CODING/REIMBURSEMENT POLICY

IN-NETWORK COVERAGE OF MEDICAL SERVICES WITH AN OUT-OF-NETWORK PROVIDER

Policy # 88

Implementation Date: 12/29/13

Revision Dates: 1/20/14, 12/29/15, 4/11/17, 9/25/17, 12/5/18, 9/27/19, 9/18/20, 1/26/21, 8/12/21, 8/10/22, 4/24/23, 10/12/23, 1/1/24

Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

Select Health members periodically require medical services which may not be available using in-network providers or facilities. These services may involve specific provider expertise or specific technologies, such as specialized procedures, specialized laboratory testing, or advanced imaging services. In these instances, the involved providers or members may request coverage of services by providers not contracted to provide services with Select Health, to be paid at their in-network level of benefits.

COMMERCIAL PLAN POLICY/CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Select Health provides coverage at the member's in-network benefit for services rendered by an out-of-network provider, when the following guidelines are met.

Criteria for allowing In-Network Secondary Care Coverage with an Out-Of-Network Provider (#1 must be met before #2 or #3 is applied)

1. ALL the following information is provided in the submitted documentation* from an in-network specialist familiar with the member's medical needs:
    a. All in-network resources have been exhausted and documentation has been submitted that in-network providers cannot perform the services required;
    b. Specific services/providers to whom the member is being referred are identified, (e.g., a generic referral to the Mayo Clinic is not adequate);
    c. Specific services that the provider can offer that are not available in-network; and
    d. Specific services requested must be covered, must meet any preauthorization criteria, and not be considered experimental/investigational.

    *Letter from PCP or other provider not directly involved in the management of the member's condition is not acceptable, as these providers are not in-network specialists; and letter from the out-of-network provider to whom the member is being referred is inadequate alone to allow failed access, as it does not assure that in-network services have been exhausted, though, it may provide specific information necessary to meet criterion #1b.
2. Distance Guidelines for Utah/Idaho/Nevada based plans, which must be met:
    a. **For Urban Counties:**

        Utah: Salt Lake, Weber, Davis, Utah, Cache, and Washington counties

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Idaho: Kootenai, Latah, Nez Perce, Canyon, Ada, Twin Falls, Bonneville, and Madison counties

Nevada: All other areas not listed in Nevada Rural

- Traveling distance to a participating Primary Care Provider (Family Practice/Internal Medicine/Pediatrics/Geriatrics/Physical Therapy/Occupational Therapy/Speech Therapy/Obstetrics/Gynecology) or Behavioral Health provider must be no more than 10 miles
- Traveling distance to a participating Secondary Care Provider (all those not listed as PCPs) must be no more than 20 miles

b. **For Rural Counties:** (All other **Utah** and **Idaho** counties not listed in Urban)

- Traveling distance to a participating Primary Care Provider (Family Practice/Internal Medicine/Pediatrics/Geriatrics/Physical Therapy/Occupational Therapy/Speech Therapy/Obstetrics/Gynecology) or Behavioral Health provider must be no more than 30 miles
- Traveling distance to a participating Secondary Care Provider must be no more than 100 miles

c. **For Nevada Rural Communities in Clark and Nye Counties** (Mesquite [89024, 89024, 89027, 89034]; Bunkerville [89007]; Logandale [89021]; Overton [89040]):

- Traveling distance to a participating Primary Care Provider (Family Practice/Internal Medicine/Pediatrics/Geriatrics/Physical Therapy/Occupational Therapy/Speech Therapy/Obstetrics/Gynecology) or Behavioral Health provider must be no more than 50 miles
- Traveling distance to a participating Secondary Care Provider must be no more than 100 miles

d. **Select Health Share members:**

- Traveling distance to a participating Primary Care Provider (Family Practice/Internal Medicine/Pediatrics/Geriatrics/Physical Therapy/Occupational Therapy/Speech Therapy/Obstetrics/Gynecology) or Behavioral Health provider must be no more than 25 miles
- Traveling distance to a participating Secondary Care Provider must be no more than 50 miles

e. **For Sub-Specialists:** the entire plan service area is considered the distance limitation for applying service approval criteria. Distance guidelines do not apply to sub-specialty providers. A sub-specialist is defined as: Highly specialized and expertise care for complicated or rare conditions that is not easily available or accessible in most areas. (The following specialties qualify as sub-specialists: Gynecologic Oncology, Infectious Diseases (AIDS), Medical Genetics, Nephrologists, Neurosurgeons, Neuro-Ophthalmologists, Neuro-Otologists, Oculoplastic Surgeons, Radiation Oncologists, Reproductive Endocrinologists, Rheumatology (except Medicare), Spine Surgeons, Sub-Specialty Orthopedists (i.e., hand, foot, etc.), Special Clinics for Rare Conditions (usually located at University of Utah or PCMC), Transplant Surgeons, Vascular Surgeons (excluding treatment of varicose veins), and Oral Appliance Dentists).

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3. Distance Guidelines for Colorado Based Plans, which must be met:

	Geographic Type/County Type (for classification of county types, see table below)				
Individual Provider Specialty Types	**Large Metro – Maximum Distance (miles)**	**Metro – Maximum Distance (miles)**	**Micro - Maximum Distance (miles)**	**Rural – Maximum Distance (miles)**	**Counties with Extreme Access Considerations (CEAC) – Maximum Distance (miles)**
Primary Care	5	10	20	30	60
Gynecology, OB/GYN	5	10	20	30	60
Pediatrics – Routine/Primary Care	5	10	20	30	60
Allergy and Immunology	15	30	60	75	110
Cardiothoracic Surgery	15	40	75	90	130
Cardiology	10	20	35	60	85
Chiropractor	15	30	60	75	110
Dermatology	10	30	45	60	100
Emergency Medicine	10	30	60	60	100
Endocrinology	15	40	75	90	130
ENT/Otolaryngology	15	30	60	75	110
Gastroenterology	10	30	45	60	100
General Surgery	10	20	35	60	85
Gynecology only	15	30	60	75	110
Infectious Diseases	15	40	75	90	130
Licensed Addiction Counselor	10	30	45	60	100
Licensed Clinical Social Worker	10	30	45	60	100
Nephrology	15	30	60	75	110
Neurology	10	30	45	60	100
Neurosurgery	15	40	75	90	130
Oncology – Medical, Surgical	10	30	45	60	100
Oncology – Radiation	15	40	75	90	130
Ophthalmology	10	20	35	60	85
Optometry for routine pediatric vision services	15	30	60	75	110
Orthopedic Surgery	10	20	35	60	85
Outpatient Clinical Behavioral (Licensed, accredited, or certified professionals)	5	10	20	30	60

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Physical Medicine and Rehabilitative Medicine	15	30	60	75	110
Plastic Surgery	15	40	75	90	130
Podiatry	10	30	45	60	100
Psychiatry	10	30	45	60	100
Psychology	10	30	45	60	100
Pulmonology	10	30	45	60	100
Rheumatology	15	40	75	90	130
Urology	10	30	45	60	100
Vascular Surgery	15	40	75	90	130
Other Medical Provider	15	40	75	90	130
Dentist	15	30	60	75	110
Pharmacy	5	10	20	30	60
Acute Inpatient Hospitals	10	30	60	60	100
Cardiac Surgery Program	15	40	120	120	140
Cardiac Catheterization Services – Intensive Care Units (ICU)	10	30	120	120	140
Outpatient Dialysis	10	30	50	50	50
Surgical Services (Outpatient or ASC)	10	30	50	50	90
Skilled Nursing Facilities	10	30	60	60	100
Diagnostic Radiology	10	30	60	60	100
Mammography	10	30	60	60	100
Physical Therapy	10	30	60	60	100
Occupational Therapy	10	30	60	60	100
Speech Therapy	10	30	60	60	100
Inpatient and Residential Behavioral Health Facility Services	15	45	75	75	140
Orthotics and Prosthetics	15	30	120	120	140
Outpatient Infusion/Chemotherapy	10	30	60	60	100
Urgent Care Facilities	10	30	60	60	100
Opioid Treatment Program	10	30	60	60	100
Other Facilities	15	40	120	120	140
Dentist or Dental Provider	15	30	60	75	110

(Colorado Department of Regulatory Agencies/Division of Insurance/3 CCR 702-4/Life, Accident and Health Amended/Regulation 4-2-53)

Population and Density Parameters		
County Type	**Population**	**Density**
Large Metro	≥ 1,000,000	≥ 1,000/sq. mile
---	500,000 – 999,999	≥ 1,500/ sq. mile

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---	Any	≥ 5,000/ sq. mile
Metro	≥ 1,000,000	10 – 999.9/sq. mile
---	500,000 – 999,999	10 – 1,499.9/sq. mile
---	200,000 – 499,999	10 – 4,999.9/sq. mile
---	50,000 – 199,999	100 – 4,999.9/sq. mile
---	10,000 – 49,999	1,000 – 4,999.9/sq. mile
Micro	50,000 – 199,999	10 – 99.9 /sq. mile
---	10,000 – 49,999	50 – 999.9/sq. mile
Rural	10,000 – 49,999	10 – 49.9/sq. mile
---	<10,000	10 – 4,999.9/sq. mile
CEAC	Any	<10/sq. mile

(Colorado Department of Regulatory Agencies/Division of Insurance/3 CCR 702-4/Life, Accident and Health Amended/Regulation 4-2-53)

Select Health Advantage (Medicare/CMS)

Select Health Advantage members requiring out-of-network services will be considered based upon the following distance guidelines:

For Urban Counties:

Utah: Salt Lake, Weber, Davis, Utah, Cache, and Washington counties

Idaho: Kootenai, Latah, Nez Perce, Canyon, Ada, Twin Falls, Bonneville, and Madison counties

- Traveling distance to a participating Primary Care Provider (Family Practice/Internal Medicine/Pediatrics/Geriatrics/Physical Therapy/Occupational Therapy/Speech Therapy/Obstetrics/Gynecology) or Behavioral Health provider must be no more than 10 miles

- Traveling distance to a participating Secondary Care Provider must be no more than 20 miles

For Rural Counties: (All other Utah and Idaho counties not listed in Urban)

- Traveling distance to at least 2 Primary Care Providers (Family Practice/Internal Medicine/Pediatrics/Geriatrics/Physical Therapy/Occupational Therapy/Speech Therapy/Obstetrics/Gynecology) or Behavioral Health provider must be no more than 20 miles

- Traveling distance to a participating Secondary Care Provider must be no more than 50 miles

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In Idaho:

The member will be required to travel no more than 40 miles to a participating Primary Care or Secondary Care Physician.

Select Health Community Care (Medicaid)

Select Health Community Care members requiring out-of-network services will be considered based upon the following distance guidelines:

For Urban Counties:

Utah: Salt Lake, Weber, Davis, Utah, Cache, and Washington counties

Idaho: Kootenai, Latah, Nez Perce, Canyon, Ada, Twin Falls, Bonneville, and Madison

- Traveling distance to a participating Primary Care Provider (Family Practice/Internal Medicine/Pediatrics/Geriatrics/Physical Therapy/Occupational Therapy/Speech Therapy/Obstetrics/Gynecology) or Behavioral Health provider must be no more than 10 miles

- Traveling distance to a participating Secondary Care Provider must be no more than 20 miles

For Rural Counties:

- Traveling distance to at least 2 Primary Care Providers (Family Practice/Internal Medicine/Pediatrics/Geriatrics/Physical Therapy/Occupational Therapy/Speech Therapy/Obstetrics/Gynecology) or Behavioral Health provider must be no more than 20 miles

- Traveling distance to a participating Secondary Care Provider must be no more than 50 miles

Summary of Medical Information

Medical care is becoming increasingly specialized and more complex. New technologies or approaches to management are continually being developed and are not always widely available. Though part of the investigational/experimental criteria used by Select Health implies the services have become the “standard of care” and are widely available, during the early distribution phase, service gaps in availability may occur. In these circumstances, it is sometimes in the best interest of the plan to allow coverage of these services as they present the opportunity to improve the health and well-being of Select Health members and may be more cost-effective than the current standard of care approach to patient management. Allowance for coverage of these services in these circumstances is aligned with Select Health’s Certificate of Coverage and mission to provide coverage for the best, most cost-effective care

Sources

1. Select Health Certificate of Coverage.

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member’s individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please

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refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at (801) 442-3692.

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