inside this issue

Changes to Preventive Care .................. 2
Pharmacy News ................................. 3
Clinic Spotlight ............................... 4
2011 Code Changes ............................ 5
M-Tech ........................................... 6
Public Reporting ............................... 7

If you have questions, suggestions, or success stories you would like to share, e-mail provider.relations@selecthealth.org.

CLINICS HONORED FOR EXEMPLARY CARE

SelectHealth and Intermountain Healthcare® are presenting the Excellence in Healthcare Award to 83 healthcare clinics for their work.

This annual award recognizes independent physician offices as well as those within the Intermountain system for demonstrating exemplary care in managing chronic illnesses. In addition, the award honors those who achieved high marks with patients in preventive programs. These clinics have rates in the top 10 percent of the scored offices.

CLINICS HONORED Continued on page 4
The Affordable Care Act (ACA) makes two major changes to how all health plans administer preventive services:

- **The ACA designates which services are defined as preventive.** Effective immediately, all SelectHealth administered plans cover ACA-mandated preventive screenings.
- **These preventive services must be offered at no cost to the member.** For individuals or employers who purchased a new plan after October 1, 2010, this coverage is available now. For all others, these changes take place at the plan’s next renewal. Please note: These changes may not apply to those on an employer-sponsored plan that maintains grandfathered status.

ACA-mandated preventive care services are covered at 100 percent when submitted with preventive diagnoses or procedure codes.

If a preventive service identifies a health condition that requires further testing or treatment, regular cost-sharing (copays, coinsurance, or deductibles) may apply to the additional services. For questions about changes to preventive care, contact Member Services at 801-442-5038 (Salt Lake area) or 800-538-5038. For additional details about healthcare reform, visit selecthealth.org/healthcarereform.

**Preventive Services Covered under the Affordable Care Act**

**Services for Adults**
- Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol misuse screening and counseling
- Aspirin use for men and women of certain ages
- Blood pressure screening for all adults
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal cancer screening for adults older than age 50
- Depression screening for adults
- Type 2 diabetes screening for adults with high blood pressure
- Diet counseling for adults at higher risk for chronic disease
- HIV screening for all adults at higher risk
- Immunization vaccines for adults (doses, recommended ages, and recommended populations vary):
  - Hepatitis A
  - Hepatitis B
  - Herpes zoster
  - Human papillomavirus
  - Influenza
  - Measles, mumps, rubella
  - Meningococcal
  - Pneumococcal
  - Tetanus, diphtheria, pertussis
  - Varicella
- Obesity screening and counseling for all adults
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Syphilis screening for all adults at higher risk

**Services for Women**
- Anemia screening on a routine basis for pregnant women
- Bacteriuria urinary tract or other infection screening for pregnant women
- BRCA counseling about genetic testing for women at higher risk
- Breast cancer mammography screenings every one to two years for women older than age 40
- Breast cancer chemoprevention counseling for women at higher risk
- Breast feeding interventions to support and promote breast-feeding
- Cervical cancer screening for sexually active women
- Chlamydia infection screening for younger women and other women at higher risk
- Folic acid supplements for women who may become pregnant
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Osteoporosis screening for women older than age 60 depending on risk factors
- Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Tobacco use screening and interventions for all women and expanded counseling for pregnant tobacco users
- Syphilis screening for all pregnant women or other women at increased risk

**Services for Children**
- Alcohol and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children of all ages
- Cervical dysplasia screening for sexually active females
- Congenital hypothyroidism screening for newborns
- Developmental screening for children younger than age three and surveillance throughout childhood
- Dyslipidemia screening for children at higher risk of lipid disorders
- Fluoride chemoprevention supplements for children without fluoride in their water source
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns
- Height, weight and body mass Index measurements for children
- Hematocrit or hemoglobin screening for children
- Hemoglobinopathies or sickle cell screening for newborns
- HIV screening for adolescents at higher risk
- Immunization vaccines for children from birth to age 18 (doses, recommended ages, and recommended populations vary):
  - Diphtheria, tetanus, pertussis
  - Haemophilus influenzae type b
  - Hepatitis A
  - Hepatitis B
  - Human papillomavirus
  - Inactivated poliovirus
  - Influenza
  - Measles, mumps, rubella
  - Meningococcal
  - Pneumococcal
  - Rotavirus
  - Varicella
- Iron supplements for children ages 6 to 12 months at risk for anemia
- Lead screening for children at risk of exposure
- Medical history for all children throughout development
- Obesity screening and counseling
- Oral health risk assessment for young children
- Phenylketonuria (PKU) screening for this genetic disorder in newborns
- Sexually Transmitted Infection (STI) prevention counseling for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis
- Vision screening for all children

For additional details regarding preventive care services and the Affordable Care Act, visit [www.healthcare.gov/center/regulations/prevention/recommendations.html](http://www.healthcare.gov/center/regulations/prevention/recommendations.html).
FDA RECOMMENDS AGAINST THE CONTINUED USE OF PROPOXYPHENE

The U.S. Food and Drug Administration (FDA) recommends against continued prescribing and use of the pain reliever propoxyphene, commonly known as Darvon® or Darvocet®. New data show that the drug can cause serious toxicity to the heart, even when used at therapeutic doses. The FDA has requested that companies voluntarily withdraw propoxyphene from the United States market. As of January 1, 2011, SelectHealth no longer covers any propoxyphene-containing medications.

The FDA’s recommendation is based on all available data, including information from a new study that evaluated the effects that increasing doses of propoxyphene have on the heart. The results of the study showed that when propoxyphene was taken at therapeutic doses, there were significant changes to the electrical activity of the heart: prolonged PR interval, widened QRS complex, and prolonged QT interval. These changes can increase the risk for serious abnormal heart rhythms. The FDA has concluded that the safety risks of propoxyphene outweigh its benefits for pain relief at recommended doses.

Because the elderly and patients with renal insufficiency have a reduction in the clearance of propoxyphene, these populations can be especially susceptible to related proarrrhythmic effects.

Reference:

The FDA recommends the following for healthcare professionals:
> Stop prescribing and dispensing propoxyphene-containing products to patients.
> Contact patients currently taking propoxyphene-containing products and ask them to discontinue the drug.
> Inform patients about the risks associated with propoxyphene.
> Discuss alternative pain management strategies with your patients.
> Be aware of the possible risk of cardiac conduction abnormalities (prolonged QT, PR, and QRS intervals) in patients taking propoxyphene. Assess patients for these events if they present with any signs or symptoms of arrhythmia.
> Report any side effects with propoxyphene to the FDA’s MedWatch program at accessdata.fda.gov/scripts/medwatch/medwatch-online.htm.

did you know...
SelectHealth has six member service teams that are each assigned to specific plan designs. This helps us target our training initiatives and provide superior service. When members and/or providers call our member service line, they are prompted to enter the subscriber ID number. The call is automatically routed to the appropriate team. When you enter the ID, you help us achieve the most accurate and timely customer service.

SelectHealth identifies many of the drugs [in this letter] by their respective trademarks, but SelectHealth does not own those trademarks; the manufacturer or supplier of each drug owns the drug’s trademark. By using these trademarks, SelectHealth does not endorse or sponsor any drug, manufacturer, or supplier. And these manufacturers and suppliers do not endorse or sponsor any SelectHealth service or plan and are not affiliated with SelectHealth.
The Excellence in Healthcare Award notes achievement in the following areas: asthma care, diabetes care, breast cancer screenings, cervical cancer screenings, colon cancer screenings, childhood immunizations, adolescent immunizations, and customer service.

Many clinics received more than one award for outstanding work in multiple areas. “Congratulations to the clinics recognized this year,” said Stephen Barlow, MD, SelectHealth chief medical officer. “Our physicians consistently provide excellent care for their patients, but these awards represent outcomes that exceed local and national standards.”

Measurements include how well patients control chronic illnesses, test results meeting recommended levels, and the percentage of patients who received screenings and immunizations.

CLINICS HONORED  Continued from page 1

Alpine Medical Group
Adolescent Immunization
Coombs Private Practice
Adolescent Immunization
Cottonwood Pediatrics
Adolescent Immunization
Grow Up Great Pediatrics
Adolescent Immunization
Intermountain Holladay Pediatrics
Adolescent Immunization
Intermountain Memorial Clinic
Adolescent Immunization
Intermountain North Valley Pediatrics
Adolescent Immunization
Intermountain Southridge Pediatrics
Adolescent Immunization
Pediatric Care of Ogden
Adolescent Immunization
Southpoint Pediatrics
Adolescent Immunization
Granger Medical Clinic
Pediatric Asthma Management
Intermountain
Avenues Internal Medicine
Asthma Management
Intermountain Holladay Pediatrics
Asthma Management
Intermountain Medical Tower Family Practice
Asthma Management
Intermountain South Ogden Clinic
Asthma Management
Park City Healthcare
Asthma Management
Tri City Medical Clinic Pleasant Grove
Asthma Management
Alta Internal Medicine
Breast Cancer Screening
Central Utah Clinic-Provo
Breast Cancer Screening
City Creek Internal Medicine
Breast Cancer Screening
Cope Family Medicine
Breast Cancer Screening
Intermountain
Avenues Internal Medicine
Breast Cancer Screening
Intermountain Budge Clinic
Breast Cancer Screening
Intermountain Gorang Family Practice
Breast Cancer Screening
Intermountain Obstetrics & Gynecology Specialists
Breast Cancer Screening
Intermountain
River Road Internal Medicine
Breast Cancer Screening
Intermountain Salt Lake Clinic OB
Breast Cancer Screening
Intermountain
Utah Valley Internal Medicine Clinic
Breast Cancer Screening
Jordan Family Health
Breast Cancer Screening
McKay-Dee Porter Family Practice
Breast Cancer Screening
Ogden Clinic Skyline
Breast Cancer Screening
Ogden Clinic
Breast Cancer Screening
Ogden Clinic Mountain View
Breast Cancer Screening
Grandview Family Medicine
Breast Cancer Screening
Ogden Women’s Clinic, PC
Breast Cancer Screening
River View Medical Clinic
Breast Cancer Screening
Salisbury Internal Medicine
Breast Cancer Screening
Todd L. Berg, MD
Breast Cancer Screening
Intermountain Bountiful Clinic
Cervical Cancer Screening
Intermountain Canyon View Family Practice
Cervical Cancer Screening
Intermountain Syracuse Clinic
Cervical Cancer Screening
Jordan Family Health
Cervical Cancer Screening
Jordan River Family Medicine
Cervical Cancer Screening
Ogden Clinic Mountain View
Cervical Cancer Screening
Ogden Clinic Skyline
Cervical Cancer Screening
Ogden Clinic
Cervical Cancer Screening
Taylor Family Practice
Cervical Cancer Screening
Wade Family Medicine
Cervical Cancer Screening
Cottonwood Pediatrics
Childhood Immunization
Grandview Family Medicine
Childhood Immunization
Granger Medical Clinic
Childhood Immunization
Granger Medical Clinic-Riverton
Childhood Immunization
Intermountain Bountiful Clinic
Childhood Immunization
Intermountain Bryner Clinic
Childhood Immunization
Intermountain Layton Clinic
Childhood Immunization
Intermountain Sandy Clinic
Childhood Immunization
Intermountain Southridge Pediatrics
Childhood Immunization
Ogden Clinic Canyon View
Childhood Immunization

Intermountain Women’s Health Specialists received an award for customer service in the OB/GYN category.
2011 CODE CHANGES

ICD-9-CM code changes were effective 10/01/10. HCPC level I and II code changes were effective 01/01/11. There is no grace period for using new codes and discontinuing the use of deleted codes.

In CPT, there were approximately 211 new codes, 2 recycled codes, 94 revised codes, 110 deleted codes, 16 resequenced codes, and 9 grammatical changes.

The 2011 HCPCS level II annual update includes approximately 155 new codes, 113 revised codes, and 290 deleted codes.

Please refer to the latest edition of your coding reference books or software updates for information regarding these code changes. If you purchased books, please be aware there are already corrections being made. You may refer to the following websites for the most current information and corrections:

> <ama-assn.org/ama/pub/category/3896.html
> <cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage
> <cms.hhs.gov/HCPCSRleaseCodeSets/ANHCPCS/list.asp#TopOfPage

CONSULTATIONS

SelectHealth will continue to pay consultation codes through 2011. At the end of 2011, we will re-evaluate our policies to determine if these will be paid in the future.
M-Tech is SelectHealth's formal process for reviewing emerging healthcare technologies (procedures, devices, tests, and biologics) for the purpose of establishing coverage benefits. Existing technologies are, at times, also examined through this process.

Following is a list of recent technologies reviewed and committee recommendations:

<table>
<thead>
<tr>
<th>Technology</th>
<th>Date Reviewed</th>
<th>Committee Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intradiscal Electrothermoplasty (IDET)</td>
<td>08/24/10</td>
<td>Continue to deny as investigational. Current evidence has failed to adequately demonstrate efficacy against sham therapy. See Medical Policy # 136.</td>
</tr>
<tr>
<td>Carotid Artery Stenting (CAS)</td>
<td>08/24/10</td>
<td>Cover in limited circumstances. Several studies suggest comparable outcomes to endarterectomy within select patient populations. See Medical Policy # 461.</td>
</tr>
<tr>
<td>Annular Tissue Repair Systems</td>
<td>08/24/10</td>
<td>Deny as investigational/experimental. There is no published evidence to support the clinical utility of annular repair systems. See Medical Policy # 462.</td>
</tr>
<tr>
<td>Percutaneous Mitral Valve Repair</td>
<td>10/5/10</td>
<td>Deny as investigational/experimental. The device currently lacks FDA approval, and therefore meets the plan's definition of investigational/experimental. See Medical Policy # 464.</td>
</tr>
<tr>
<td>Bronchial Thermoplasty for the Treatment of Asthma</td>
<td>10/5/10</td>
<td>Continue to deny as investigational. Current evidence suggests short-term improvements. There is a lack of long term outcomes related to efficacy and safety and therefore, it meets plan definition of investigational. See Medical Policy # 379.</td>
</tr>
<tr>
<td>GlycoMark® for Hyperglycemia Monitoring in Diabetics</td>
<td>10/5/10</td>
<td>Deny as investigational. Current evidence does not support the clinical utility of this testing. See Medical Policy # 465.</td>
</tr>
<tr>
<td>PROVENT® for Sleep Apnea</td>
<td>10/5/10</td>
<td>Deny as investigational. Currently there is a lack of any long-term outcomes data related to the efficacy of this device. See Medical Policy # 467.</td>
</tr>
<tr>
<td>5-FU Area Under the Curve (AUC) Measurement</td>
<td>10/5/10</td>
<td>Cover as medically necessary. Existing evidence suggests clinical utility of this therapy. See Medical Policy # 468.</td>
</tr>
<tr>
<td>Pulsed Electrical Stimulation for Osteoarthritis (e.g., BioniCare™ Stimulator)</td>
<td>11/16/10</td>
<td>Deny as investigational/experimental. Current evidence does not demonstrate improved patient outcomes. See Medical Policy # 251.</td>
</tr>
<tr>
<td>Tissue of Origin Testing for Carcinoma of Unknown Primary</td>
<td>11/16/10</td>
<td>Cover in limited circumstances. Current evidence suggests the potential for improved patient outcomes with this technology after other diagnostic examinations have been performed. See Medical Policy # 472.</td>
</tr>
<tr>
<td>Internal Aqueous Shunt Device for the Treatment of Glaucoma</td>
<td>11/16/10</td>
<td>Cover as medically necessary. Current evidence supports internal aqueous shunting as being clinically efficacious and safe. See Medical Policy # 471.</td>
</tr>
<tr>
<td>Chemosensitivity Testing</td>
<td>11/16/10</td>
<td>Deny as investigational/experimental. Current evidence is limited regarding clinical utility of this testing. This meets the plan's definition of investigational. See Medical Policy # 470.</td>
</tr>
<tr>
<td>Percutaneous Posterior Tibial Nerve Stimulation (PTNS) for Overactive Bladder</td>
<td>11/16/10</td>
<td>Deny as investigational. Current evidence fails to adequately establish the optimal frequency and durability of this therapy. This meets the plan's definition of investigational. See Medical Policy # 473.</td>
</tr>
</tbody>
</table>

* Date Reviewed does not necessarily reflect the date of implementation of coverage policy.

If you have questions regarding coverage of these or any other technologies or procedures, or if you would like SelectHealth to consider coverage for an emerging technology, please e-mail us at mtech@selecthealth.org or call Ken Schaecher, MD, FACP, M-Tech Committee Chairman, at 801-442-7927.

All SelectHealth medical policies and technology assessments can be viewed at selecthealth.org. Click on the “Provider” tab (upper right corner), enter your log in information, and then click on “Policies and Procedures” (left side of page).
Public Reporting

The public reporting section of www.selecthealth.org has been very successful. Approximately 180 visitors per week view information regarding patient satisfaction and clinical quality for high-volume primary care clinics. We receive ongoing feedback from physicians and members about the value of the tool.

We plan to start providing information about OB-GYN clinics beginning in the fourth quarter of this year.

To determine which measures should be reported, we have been collaborating with the Intermountain Healthcare Women and Newborn Clinical Program group. The clinical measures that will be used will include:

- Breast cancer screening
- Chlamydia screening
- Primary C-section rate

Patient satisfaction surveys were conducted for high-volume OB-GYN clinics in 2009 and 2010. The results of the patient satisfaction survey conducted in the spring of 2011 will be made available on our website in late 2011. Results for OB-GYN physicians will be reported on a clinic level. Only measures with at least 30 qualifying SelectHealth members will be included.

To review your results prior to their availability to the general public, visit intermountainphysician.org, click “Tools and Services”, “Clinical Reports”, then “SelectHealth”.

SELECTHEALTH SATISFACTION AND PERFORMANCE RATINGS REPORTS

These reports are update quarterly. For questions or concerns regarding OB-GYN reporting, contact Shannon Spencer, BSN, at 801-442-7433, or shannon.spencer@selecthealth.org. For questions or concerns regarding Primary Care reporting, contact Christine Lake, RN, at 801-442-7626 or christine.lake@selecthealth.org.

EDI UPDATES FOR 2011

5010 TESTING

As we begin to transition to the 5010 version of electronic transactions, we will be sending a survey to trading partners to determine when they will be ready to test. Trading partners are either the providers or the clearinghouses that connect to the Utah Health Information Network (UHIN). SelectHealth will begin testing later this year. The testing of the transactions will be done through UHIN’s test environment. For information about connecting to that environment, please contact your clearinghouse or UHIN at 801-716-5901, 877-693-3071, or uhin.org.

5010 IMPLEMENTATION GUIDES

An implementation guide for a transaction is a document that outlines the standards and requirements for that transaction. The term “implementation guide” for 5010 has been replaced with the term “TR3” (Technical Report 3). These terms are interchangeable, and both are currently being used by the industry.

5010 ACKNOWLEDGEMENT TRANSACTIONS

As part of the adoption of the 5010 transactions, updates have been made to electronic acknowledgement reports. SelectHealth currently provides two acknowledgement reports: the 997 Functional Acknowledgement and the 277FE Front End Acknowledgement.

The 997 is going to be replaced with the 999 Implementation Acknowledgement. These two transactions are similar, but the 999 includes the information in the 997. It also expands on the functionality to report implementation guide errors in a more uniform manner across the industry.

The 277FE is going to be replaced with the 277CA Health Care Claim Acknowledgement. The 277CA will now be used on a national level. This report will list whether claims have been accepted or rejected based on the payer’s front-end edits. For example, SelectHealth rejects claims when a member cannot be found in our system. When that happens, a code of “rejected” will be returned on the 277CA in addition to other codes to explain that we could not find the member.
Visit
selecthealthphysician.org
to get the latest news
on healthcare reform,
remittance advice,
and electronic claims
information.

View your patient’s
eligibility information,
claim status, deductible
accumulations, and
much more.

To access Provider Web Services,
email Carrie Blackburn, Provider
Relations Web Services Coordinator,
at carrie.blackburn@selecthealth.org,
or call 801-442-7685.