Welcome to the Provider Insight® newsletter. Here, you’ll find medical, dental, and pharmacy information, as well as updates to our commercial, SelectHealth Advantage® (Medicare), SelectHealth Community Care® (Medicaid), and Federal Employee Health Benefits plans. We encourage you to read the newsletter so you can stay up-to-date on policies affecting our members—and your patients!

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Results from the SelectHealth Advantage® FIT Program Pilot (First previewed in February issue of Provider Insight)

This year, SelectHealth teamed up with Intermountain Central Laboratory to launch a colon cancer screening pilot program for SelectHealth Advantage members. This program involved providing a Fecal Immunochemical Test (FIT), which detects occult blood, to patients with no record of previous colon cancer screening.

Patients received an introductory letter describing the program and an invitation to share information about their own screenings to help us update our records. We learned that 260 patients had already been screened, and we adjusted our records accordingly. A FIT kit was mailed with instructions for completion to everyone else, and the returned kits were then processed at the Intermountain Central Laboratory.

PILOT PROGRAM RESULTS

Nearly 7,000 kits were mailed out with more than 2,000 returned for processing. Of these returned kits, 147 tested positive. These results were phoned to the patient and sent to the Primary Care Provider (PCP) identified by the patient.

The 147 patients in the pilot program with positive tests have been carefully monitored to ensure appropriate follow up for a positive test. As of the end of August:

- 94 patients have had a follow-up visit with their PCP.
- 45 patients have had colonoscopies after discussions with their providers.
- 15 of those having colonoscopies have had abnormal findings that require more frequent colonoscopies going forward.
- 1 cancer diagnosis.

SELECTHEALTH ADVANTAGE COVERAGE

SelectHealth is aware of how difficult it may be to have a patient get all the appropriate screenings, and we are here to help. For our SelectHealth Advantage patients, preventive coverage includes:

- Screening colonoscopies if coded as preventive, even if a polyp is found or if it follows an abnormal stool test.
- Cologuard® (per CMS guidelines)

Please review coverage and limitation details found in the medical policy.
We Heard You!

We’ve been working with consumers, members and providers to gather feedback on our ID cards. To better understand your needs, we held a workshop to help us design the ideal card. We also surveyed consumers to find out if information was easily identifiable, such as network and copay amounts. We learned a lot!

One area in particular that needed a change was our network names—consumers had a hard time finding it on their card. Additionally, our company name was frequently confused with our network names. As many iconic brands will tell you, associating a product with the company name fuels familiarity and builds trust. Think about some well-known companies and products, such as Microsoft Office®, Nike® Air, and Jeep® Cherokee. Without the company name, the product—Office, Air, and Cherokee—doesn’t carry the same recognition or trust.

So, after many thoughtful discussions, we are changing the name of our networks to build on the strength and familiarity of our corporate name. Over the next few months you will start seeing:

Select Care® = SelectHealth CareSM
Select Choice® = SelectHealth ChoiceSM
Select Med® = SelectHealth MedSM
Select Value® = SelectHealth ValueSM

We will be reissuing cards to all members when they renew their plans. If you have any questions, reach out to your Provider Relations representative or email Provider Development at provider.development@selecthealth.org.

HEDIS Year 2018 Was a Huge Success:

Healthcare Effectiveness Data and Information Set (HEDIS) is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed healthcare plans and providers.

Thank you for participating in the 2018 Healthcare Effectiveness Data and Information Set (HEDIS) quality measurement process. The annual HEDIS project begins again in February 2019. Consumers use HEDIS results when selecting a health plan, which in turn helps providers attract new patients.

HOW TO PARTICIPATE

Direct remote EMR access is the best way to submit requested medical record information with minimal impact to your staff and office equipment. With EMR access, we only need one or two accounts to access the specific members on our list. We review only the minimum necessary information to complete our review.

Questions? Contact Darin Clark at 801-442-7427, or via email at darin.clark@selecthealth.org.

HEDIS MEASUREMENT: COMPREHENSIVE DIABETES CARE—EYE EXAMS AND NEPHROPATHY

Diabetes is a complex disease that affects many organs. According to the article, About Diabetes by the Centers for Disease Control and Prevention, “Diabetes is the number one cause of kidney failure, lower-limb amputations, and adult-onset blindness.”¹

To assess comprehensive diabetes care, several factors must be examined. This measure contains a variety of indicators that provide a comprehensive view of how SelectHealth and physicians are working together to address this disease.

References:

¹ Centers for Disease Control and Prevention. cdc.gov/diabetes/basics/diabetes.

**HEDIS MEASURE (KEY DIABETES SCREENINGS)**

**Eye exam.** Screening or monitoring for diabetic retinal disease as identified through medical record review*:

> A retinal or dilated exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
> A negative retinal or dilated exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year.
> Bilateral eye enucleation anytime during the member’s history through December 31 of the measurement year.

*Not all eye exams are covered on every plan, contact Member Services to confirm benefits.

**Nephropathy.** A nephropathy screening or monitoring test during the measurement year or evidence of nephropathy as identified through medical record review:

> A urine test for albumin or protein that must include a note indicating the date the test was taken and the result.
> Documented visit to a nephrologist or evidence of a renal transplant.
> Documentation that the member was on an ACE inhibitor/ARB during the measurement year.

To meet 2018 HEDIS goals, SelectHealth is:

> Establishing a performance incentive program that financially rewards covering diabetes education offered by in-network providers; however, this benefit is not subject to the member’s deductible and is covered at 100% with no annual limit.
> Sending a quarterly newsletter to our members with diabetes that includes related articles and preventive guidelines promoting and encouraging them to use the diabetes education benefit.
> Generating monthly reports for providers that outline the names, screening statuses, and lab results of their patients with diabetes.
> Sending members with diabetes a semiannual personal report that outlines screening examinations and current lab results. The report encourages members to contact their provider to complete recommended exams.
> Making care managers available to all members with diabetes.
> Providing an interactive voice response phone system for our Medicaid and Medicare members that delivers education and encourages getting recommended exams and tests to help manage their diabetes.
> Recognizing providers and clinics that offer superior diabetes care with an Excellence in Healthcare Award.

Want to know more about diabetes screening results? Interested in learning more about other SelectHealth Quality Improvement programs? Contact the Quality Improvement Department at 800-374-4949 or 801-442-6492 or via email at qualityimprovement@selecthealth.org.
Risk Adjustment

MAJOR DEPRESSIVE DISORDER

“Depression, unspecified” and “depression with anxiety” do not risk adjust or reflect the severity of illness for a patient who meets criteria for major depressive disorder, which is a Hierarchical Condition Categories (HCC) chronic condition.

Consider major depressive disorder when PHQ-2 is positive and symptom count is > 5 on the PHQ-9.

When documenting and coding major depressive disorder, severity or remission status must be stated as indicated below:

<table>
<thead>
<tr>
<th>Severity</th>
<th>PHQ 9 Severity Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>5 – 9</td>
</tr>
<tr>
<td>Moderate</td>
<td>10 – 14</td>
</tr>
<tr>
<td>Moderately Severe</td>
<td>15 – 19</td>
</tr>
<tr>
<td>Severe</td>
<td>20 – 27</td>
</tr>
</tbody>
</table>

Remission (status is not affected by patient being on an antidepressant)

> **Partial Remission:** PHQ-9 symptom count < 5 for less than two months
> **Full Remission:** PHQ-9 symptom count < 5 for greater than two months

Note: Major depressive disorder is considered a lifetime condition and should be documented as “in remission” instead of “history of” or “personal history of.”

Best practice documentation also includes description of “episode” as either:

> **Single:** Presence of a single major depressive episode
> **Recurrent:** Presence of > 2 major depressive episodes separated by a period of remission

MORBID OBESITY & BODY MASS INDEX

> Morbid obesity and BMI > 40 are HCC chronic conditions, increasing the patient’s severity of illness when documented and coded correctly.
> Best practice is to document “morbid” or “severe” obesity when BMI is > 40.
> Morbid obesity should also be documented and coded for patients whose BMI is between 35 and 39.9, and who have a comorbid chronic health condition caused (at least in part) by obesity.

To code Morbid Obesity, the documentation must state:

> “Morbid obesity” or “severe obesity”
> “Obesity” on its own is not enough

To code BMI > 40, the documentation must state:

> BMI > 40
> BMI Relevance (i.e., does the BMI affect patient care?)

This includes documentation of:

- “Morbid” or “Severe” Obesity
- Any mention of weight, e.g., “patient appears obese,” weight loss, weight gain
- Diet, exercise

We are here to help

Our care managers are dedicated to helping your patients improve their health. These registered nurses and licensed clinical social workers work one-on-one with patients to achieve goals driven by patient preference and guided by evidence.

With help from care managers, patients have:

> Lowered out-of-pocket medication costs
> Maximized their insurance benefits
> Obtained equipment for the home
> Received transportation to and from medical appointments
> Transitioned successfully from one care setting to another
> Learned what to anticipate during a specific treatment plan or pregnancy

We invite you to refer any SelectHealth patients who might benefit from Care Management services by calling 801-442-5305. Select the appropriate option as follows:

> Option 1, SelectHealth Medicare Advantage
> Option 2, SelectHealth Community Care (Medicaid)
> Option 3, SelectHealth Commercial Small Employer/Individual
> Option 4, SelectHealth Commercial Large Employer/Self Funded/FEHB
Resources for Key Health Screening and Education

Clinicians see patients every day who are at risk for hypertension or diabetes, may have symptoms of depression or dementia, or ask for opioids to manage their chronic pain. SelectHealth, Intermountain Healthcare®, providers, community organizations, and government agencies all work to help improve our community’s health through standardized screening and education for pre-diabetes, hypertension, depression, dementia, and prescription opioid misuse.

New Focus on Medicare Diabetes Prevention Program (MDPP)

Effective April 1, 2018, CMS changes allow for and encourage participation in a diabetes prevention program for appropriately selected patients. SelectHealth is currently reviewing options to ensure access to an appropriate program for those with a BMI of 25 and an A1C 5.7%-6.4% (or an FBG 110-125 and no previous diagnosis of diabetes). The planned program will include 16 core sessions for the first six months and at least six sessions for the subsequent six months, and it is likely to be available for up to an additional two years.

WHY DIABETES PREVENTION PROGRAMS

Diabetes currently affects 35 million people in the United States Ninety million Americans have prediabetes. The number of those diagnosed with diabetes is expected to rise to 55 million by 2030. The costs of caring for diabetes currently exceeds $407 billion. Previous studies have demonstrated that programs focused on appropriate diet and exercise can decrease the onset of diabetes by 58%. While reducing cost for the entire healthcare system, this focus on prevention more importantly improves overall population health.

POTENTIAL IMPACTS WITHIN THE SELECTHEALTH ADVANTAGE® POPULATION

From a limited pilot program done at Intermountain facilities, we predict that diabetes prevention programs could result in significantly fewer SelectHealth Advantage members being diagnosed with diabetes each year, depending on member participation as follows:

- With 12% participation, 45 fewer people would develop diabetes
- With 20% participation, 78 fewer people would develop diabetes
- With 50% participation, 195 fewer people would develop diabetes

Considering the morbidity and mortality associated with diabetes, this is a very promising approach.
Intermountain’s care process models (CPMs) and clinical guidelines provide evidence-based information on screening, assessment, diagnosis, and treatment for depression, high blood pressure, dementia, and diabetes as well as management of chronic pain and opioid use. Available on intermountainphysician.org and intermountainhealthcare.net, key resources include:

- Clinical Guideline: Acute Pain Opioid Prescribing Guidelines
- Diabetes Prevention Program

These and many other Intermountain CPMs can be accessed at m.intermountain.net/clinical/pages/all-care-process-models-(cpms).aspx.

Patient education tools are available in the “Patient Education Library” at m.intermountain.net/pel/Pages/Home.aspx. There, you can search by key word, such as diabetes, hypertension, depression, dementia, or opioids. The fact sheets and booklets listed below are also available in Spanish.

Share these key education resources with your patients:

- Depression Fact Sheets and Booklets:
  - Depression – Information for Patients and Families handout
  - Postpartum Depression
- Hypertension Fact Sheets and Booklets:
  - BP Basics: What you need to know to manage your blood pressure
  - High Blood Pressure
  - Elevated Blood Pressure: Act now to protect your health
  - High Blood Pressure in Children
  - High Blood Pressure and the DASH Diet
  - High Blood Pressure Personal Action Plan
- Dementia Fact Sheets:
  - Mild Cognitive Impairment
  - Dementia: First steps after diagnosis
  - Dementia Medicines: Will they help?

- Dementia: Personal action plan
- Alzheimer’s Resources: Utah and southern Idaho

> Pre-Diabetes Fact Sheets:
  - Prediabetes: Act now to protect your health
  - Remembering your Medications
  - Diabetes Prevention: Next-step options

> Prescription Opioid Risks
  - Fact Sheets:
    - Prescription Opioids: What you need to know
    - Illegal opioids: How to protect yourself and others
    - Leftover Medications: How to dispose of them safely
    - Opioid Medicine for Chronic Pain
    - Opioid Pain Medicine in Pregnancy
  - Intermountain video – Opioids for Chronic Pain Management

Help us help those in our community live the healthiest lives possible by screening and providing education for your patients on pre-diabetes, hypertension, depression, dementia, and prescription opioid misuse.
Easier-to-Use Provider Appeal Form

Based on recommendations from providers and caregivers, SelectHealth has redesigned the Provider Appeal Form to make it easier to communicate information about claims to be reconsidered. Use the Provider Appeal Form to appeal any coding or benefit decisions. The new form can be accessed at: intermountainphysician.org/selecthealth/Documents/Provider-Appeal-Form.pdf.

SELECTHEALTH ADVANTAGE
Flexible Benefits

The Centers for Medicare and Medicaid (CMS) recently introduced two programs that allow Medicare Advantage plans to tailor benefits and care around patients with certain chronic conditions. These two programs are: Value-Based Insurance Design (VBID) and Uniformity Flexibility. Each of these programs is very exciting and we are busy analyzing ways we can use this flexibility to help our members manage chronic conditions. We look forward to working with our provider partners and clinical programs to find effective ways of tailoring benefits to improve member engagement and clinical outcomes.

New in 2019. We will provide an enhanced routine eye exam benefit for members with diabetes. These members won’t have a copay for one routine eye exam per year, as opposed to members who have not been diagnosed with diabetes who will still pay their specialist copay for routine eye exams.

CMS Stars Program – Thank you!

Centers for Medicare & Medicaid Services (CMS) annually performs a comprehensive review of all health plans contracted to offer Advantage plans to Medicare beneficiaries. SelectHealth participates in this program, offering a SelectHealth Advantage product in Utah and Idaho that includes both medical and pharmacy benefits and is evaluated on a total of 42 measures. Health plans scoring four stars or more are considered “high-performing plans.”

CMS Stars Ratings were recently announced for 2019, and SelectHealth received a Four-Star Rating thanks to a combined effort between the health plan and the provider network. Our most sincere gratitude for our in-network providers’ engagement related to quality improvement and outstanding care for SelectHealth Advantage members.
SELECTHEALTH COMMUNITY CARE

Non-Emergent Emergency Department Use Key Messages

SelectHealth Community Care developed a list of resources to help our members get care when and where they need it. Many of these options are available outside business hours. Please share the resources below with patients with SelectHealth Community Care who you feel may benefit from this information.

**Nurse Line.** If they are not sure where to go—their doctor, an urgent care clinic, or the emergency department, they can call Health Answers 24/7 and speak with a registered nurse. To reach Health Answers, members can call 844-501-6600.

**TeleHealth.** If a member needs care right away, but they can’t get to their doctor or an urgent care facility, Intermountain Connect Care is available anytime, anywhere, using a smartphone or a computer. Members can download the app or visit intermountainconnectcare.org for more information.

**Urgent Care.** Intermountain InstaCare locations are open every day until 8:00 p.m. or later. Members can download the SelectHealth app to find a location, view wait times, and get in line. For questions about urgent care, members can call Member Services at 855-442-3234.

**Transportation Services.** Does a member need help getting to your office or another medical service? Either refer them to the Transportation Services section in their member handbook or call Member Services at 855-442-3234.

**2-1-1.** Do you have members who need help with food, housing, or utilities? If so, 2-1-1 has the answers they need. Members or care team members can either visit 211utah.org or dial 2-1-1.

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**PHARMACY**

**Pharmacy News**

Please take a few minutes to read the latest Pharmacy & Therapeutics newsletter along with Formulary Updates. These contain information about recent formulary decisions, specific therapeutic class updates, and industry news.
CODING AND REIMBURSEMENT AND MEDICAL POLICIES

Note: Please review the new Category III and HCPCS codes, effective July 1, 2018.

<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>6</td>
<td>Preventive Care and Screening Guidelines (Revised)</td>
<td>08/17/2018</td>
<td>SelectHealth Commercial: The Counseling for lung cancer screening code G0296 has been removed from the policy. This is no longer covered under preventive.</td>
</tr>
<tr>
<td>24</td>
<td>Modifier 22 (Revised)</td>
<td>09/01/2018</td>
<td>SelectHealth Commercial: Language clarification providing information regarding reimbursement. SelectHealth may allow additional payment for the 22 modifier up to a base unit of 5 if the base units are less than 5, pending review of an operative report. If the base units are already at the maximum of 5, no additional reimbursement will be provided.</td>
</tr>
<tr>
<td>50</td>
<td>Post-Operative Debridement following FESS (Revised)</td>
<td>07/26/2018</td>
<td>SelectHealth Commercial: CPT codes 30130, 30140, 30465 and 30520 have been removed in the list of codes usually associated with FESS. CPT codes 31233, 31235, 31238, 31239, 31241, 31253, 31257, 31259, 31290, 31291, 31292, 31295, 31294, 31295, 31296, 31297 and 31298 has been added in the list of codes usually associated with FESS.</td>
</tr>
</tbody>
</table>

CODING AND REIMBURSEMENT POLICY BULLETIN

A quarterly notice of recently approved and revised coding and reimbursement policies is provided for your review. The Coding and Reimbursement Policy Update Bulletin gives you access to 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, but does not indicate whether or not SelectHealth provides coverage for listed procedures. For any 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.

CODING UPDATES

Effective October 1, 2018, there have been over 1,000 new, revised, or deleted ICD-10 CM/ICD-PCS codes as well as many new and revised HCPCS/Procedure codes with effective dates ranging from July 1 through October 1, 2018. To stay up to date and help with accurate coding, please use the 2019 version of your coding books. For more information regarding these changes, please visit cms.gov.

SERVICES THAT WILL REQUIRE PREAUTHORIZATION, EFFECTIVE JANUARY 1, 2019:

> Physical therapy
> Enteral formula
> Varicose veins
> Possible cosmetic eye procedures (for example, blepharoplasty)

AMBULATORY EEGS

Future claims for ambulatory EEG services will be covered when billed with CPT code 95953 in an office or home place of service. CPT codes 95951 and 95956 will be denied for any place of service other than the hospital setting. This change is the result of coding errors we’ve discovered on numerous claims submitted for ambulatory EEG services in the home or outpatient setting. This prompted a claims review as well as discussions for possible medical and/or coding and reimbursement policies for these services in the future. These audits have shown errors with the submission of the following CPT codes:

> **CPT code 95951**: Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (e.g., for presurgical localization), each 24 hours

> **CPT code 95956**: Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse
For instructions on submitting these two codes, please refer to the CPT Manual in the section heading that precedes CPT code 95950, which states: “Codes 95951 and 95956 are used for recordings in which interpretations can be made throughout the recording time, with interventions to alter or end the recording or to alter the patient care during the recordings as needed.” Based on this additional information:

1. CPT codes 95951 and 95956 are to be used for attended EEGs typically done in the hospital setting where real-time EEG interpretation can take place and providers have the ability to intervene for patient care if necessary.
2. It is inappropriate to submit CPT 95951 or 95956 either for ambulatory EEGs performed in the outpatient setting or for an unattended home portable ambulatory video EEG.

The American Academy of Neurology has indicated CPT code 95953 (Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended) as the correct code for an unattended home portable ambulatory video EEG.

An additional audit finding involved the frequent submission of CPT code 95957 (digital analysis of electroencephalogram (EEG) [e.g., for epileptic spike analysis]). The American Academy of Neurology (AAN) gave the following guidance: “CPT code 95957 is used when substantial additional digital analysis is medically necessary and performed, such as for 3D dipole localization. In general, this would entail an extra hour’s work by the technician to process the data from the digital EEG and an extra 20-30 minutes of physician time to review the technician’s work and review the data produced. Most practitioners would not have the opportunity to do this advanced procedure. It would be more commonly used at specialty centers, e.g., epilepsy surgery programs.” Additionally, the AAN indicated that CPT codes for “monitoring for identification and lateralization of cerebral seizure focus” already include epileptic spike analysis.

MODIFIER SA –
We do not recognize the modifier SA - Nurse practitioner rendering service in collaboration with a physician. Services should be billed under the provider rendering the service unless “incident to” guidelines are met.

SELECTHEALTH LETTERS –
We hear you! Based on feedback from our providers, we are implementing new ways of reviewing and responding to your appeals. Providers want a timely, easy-to-understand appeals process, one that is easy to understand, and they want to know their appeals were read, understood, and warrant further appeal. They also want to know the source of the edits and denials.

In response to this feedback, we have made two important changes to increase customer and provider satisfaction. First, we’ve made a commitment to provide a timelier response. Second, we have begun utilizing an appeal response format that is designed with your needs in mind. The format of the letter is designed to help you:

1. Identify the source of the edit or denial (e.g., SelectHealth policy, CPT coding guidelines, NCCI policy/edits).
2. Understand how we think the edit applies to your specific claim.
3. Give you a clear explanation of why we have chosen to allow or deny your claim.

This process should give you and your office staff the opportunity to more fully understand the edits and evaluate how we apply these edits to your case. If your claim is denied, you will have a better understanding of when you should pursue a further appeal.
Medical Policy Bulletin

A quarterly notice of recently approved and revised medical policies is provided for your review. The Medical Policy Update Bulletin gives you access to 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 but does not indicate whether or not SelectHealth provides coverage for listed procedures. For any inconsistency or conflict between the information provided in this bulletin and the posted medical policy, the provisions of the posted policy will prevail.

Use the table below for a quick overview of medical policy changes.

<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>272</td>
<td>Genetic Testing: Screening, Diagnosis, or Management of Prostate Cancer</td>
<td>06/04/2018</td>
<td>New criteria for Prolaris® and Oncotype DX Genomic Prostate Score Assay test. This policy combined the following archived policies:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• #510 PCA3 Testing for Prostate Cancer</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• #482 Genetic Testing: Prostate Cancer Recurrence (Prolaris®)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• #272 Genetic Testing: Screening, Diagnosis, or Management of Prostate Cancer</td>
</tr>
<tr>
<td>123</td>
<td>Gene Therapy, Testing, and Counseling</td>
<td>06/05/2018</td>
<td>This policy has been revised in the following areas:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Gene therapy</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Criteria for genetic testing for inherited disease</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Criteria for genetic test not related to inherited disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Non-covered genetic test</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Added CPT codes</td>
</tr>
<tr>
<td>554</td>
<td>Emergency Behavioral Health Services</td>
<td>07/06/2018</td>
<td>This policy has been revised in the following areas:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Added Utah plans only and removed “who has been appropriately credentialed by SelectHealth”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Removed “community and”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Added CPT codes</td>
</tr>
<tr>
<td>260</td>
<td>DNA analysis of stool for colon cancer screening (Pregen™, Pregen-Plus™, Cologuard™)</td>
<td>08/03/2018</td>
<td>• Updated Commercial Plan Policy for COLOGUARD™</td>
</tr>
<tr>
<td>389</td>
<td>Radiofrequency Ablation (RFA) of the Sacroiliac (SI) Joint</td>
<td>08/07/2018</td>
<td>Updated CPT codes</td>
</tr>
<tr>
<td>172</td>
<td>Reduction Mammaplasty (Breast Reduction)</td>
<td>08/07/2018</td>
<td>Added to the BSA Tissue Removal Weight Standards: “… or the average amount from both breasts”</td>
</tr>
<tr>
<td>297</td>
<td>Genetic Testing: Comparative Genomic Hybridization (CGH)/ Chromosomal Microarray (CMA) For Developmental Delay</td>
<td>08/07/2018</td>
<td>For Commercial Plan Policy, removed requirement concerning contracted or employed genetic counselors/medical geneticists/providers</td>
</tr>
<tr>
<td>538</td>
<td>Gene Expression Testing For Indeterminate Thyroid Nodule Biopsy</td>
<td>08/07/2018</td>
<td>For Commercial Plan Policy, revised the criteria to include only: “One fine needle aspiration (FNA)…” for both Afirma® and ThyroSeq®</td>
</tr>
<tr>
<td>Policy Number</td>
<td>Policy Name</td>
<td>Policy Effective Date</td>
<td>Summary of Change</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>336</td>
<td>Stereotactic Radiosurgery (SRS)/Stereotactic Radiotherapy (SRT)/Stereotactic Body Radiotherapy (SBRT)</td>
<td>08/07/2018</td>
<td>For Commercial Plan Policy, removed #13 from the list of acceptable limited clinical circumstances for when SRT/SBRT/SRS are covered</td>
</tr>
<tr>
<td>448</td>
<td>Prophylactic Oophorectomy/Salpingo Oophorectomy</td>
<td>08/07/2018</td>
<td>For Commercial Plan Policy, added criterion for: “Postmenopausal woman with estrogen receptor positive (ER+) ...” to criteria for coverage</td>
</tr>
<tr>
<td>302</td>
<td>Cochlear Implantation</td>
<td>08/07/2018</td>
<td>For Commercial Plan Policy, added criterion for Idaho Commercial Plans to coverage criteria</td>
</tr>
<tr>
<td>478</td>
<td>Genetic Testing: Chromosomal Microarray Analysis (CMA) For Autism</td>
<td>08/29/2018</td>
<td>For Commercial Plan Policy, revised to cover CMA for Autism</td>
</tr>
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**ARCHIVED POLICIES**

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<tr>
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<th>Policy Name</th>
<th>Policy Effective Date</th>
<th>Summary of Change</th>
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<tr>
<td>510</td>
<td>PCA3 Testing for Prostate Cancer</td>
<td>06/04/2018</td>
<td>This policy has been archived. The information in this policy has been combined with #272 Genetic Testing: Screening, Diagnosis, or Management of Prostate Cancer policy.</td>
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<td>482</td>
<td>Genetic Testing: Prostate Cancer Recurrence (Prolaris®)</td>
<td>06/04/2018</td>
<td>This policy has been archived. The information in this policy has been combined with #272 Genetic Testing: Screening, Diagnosis, or Management of Prostate Cancer policy.</td>
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<td>544</td>
<td>Oncotype DX Prostate for Prostate Cancer Outcome Prognosis</td>
<td>06/04/2018</td>
<td>This policy has been archived. The information in this policy has been combined with #272 Genetic Testing: Screening, Diagnosis, or Management of Prostate Cancer policy.</td>
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<td>Orthotic/Prosthetic Device for Orthopedic Indications</td>
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<td>08/23/2018</td>
<td>This policy has been archived.</td>
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</tbody>
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