ICD-10 Go-Live Delayed: How Prepared Are You?

The ICD-10 transition has been delayed until at least October 1, 2015, giving you an extra year to prepare your systems. Updating to ICD-10 ensures that diagnosis information recorded is compatible with the most current practices used worldwide. The biggest change offices will notice is the increased specificity required by ICD-10—as opposed to ICD-9—in terms of laterality and location. You will notice quite a few “many to one” ratios (especially in the orthopedics section). For example, a strained or sprained ankle has four possible codes in ICD-9, but there are 72 possible codes in ICD-10. The key to correct coding remains the same—specificity in provider documentation.

Because of the increased complexity, we encourage you to use the extra year to practice dual-coding in ICD-9 and ICD-10. We also encourage you to use the delay period to reconfigure and test your billing system software to meet the new standards. This will minimize disruptions to your practice when ICD-10 is required.

We are waiting for additional direction from the Centers for Medicare & Medicaid Services (CMS) on a final transition date. All claims submitted after
Every person has the right to make his or her own decisions about healthcare. Advance directives are documents that allow patients to make these decisions and end-of-life wishes known ahead of time in the event they are ever unable to speak for themselves.

Advance directives include the following properly executed documents:

- Living will
- Durable Power of Attorney for healthcare
- Written statements expressing a patient’s wishes regarding treatment and/or end-of-life care
- Patient statements regarding treatment and/or end-of-life care documented in the medical record
- Physician Order for Life Sustaining Treatment (POLST)

We encourage everyone to complete advance directives prior to receiving care or being hospitalized. When a patient provides you with a copy of his or her advance directive, you are required to keep it in the medical record and refer to it when determining a course of treatment.

**Interesting Info about ICD-10**

There are two different types of ICD-10 codes:

- ICD-10-CM (Clinical Management)
- ICD-10-PCS (Hospital Procedure Codes)

ICD-9 has roughly 17,400 codes (CM= 17,000 & PCS= 4,000); ICD-10 has roughly 155,000 codes (CM= 68,000 & PCS= 87,000).

ICD-10-CM codes have three to seven alphanumeric characters. The first character is always alpha. The letter “U” is not used (e.g., S12.030A).

ICD-10-PCS codes are all seven characters in length and also have an alphanumeric structure. The letters “I” and “O” are not used (e.g., 3E033GO).

**Advance Directives**

*Continued from page 1*

that date must be billed with ICD-10 codes, and any claims billed with ICD-9 with that date of service or after will be denied. Watch for updates on selecthealthphysician.org regarding any new CMS determinations.

**ADDITIONAL RESOURCES**

Ensuring that you and our members understand the rights associated with advance directives is very important to us. For additional information, please call Intermountain Healthcare at 800-442-4845 or visit intermountainhealthcare.org/advanceplanning.
Contact Information
Member Services ...................... 855-442-3234
Provider Relations ..................... 800-538-5054
Provider Website ....................... selecthealthphysician.org

Identifying SelectHealth Community Care Members
Members should present their SelectHealth Community Care ID Card and their state-issued Medicaid card at the time of service.

If a patient doesn’t have both cards, verify eligibility in one of the following ways:

• **Online** – Log in to “Secure Content Login” at selecthealthphysician.org and click on “Provider Benefit Tool,” then “Find a Patient or Member.”
• **EDI** – Select electronic transaction code 270/271.
• **Member Services** – Call 855-442-3234 weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.
• **Utah Department of Health Medicaid AccessNow Information Line** – Call 801-538-6155, press option 1, and then choose option 1 again. To obtain information, the member’s ten-digit Medicaid ID or Social Security number and date of birth are required.

Preauthorization
Services that require preauthorization for SelectHealth Community Care differ from those on the Utah State Medicaid prior authorization list. To obtain a list of services requiring preauthorization for SelectHealth Community Care, visit selecthealthphysician.org and select “Government Programs.”

If preauthorization is not obtained for services that require it, coverage for these services will be denied. Please refer to the Provider Reference Manual for additional information.

Member Eligibility, Benefits, or Claims Status
Contact Member Services.

Submitting Claims
• **Paper Claims**
  SelectHealth
  P.O. Box 30192
  Salt Lake City, UT 84130

• **Electronic Claims**
  Contact Electronic Data Interchange (EDI) at 801-442-5442 or e-mail edi@selecthealth.org for information about electronic filing.

Member Billing
• Contracted providers may not balance bill members. Members are only required to pay the applicable plan cost sharing (copay or coinsurance) for covered services.

• A member may be billed for a **noncovered** service only when all of the following conditions are met:

  > The member is clearly advised in writing and in advance of receiving a noncovered service that the plan will not pay for the service and that the patient will be responsible to pay the full cost of the service.

  > The member agrees to be personally responsible for the payment. The agreement is made in writing between the provider and the member, and it details the service and the amount to be paid by the member.

  > The provider has an established policy for billing all patients for services not covered by a third party.

Care Management Services
Care managers are nurses who offer ongoing support for members with chronic health conditions. Care managers perform the following functions:

• Evaluate members with high utilization patterns
• Manage a high-risk prenatal program for expectant mothers
• Review ER visits for conditions that can be referred to a primary care provider
• Provide hospital discharge assessments for
  > Appropriate placement in a skilled nursing facility or home care
  > Evaluation of resources to meet outpatient needs
Restricted Members Needing Care Management
Some members are placed on restriction based on state criteria for overutilization and assigned to a care manager. To speak with a care manager about a restricted member, call 801-442-1989.

To speak with a care manager about a member not assigned to the restricted population, call Member Services.

Medicaid Card Changes
The Utah Department of Health (UDOH) is currently working on a new design for state-issued Medicaid ID Cards. The new card, scheduled to be released in July 2014, will be plastic and will not be issued monthly. It will be used in conjunction with a new medical card look-up feature to help you to determine Medicaid eligibility. Additional details will be provided as the release of the new Medicaid ID Cards approaches.

Card Look-up Tool
The medical card look-up feature is being added to the Medicaid Management Information System. This component of the website allows you to view a member’s Medicaid eligibility information for a specified month and year. To learn more, visit health.utah.gov/medicaid/stplan/MMIS.

SelectHealth Community Care Card Sample

State of Utah Medicaid Card Sample

<table>
<thead>
<tr>
<th>Name/ID</th>
<th>DOB/Age</th>
<th>Co-Pay</th>
<th>Provider</th>
<th>Restrictions</th>
<th>TPL/Medicare Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIC: 020</td>
<td>N</td>
<td></td>
<td>CLINIC ABC</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td>1-XXX-XXX-XXXX</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attempts to modify this card in any way or allowing use by people not listed on this card is illegal.

Questions, Concerns, and Comments
For more information, visit selecthealthphysician.org. To post a question, concern, or comment, log in to the “Secure Content” section and click on “Government Programs.” Type your comment in the “What’s Up Doc” section.
SelectHealth Recognizes Top-Performing Clinics with Excellence in Healthcare Awards

The SelectHealth Excellence in Healthcare award provides recognition for primary care clinics that deliver exemplary care in clinical quality and patient experience. It is presented to clinics that perform in the top 10 percent of all eligible clinics for the following measures:

> Diabetes Management
> Asthma Management
> Childhood Immunizations
> Adolescent Immunizations
> Well-Child Exams for Children Ages Three to Six
> Well-Adolescent Exams for Ages 12 to 21
> Breast Cancer Screening (Primary Care & OB/GYN/CNM Clinics)
>
> Colon Cancer Screening
> Cervical Cancer Screening
> Chlamydia Screening (Primary Care & OB/GYN/CNM Clinics)
> Customer Service for Internal Medicine, Family Practice, Pediatric & OB/GYN/CNM Specialties

In 2013, primary care clinics earned 162 awards—this included pediatric, family practice, internal medicine, and OB/GYN/CNM specialties. Clinical measures are established based on standardized, evidence-based criteria to encourage the best clinical care for SelectHealth members. Details about the award can be found at selecthealthphysician.org/news. We appreciate the remarkable efforts of the providers and clinic staff to accomplish this achievement.

2014 Patient Satisfaction Survey

The new SelectHealth Patient Satisfaction Survey report has been updated with the responses to all of the questions included in the survey. This includes SelectHealth member response rates to questions about these topics:

> Getting timely appointments, care, and information
> How well providers communicate with patients
> Follow-up on test results

This information is available to high-volume, primary care providers and can be viewed by visiting selecthealthphysician.org and following these steps:

1. Click on “Secure Content Login.”
2. Click on the “Tools” tab.
3. Click on “Clinical Reports” in the drop-down menu, which is located below “Tools.”
4. Under the “SelectHealth Reports” section, click on “SelectHealth.”
5. Click on “SelectHealth - Patient Satisfaction Survey - CGCAHPS.”
6. Click on “View Report” on the right side of the page.
7. Enter your Login ID and password.
8. Select your provider/clinic and enter the date range for the survey results.

To view responses to additional questions, click on “Open Other Question Scores” on the top right of the report. For questions, call 800-374-4949.
M-Tech is our formal process for reviewing emerging healthcare technologies (procedures, devices, tests, and biologics) for the purpose of establishing coverage benefits. Existing technologies are also examined through this process as necessary. The following is a list of recently reviewed technologies and committee recommendations.

<table>
<thead>
<tr>
<th>TECHNOLOGY</th>
<th>DATE REVIEWED*</th>
<th>COMMITTEE DECISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infliximab Testing for Inflammatory Bowel Disease</td>
<td>06/11/13</td>
<td>Deny as investigational/experimental. Insufficient evidence exists to illustrate the role of Infliximab testing in patients with inflammatory bowel disease. See Medical Policy #532.</td>
</tr>
<tr>
<td>Subcutaneous Implantable Defibrillator (S-ICD)</td>
<td>06/11/13</td>
<td>Cover as medically necessary. Current published evidence demonstrates that subcutaneous implantable cardiac defibrillators have proven efficacy and safety for select patient populations. See Medical Policy #535.</td>
</tr>
<tr>
<td>Genetic Testing for Indeterminate Thyroid Biopsy</td>
<td>07/30/13</td>
<td>Cover as medically necessary. Current evidence tends to support the clinical validity and utility of the Veracyte Afirma® Thyroid FNA analysis test. Further, given the lack of adequate evidence to draw conclusions regarding alternative tests used to assess indeterminate thyroid biopsies, at present, we further recommend denial of coverage of alternative genetic testing for indeterminate thyroid biopsies. See Medical Policy #538.</td>
</tr>
<tr>
<td>Bronchial Thermoplasty for Asthma</td>
<td>07/30/13</td>
<td>Cover in limited circumstances. Current evidence suggests that bronchial thermoplasty is a reasonable treatment option for patients who have failed conservative therapies. See Medical Policy #579.</td>
</tr>
<tr>
<td>Hypothermia for Neonatal Hypoxic-Ischemic Encephalopathy</td>
<td>07/30/13</td>
<td>Cover as medically necessary. Current evidence strongly supports the efficacy and safety of hypothermia therapy for hypoxic-ischemic encephalopathy in full-term infants with the benefits far out-weighing the risks. See Medical Policy #536.</td>
</tr>
<tr>
<td>Ozurdex® for Branch/Central Retinal Vein Occlusion and Uveitis</td>
<td>07/30/13</td>
<td>Cover according to FDA labeling. Current evidence suggests that Ozurdex treatment is a reasonable option for select patient populations consistent with FDA-approved indications. See Medical Policy #435.</td>
</tr>
<tr>
<td>Hereditary Cancer Syndrome Multiplex Gene Panels</td>
<td>09/17/13</td>
<td>Cover genetic panels for oncology in limited circumstances. Current evidence suggests that BROCA, BreastNext, and ColoNext are clinically relevant options in limited circumstances. See Medical Policy #540.</td>
</tr>
<tr>
<td>t:slim® Insulin Pump</td>
<td>09/17/13</td>
<td>Cover as medically necessary. Though current evidence regarding the clinical utility of the t:slim pump is lacking, it is FDA cleared with predicate devices being other insulin devices suggesting it has demonstrated similar functionality and that its performance on health outcomes should be similar. See Medical Policy #133.</td>
</tr>
<tr>
<td>Oncotype DX® Prostate for Prostate Cancer Outcome Prognosis</td>
<td>11/05/13</td>
<td>Deny as investigational. No literature has been published to validate the accuracy of this test or establish the clinical utility. See Medical Policy #544.</td>
</tr>
<tr>
<td>Subcutaneous Mastectomy for Fibrocystic Breast Disease</td>
<td>11/05/13</td>
<td>Cover in limited circumstances. Currently, there is very little evidence to support the safety and efficacy of subcutaneous mastectomy for the treatment of fibrocystic breast disease. However, as this is typically and rarely used as a last resort treatment for patients experiencing intractable pain, the Committee agreed to allow coverage in limited circumstances after conservative therapies have been exhausted. See Medical Policy #543.</td>
</tr>
<tr>
<td>Amyvid™ PET Scans in Alzheimer’s Disease</td>
<td>12/17/13</td>
<td>Deny as investigational. Current evidence has failed to demonstrate the clinical utility of Amyvid PET scans in patients with dementia. See Medical Policy #546.</td>
</tr>
<tr>
<td>Percutaneous Treatment of Mitral Valve Insufficiency (e.g., MitraClip)</td>
<td>12/28/13</td>
<td>Cover consistent with FDA-approved indication. Current evidence has demonstrated the efficacy and safety of this procedure in patients who have severe disease and excessive surgical risk for standard surgical mitral valve surgery. See Medical Policy #464.</td>
</tr>
</tbody>
</table>

*“Date reviewed” does not necessarily reflect the date of implementation of coverage policy.*
## Provider Relations Territories

<table>
<thead>
<tr>
<th>REGION</th>
<th>CONTACT PERSON</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban North Region</td>
<td>Kim Robinson, Manager</td>
<td>801-442-7747</td>
</tr>
<tr>
<td>Urban Central Region</td>
<td>Toni Jensen, Manager</td>
<td>801-442-7750</td>
</tr>
<tr>
<td>Urban Central Region</td>
<td>Kim Gleave</td>
<td>801-442-7754</td>
</tr>
<tr>
<td>Urban Central Region</td>
<td>Tami Plant</td>
<td>801-442-7753</td>
</tr>
<tr>
<td>Urban Central Region</td>
<td>Shirlee Flandro</td>
<td>801-442-7749</td>
</tr>
<tr>
<td>Urban South Region</td>
<td>Mike Mann, Manager</td>
<td>801-442-7752</td>
</tr>
<tr>
<td>Ancillary</td>
<td>Vickie Szemerey</td>
<td>801-442-7755</td>
</tr>
<tr>
<td>Idaho Region</td>
<td>Selena White</td>
<td>801-442-8083</td>
</tr>
<tr>
<td></td>
<td></td>
<td>208-338-2018</td>
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<tr>
<td>Southwest Region</td>
<td>Jon Pike</td>
<td>435-251-2107</td>
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<tr>
<td>General Provider Relations Support</td>
<td></td>
<td>800-538-5054</td>
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<td></td>
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<td>800-538-5054</td>
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<tr>
<td>Website</td>
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<td>selecthealthphysician.org</td>
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</tbody>
</table>
ICD-10
Information at Your Fingertips

Check out the “ICD-10 Countdown” link at selecthealthphysician.org for helpful tips and links to training opportunities.