrong file type or file size
- Appropriate system message

**Figure 6: Claim Status Error**

![Claim Status Error]

- System Message, when a claim is not in appropriate status to attach document
Population Health

Good news: Physician performance metrics for several SelectHealth plans are now available on demand!

Navigate to Intermountainhealthcare.org/phmeasures 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 the Intermountain Population Health Consultants at phconsultants@imail.org.

Health Literacy Tips

According to the U.S. Department of Health and Human Services, nearly nine out of 10 adults may lack the skills needed to manage their health and prevent disease. Low literacy has been linked to poor health outcomes—higher rates of hospitalization and less frequent use of preventive services—both of which are associated with higher healthcare costs.

What is health literacy?

For patients, health literacy is the ability to find, understand, and use the basic health information needed to make everyday health decisions. This includes the ability to read and understand print materials, understand and use numbers, and speak and listen effectively.

For healthcare providers, it’s the ability to clearly communicate with our patients. We can no longer assume that a patient understands unless proven otherwise. A modern perspective encourages us to assume a patient may not understand unless proven otherwise.

What can providers do to help?

> **Use plain language**: When you speak to a patient, use the same words the patient would use. Don’t use medical jargon.
> **Simplify your treatment plan**: Focus on need-to-do instead of nice-to-know.
> **Watch out for difficulties patients may have**: impaired memory, hearing problems, language barriers, cognitive impairments due to medications.
> **Check for understanding**
  > Use the teach-back method to check for understanding. Assume everyone is at risk for not understanding.
  > When you ask a patient to fill out a form, offer to help. You can’t always tell who may need help and is afraid to ask.
  > When offering patient education, consider using health-literate patient education from Intermountain Healthcare.
  > Instead of, “Do you have any questions?” ask, “What questions do you have about...?”

Resources for learning about the teach-back method:

> [http://www.ihi.org/resources/Pages/Tools/AlwaysUseTeachBack1.aspx](http://www.ihi.org/resources/Pages/Tools/AlwaysUseTeachBack1.aspx)
> [https://m.intermountain.net/patientengagement/Pages/Teach-Back.aspx](https://m.intermountain.net/patientengagement/Pages/Teach-Back.aspx) (for Intermountain providers)
Medical Policies, Coding & Reimbursement

Medical Policy Update Bulletin

This quarterly notice of recently approved and revised Coding and Reimbursement Policies is provided for your review. 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:
> Functional Magnetic Resonance Imaging (628); effective 9/18/2018
> Total Shoulder Replacement (629): effective 9/25/2018

Revised Policies:

<table>
<thead>
<tr>
<th>REVISED Policy Title (Number)</th>
<th>Effective Date</th>
<th>Summary of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Inpatient Rehabilitation (443)</td>
<td>12/21/2018</td>
<td>Updated criteria and input Fried Score table for clarification</td>
</tr>
<tr>
<td>Artificial Spinal Disc Replacement (243)</td>
<td>10/05/2018</td>
<td>Updated criteria to also incorporate requirements contained in Policy #622 (Cervical and Lumbar Spinal Fusion and Combined Decompression/Fusion), and separated Additional Considerations for Cervical and Lumbar; also updated applicable CPT and HCPCS Codes</td>
</tr>
<tr>
<td>ASD and PFO (174)</td>
<td>9/18/2018</td>
<td>Removed criterion requiring second opinion consultation from an independent qualified cardiologist</td>
</tr>
<tr>
<td>Breast Pumps (108)</td>
<td>9/18/2018</td>
<td>Revised criteria to cover the purchase of only an electric portable breast pump</td>
</tr>
<tr>
<td>Gender Confirmation Surgery (386)</td>
<td>12/21/2018</td>
<td>For all plans: Revised policy title&lt;br&gt;For commercial plan: Modified description section and criteria to align with both DSM-V and updated WPATH guidelines&lt;br&gt;For Medicare/Medicaid plans: Criteria applicability determined on a case-by-case/individual basis as noted in each policy</td>
</tr>
<tr>
<td>Gene Therapy, Testing, and Counseling (123)</td>
<td>12/7/2018</td>
<td>Modified criteria to include approval by both the P&amp;T committee and the Chief Medical Officer</td>
</tr>
<tr>
<td>Genetic Testing: BRAF Mutation Testing (434)</td>
<td>12/19/2018</td>
<td>Modified criteria to include coverage of BRAF V600E/V600K mutation testing for cases of unresectable or metastatic melanoma, recurrent or metastatic non-small cell lung cancer, and thyroid carcinoma</td>
</tr>
<tr>
<td>Genetic Testing: BRCA1 and BRCA2 for Breast and Ovarian Cancer (474)</td>
<td>12/7/2018</td>
<td>Modified criteria to be in alignment with updated NCCN guidelines</td>
</tr>
</tbody>
</table>

Continued on page 15...
<table>
<thead>
<tr>
<th>REVISED Policy Title (Number)</th>
<th>Effective Date</th>
<th>Summary of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genetic Testing: Gene Expression Profiling in the Management of Breast Cancer (281)</td>
<td>09/19/2018</td>
<td>Added Clinical Risk Assessment Table to criteria; also added CPT Code 0045U</td>
</tr>
<tr>
<td>Genetic Testing: Spinal Muscular Atrophy (600)</td>
<td>09/19/2018</td>
<td>Removed criteria to qualify for coverage of carrier testing for SMN1 and SMN2, and added coverage (with requirement) for genetic testing to diagnose infants suspected of having SMN1 and SMN2</td>
</tr>
<tr>
<td>Heart Transplant: Adult (125)</td>
<td>10/08/2018</td>
<td>Updated criteria to include consideration of special cardiac conditions (unresectable primary cardiac tumor, intractable life-threatening arrhythmias, and severe cardiac allograft vasculopathy); revised overall criteria and absolute/relative contraindications sections as well; also updated description section</td>
</tr>
<tr>
<td>Home Anticoagulation Monitoring (410)</td>
<td>12/13/2018</td>
<td>Revised to include consideration for coverage of home anticoagulation monitoring when criteria is met</td>
</tr>
<tr>
<td>Hysterectomy (620)</td>
<td>09/17/2018</td>
<td>Updated criteria #1 to include sarcoma as potential condition and created criteria #8 for removal of Essure® device; also revised language of overall criteria Input table that provides clarification with regards to determining those patients who are at an increased risk of ovarian cancer</td>
</tr>
<tr>
<td></td>
<td>01/02/2019</td>
<td></td>
</tr>
<tr>
<td>Laser Treatment of Congenital Hemangiomas and Rosacea (168)</td>
<td>12/12/2018</td>
<td>Added coverage of laser treatment for rosacea when criteria is met</td>
</tr>
<tr>
<td>Lateral Interbody Fusion (XLIF)/(DLIF) (445)</td>
<td>09/19/2018</td>
<td>Added coverage for DLIF to coincide with coverage for XLIF</td>
</tr>
<tr>
<td>OPPS (Hospital Outpatient Prospective Payment System) and ASC (Ambulatory Surgical Center) Services Only Covered Inpatient (587)</td>
<td>10/08/2018</td>
<td>Added the following statement, which clarifies the following criteria: “(SelectHealth allows inpatient anesthesia when billed with outpatient procedures in the outpatient setting.)”</td>
</tr>
<tr>
<td>Phototherapies for the Treatment of Skin Conditions (351)</td>
<td>1/16/2019</td>
<td>Modified criterion concerning patient requiring UV light treatments from at least three times per week to at least two times per week</td>
</tr>
<tr>
<td>Physical Therapy (PT) and Occupational Therapy (OT) (518)</td>
<td>10/11/2018</td>
<td>Modified language in criteria to include meeting coverage according to Individual plan guidelines; removed list of exclusions</td>
</tr>
</tbody>
</table>

Continued on page 16...
## Medical Policies, Coding & Reimbursement, Continued

...continued from page 15

<table>
<thead>
<tr>
<th>REVISED Policy Title (Number)</th>
<th>Effective Date</th>
<th>Summary of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care and Screening Guidelines (06)</td>
<td>11/20/2018</td>
<td>Revised CPT Code <strong>90736</strong> to include: “Ages 59 and older” instead of “Ages 60 and older”&lt;br&gt;<strong>For SelectHealth Community Care (Medicaid):</strong> Revised CPT Code <strong>90736</strong> to include: “Ages 19 and older” instead of “Ages 60 and older”; also, updated codes throughout policy</td>
</tr>
<tr>
<td>Screening Pap Smear with a Preventive Evaluation (76)</td>
<td>11/8/2018</td>
<td><strong>For SelectHealth Community Care (Medicaid):</strong> Implemented new policy, “SelectHealth Community Care will deny Code Q0091 when it is billed with Codes 99381-99397.”</td>
</tr>
<tr>
<td>Spinal Cord (Dorsal Column) Stimulation (SCS) for the Treatment of Chronic Pain (179)</td>
<td>1/10/2019</td>
<td>Added exclusion for burst frequency/position-adaptive stimulation SCS; clarified criteria regarding eligible disorders/end-stage peripheral vascular disease</td>
</tr>
<tr>
<td>Synthetic Skin Substitutes (227)</td>
<td>9/6/2018</td>
<td>Updated to also cover Grafix (HCPCS Codes: Q4132 and Q4133)</td>
</tr>
<tr>
<td>TAVI and TAVR (444)</td>
<td>9/24/2018</td>
<td>Added criterion #2c: “Severe aortic regurgitation with justification from a cardiothoracic surgeon,” and also revised criteria #4: “Patient has been evaluated face to face for open heart surgery by at least 1 cardiologist and 2 cardiothoracic surgeons, with full documentation ....”</td>
</tr>
<tr>
<td>Total Hip Arthroplasty (599)</td>
<td>12/14/2018</td>
<td>Removed smoke-free requirement for coverage of avascular necrosis</td>
</tr>
<tr>
<td>Urine Drug Testing in the Outpatient Setting (569)</td>
<td>11/8/2018</td>
<td>Removed quantity limits to be aligned with updated CMS requirements</td>
</tr>
<tr>
<td>Urolift® System for the Treatment of Benign Prostatic Hyperplasia (553)</td>
<td>12/10/2018</td>
<td>Modified criteria to allow coverage of a maximum of seven Urolift® implants for each procedure</td>
</tr>
<tr>
<td>Vision Therapy (242)</td>
<td>10/11/2018</td>
<td>For all plans/lines of business: Changed title and naming convention of policy from &quot;Vision Rehabilitation Therapy&quot; to &quot;Vision Therapy&quot;</td>
</tr>
<tr>
<td>WGS and WES Sequencing (514)</td>
<td>10/11/2018</td>
<td>Updated language in criteria and revised list of exclusions; also added CPT Code <strong>0036U</strong></td>
</tr>
</tbody>
</table>

Continued on page 17...
Medical Policies, Coding & Reimbursement, Continued

...continued from page 16

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.

<table>
<thead>
<tr>
<th>Policy Name (Number)</th>
<th>Effective Date</th>
<th>Why Archived</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brachytherapy (601)</td>
<td>10/29/2018</td>
<td>Codes/criteria for various uses of brachytherapy found in other medical policies</td>
</tr>
<tr>
<td>Computerized Spinal Analysis in Chiropractic Care (591)</td>
<td>11/20/2018</td>
<td>Remains not covered</td>
</tr>
<tr>
<td>Genetic Testing: Lactose Intolerance (318)</td>
<td>12/13/2018</td>
<td>Remains covered</td>
</tr>
<tr>
<td>Moderate Conscious Sedation (07)</td>
<td>10/12/2018</td>
<td>The rules outlined in this coding and reimbursement policy were no longer relevant</td>
</tr>
<tr>
<td>Photodynamic Therapy for Acne (276)</td>
<td>11/8/2018</td>
<td>CPT 96900 - Actinotherapy (ultraviolet light) is covered if it meets criteria detailed in medical policy #351</td>
</tr>
</tbody>
</table>

2019 Coding Updates

Services Requiring Preauthorization, Effective 01/01/19:

> Physical therapy, occupational therapy, speech therapy, and chiropractic therapy (preauthorization applies after 10th visit).
> Enteral Formula.
> Varicose Veins.
> Possible Cosmetic Eye Procedures (examples include but are not limited to: blepharoplasty, blepharoptosis, or lagophthalmos).
> Effective April 1, 2019: CPAP/BiPAP will require authorization after the first, three-month rental if criteria is not met (refer to Medical Policies on the Provider Portal).

New, Revised, and Deleted codes for 2019

Please use your 2019 coding books for up-to-date codes. For example, some notable changes include codes for wireless cardiac devices, fine-needle aspiration, biopsies, allografts, genetic testing, and applied behavioral analysis.

CMS Documentation Changes for 2019, Effective 01/01/2019*

Do you copy/paste or use a template for documentation? If so, please remember:

> When copying a history from a previous record or date of service, the physician or APC must document that they reviewed that history and made appropriate updates.
> When the medical record already contains relevant information, focus your documentation on what changed since the last visit rather than having to redocument information. (Centers for Medicare & Medicaid Services [CMS], 2018)
> For both new and established evaluation and management (E/M) office visits, simply review and verify a chief complaint or other historical information already entered into the record by ancillary staff or by patients themselves. This information does not need to be reentered.
> Documentation previously included by a resident or other member of the medical team for E/M visits need not be re-documented.

* NOTE: Documentation changes apply to all plans.
For potentially complex chronic conditions, accurate coding and documentation are key aspects of clinical excellence and best practice management. Accurate representation of the patient’s condition helps the provider target the best treatment and supports SelectHealth efforts to accurately adjust risk as a patient’s condition may evolve over time.

Diabetes and cancer are common and sometimes complex conditions that require special coding and documentation attention. Follow these guidelines to ensure accurate and compliant documentation.

**Documentation of diabetes** (type I and type II) includes three elements:

1. **Type I or II:** If type II, include insulin vs. no insulin. Document “long-term use of insulin” when appropriate.
2. **Controlled or uncontrolled:** If uncontrolled, inadequately controlled, or poorly controlled, reference either type I or II diabetes with hyperglycemia.
3. **Complications:** Always document complications related to diabetes in addition to the condition itself.

**Documentation of cancer** includes:

- Primary, secondary, in situ, benign, uncertain, or unspecified
- Any active treatment (e.g., surgical, chemotherapy, radiation) or adjuvant therapy
- Refusal of treatment or watchful waiting

Remember that cancer is considered an active diagnosis only if AT LEAST ONE of the following applies:

- Current treatment is being directed to the cancer.
- Cancer is active, and treatment was refused.
- Watchful waiting or active surveillance is underway.

When a patient completes treatment and is not on adjuvant therapy, document a personal history even if the patient is being monitored for recurrence.

**Special note:** The following conditions have “in remission” diagnoses that should be used when appropriate for proper risk adjustment:

- Leukemia
- Multiple myeloma
- Malignant plasma cell neoplasms