



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, 5/13/24, 3/18/25, 10/8/25

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Medicare (CMS), and Select Health Community Care (Medicaid) 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 render services with Select Health, to be paid at their in-network level of benefits.

COMMERCIAL PLAN POLICY AND 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

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, 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).

f. For Transplants: members living in CA, OR, WA and AZ may go to an Optum Center of Excellence in the state in which they live and will be covered with in-network benefits.

Applicable to all transplants, these time requirements are recommended:

- The member needs to be within 8 hours commute of the transplant center for the initial transplant.
- The member needs to be within a 30-minute commute post-transplant for at least one month.

Distance/Time Guidelines for CHIP (Utah Only):

- Wasatch Front Urban Counties
 - Primary Care: within 10 miles or 20 minutes
 - Secondary Care: within 10 miles or 20 minutes
- Non-Wasatch Front Rural Counties
 - Primary Care: within 20 miles or 30 minutes
 - Secondary Care: within 40 miles or 75 minutes
- Non-Wasatch Front Frontier Counties
 - Primary Care: within 30 miles or 60 minutes
 - Secondary Care: within 60 miles or 90 minutes

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
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
---	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 MEDICARE (CMS)

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

Utah/Idaho Based Plans

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

In Idaho:

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

Colorado Based Plans (see below)

County	County Designation	Facility Type/Distance (miles)				Critical Care Services/Intensive Care Units	Surgical Services (Outpatient or ASC)	Skilled Nursing Facilities	Diagnostic Radiology	Mammography	Physical Therapy	Occupational Therapy	Speech Therapy	Inpatient Psychiatric Facility Services	Outpatient Infusion/Chemotherapy
		Acute Inpatient Hospitals	Cardiac Surgery Program	Cardiac Catheterization Services											
Adams	Metro	30	40	40	30	30	30	30	30	30	30	30	30	45	30
Alamosa	Rural	60	135	135	120	60	60	60	60	60	60	60	60	135	60
Arapahoe	Metro	30	40	40	30	30	30	30	30	30	30	30	30	45	30
Archuleta	Rural	60	225	120	120	60	60	60	60	60	60	65	65	170	60
Baca	CEAC	100	190	145	140	100	85	100	100	100	100	100	100	190	100
Bent	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	140	100
Boulder	Metro	30	40	40	30	30	30	30	30	30	30	30	30	45	30
Chaffee	Rural	60	120	120	120	60	60	60	60	60	60	60	60	105	60
Cheyenne	CEAC	100	145	140	140	100	85	100	100	100	100	100	100	150	100
Clear Creek	Rural	60	120	120	120	60	60	60	60	60	60	60	60	75	60
Conejos	CEAC	100	170	140	140	100	85	100	100	100	100	100	100	140	100
Costilla	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	140	100
Crowley	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	140	100
Custer	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	140	100
Delta	Rural	60	120	120	120	60	60	60	60	60	60	60	60	75	60
Denver	Large Metro	10	15	15	10	10	10	10	10	10	10	10	10	15	10
Dolores	CEAC	100	205	140	140	100	85	100	100	100	100	100	100	205	100
Douglas	Metro	30	40	40	30	30	30	30	30	30	30	30	30	45	30
Eagle	Micro	60	120	120	120	60	60	60	60	60	60	60	60	120	60
Elbert	Rural	60	120	120	120	60	60	60	60	60	60	60	60	75	60
El Paso	Metro	30	40	40	30	30	30	30	30	30	30	30	30	45	30
Fremont	Rural	60	120	120	120	60	60	60	60	60	60	60	60	75	60
Garfield	Micro	60	120	120	120	60	60	60	60	60	60	60	60	100	60
Gilpin	Rural	60	120	120	120	60	60	60	60	60	60	60	60	75	60
Grand	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	140	100
Gunnison	CEAC	100	155	140	140	100	85	100	100	100	100	100	100	155	100
Hinsdale	CEAC	100	165	140	140	100	85	100	100	100	100	100	100	165	100
Huerfano	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	140	100
Jackson	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	140	100
Jefferson	Metro	30	40	40	30	30	30	30	30	30	30	30	30	45	30
Kiowa	CEAC	100	150	140	140	100	85	100	100	100	100	100	100	150	100
Kit Carson	CEAC	100	155	155	140	100	85	100	100	100	100	100	100	145	100
Lake	Rural	60	120	120	120	60	60	60	60	60	60	60	60	105	60
La Plata	Micro	60	195	120	120	60	60	60	60	60	60	60	60	195	60
Larimer	Metro	30	40	40	30	30	30	30	30	30	30	30	30	45	30
Las Animas	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	140	100
Lincoln	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	140	100
Logan	Rural	60	120	120	120	60	60	60	60	60	60	60	60	75	60
Mesa	Micro	60	120	120	120	60	60	60	60	60	60	60	60	75	60
Mineral	CEAC	100	200	140	140	100	85	100	100	100	100	100	100	200	100
Moffat	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	160	100
Montezuma	Rural	60	205	120	120	60	60	60	60	60	60	60	60	205	60
Montrose	Rural	60	120	120	120	60	60	60	60	60	60	60	60	75	60
Morgan	Rural	60	120	120	120	60	60	60	60	60	60	60	60	75	60
Otero	Rural	60	120	120	120	60	60	60	60	60	60	60	60	75	65
Ouray	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	140	100
Park	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	140	100
Phillips	CEAC	100	155	140	140	100	85	100	100	100	100	100	100	140	100
Pitkin	Rural	60	120	120	120	60	60	60	60	60	60	60	60	130	60
Prowers	CEAC	100	150	140	140	100	85	100	100	100	100	100	100	150	100
Pueblo	Micro	60	120	120	120	60	60	60	60	60	60	60	60	75	60
Rio Blanco	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	140	100
Rio Grande	Rural	60	170	130	120	60	60	60	60	60	60	60	60	170	60
Routt	Rural	60	130	120	120	60	60	60	60	60	60	60	60	155	60
Saguache	CEAC	100	160	155	140	100	85	100	100	100	100	100	100	160	100
San Juan	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	140	100
San Miguel	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	140	100
Sedgwick	CEAC	100	155	140	140	100	85	100	100	100	100	100	100	140	100
Summit	Micro	60	120	120	120	60	65	60	60	60	60	60	60	80	60
Teller	Rural	60	120	120	120	60	60	60	60	60	60	60	60	75	60
Washington	CEAC	100	140	140	140	100	85	100	100	100	100	100	100	140	100
Weld	Metro	30	40	40	30	30	30	30	30	30	30	30	30	45	30
Yuma	CEAC	100	155	155	140	100	85	100	100	100	100	100	100	140	100
Broomfield	Metro	30	40	40	30	30	30	30	30	30	30	30	30	45	30

Nevada Based Plans

Provider Type/Distance (miles)		Primary Care		Allergy and Immunology		Cardiology		Chiropractic	Dermatology	Endocrinology	ENT/Otolaryngology	Gastroenterology	General Surgery	Gynecology, OB/GYN	Infectious Diseases	Nephrology	Neurology	Neurosurgery	Oncology - Medical, Surgical	Oncology - Radiation/Radiation Therapy	Ophthalmology	Orthopedic Surgery	Physiatry, Rehabilitation Medicine	Plastic Surgery	Podiatry	Psychiatry	Pulmonology	Rheumatology	Urology	Vascular Surgery	Cardiothoracic Surgery	Clinical Psychology	Clinical Social Work	
County	County Description																																	
Churchill	CEAC	60	110	85	110	100	130	110	100	85	110	130	110	100	130		100	130	100	130	85	85	110	130	100	100	100	130	100	130	130	130	110	
Clark	Metro	10	30	20	30	30	40	30	30	30	30	30	30	30	30	30	30	30	30	30	40	20	20	30	40	30	30	30	40	30	40	30	20	
Douglas	Micro	20	60	35	60	45	75	60	45	75	60	45	35	60	75	60	45	75	45	75	35	35	60	75	45	45	45	75	45	75	45	75	45	35
Elko	CEAC	70	110	100	110	100	130	110	180	100	110	250	110	110	185	130	100	250	100	100	250	100	100	110	185	100	100	185	185	100	130	195	130	110
Esmeralda	CEAC	75	195	115	115	115	130	155	180	115	165	225	170	190	170	170	210	115	115	180	130	115	115	180	130	115	115	180	130	115	210	210	130	100
Eureka	CEAC	65	115	115	115	115	130	115	240	90	110	270	115	245	130	115	275	90	90	115	245	100	90	115	245	100	115	240	245	100	130	210	130	110
Humboldt	CEAC	150	165	85	110	100	130	165	185	165	165	165	190	165	190	165	165	165	190	150	150	185	165	190	165	160	185	185	165	130	190	165	100	
Lander	CEAC	75	150	90	110	100	145	150	225	105	110	225	110	225	110	225	130	105	230	105	90	110	230	100	100	105	225	225	105	145	220	130	110	100
Lincoln	CEAC	60	110	100	110	100	130	110	115	100	110	110	110	110	130	110	100	130	100	130	100	100	110	130	100	100	100	130	100	130	130	130	130	100
Lyon	Micro	30	70	35	60	50	75	60	65	60	60	75	60	60	75	60	60	75	60	75	60	35	60	75	45	45	65	75	60	75	75	45	35	
Mineral	CEAC	75	130	85	110	100	130	110	130	85	110	130	110	130	110	130	115	130	100	130	130	85	85	110	130	100	100	125	130	100	130	130	130	100
Nye	CEAC	60	110	85	110	100	130	110	100	85	110	130	110	100	130	110	100	130	100	130	85	85	110	130	100	100	100	100	130	100	130	130	130	100
Orion	Metro	10	30	20	30	30	40	30	30	30	30	30	30	30	30	30	30	30	30	40	20	20	30	40	30	30	30	40	30	40	30	40	30	
Parshing	CEAC	135	145	85	110	130	145	170	135	135	135	170	135	170	135	175	135	175	135	175	135	85	135	175	135	135	170	170	135	150	170	135	110	100
Perkins	Micro	75	60	30	60	30	60	30	60	30	60	60	30	70	30	60	30	60	30	60	30	75	75	30	60	30	60	30	60	30	60	60	60	30
Washoe	Metro	10	30	20	30	30	40	30	40	30	30	30	30	30	40	30	30	40	30	40	20	20	30	40	30	30	30	40	30	40	30	40	30	
White Pine	CEAC	60	190	120	110	120	180	170	220	85	110	230	190	230	190	190	190	190	190	210	85	85	120	230	190	170	230	230	100	190	130	130	130	100

		Facility Type/Distance (miles)													
	County Designation	Acute Inpatient Hospitals	Cardiac Surgery Program	Cardiac Catheterization Services	Critical Care Services/Intensive Care Units	Surgical Services (Outpatient or ASC)	Skilled Nursing Facilities	Diagnostic Radiology	Mammography	Physical Therapy	Occupational Therapy	Speech Therapy	Inpatient Psychiatric Facility Services	Outpatient Infusion/Chemotherapy	
Churchill	CEAC	100	140	140	140	100	85	100	100	100	100	100	140	100	
Clark	Metro	30	40	40	30	30	30	30	30	30	30	30	30	45	30
Douglas	Micro	60	120	120	120	60	60	60	60	60	60	60	75	60	
Elko	CEAC	100	250	140	140	100	100	100	100	100	100	100	185	100	
Esmeralda	CEAC	115	210	210	140	115	115	115	115	100	115	115	210	115	
Eureka	CEAC	100	270	140	140	100	90	100	100	100	120	100	240	120	
Humboldt	CEAC	100	190	165	140	100	85	100	100	100	100	100	185	150	
Lander	CEAC	100	225	145	140	100	90	100	100	100	145	100	225	105	
Lincoln	CEAC	100	140	140	140	100	85	100	100	100	100	100	140	100	
Lyon	Micro	60	120	120	120	60	60	60	60	60	60	60	75	60	
Mineral	CEAC	100	140	140	140	100	85	100	100	100	100	100	140	100	
Nye	CEAC	100	140	140	140	100	85	100	100	100	100	100	140	100	
Carson City	Metro	30	40	40	30	30	30	30	30	30	30	30	45	30	
Pershing	CEAC	100	175	145	140	100	85	100	100	100	100	100	170	135	
Storey	Rural	60	120	120	120	60	60	60	60	60	60	60	75	60	
Washoe	Metro	30	40	40	30	30	30	30	30	30	30	30	45	30	
White Pine	CEAC	100	230	190	140	100	85	100	100	100	170	100	230	190	

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
(see below section for Utah distance/time guidelines)

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

Distance/Time Guidelines for Select Health Community Care (Utah Only):

- Urban Counties
 - Primary Care: within 10 miles or 15 minutes
 - Secondary Care: within 30 miles or 45 minutes
- Rural Counties
 - Primary Care: within 35 miles or 45 minutes
 - Secondary Care: within 80 miles or 100 minutes
- Frontier Counties
 - Primary Care: within 60 miles or 70 minutes
 - Secondary Care: within 110 miles or 125 minutes

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 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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