Welcome to the Provider Insight® newsletter. This newsletter includes information and updates that pertain to our commercial, SelectHealth Advantage® (Medicare), SelectHealth Community Care® (Medicaid), Federal Employee Health Benefits, and SelectHealth Dental® plans. Please encourage each provider and member of your staff to review the newsletter for important information that affects your patients covered by a SelectHealth policy.
**Improve Efficiency with Electronic Funds Transfer**

Have you considered the advantages of receiving payment electronically? Electronic Funds Transfer (EFT) ensures you receive payment promptly and securely. Here are some of the advantages EFT offers your office:

- Payment goes directly into the bank account you designate. There's no waiting due to possible mail delays, and your daily business is never interrupted for a trip to bank.
- Payments are deposited on a regular schedule to help you anticipate cash flow.
  - Medical payments are deposited on Wednesdays and Fridays
  - Dental payments are deposited on Thursdays
  - Payments are deposited whether your office is open or not—however, bank and local holidays impact our deposit schedule
- Payments are more secure. There is no hard copy check to be misplaced, mishandled, misdirected, or stolen.
- Most accounts receivable software systems can be configured to automatically post payments to the appropriate accounts when you also receive Electronic Remittance Advices (ERA).

Sign up today to receive prompt, secure payments by submitting the Electronic Funds Transfer Authorization Agreement.

For more information about the benefits of EFT and ERA, call EDI Support at **800-538-5099** or your Provider Relations representative at **800-538-5054**.

**Benefits Changing for Some Preventive Lab Services**

Effective January 1, 2017, for SelectHealth commercial plan members, the lab services listed below will no longer be covered as preventive but will be covered under medical benefits when billed with covered diagnosis codes:

- **CPT 80053** Comprehensive Metabolic Panel
- **CPT 80047** Basic Metabolic Panel (Calcium, ionized)
- **CPT 80048** Basic Metabolic Panel (Calcium, total)
- **CPT 80050** General Health Panel

*In individuals older than age one

When making policy decisions, SelectHealth evaluates coverage based on many factors, including evidence-based guidelines provided by public health agencies and the positions of leading national professional organizations. The coverage of these lab tests as preventive, or screening labs, is not supported by Intermountain Healthcare Primary Clinical Programs, Intermountain Population Health Management, the American College of Physicians, or the American Academy of Family Physicians. View our reimbursement and coding policy outlining what lab services are covered as preventive.

If you have questions about this policy change, please contact your Provider Relations representative. For questions about a specific member’s benefits, call Member Services at **800-538-5038** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.

**Help Members Control Costs by Referring to Participating (In-Network) Providers**

Did you know you may be causing your patients to pay additional out-of-pocket costs every time you refer to an out-of-network provider or vendor? Using out-of-network providers, including laboratories and durable medical equipment vendors, subjects our members—your patients—to higher out-of-pocket costs. Members often have services denied or benefits reduced when the provider is not on the member’s plan network.
Services rendered by nonparticipating providers are subject to a separate out-of-pocket maximum expense, and nonparticipating providers may bill the patient the difference between billed and allowed charges in many cases. Therefore, a member’s out-of-pocket costs could potentially double if services are performed by a nonparticipating provider.

And not all plans include an out-of-network option, in which case there is no coverage for out-of-network services and the member may be responsible to pay the full billed amount. Using a participating provider can significantly reduce a member’s out-of-pocket costs.

Additionally, out-of-network providers are not contractually obligated to abide by our quality standards. Using in-network services and providers improves member satisfaction, ensures quality results, and helps control costs.

We frequently examine our networks to ensure that adequate providers of every type are available to care for our members. If you regularly use services for which you believe there are not adequate in-network options, please contact your Provider Relations representative to request that these services be evaluated for access.

Please consider these factors when ordering tests, equipment, or services for our members and use participating providers, like those listed on our website, to provide more cost-effective care for our members.

Be Aware of Safety Risks Associated With Long-Term Proton Pump Inhibitor Therapy

Proton pump inhibitors (PPIs) play a crucial role in gastric acid-associated disease therapy. Although neutralizing stomach acid can have a healing effect for disease, the inhibition of stomach acid can also alter functions such as the absorption of vitamins, minerals, and medication, as well as destroy ingested pathogenic bacteria, which could lead to further disease.¹

Several large studies have been performed to assess the risk of long-term use of proton pump inhibitors. One meta-analysis found a measurable increase in hip fracture risk (OR, 1.2) in PPI users, but not in H2 receptor antagonist users.² The Nurses’ Health Study and other meta-analyses showed a 30 percent increase in hip fracture with prolonged PPI use. Also, the FDA has modified the safety information on all PPIs and suggested healthcare professionals consider lowering dosage or using PPIs for a shorter duration due to the propensity with fractures.¹⁰

One study showed an increased risk of Clostridium difficile infection (RR, 1.2-5.0) and other enteric infections with PPI use.³ It was noted, however, that elderly patients and patients with other significant comorbidities may already be at an increased risk of infection. Meta-analyses have shown mixed results for increased risk of community-acquired pneumonia with short-term PPI use, and there has been no proven increased long-term risk.⁴

Based on in vitro data as well as initial retrospective studies, the FDA recommended against the use of PPIs in patients taking clopidogrel due to CYP2C19 enzyme inhibition, which may lead to increased cardiovascular events. However, since this recommendation, two randomized trials have failed to show an increased risk for adverse cardiovascular events. Meta-analyses have additionally shown that previous work was limited by heterogeneity.⁵ Current guidelines do not support a change in PPI therapy for patients initiating clopidogrel.

Recently, an article addressing an association between PPI use and dementia was published in JAMA Neurology 2016. A 40 percent relative increase in dementia was seen in 2,950 patients who used PPIs chronically compared with non-users. The implication of this finding is unknown and the authors suggest additional randomized controlled studies to examine the connection in more detail.⁹
Long-term side effects associated with PPI use and acid suppression will need to be weighed against the benefits of the medication. Current guidelines recommend long-term acid suppression in patients with erosive disease, stricture, or Barrett esophagus. These conditions have nearly universal relapse by six months after cessation of therapy. In contrast, uncomplicated GERD patients whose symptoms recur after cessation of PPI therapy should consider maintenance therapy, but every attempt should be made to taper off and minimize use of PPI medications. Studies have shown that most patients can be managed with intermittent or on-demand PPI therapy. H2 receptor antagonists can also be used as a “step-down” approach to control symptoms.

10. UptoDate. Overview and comparison of the proton pump inhibitors for the treatment of acid-related disorders.

### Table 1. Proton Pump Inhibitors

<table>
<thead>
<tr>
<th>Medication</th>
<th>RxSelect®</th>
<th>RxCore®</th>
<th>Community Care</th>
<th>Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>omeprazole*</td>
<td>1 (QL)</td>
<td>1 (QL)</td>
<td>1 (QL)</td>
<td>1 (QL)</td>
</tr>
<tr>
<td>pantoprazole</td>
<td>1 (QL)</td>
<td>1 (QL)</td>
<td>1 (QL)</td>
<td>1 (QL)</td>
</tr>
<tr>
<td>lansoprazole*</td>
<td>1 (QL)</td>
<td>1 (QL)</td>
<td>1 (QL,ST)</td>
<td>2 (QL)</td>
</tr>
<tr>
<td>dexlansoprazole (Dexilant)</td>
<td>3 (QL,ST)</td>
<td>3 (QL,ST)</td>
<td>3 (QL,ST)</td>
<td>3 (QL,ST)</td>
</tr>
<tr>
<td>esomeprazole*</td>
<td>1 (QL,ST)</td>
<td>1 (QL,ST)</td>
<td>1 (QL,ST)</td>
<td>2 (QL,ST)</td>
</tr>
<tr>
<td>rabeprazole</td>
<td>1 (QL,ST)</td>
<td>1 (QL,ST)</td>
<td>1 (QL,ST)</td>
<td>2 (QL,ST)</td>
</tr>
<tr>
<td>PPI - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevacid® SoluTab®</td>
<td>3 (QL,ST,AL)</td>
<td>3 (QL,ST,AL)</td>
<td>2 (QL,AL)</td>
<td>4 (QL,ST)</td>
</tr>
<tr>
<td>First-Omeprazole</td>
<td>3 (QL,ST,AL)</td>
<td>3 (QL,ST,AL)</td>
<td>NC</td>
<td>NC</td>
</tr>
<tr>
<td>H2RA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ranitidine*</td>
<td>1 (QL)</td>
<td>1 (QL)</td>
<td>1 (QL)</td>
<td>1</td>
</tr>
<tr>
<td>cimetidine*</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>famotidine*</td>
<td>1 (QL)</td>
<td>1 (QL)</td>
<td>1 (QL)</td>
<td>1</td>
</tr>
<tr>
<td>nizatidine</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

ST = Step therapy  
QL = Quantity limit  
NC = Not Covered  
AL = Age Limit (<13 years old)  
*= Product available OTC
YMCA Diabetes Prevention Program

The YMCA® offers a 16-week program for those at risk for developing diabetes. The program is available in the following communities: Treasure Valley, McCall, Mountain Home, Twin Falls, and Wood River Valley.

THE PROGRAM INCLUDES:

> Attending weekly sessions with a group of 12 to 15 participants
> Interacting with a lifestyle coach who can help with behavior change
> Participating in weekly discussions on healthy eating and physical activity, and hearing from guest speakers such as dietitians and personal trainers
> Receiving a four-month YMCA membership for the duration of the program. If you would like to continue the membership after the program, the YMCA will waive the start-up fee and can offer financial assistance to those who qualify

CRITERIA TO PARTICIPATE

> Must be at least 18 years old AND
> Must have a BMI of ≥ 25. Asian individual(s) BMI > 22 and one of the blood values OR
> Must have a BMI of ≥ 25. Asian individual(s) BMI > 22 and score 9 or greater on the risk assessment

BLOOD VALUE/DIAGNOSIS QUALIFICATIONS

1. A1c test between 5.7 and 6.4 percent
2. Fasting plasma glucose between 100 to 125 mg/dL
3. Two-hour (75 gm glucola) plasma glucose between 140 to 199 mg/dL
4. Prediabetes determined by Gestational Diabetes (GDM) clinical diagnosis during previous pregnancy

Cost: The full cost of the program will be covered by SelectHealth upon completion of the program. Participation of the program qualifies them member for the reimbursement of $240 per year under their wellness benefit.

The most effective outcomes involve a collaboration between members, providers, and the program sponsors. If you have a patient who may benefit from the YMCA Diabetes Prevention Program, please work with him or her to learn more at ymcatvidaho.org.

If you have questions about these benefits, please call Member Services at 800-538-5038.

SELECTHEALTH ADVANTAGE®
SelectHealth Advantage Compliance Trainings and Attestation

With the year drawing to a close, we want to remind you of the Centers for Medicare & Medicaid Services (CMS) requirement to complete the CMS General Compliance training and Fraud, Waste, and Abuse (FWA) training. The training is required of all First tier, Downstream, or Related entities (FDRs) and their employees within 90 days of contracting and annually thereafter. Employees can take the training individually or as a group of employees.
To assist you in completing the training requirements:

- We posted links to the General Compliance training and FWA training on selecthealthphysician.org.

- To comply with CMS requirements, SelectHealth also has an online attestation that you must complete, available on the same website. Attestation records are reviewed by CMS during audit proceedings and any noncompliance is noted.

Notes:

- If you are enrolled in Parts A or B of the Medicare program and are considered “deemed” for the FWA training by CMS, you must still complete the General Compliance Training and the SelectHealth attestation for 2016.

- FDRs are required to maintain training records for themselves and their employees for no fewer than ten years. SelectHealth and/or CMS may request evidence of completion from FDR organizations for these courses. Evidence may include training logs with dates and certificates of completion, sign-in sheets, attestations, or other methods to demonstrate fulfillment of the obligation.

If you have any questions about the Compliance or FWA training, or the attestation, contact your Provider Relations representative by calling 800-538-5054 or by email.

View 2017 Updates for SelectHealth Advantage

The new year brings exciting changes to SelectHealth Advantage, effective January 1, 2017:

- The biggest change is the introduction of a new SelectHealth Advantage plan option for the Treasure Valley area, including Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, and Washington counties to complement our current plan. The existing SelectHealth Advantage plan with a $0 premium will be renamed “SelectHealth Advantage Essential.”

- Hearing aids will be covered beginning January 1 for members in Treasure Valley and Magic Valley plan areas.

- There will also be minor changes to copays on some plans. Please remember to check members’ SelectHealth ID cards each time they visit your office to ensure you’re collecting the appropriate copay.
FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB)

FEHB ID Card Identifiers
Do you have trouble navigating the pertinent information when looking at ID cards? To ensure the quickest service for our members, please review these commonly used ID card identifiers:

FRONT:

Federal Employee

J O H N  D O E

Participating Medical Benefits

Medical Ded: None
Office PCS/SCP: $25/$50
Preventive PCS/SCP: $0/$50
InstaCare: $50
Emergency Room: $100

Pharmacy Benefits

Rx Formulary: RxSelect
Tier 1: $10
Tier 2: 20%
Tier 3: 20%*

*After medical deductible

BACK:

Questions? Call Member Services: 844-345-FEHB
Hours: Mon. - Fri. 7:00 a.m. to 8:00 p.m. and Sat. 9:00 a.m. to 2:00 p.m.

Need a healthcare provider in Utah or Idaho?
Call SelectHealth Member Advocates: 800-515-2220
Behavioral Health Advocates: 800-676-1949

Need a healthcare provider outside of Utah and Idaho?
Call MultiPlan: 800-678-7427

Life-threatening Emergencies? Covered anywhere. Call Member Services within 48 hours. If you use nonparticipating providers or facilities.

THIS CARD DOES NOT GUARANTEE COVERAGE.
P.O. Box 30952, Salt Lake City, UT 84135-0952
BIN: 800008

> Providers can identify a SelectHealth FEHB enrollee based on the “Federal Employee” identifier on the front of the member’s ID card.
> Benefits are found at the center of the card.
> St Luke’s Health Partners, BrightPath, and SelectMed networks are listed on the back of the Federal Employee’s ID card.

> In Idaho, Federal Employees may use the BrightPath network or St. Luke’s Health Partners.
> In Utah, Federal Employees may use the Select Med network.

Note: Effective January 1, 2017, FEHB ID card changes from red to green.

CODING AND MEDICAL POLICIES, AND NEW TECHNOLOGY ASSESSMENT

Recent Updates to ICD-10 Codes
Please review the latest update to ICD-10 codes, effective October 1, 2016, to avoid possible delays in claims processing and payment. New codes comprise the majority of this update, which expands on previous (now deleted) codes and provides additional laterality and/or specificity, such as the following examples. In the examples below, the first digit in the code is an alpha O, not zero.

Deletion

ICD-10 O00.0 - Abdominal pregnancy (termination effective 10/01/16)

Additions (note the higher specificity)

ICD-10 O00.00 - Abdominal pregnancy without intrauterine pregnancy (effective 10/01/16)
ICD-10 O00.01 - Abdominal pregnancy with intrauterine pregnancy (effective 10/01/16)

New CPT and HCPCS Codes Coming for 2017

New CPT and HCPCS codes are effective January 1, 2017. Don’t forget to order your 2017 coding books to stay abreast of the new, revised and deleted CPTs, HCPCS, and diagnosis codes. Being vigilant and prepared will aid in a faster turnaround time on the processing and payment of your claims.
Coding and Reimbursement Policy Update Bulletin

A quarterly notice of recently approved and revised Coding and Reimbursement Policies is provided for your information. By accessing the Coding and Reimbursement Policy Update Bulletin, you may view new and revised Coding and Reimbursement Policies in their entirety, along with an overview of changes. The appearance of a policy in the Coding and Reimbursement Policy Update Bulletin indicates that SelectHealth has recently adopted or revised a Coding and Reimbursement Policy. The Coding and Reimbursement Policy Update Bulletin does not indicate that SelectHealth provides coverage for the procedures listed. In the event of an inconsistency or conflict between the information provided in this bulletin and the posted Coding and Reimbursement Policy, the provisions of the posted policy will prevail.

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Policy Name</th>
<th>Policy Effective Date</th>
<th>Summary of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>Incident to</td>
<td>09/19/2016</td>
<td>Clarification of language under SelectHealth Community Care:</td>
</tr>
<tr>
<td></td>
<td>(REVISED)</td>
<td></td>
<td>SelectHealth Community Care will follow the commercial plan policy except for:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Athletic Trainers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Physician Assistants</td>
</tr>
<tr>
<td>06</td>
<td>Preventive</td>
<td>09/06/2016</td>
<td>Changes made under SelectHealth Commercial -</td>
</tr>
<tr>
<td></td>
<td>(REVISED)</td>
<td></td>
<td>For patients 18 years and younger:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Meningococcal immunizations 90620, 90621, 90644, 90733, 90734 have been added when billed with diagnosis Z23.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For patients 18 years and older:</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Family history of malignant neoplasm of digestive organs (diagnosis Z80.0) is no longer covered as preventive when billed with colon cancer screening codes.</td>
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<td></td>
<td></td>
<td></td>
<td>Changes made under SelectHealth Advantage -</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>For patients 18 years and younger:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HIV screening lab test G0475 and 80081 have been added.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CPT 90669 pneumococcal conjugate vaccine, 7 valent, for intramuscular use has been removed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For patients 18 years and older:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tobacco use counseling CPTs 99406 and 99407 have been added, and HCPCS G0436 and G0437 are terminated effective 09/30/16.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Coverage for cholesterol screening codes has changed to once every 5 years.</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>HPV screening, G0476, has been added if billed with diagnosis codes Z01.411 or Z01.419.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HIV screening codes G0475 and 80081 have been added.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Colorectal cancer screening codes G0106, 81528, and 00810 were added; G0464 and diagnosis Z80.0 has been removed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pneumococcal conjugate vaccine CPT 90669 has been removed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SelectHealth Community Care -</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For patients 18 years and older:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The following codes for examination and counseling have been removed: 97802, 97803, G0270, S9449, S9452 and S9470.</td>
</tr>
<tr>
<td>34</td>
<td>Appendectomy</td>
<td>09/06/16</td>
<td>Clarification of language under SelectHealth Commercial:</td>
</tr>
<tr>
<td></td>
<td>(REVISED)</td>
<td></td>
<td>SelectHealth will not reimburse for an appendectomy when done as a standalone laparoscopic procedure when CPT 44979 is used.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SelectHealth may provide reimbursement for an open (44955) or laparoscopic (44979) appendectomy when done for an indicated purpose at the time of another major abdominal procedure, but not as a separate procedure.</td>
</tr>
</tbody>
</table>
Medical Policy Bulletin

A quarterly notice of recently approved and revised Medical Policies is provided for your review. By accessing the Medical Policy Update Bulletin, you may view new and revised Medical Policies in their entirety, along with an overview of changes. The Medical Policy Update Bulletin does not indicate that SelectHealth provides coverage for the procedures listed. In the event of an inconsistency or conflict between the information provided in this bulletin and the posted Medical Policy, the provisions of the posted policy will prevail.

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Policy Name</th>
<th>Policy Effective Date</th>
<th>Summary of Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>581</td>
<td>Liquid Biopsy (NEW)</td>
<td>7/8/2016</td>
<td>New policy outlines coverage for “liquid biopsy” testing. For Commercial Plans: SelectHealth does NOT cover liquid biopsy testing/ ctDNA/ cfDNA in the assessment of cancer conditions, for cancer monitoring, cancer therapy targeting, cancer screening, or any other indications. This testing meets the Plan’s definition of investigational/experimental.</td>
</tr>
<tr>
<td>561</td>
<td>Vectra® DA Blood Test for Rheumatoid Arthritis (Revised)</td>
<td>7/19/2016</td>
<td>Policy updated to reflect recent technology assessment completed on 7/19/2016. Coverage position did not change. For Commercial Plans: SelectHealth does NOT cover Vectra DA blood test in the management of rheumatoid arthritis as it is considered unproven and not medically necessary.</td>
</tr>
<tr>
<td>473</td>
<td>Posterior Tibial Nerve Stimulation (PTNS) (Revised)</td>
<td>7/21/2016</td>
<td>Policy updated to reflect recent technology assessment completed on 7/19/2016. Coverage changed from not covered to covered with limitations. Coverage limitations include: 1. Coverage of CPT 64566 limited to 21 units/year 2. Coverage will not be allowed beyond 24 months as current evidence insufficient beyond this time in published literature</td>
</tr>
<tr>
<td>567</td>
<td>Blepharoplasty, Brow Ptosis Repair and Reconstructive Eyelid Surgery (Revised)</td>
<td>6/20/2016</td>
<td>Section on lower lid blepharoplasty changed to clarify coverage. SelectHealth Commercial Plan: Lower Lid Blepharoplasty is usually cosmetic, however, is considered reconstructive and medically necessary only when the following criteria are present: 1. Color photograph documents the pathology. 2. One of the following is present: a. There is documentation of facial nerve damage. b. Patient is unable to close the eye due to the lower lid dysfunction. 3. Functional impairment including BOTH of the following: a. Documented uncontrolled tearing or irritation b. Conservative treatments tried and failed</td>
</tr>
<tr>
<td>385</td>
<td>Genetic Testing: Long QT Syndrome (LQTS) (Revised)</td>
<td>6/30/2016</td>
<td>Policy revised to reflect updated evidence to support use in additional circumstances. SelectHealth Commercial second clinical circumstance now states: Comprehensive LQTS genetic testing is recommended for any asymptomatic patient with QT prolongation in the absence of other clinical conditions that might prolong the QT interval (such as electrolyte abnormalities, medications, hypertrophy, bundle branch block, etc., i.e., otherwise idiopathic) on serial 12-lead ECGs defined as QTc &gt;450 ms 12 years and younger, &gt;460 ms in females and &gt;450 ms in males older than 12 years of age.</td>
</tr>
<tr>
<td>448</td>
<td>Prophylactic Oophorectomy/Salpingo-Oophorectomy (Revised)</td>
<td>7/21/2016</td>
<td>Policy title changed to reflect expanded coverage for salpingo-oophorectomy as prophylactic and is now titled: “Prophylactic Oophorectomy/Salpingo-Oophorectomy” Salpingo-oophorectomy has also been added as a covered procedure in this instance and coding added to reflect this change.</td>
</tr>
<tr>
<td>423</td>
<td>Robotic Catheter System for Cardiac Electrophysiology Applications (Archived)</td>
<td>8/25/2016</td>
<td>This policy was archived and is no longer active, as it was not being used for medical review or reimbursement decisions.</td>
</tr>
</tbody>
</table>
Note: New medical policies will not include ICD-9 after January 1, 2016. All other medical policies will include ICD-9 and ICD-10 codes through 2016. In 2017, ICD-9 codes will be removed from all policies.

**Technology Assessment (“M-Tech”) News at SelectHealth**

M-Tech is our formal process for reviewing emerging healthcare technologies (e.g., procedures, devices, tests, and “biologics”) for the purpose of establishing coverage benefits. Existing technologies are also examined through this process.

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>Posterior Tibial Nerve Stimulation for Urinary Incontinence</td>
<td>July 19, 2016</td>
<td><strong>Covered for Commercial members.</strong> Updated evidence review since 2012 supports efficacy of this treatment in the management of overactive bladder/urinary incontinence symptoms in the short term compared to alternative therapies. <em>See Medical Policy #473.</em> Coverage for SelectHealth Medicare Advantage members continues consistent with criteria set forth in Noridian LCD L34226.</td>
</tr>
<tr>
<td>Vectra DA for Rheumatoid Arthritis</td>
<td>July 19, 2016</td>
<td><strong>Not Covered for Commercial and SelectHealth Community Care members.</strong> Current evidence has demonstrated the clinical validity of Vectra DA/MBDA testing. However, little-to-no evidence of clinical utility has been published to date—particularly as it relates to alternative lab testing and clinical assessment—to illustrate an improvement in patient outcomes following Vectra DA testing. <em>See Medical Policy #561.</em> Coverage continues for SelectHealth Medicare Advantage members consistent with Noridian LCDs L36255, L36249, L35160, and L36256.</td>
</tr>
</tbody>
</table>

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

Other technologies currently under active assessment by the M-Tech Committee are listed below. As the reviews are completed, notices will be sent to stakeholders accordingly to inform them of SelectHealth coverage determinations:

- Bariatric Surgery
- Colon Cancer Recurrence Testing
- ConfirmMDx® Prostate Cancer Test
- Decipher® Prostate Cancer Classifier
- Enterra® Gastric Pacemaker for Gastroparesis
- Hemorrhoid Radiofrequency Ablation
- iStent® for Glaucoma
- Magnetic Resonance-guidedFocused Ultrasound (MRgFUS) for Bone Cancer
- Magnetic Resonance-guided Focused Ultrasound (MRgFUS) for Prostate Cancer
- Magnetic Resonance-guided Focused Ultrasound (MRgFUS) for Uterine Fibroids
- NovoTTF™ for Glioblastoma
- Prolaris® for Prostate Cancer
- Pharmacogenomic Testing for Psychiatric Medication Management
- Selective Internal Radiation Therapy (SIRT) for Liver Cancer
- SphenoCath® Sphenopalatine Ganglion (SPG) Block for Migraine Management
- Sublingual Immunotherapy
- vBloc® Therapy for Weight Loss

If you have questions regarding coverage of these or any other technologies or procedures, or if you would like us to consider coverage for an emerging technology, please email us or call 801-442-7585.
View all SelectHealth medical policies and technology assessments at selecthealthphysician.org. Select “Secure Content Login” and enter your log-in information, then select “Policies and Procedures.”

**PHARMACY NEWS**

Please take a few minutes to read the latest Pharmacy & Therapeutics newsletter. The newsletter, updated quarterly, contains valuable information regarding pharmacy benefits and industry news.