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.
Explore the Redesigned Secure SelectHealth Provider Portal

Accessing resources and secure member information on the SelectHealth Provider Portal has never been easier! Our Web design team has been busy simplifying navigation for the tools and resources you most often use on our secure site. Here are some of the improvements you’ll find:

> Streamlined design for more intuitive navigation
> Easy-to-find forms and other resources you use most often
> Easy-to-access online tools such as patient/claim information, policies and procedures, and clinical reports
> Educational materials, such as our provider manual, newsletters, and more in a centralized provider library
> Quick links to contact information including direct access to your Provider Relations representative

Log in to take a tour today!

If you haven’t already registered, it’s easy to request access to our secure Provider Portal.
Preventive Care Guidelines

Intermountain’s Preventive Care Guidelines (Guidelines), for children ages zero to ten and for adults ages 19 years and older, have been revised and approved by the Intermountain Medical Group, the Primary Care Clinical Program, and SelectHealth. The Guidelines are now available for Utah and Idaho and are revised and approved every two years. The Preventive Care Guidelines for adolescents ages 11 to 18 years will be revised in 2017.

WHAT IS INCLUDED IN THE GUIDELINES?
The Guidelines contain topic sections on screening, counseling (Anticipatory Guidance), immunizations, and chemoprophylaxis, as well as links to tools to assist in the delivery of preventive services. The Guidelines are a synthesis of recommendations from the U.S. Preventive Services Task Force, primary care and specialty societies, and other expert groups. Immunization Guidelines follow recommendations of the CDC’s Advisory Committee on Immunization Practices (ACIP).

WHAT IS NEW IN THE GUIDELINES?
CHILD – Changes to the Child Preventive Care Guidelines include:

> New sections on lifestyle including physical activity, nutrition, and sleep that relate to the content of the Child and Adolescent Lifestyle and Weight Management Care Process Model (CPM)
> Developmental screening
> Psychosocial screening
> Safety recommendations
> Addition of instrument-based screening to vision screening recommendations, adding Interferon Gamma Release Assay (IGRA) as a modality to screen for tuberculosis, and providing fluoride varnish on an annual basis up to age five

Immunization recommendation changes include:

> Newborn hepatitis B dose to be given in the first 24 hours of life, a two-dose Human Papilloma Virus (HPV) vaccine series, and new meningococcal B guidelines
> For at least the 2016-2017 flu season, LAIV (FluMist) is not a covered option for influenza vaccination

ADULT – Changes to the Adult Preventive Care Guidelines include:

> New recommendations for blood pressure screening intervals depending on risk factors (every 3 to 5 years for healthy 19 to 39 years; yearly for pre-hypertensive, African America, overweight, or 40+ years) with home measurement confirmation
> New resources from CMS/AHRQ to assist with required patient counseling prior to referral for low-dose CT lung cancer screening
> Revised interpersonal violence screening questions
> Screening high-risk individuals (MSM and HIV+) every three months for syphilis
> Revised recommendations for the primary prevention of CV disease using low-dose aspirin
> Reference to the new Environmental Health CPM
> Naloxone for opioid overdose
> Recommendations to avoid distracted driving

In response to CMS’s National Coverage Determination (NDC) for Medicare beneficiaries, we have added coverage for one FIT-DNA blood test (Cologuard®) every three years to screen for colon cancer. This coverage applies to SelectHealth Advantage® members only. The FIT test is not covered for other SelectHealth plans at this time.
Immunization recommendation changes for adults include:

- Clarification of post-exposure hepatitis A prophylaxis
- Adding hepatitis C infection to the high-risk categories for hepatitis B vaccination
- Modifying the indications for meningococcal A, C, Y, W (MCV4) and meningococcal B vaccines
- Changing the spacing between doses of Prevnar (PCV13) and pneumococcal polysaccharide vaccine (PPSV23) from six to 12 months to at least 12 months

**HOW DO I ACCESS THE GUIDELINES?**

Preventive Care Guidelines are available online for providers with and without an Intermountain login ID.

- View Preventive Care Guidelines on Intermountain.net. After logging in, you will be directed to the Guidelines page.
- View Preventive Care Guidelines on Intermountainphysician.org. No login is necessary.

Who do I talk to if I have questions about the Guidelines?

Email Tamara Sheffield, MD, MPH, Medical Director, Community Health and Prevention; or call her at 801-442-3946.

**New Video Hopes to Reduce Prescription Opioid-Related Addiction and Death**

Intermountain Healthcare is working to reduce the growing problem of opioid-related addiction and death in the United States, and in Utah. We recently published a new video titled “Opioids for Chronic Pain Management” to help educate about the risks and precautions of opioid therapy for chronic pain.

This six-minute video, produced for patients, families, and the community, provides important information about the risks and benefits of opioid medication. The video highlights potential side effects to watch for and explains the benefits of Naloxone, a life-saving medication for opioid overdose.

The video also shares the story of a patient who worked with his physician to successfully manage his chronic pain without opioids after years of opioid therapy.

This video is an additional tool to help physicians and caregivers share information with patients when prescribing opioids for chronic pain and is best used in conjunction with a Medication Management Agreement.

If you have access to our secure website, this video is part of the Chronic Pain Toolkit, which is designed to help caregivers manage patients with chronic pain. The video is available for download on the Pain Management Clinical Services site of intermountain.net.

Without secure access, this video is available to the public at intermountainhealthcare.org and on our YouTube channel.

Please feel free to share this video widely with your colleagues, friends, family, and the community. We hope it will help curb opioid-related overdoses and deaths in our community.

If you have any questions, please feel free to contact Linda Caston of Intermountain Pain Management Services.
Interact with Members Using the SelectHealth Mobile App

Consumer technology demands are changing rapidly, and healthcare is no exception to these growing expectations. To remain competitive in an increasingly difficult market, health insurance companies must meet the ever-changing needs of their members.

People of all ages want the ability to view the details of their health insurance plan at the touch of a button and in the way that is easiest for them. In response to these requests, we developed a mobile app that puts insurance information at our members’ fingertips.

The most popular feature of the SelectHealth Mobile App is the ability for members to view, email, and fax an image of their SelectHealth ID card when visiting a provider’s office. This on-demand ID card allows members to quickly reference their benefits and send the ID card to a provider via fax or email in place of the traditional photocopy when receiving care. We believe that this benefits both the member and provider:

> Members won’t forget their ID card
> It’s quick and easy; no shuffling through purse/wallet

Member eligibility can be verified using the ‘Coverage Section’ feature of the app; saving a phone call.

By working with members to securely email or fax an image of their SelectHealth ID card using the mobile app, you can help us to continue to adapt to member needs. We believe that by taking advantage of the existing and upcoming technologies offered by our organizations, we can continue making the member experience as simple and streamlined as possible.

If you would like to learn more about the SelectHealth Mobile App, please call Provider Development at 800-538-5054.

Immunization Update and ACIP Highlights – February 2017

The Advisory Committee on Immunization Practices (ACIP) of the CDC met on February 22 - 23 to provide guidance on vaccines. Below are the key highlights:

> In infants born to hepatitis B surface antigen (HBsAg)-positive mothers that are unprotected because they did not respond to the initial hepatitis B vaccination series, single dose revaccination is recommended followed by post-vaccination serologic testing (PVST) and completion of the 2nd series if necessary followed again by PVST.

> The influenza session focused on Afluria QIV, on a study of high-dose influenza vaccine effectiveness in preventing hospitalization of nursing home patients, and on restructuring LAIV with a different, more stable H1N1 strain. ACIP continues to not recommend LAIV.

> With the discontinuation of Menomune® MPSV4, MenACWY conjugate should be used in persons age 56 years and older in need of meningococcal disease protection.

> A plan for the temporary mitigation of the yellow fever vaccine shortage was discussed.
The National Vaccine Injury Compensation Program will now cover those vaccines recommended in pregnant women as well as those recommended to children.

Future: The committee reviewed data regarding the HZ/su vaccine for the prevention of Herpes Zoster, with the intent of issuing a determination in the coming months.

Read the full report here.

If you have any questions regarding immunization, feel free to contact Tamara Sheffield, MD, MPA, MPH, Medical Director, Community Health and Prevention, Intermountain Healthcare, at 801-442-3946.

CODING AND REIMBURSEMENT, MEDICAL POLICIES, AND NEW TECHNOLOGY ASSESSMENT

Coding Updates

SelectHealth does not cover Complementary and/or Alternative Medicine. Please see our new medical policy #589 - Complementary and Alternative Medicine (CAM) for more information.

These CPT codes are covered for SelectHealth Advantage members, effective February 1, 2017:

- **0001U** - Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported

- **0002U** - Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LCMS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps

- **0003U** - Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-I, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score

For SelectHealth commercial members in Utah and Idaho, effective April 1, 2017:

- A 50% reduction will apply when an Anesthesiologist and CRNA bill on the same patient and encounter

- CRNAs are required to apply a –QX modifier when billing services while under the direction of a supervising Anesthesiologist

- Anesthesiologists who are supervising a CRNA providing anesthesia services are required to apply the appropriate modifier (e.g., –QK, –QY, or –AD)

The following new HCPCS codes became effective April 1, 2017:

- **C9484** - Injection, eteplirsen, 10 mg

- **C9485** - Injection, olaratumab, 10 mg

- **C9486** - Injection, granisetron extended release, 0.1 mg

- **C9487** - Intravenous injection, Ustekinumab, 1 mg

- **C9488** - Injection, conivaptan hydrochloride, 1 mg
Coding Reminder

SelectHealth commercial plans will continue to deny Conscious Sedation codes 99151-99157 as included in all codes previously listed in Appendix G (codes that include moderate [conscious] sedation) of the Current Procedural Terminology (CPT) manual and will not be reimbursed separately. Through December 31, 2017, SelectHealth will continue to include RVUs for moderate sedation in codes previously identified in Appendix G.

Appropriate Use of Modifier –59 versus –25

Quite often we see appeals on claims in which modifiers are not being used appropriately. To prevent upfront denials and unnecessary work on the back end, please review to make sure the claim is coded appropriately the first time and appropriate modifiers are appended based on supportive documentation. The most common areas we see are nonuse or misuse of the 59 modifier on integumentary codes (10000-19999) and the 25 modifier on Evaluation and Management procedures.

MODIFIER -59 AND LESION REMOVALS AND BIOPSIES

Lesion removal includes obtaining a biopsy, debridement of the wound, as well as simple and intermediate-level repairs. Coding for the removal depends on the description of the CPT code. Typically one removal code is coded per lesion, but some code definitions indicate multiple lesions, such as code 17110 (destruction of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions). In addition, if multiple lesions are removed in a single procedure (e.g., single excision of skin containing three nevi), only one code should be reported according to NCCI guidelines. The physician can use different techniques, but if one method is converted to another method to complete the procedure, the provider should only report the code that describes the completed procedure.

If multiple lesions are removed separately, coders can often report multiple codes, depending on the CPT code and the type of procedure the provider performs. In these cases, coders should append the appropriate anatomical modifiers, or Modifier 59, to indicate different sites or lesions. The medical record must document the appropriateness of reporting multiple HCPCS/CPT codes with these modifiers.

MODIFIER 25

Definition – Significant, separately identifiable evaluation and management (E/M) service by the same physician* on the day of a procedure

*Same physician – “Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician. Mid-levels will be considered same specialty.”

All E/M services provided on the same day as a procedure are part of the procedure and will only be paid separately an exception applies.

APPROPRIATE USAGE

> Modifier 25 indicates that on the day of a procedure, the patient’s condition required a significant, separately identifiable E/M service, above and beyond the usual pre- and postoperative care associated with the procedure or service performed

> Use Modifier 25 with the appropriate level of E/M service
The procedure performed has a global period listed on the Medicare Fee Schedule Relative Value File. This global period could be 000, 010, or 090 days.

An E/M service may occur on the same day as a procedure and within the postoperative period of a previous procedure. Medicare allows payment when the documentation supports the Modifier 25 and Modifier 24 (unrelated E/M during a postoperative period).

Use Modifier 25 in the rare circumstance of an E/M service the day before a major surgery that is not the decision for surgery and represents a significant, separately identifiable service.

**INAPPROPRIATE USAGE**

- A physician other than the physician* performing the procedure
- Documentation shows the amount of work performed is consistent with that normally performed with the procedure

**THE FOLLOWING STATEMENTS ARE FALSE:**

- I can always use this modifier when I did not plan the procedure
- I can always use this modifier when the diagnoses are different
- I can never use this modifier when the diagnoses are the same

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### Coding and Reimbursement Policy Bulletin

A quarterly notice of recently approved and revised Coding and Reimbursement Policies is provided for your review. 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 or summary 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>
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<th>Summary of Change</th>
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<tbody>
<tr>
<td><strong>NEW POLICIES</strong></td>
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| 69 | Arthrodesis with Additional Codes for Decompression (NEW) | 10/01/2017 | New policy created. SelectHealth Commercial:
Will allow additional procedures for decompression at the same level as an arthrodesis as long as:
1. Provider’s documentation sufficiently states why additional work is needed
2. Provider fully documents the services that are above and beyond what is required for the arthrodesis (a statement stating the laminectomy/laminotomy was done or the nerve was decompressed is not sufficient without additional documentation for payment of separate procedures)
SelectHealth Advantage and SelectHealth Community Care:
Follows CMS and will only allow additional payment if the laminectomy/laminotomy is done at a different level than the arthrodesis. |
| 71 | Insertion, NonBiodegradable Drug Delivery Implant to Report Joint or Ophthalmologic Spacers or Prosthesis (NEW) | 11/01/2016 | New policy created. SelectHealth Commercial, SelectHealth Advantage, and SelectHealth Community Care: Follows CMS guidelines and will not pay CPT 11981 separately when used for this purpose. |
### REVISED POLICIES

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| 6 | Preventive Care and Screening Guidelines (Revised) | 01/01/2017 | **SelectHealth Commercial:**
|   |   |   | Code **G0499** has been added to pay preventive when billed with certain diagnoses under immunizations for Hep B for ages 0-18, effective 01/01/17
|   |   |   | Codes **90674** and **90682** have been added to pay preventive when billed with certain diagnoses under immunizations for influenza for ages 0-18, effective 01/01/17
|   |   |   | Lab codes **80047, 80048, 80050, 80053** (basic, general and comprehensive panels), **81000, 81001, 81002, 81003, 81005** (urinalysis), and **84443** (thyroid) will no longer be covered as preventive, effective 01/01/17 for ages 18 and older
|   |   |   | Lab code **83036** (HgbA1c) has been added to pay preventive once per year when billed with certain diagnoses for ages 45 and older, effective 01/01/17
|   |   |   | HPV lab screening codes **87620** and **87621** have been deleted, effective 12/31/14 while HPV code **87624** has been added to pay preventive when billed with specific diagnoses, effective 01/01/17
|   |   |   | Screening mammogram code **77067** has been added to pay preventive when billed with specific diagnoses, effective 01/01/17
|   |   |   | Abdominal aortic aneurysm code **G0389** was deleted 12/31/16 and new code is **76706** for males only, once per lifetime between ages 65 to 75, effective 01/01/17
|   |   |   | Zoster code **90750** has been added to pay preventive when billed with certain diagnoses for ages 60 and older, effective 01/01/17
|   |   |   | **SelectHealth Advantage:**
|   |   |   | Influenza codes **90674** and **90682** have been added to pay preventive when billed with certain diagnoses under immunizations for all ages, annually, effective 01/01/17
|   |   |   | Hep B lab screening code **G0499** has been added to pay preventive when billed with certain diagnoses annually for high-risk individuals, or if billed with a pregnancy diagnosis, it is allowed at first prenatal visit and again at time of delivery, effective 01/01/17
|   |   |   | Screening mammogram code **CPT 77067** has been added to pay preventive when billed with certain diagnoses annually for ages 35 and older, effective 01/01/17
|   |   |   | Abdominal aortic aneurysm code **G0389** was deleted 12/31/16 and new code is **76706** allowed once per lifetime, effective 01/01/17
|   |   |   | Diagnosis code **Z13.6** has been added to pay preventive when billed with cholesterol screening codes **80061, 82465, 83718, and 84478**
|   |   |   | Clarification of language under **SelectHealth Advantage:**
|   |   |   | Examination/counseling codes have been split out to show codes for the Physical Exam versus the Annual Wellness Exam
| 07 | IV Moderate Conscient Sedation (MCS) (Revised) | 01/12/2017 | Updating older version of codes and descriptions from **99143 through 99150** to the current version of codes and descriptions **99151 through 99157** (and **G0500** for **SelectHealth Advantage**)
|   |   |   | Clarification of language under **SelectHealth Commercial:**
|   |   |   | When performed in a non-facility setting, moderate conscious sedation (**99151-99153** and **99155-99157**) will continue to deny as included in all codes previously listed in Appendix G (codes that include moderate [conscious] sedation) of Current Procedural Terminology (CPT) manual and will not be reimbursed separately. Through 12/31/2017, SelectHealth will continue to include RVUs for moderate sedation in codes previously identified in Appendix G.
| 58 | Lipoma Removal (Revised) | 02/06/2017 | Clarification of language under **SelectHealth Commercial:**
|   |   |   | SelectHealth will cover the removal of lipomas when medically necessary when the provider has documented the lesion is causing a functional impairment
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 or summary of changes. The appearance of a medical policy in the Medical Policy Update Bulletin indicates that SelectHealth has recently adopted or revised a Medical Policy. 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.

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<tbody>
<tr>
<td>594</td>
<td>Genetic Testing: 5-Fluorouracil Testing in Cancer Patients (NEW)</td>
<td>01/13/2017</td>
<td>Medical Policies #404 and #468 consolidated into a new single policy that states: Coverage under Commercial Plan:</td>
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<td>SelectHealth covers laboratory testing to allow area under the curve (AUC) targeted 5-fluorouracil (5-FU) dosing, including OnDose®. Current evidence suggests clinical utility of this therapy for patients receiving 5-FU therapy.</td>
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<td>SelectHealth does NOT cover TheraGuide® 5-FU genetic testing. The clinical utility of this test has not been established and meets the plan’s definition of investigational/experimental.</td>
</tr>
<tr>
<td>589</td>
<td>Complementary and Alternative Medicine (CAM) (NEW)</td>
<td>01/13/2017</td>
<td>Coverage under Commercial Plan: This policy outlines specific exclusions for CAM diagnostic and therapeutic interventions. It specifically states:</td>
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<td>SelectHealth does NOT cover complementary or alternative medicine diagnostic testing methods, systems, therapies, or treatments because they are considered experimental, investigational, or unproven.</td>
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<td>SelectHealth does NOT cover routine diagnostic testing when performed to support complementary and alternative therapies as they meet the plan’s definition of investigational.</td>
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<td>Please see policy for a list (not all inclusive) of excluded services.</td>
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<tr>
<td>590</td>
<td>Pharmacogenomic Testing for Drug Metabolism (NEW)</td>
<td>01/16/2017</td>
<td>This policy is intended to outline coverage for the many clinical settings in which pharmacogenomic testing is being performed. Coverage under Commercial Plan:</td>
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<td>SelectHealth does NOT cover pharmacogenomics testing including pharmacogenetic and pharmacodynamic testing, as it is considered experimental, investigational with unproven clinical utility.</td>
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<td>SelectHealth does NOT cover multigene pharmacogenetics genotyping panels, as they are considered experimental, investigational with unproven clinical utility.</td>
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<td>For a list (not all inclusive) of excluded services, please see policy.</td>
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<tr>
<td>573</td>
<td>Chemical Aversion Therapy for the Treatment of Substance Abuse (NEW)</td>
<td>01/18/2017</td>
<td>Coverage under Commercial Plan: SelectHealth covers chemical aversion therapy for treatment of alcoholism and similar substance use disorders as part of a coordinated treatment plan that includes therapy and support.</td>
</tr>
<tr>
<td>605</td>
<td>TeleHealth (NEW)</td>
<td>01/01/2017</td>
<td>This administrative policy is intended to provide a listing of essential elements necessary for SelectHealth to approve a Provider wishing to bill for TeleHealth services. A complete listing of the “Essential Elements” are available on the medical policy website.</td>
</tr>
<tr>
<td>606</td>
<td>Renal Autotransplantation (NEW)</td>
<td>01/24/2017</td>
<td>Coverage for Commercial Plan: SelectHealth does NOT cover renal autotransplantation for any indication, as it is considered investigational/unproven.</td>
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<tr>
<td>480</td>
<td>Genetic Testing: M-100 KRAS-Variant /Test for Ovarian Cancer Prediction (a.k.a. Genetic Testing: Preovar for Ovarian Cancer Prediction) (Revised)</td>
<td>02/24/2017</td>
<td>Policy content and title changed to reflect change in test name.</td>
</tr>
<tr>
<td>475</td>
<td>Psychiatric Residential Treatment Centers (Revised)</td>
<td>02/27/2017</td>
<td>Added supporting information regarding the importance of RTC proximity to patient’s home.</td>
</tr>
<tr>
<td>567</td>
<td>Blephroplasty, Brow Ptosis Repair and Reconstructive Eyelid Surgery (Revised)</td>
<td>02/27/2017</td>
<td>Term red reflex of pupils replaced with corneal light reflex.</td>
</tr>
<tr>
<td>103</td>
<td>Benign Skin and Subcutaneous Lesions (Revised)</td>
<td>02/08/2017</td>
<td>Added clarifying language related to defining functional impairment requirements.</td>
</tr>
<tr>
<td>158</td>
<td>Oxygen Coverage (Revised)</td>
<td>01/06/2017</td>
<td>Policy language to clarify coverage for SelectHealth Advantage is as follows: “In the instance of portable oxygen concentrators, commercial criteria are applied for Medicare Advantage members, as CMS does not have specific guidelines on when portable oxygen concentrators are ‘reasonable and necessary’ in place of alternative portable oxygen systems.”</td>
</tr>
<tr>
<td>188</td>
<td>Viscosupplementation (Revised)</td>
<td>01/12/2017</td>
<td>Commercial Plan: Additional FDA-approved preparations added to the policy. These include Gel-One®, GelSyn™, and Hymovis®. Quantity limit per treatment also added to the policy as follows: GelSyn-3™; three injections; course of treatment is three weeks Gel-One; one injection for a one time administration Hymovis; three injections; course of treatment is three weeks</td>
</tr>
<tr>
<td>178</td>
<td>Speech Therapy Guidelines (Revised)</td>
<td>01/12/2017</td>
<td>Commercial Plan: Wording changed in Speech Therapy policy #178 to provide clarification. Under Limitations/exclusions (#3 d) we placed “Treatment provided to improve a patient’s condition beyond normal variations in individual development and aging (e.g., voice training for a singer)” as its own exclusion (#4).</td>
</tr>
<tr>
<td>444</td>
<td>Transcatheter Aortic Valve Implant (TAVI) Transcatheter Aortic Valve Replacement (TAVR) (Revised)</td>
<td>01/20/2017</td>
<td>Commercial Plan: Modified policy to indicate expanded coverage for use of TAVR for aortic insufficiency in limited circumstances and allow coverage for patients with intermediate surgical risk. Patient has been evaluated for open heart surgery by at least one cardiologist and one cardiothoracic surgeon and determined to be candidate for TAVR based on any one of the following: a. <strong>STS Risk Score &gt; 4</strong> b. Predicted surgical AVR irreversible morbidity &gt; 40% c. Previous heart surgery d. Previous radiation to the chest e. Systemic steroids f. Severely calcified aorta (i.e., a porcelain aorta) g. Severe COPD (defined as FEVI &lt; 50% and FEVI/FVC of &lt; 70)</td>
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<tr>
<td><strong>REvised Policies</strong></td>
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<tr>
<td>173</td>
<td>Sacral Nerve Stimulation (SNS) (Revised)</td>
<td>12/06/2016</td>
<td><strong>Commercial Plan:</strong> Added clarifying language regarding urinary tract infections. Previous language for criteria #1: Urine testing has demonstrated absence of urinary infection. Revised language: Urine testing performed in the last four weeks has demonstrated absence of urinary infection.</td>
</tr>
<tr>
<td>534</td>
<td>Formulas and Other Enteral Nutrition (Revised)</td>
<td>01/30/2017</td>
<td><strong>Commercial Plan:</strong> Revised criteria in three sections to provide clarity and consistency in the policy. These include: #3 – Fat Emulsion Formulas; #5 – Cystic Fibrosis; and #6 – Congenital Cardiac Conditions in Children Please see the policy for new requirements implemented under these criteria.</td>
</tr>
<tr>
<td>538</td>
<td>Gene Expression Testing for Indeterminate Thyroid Nodule Biopsy (Revised)</td>
<td>01/30/2017</td>
<td><strong>Commercial Plan:</strong> Revised criteria and eliminated presence of Hurthle cell histology as a requirement. Criteria #1 now states: Initial FNA of the thyroid nodule is “indeterminate” as it relates to pathology findings. Also removed requirement for the order to be performed by genetic specialist.</td>
</tr>
<tr>
<td>126</td>
<td>Heart Transplant: Children (Under Age 18) (Revised)</td>
<td>02/16/2017</td>
<td>Correction made under Absolute Contraindications, #4, C, subsection 2. We changed: WBC less than 5,000 mm³ or “less than” 25,000 mm³ to “greater than” 25,000 mm³.</td>
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<tr>
<td>500</td>
<td>Infertility Evaluation and Treatment (Revised)</td>
<td>02/16/2017</td>
<td><strong>Commercial Plan:</strong> 17-hydroxyprogesterone added under commercial plan policy, laboratory tests covered as part of the infertility benefit in the evaluation of infertility. Female. Changed the acronym for Dehydroepiandrosterone sulfate to (DHEAS) instead of (DHEA). Page 5: Under (DHEAS): 17-hydroxyprogesterone “or” dehydroepiandrosterone, the “or” changed to “and.” Page 13: Added “and” in between 1 year of unprotected intercourse (and) 1 year of conventional treatment. Page 16: Corrected punctuation error under Ovulation Monitoring Studies: Added a period after “at 12 months” and capitalized “whereas.” Page 17: Under Electroejaculation, deleted “on suspected” in the first sentence.</td>
</tr>
<tr>
<td>129</td>
<td>Hyperbaric Oxygen Therapy (Revised)</td>
<td>02/16/2017</td>
<td><strong>Commercial Plan:</strong> Typo under Chronic diabetic wounds changed and “connection” of vascular abnormalities to “correction.”</td>
</tr>
<tr>
<td><strong>Archived</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>468</td>
<td>Laboratory Testing to Allow Area Under the Curve (AUC) Targeted 5-Fluorouracil (S-FU) Dosing [ONDOSMA] (Archived)</td>
<td>01/13/2017</td>
<td>Archived policy as this therapy is now under policy #594.</td>
</tr>
<tr>
<td>404</td>
<td>Genetic Test: Theraguide 5-FU (Archived)</td>
<td>01/13/2017</td>
<td>Archived policy as this therapy is now under policy #594.</td>
</tr>
</tbody>
</table>
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 recent technologies reviewed and Committee recommendations:

<table>
<thead>
<tr>
<th>Technology</th>
<th>Date Reviewed*</th>
<th>Committee Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renal Autotransplantation</td>
<td>January 17, 2017</td>
<td><a href="#">Denied as unproven.</a> The current state of the evidence is insufficient to reach conclusions regarding the efficacy or safety of this procedure for any indication. See Medical Policy #606</td>
</tr>
<tr>
<td>Transcatheter Aortic Valve Replacement (TAVR) for Intermediate Risk</td>
<td>January 17, 2017</td>
<td><a href="#">Coverage Expanded to Include Intermediate Surgical Risk Patients.</a> Current evidence suggests equal efficacy and similar safety of the TAVR procedure compared to the SAVR for patients with intermediate surgical risk. See Medical Policy #444</td>
</tr>
<tr>
<td>Gastric Electrical Stimulation for Gastroparesis</td>
<td>March 14, 2017</td>
<td><a href="#">Covered in Limited Situations.</a> Current evidence supports some level of efficacy of this gastric electrical stimulation in a select population though the relatively high rate of complications is concerning. Given the potential for significant cost savings in a population who are high resource utilizers, we recommend coverage of gastric electrical stimulation for treatment of gastroparesis when certain criteria are met. See Medical Policy #585</td>
</tr>
<tr>
<td>Inspire System as a Therapy to Treat Sleep Apnea</td>
<td>March 14, 2017</td>
<td><a href="#">Denied as unproven.</a> Current evidence is of low level and limited in volume. It suggests clinical benefit and limited safety concerns but given the number of members studied and the low level of evidence [GRADE 2B] this therapy is considered to be unproven. See Medical Policy #608</td>
</tr>
<tr>
<td>Pancreatic Transplant Alone</td>
<td>March 14, 2017</td>
<td><a href="#">Covered in Limited Situations.</a> Current evidence is robust and demonstrates favorable outcomes for appropriately selected patients. In addition, given the high survivorship of pancreatic transplant, the potential cost offsets are significant and occur within a reasonable time frame to suggest the procedure is also cost effective. See Medical Policy #161</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 include the following. As the reviews are completed, notices will be sent to stakeholders accordingly to inform them as to SelectHealth coverage determinations:

- Bariatric Surgery
- Cartilage Implant for Osteoarthritis (Cartiva®)
- Colon Cancer Recurrence Testing
- ConfirmMDx® Prostate Cancer Test
- Corneal Crosslinking for Keratoconus
- Decipher® Prostate Cancer Classifier
> DeNovo® NT Natural Tissue Graft
> iStent® for Glaucoma
> Magnetic Resonance-guided Focused Ultrasound (MRgFUS) for Bone Cancer
> Magnetic Resonance-guided Focused Ultrasound (MRgFUS) for Prostate Cancer
> Magnetic Resonance-guided Focused Ultrasound (MRgFUS) for Uterine Fibroids
> Prolaris® for Prostate Cancer
> Pharmacogenomic Testing for Psychiatric Medication Management
> Savi Scout® by Cianna Medical®
> SIRT for Liver Cancer

> Sublingual Immunotherapy
> Transcranial Magnetic Stimulation for Mental Health Disorders
> vBloc® 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.

All SelectHealth medical policies and technology assessments can be viewed on 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.

SelectHealth Formulary Decisions

The Pharmacy & Therapeutics Committee met in January. Decisions from that meeting include the following:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Change</th>
<th>Effective Date</th>
<th>Formularies Impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duragesic*</td>
<td>Brand - Move to NC</td>
<td>4/1/2017</td>
<td>RxSelect</td>
</tr>
<tr>
<td>Exalgo® tab*</td>
<td>Brand - Move to NC</td>
<td>4/1/2017</td>
<td>RxCore/RxSelect</td>
</tr>
<tr>
<td>Fentanyl 37.5, 62.5, 87.5 MCG</td>
<td>Add ST through one generic long-acting oral opioid plus one of the following strengths of Fentanyl: 12, 25, 50, 75, or 100 Mcg (Note: For Medicaid ST through generic morphine ER plus one of the strengths above of Fentanyl) GF</td>
<td>4/1/2017</td>
<td>RxSelect/RxCore/Medicaid</td>
</tr>
<tr>
<td>Percocet</td>
<td>Brand - Move to NC</td>
<td>4/1/2017</td>
<td>RxSelect</td>
</tr>
<tr>
<td>Ultram®</td>
<td>Brand - Move to NC</td>
<td>4/1/2017</td>
<td>RxSelect</td>
</tr>
<tr>
<td>Norco®</td>
<td>Brand - Move to NC</td>
<td>4/1/2017</td>
<td>RxSelect</td>
</tr>
<tr>
<td>Tylenol® 3</td>
<td>Brand - Move to NC</td>
<td>4/1/2017</td>
<td>RxSelect</td>
</tr>
<tr>
<td>Opana®</td>
<td>Brand - Move to NC</td>
<td>4/1/2017</td>
<td>RxSelect</td>
</tr>
<tr>
<td>Nucynta®</td>
<td>Brand - Move to NC</td>
<td>4/1/2017</td>
<td>RxSelect/RxCore</td>
</tr>
<tr>
<td>Nucynta® ER</td>
<td>Brand - move to NC</td>
<td>4/1/2017</td>
<td>RxSelect/RxCore</td>
</tr>
<tr>
<td>Ultram® ER</td>
<td>Brand - Move to NC</td>
<td>4/1/2017</td>
<td>RxSelect</td>
</tr>
<tr>
<td>Tramadol ER caps</td>
<td>Brand - move to NC</td>
<td>4/1/2017</td>
<td>RxSelect</td>
</tr>
<tr>
<td>Kitabis® Pak</td>
<td>Preferred inhaled tobramycin product with PA</td>
<td>3/1/2017</td>
<td>RxSelect/RxCore</td>
</tr>
<tr>
<td>Veltassa®</td>
<td>Move to T4</td>
<td>2/1/2017</td>
<td>RxSelect/RxCore</td>
</tr>
</tbody>
</table>

Key -
GF: Grandfathered, ST: Step Therapy, PA: Preauthorization, QL: Quantity Limit, NC: Not Covered, MB: Medical Benefit, T1: Tier 1, T2: Tier 2, T3: Tier 3, T4: Tier 4

Drugs marked with an asterisk (*) will include direct communication(s) to the member, doctor, and/or pharmacy detailing the change.