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.

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2-1-1: The Searchable Guide to Community Resources in Utah

Many patients are in need of community resources such as support groups, help finding affordable housing, or employment opportunities. United Way sponsors a free, confidential service called 2-1-1. The mission of 2-1-1 is “to connect residents of Utah looking to give or receive help to valuable information about health and human services in a simple, confidential, and comprehensive way.

Community resource specialists can help patients find critical services to improve their lives. It’s available 24 hours a day, seven days a week, and interpreters are available.

Patients can get help with:

> Supplemental food and nutrition programs
> Shelter and housing options and utilities assistance
> Emergency information and disaster relief
> Employment and education opportunities
> Services for veterans
> Healthcare, vaccination, and health epidemic information
> Addiction prevention and rehabilitation programs
> Reentry help for ex-offenders
> Support groups for individuals with mental illnesses or special needs
> A safe, confidential path out of physical and/or emotional domestic abuse

HOW TO ACCESS 2-1-1

Call: Dial 2-1-1 or 888-826-9790
Live Chat: Click on Chat Now
Search http://uwsl.bowmansystems.com/
Email: 211ut@uw.org
Visit: uw.org/211

Get Support from Our Care and Disease Managers

Whether it’s a new diagnosis or a major injury, specially trained care managers can help members navigate the healthcare system. Care managers are registered nurses who assist patients with long-term chronic diseases. SelectHealth nurses average nearly 30 years of experience in all areas of medicine, with knowledge of facilities, providers, and services. A nurse will personally work with members with specific diseases and their doctors to make sure members get the most appropriate care and receive help with their benefits and claims.
Diabetes is one of the critical diseases our team of nurses manages. Members with the following factors typically qualify for care management:

- Current hemoglobin A1c ≥ 8 percent
- Admitted for an inpatient stay with the primary diagnosis of diabetes or diabetic ketoacidosis (DKA)

In addition to one-on-one support, our care managers provide educational materials and follow-up phone calls to help members manage their health conditions. Learn more about care management services in the Care Management section of our Provider Reference Manual. To refer a member for care management, call 800-442-5305.

Member Rights and Responsibilities

The SelectHealth Member Rights and Responsibility statements are a general overview to help healthcare providers and their office staff be aware of our members’ rights and responsibilities. It is important for you to be aware of your responsibilities in protecting members’ rights as you provide care to our members. The Member Rights and Responsibilities statement is available online for these product lines:

- Commercial
- SelectHealth Community Care (Medicaid)
- SelectHealth Advantage

You can also request a printed copy of this information by calling Member Services at 800-538-5308.

Privacy Notification

We understand the importance and sensitivity of our member’s personal health information, and we have security in place to protect it. View our Notice of Privacy Practices, or request a printed copy of this information by emailing the Intermountain Privacy Office, calling 800-442-4845, or mailing your request to:

Attn: Privacy Office
SelectHealth
P.O. Box 30192
Salt Lake City, UT 84120-8212
HEDIS Measurement: Cervical Cancer Screening

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.

When detected early, cervical cancer is one of the most successfully treatable cancers. Increased screening has resulted in a major overall decline in mortality throughout the past several decades. Cervical cancer deaths can be prevented, but unfortunately, a significant number of women still develop the disease.

“The cervical cancer screening rate measures the percentage of women ages 21 to 64 who were screened for cervical cancer using either of the following criteria:

- Women age 21-64 who had cervical cytology performed every 3 years
- Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years

Cervical cancer was once one of the most common causes of cancer death for American women. But over the last 30 years, the cervical cancer death rate has gone down by more than 50%. The main reason for this change was the increased use of the Pap test. This screening procedure can find changes in the cervix before cancer develops. It can also find cervical cancer early – in its most curable stage.”¹

The cervical cancer screening rate measures the percentage of women ages 21 to 64 who were screened for cervical cancer: Utah Commercial Product Line – Rates of Cervical Cancer Screening:

![Graph showing cervical cancer screening rates for different years and comparison to national averages]

2016 Goal 73.80%
To support the HEDIS measure objectives, we are taking the following steps:

MEMBER OUTREACH

> We use an interactive voice response (“ELIZA” IVR) phone system that addresses cervical cancer screening. It also gathers information about what barriers exist for cervical cancer screenings. These barriers will be analyzed by population and additional interventions may be developed to address them.

> We send a mailer to members in need of a cervical cancer screening. These are mailed in English and Spanish, to our Commercial and Medicaid members in Utah and Idaho. The brochure goes out to women who receive the Eliza IVR phone call.

PROVIDER OUTREACH

> Monthly cancer screening reports are sent to PCPs and OB/GYN providers, informing them which of their patients are due for cancer screening services.

> Cervical cancer screenings are included in the Primary Care Quality Payment Program, and Excellence in Healthcare awards.

If you would like more information, or if you are interested in learning about other SelectHealth Quality Improvement (QI) programs, contact QI at 801-442-7425 or qualityimprovement@selecthealth.org.

References:

UTAH MEDICAID GRAPH

The cervical cancer screening rate measures the percentage of women ages 21 to 64 who were screened for cervical cancer screening. Utah Medicaid Product Line – Rates of Cervical Cancer Screening:
Change in SelectHealth Robotic Surgery Coverage

Effective June 1, 2016, we modified our robotic surgery coverage to better reflect the current environment for this surgical tool.

Previously, we covered a limited number of surgeries when performed using robotic assistance. Effective June 1, the coverage policy has been modified to allow coverage of any covered surgical procedure for a covered indication with robotic assistance at the provider and facility discretion.

We will continue to deny reimbursement of any costs directly related to robotic assistance, and any denied charges will deny to the provider/facility as use of robotic-assistance is considered integral to the surgical procedure and does not warrant additional reimbursement.

Key elements of the reimbursement policy are:

1. We no longer restrict what procedures can be done using a robot.
2. We will not reimburse for any additional costs related to use of the robot including HCPCS S2900 - Surgical techniques requiring use of robotic surgical system.
3. We consider use of the robot integral to the procedure as rationale to not cover additional costs and thus this is a facility/provider write off.
4. In accordance with the policy, we will not allow -22 modifier if solely used due to use of robot, and not for any complications or extending procedure outside use of robot.
5. Note: Billing for robot using -81, -82, or -As modifiers to suggest assistant surgeon will also not be allowed.

The Changing Landscape of Genetic Testing in Thrombophilia

Intermountain Healthcare® is fortunate to have Scott Stevens, M.D. and Scott Woller, M.D., two national experts in the field of thrombosis to assist local providers with clinical decisions concerning thrombosis. Earlier this year, they published “Guidance for the evaluation and treatment of hereditary and acquired thrombophilia.”

This article provides clinical guidance for thrombophilia testing in the five following clinical situations:

- Provoked venous thromboembolism
- Unprovoked venous thromboembolism
- In relatives of patients with thrombosis
- In female relatives of patients with thrombosis considering estrogen use
- In female relatives of patients with thrombosis who are considering pregnancy

In regards to genetic testing, the article addresses key areas in clinical decision-making and carefully evaluates the sensitivity, risks, and benefits of genetic testing. In most situations, the article recommends avoiding genetic testing in thrombophilia. Patients who merit testing should participate in shared decision-making due to the long-term implications of the results and treatment.
Recently, CMS issued a Local Coverage Determination (LCD) regarding genetic testing for thrombophilia. Effective June 16, 2016, LCD 36159 states: “This is a non-coverage policy for genetic testing for thrombophilia testing for the Factor V Leiden (FVL) variant in the F5 gene, the G20210G>A (G20210A) variant in the F2 gene, and the MTHFR gene which encodes the 5,10-methylenetetrahydrofolate reductase enzyme. Genetic testing for these genes for all risk factors, signs, symptoms, diseases, or conditions, including cardiovascular risk assessment, are non-covered except for pregnant patients.”

“Testing for FVL and F2 G20210A mutations is indicated for pregnant patients who have a history of personal VTE associated with a non-recurrent (transient) risk factor who are not otherwise receiving anticoagulant prophylaxis. The results of genetic testing can inform risk stratification for venous thromboembolism (VTE) recurrence and subsequent need for antenatal prophylaxis. However, Medicare will not add coverage of thrombophilia testing for pregnant women because they likely represent a very small group of potential Medicare (disabled) patients. Claims submitted on this limited Medicare population will deny per the policy, but should be appealed for coverage with submission of medical records supporting the necessity for testing, and specify how testing changed anticoagulant prophylaxis management for the patient.”

SelectHealth strongly encourages providers to read the article as well as the LCD statement from Noridian. SelectHealth Advantage will follow the coverage policy from Noridian.

1 Stevens et al. J. Thromb Thrombolysis 9 2016) 41:154-164
2 Noridian LCD L36159

SELECTHEALTH ADVANTAGE

Referring Patients Within the SelectHealth Advantage Network

We have continued to see improvement in the number of SelectHealth Advantage members who are referred to out-of-network providers, facilities, or labs. As part of our continued efforts to further reduce out-of-network referrals, SelectHealth Advantage runs quarterly reports to identify out-of-network utilization and referral patterns. If you are identified as a provider referring out-of-network services, your Provider Development representative will be scheduling time to follow up with you. They will provide education about in-network services that should be utilized for SelectHealth Advantage members.

Please remember that using out-of-network services contributes to a number of issues for SelectHealth Advantage members. There are fewer cost and quality controls with out-of-network providers, and members often have services denied or benefits reduced when the provider is not on the member’s plan network. This often causes frustration with SelectHealth Advantage and the referring provider. If you regularly use services for which you believe there are not adequate in-network provider options, please contact your Provider Development representative to request that these services be evaluated for access. Using in-network services and providers improves member satisfaction and helps control costs.
SELECTHEALTH COMMUNITY CARE

SelectHealth No Longer Issues ID Cards for Community Care (Medicaid) Members

As of April 1, 2016, we no longer issue ID cards to SelectHealth Community Care members. Their state Medicaid ID numbers should be used to verify eligibility and may also be used to submit claims. We will accept either ID number for claims, inquiries, and benefits.

Please note this change only affects SelectHealth Community Care members. CHIP and other SelectHealth plans will continue using the SelectHealth ID card and number.

Medicaid eligibility can change from month to month, so it’s important for you to verify this prior to every visit. In fact, the requirement to check eligibility for every visit is a part of your state Medicaid contract. Our decision to not require members to carry both state and SelectHealth ID cards should make visits easier for your patients and staff.

Verify a Medicaid member’s eligibility by one of these methods:

> Medicaid Eligibility Lookup tool
> Eligibility phone (AccessNow): 801-538-6155

Please never turn SelectHealth Community Care members away if they don’t bring their insurance card. Always check their eligibility. If you have questions about whether members are covered, call AccessNow.

If you have any questions, contact your Provider Relations representative at 800-538-5054.

Enhance Interactions with a Language Interpreter

Language interpreters enable healthcare providers to treat patients from ethnically diverse populations who speak little or no English or patients who communicate through sign language. We contract with certain language interpreter vendors to provide interpretation to our Community Care members.

SelectHealth will pay for interpretation services when they are provided by a contracted interpreting agency and when the service is a covered service by Medicaid and SelectHealth. If a noncontracted interpreter is used, or if the service is not a covered service, the costs of the interpreter will be the provider’s responsibility. If an appointment is changed or canceled by the provider’s office, any associated costs of such changes or cancelations will be the provider’s responsibility.

These are the contracted language interpreters available for Community Care members:

American Sign Language:
> ASL Communication

On-site Spoken Language Interpreters for Intermountain Facility:
> InSync Interpreters, LLC
> LanguageMed, LLC

On-site Spoken Language Interpreters for Non-Intermountain Facility:
> InSync Interpreters, LLC
> CommGap

Phone Interpreters for Intermountain Facility:
> Pacific Interpreters

Phone Interpreters for Non-Intermountain Facility:
> Pacific Interpreters
> CommGap

Please be aware that interpretive services are not covered by our Medicare Advantage or commercial plans unless the member has Community Care as secondary coverage.
Medicaid Elective Induction Policy Change

Please remember that effective July 1, 2016, the billing policy changed for Utah Medicaid deliveries prior to 39 weeks gestation. We will adhere to the Medicaid policy.

Effective July 1, 2016, for all deliveries prior to 39 weeks, whether vaginal or cesarean, Medicaid requires the following to be billed on claims:

1. Report the gestational age of the fetus using the appropriate ICD10 Z3A diagnosis code. Medically necessary deliveries, prior to 39 weeks and 0 days, require medical documentation justifying the early delivery. Providers are responsible to maintain this documentation in the medical record, which may be subject to a post-payment review.

2. Append a “UC” modifier to labor and delivery claims when the delivery is 39-weeks gestation or more, whether the delivery is spontaneous or elective, or when the delivery is less than 39 weeks and medically necessary. If the “UC” modifier is not appended to the claim, the claim will be processed as though for an early elective delivery (EED) less than 39 weeks and 0 days, and will deny the claim. Providers are responsible to ensure the codes (and modifiers when applicable) submitted for reimbursement accurately reflect the diagnosis and procedure(s) performed.

Global delivery claims denied as an early elective delivery may be refiled as antepartum and/or postpartum care services for consideration of separate reimbursement. All related facility claims payments associated with professional claims resulting from early elective deliveries will be identified through a retrospective review process and recouped.

Please note this change as SelectHealth Community Care’s previous policy of sanctioning elective inductions prior to 39 weeks has been replaced with the updated state policy. Members should not be balance billed.

Medicaid Eligibility Expansion

House Bill 473, passed during the 2016 Legislative Session, allows the Utah Department of Health to expand Medicaid coverage for some adults (pending waiver approval from CMS). Visit Utah Medicaid 2017 Expansion Group for up-to-date information on the expansion.

Enhanced Benefits for Pregnant Members

Pregnant members are eligible for enhanced benefits under the Pregnant Woman’s Program. If a current SelectHealth Community Care member becomes pregnant, please advise her to contact her Department of Workforce Services (DWS) case worker to update her eligibility. Pregnancy benefits include eye exams, dental care, and no copays. SelectHealth Community Care also offers care management and additional resources (including learning materials, free books, and gift cards) through our Healthy Beginnings® program.

Members and providers with questions about the program should call Healthy Beginnings at 866-442-5052, weekdays from 8:00 a.m. to 5:00 p.m.
SELECTHEALTH DENTAL

Limiting Directory Listings Provides Better Access for Members

We are working on a new directory policy for SelectHealth Dental network providers. To help members more easily identify providers participating on their network, we will start limiting the number of locations listed for each provider in the directory.

Dental providers practicing at a location two or more days a week will have that location listed in the directory. Locations where a dentist practices fewer than two days a week will be maintained for claims payments, but will not be published under that dentist’s directory listing.

To view your current directory listing, visit SelectHealth Provider Search.

Medicare Part D Prescriber Enrollment Requirement Update

In an effort to minimize the potential of disrupting Medicare beneficiaries’ access to needed Part D medications, the Centers for Medicare & Medicaid Services (CMS) is delaying enforcement of the Part D Prescriber Enrollment Requirements until February 1, 2017.

With the delay, CMS is strongly encouraging prescribers of Part D drugs (except those who meet the definition of “other authorized prescribers”) to submit their Medicare enrollment applications or opt-out affidavits before August 1, 2016. This should provide sufficient time to process the prescribers’ applications or opt-out affidavits and thus, prevent prescription drug claims associated with their prescriptions from being rejected by Part D plans beginning February 1.

Participating SelectHealth dental providers can visit the CMS Part D Prescriber Enrollment page for more information.

Fraud, Waste, and Abuse (FWA) Compliance Trainings and Attestation for Dental Advantage Providers

To assist you in completing the training requirements:

- We have posted links to the General Compliance training and FWA training on selecthealthphysician.org. Click on “CMS Compliance Training and Attestation” in the “Education Opportunities” box.

- 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.

If you have any questions about the Compliance or FWA training, or the attestation, contact your Provider Relations representative at 800-538-5054 or provider.development@selecthealth.org.
CODING AND MEDICAL POLICIES, AND NEW TECHNOLOGY ASSESSMENT

FluMist® Coverage for 2016-2017 Flu Season
On June 22, 2016, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) voted that live attenuated influenza vaccine (LAIV), also known as the “nasal spray” flu vaccine or FluMist, should not be used during the 2016-2017 flu season. In accordance with this recommendation, SelectHealth will not reimburse for FluMist as a preventive or medical benefit for commercial plans for the 2016-2017 flu season. This decision will be reassessed for subsequent flu seasons. Standard flu vaccinations will continue to be covered as a preventive benefit. If you have questions, please contact your Provider Relations representative at 800-538-5054 or SelectHealth Pharmacy Services at 800-442-3129.

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 Medical 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.

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<tr>
<th>Policy Number</th>
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<th>Policy Effective Date</th>
<th>Summary of Change</th>
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</thead>
<tbody>
<tr>
<td>66</td>
<td>Robotic Assisted Surgery (NEW)</td>
<td>06/01/2016</td>
<td>New policy created. <strong>SelectHealth Commercial</strong> will cover surgical procedures using robotic assistance and reimbursement will not be made separately from the primary surgical procedure. No additional reimbursement will be made for the use of robotic devices including the use of HCPCS S2900. Any denied charges will deny to the provider/facility as use of robotic-assistance is considered integral to the surgical procedure and does not warrant additional reimbursement. <strong>SelectHealth Advantage</strong> covers procedures using robotic assistance if the primary procedure is covered by CMS/standard Medicare. HCPCS S2900 is not covered. <strong>SelectHealth Community Care</strong> covers procedures using robotic assistance if the primary procedure is covered by Utah State Medicaid. HCPCS S2900 is not covered.</td>
</tr>
<tr>
<td>67</td>
<td>Ambulatory Surgical Center Covered Services (NEW)</td>
<td>06/01/2016</td>
<td>New policy created. <strong>SelectHealth Commercial</strong> will follow CMS guidelines and will not cover inpatient-only procedures when done outside of an inpatient setting. <strong>SelectHealth Advantage</strong> will follow CMS guidelines and will not cover inpatient-only procedures when done outside of an inpatient setting. <strong>SelectHealth Community Care</strong> will follow CMS guidelines and will not cover inpatient-only procedures when done outside of an inpatient setting.</td>
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Medical Policy Bulletin

A quarterly notice of recently approved and revised Medical Policies is provided for your information. 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.

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.

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<tr>
<td>579</td>
<td>Ligament-Sparing Knee Replacement (NEW)</td>
<td>3/22/2016</td>
<td>SelectHealth does NOT cover ligament-sparing knee replacement surgery as it is considered not medically necessary.</td>
</tr>
</tbody>
</table>
| 578           | Genetic Testing in Hereditary Cardiomyopathies (NEW)       | 5/4/2016              | SelectHealth covers genetic testing for predisposition to inherited hypertrophic cardiomyopathy (HCM) and some cases of dilated cardiomyopathy (DCM) when determined to be medically necessary based on meeting medical criteria noted below. Coverage Criteria: Genetic testing for inherited cardiomyopathy is covered if:  
1. Testing is recommended by a medical geneticist, genetic counselor, or cardiologist specializing in inheritable disorders and ANY one of the following:  
2. Comprehensive or targeted (MYBPC3, MYH7, TNNI3, TNNT2, TPM1) HCM genetic testing for any patient for whom a cardiologist has established a clinical diagnosis of HCM based on examination of the patient’s clinical history, family history, and electrocardiographic/echocardiographic phenotype. a. Mutation-specific genetic testing is recommended for family members and appropriate relatives following the identification of the HCM-causative mutation in an index case.  
3. Comprehensive or targeted (LMNA and SCN5A) DCM genetic testing for patients with DCM AND significant cardiac conduction disease (i.e., first-, second-, or third-degree heart block) AND/OR a family history of premature unexpected sudden death. a. Mutation-specific genetic testing is recommended for family members and appropriate relatives following the identification of a DCM-causative mutation in the index case.  
4. Mutation-specific genetic testing for family members and appropriate relatives following the identification of a Left Ventricular Noncompaction (LVNC) causative mutation in the index case.  
5. Mutation-specific genetic testing is recommended for family members and appropriate relatives following the identification of a RCM-causative mutation in the index case. SelectHealth does NOT cover genetic testing for inheritable cardiomyopathy for the following circumstances:  
1. Genetic testing is not covered in unaffected individuals except for pathogenic/likely pathogenic site-specific mutations identified in an affected family member. Genetic testing is not indicated in unaffected relatives when a pathogenic mutation has not first been identified in the index patient.  
2. To facilitate screening within the family, and to facilitate family planning in patients with familial isolated DCM.  
3. Genetic testing for patients with familial isolated DCM to confirm the diagnosis, unless supporting documentation demonstrates clinical utility related to treatment or future testing requirements.  
4. Genetic testing for LVNC patients in whom a cardiologist has established a clinical diagnosis of LVNC based on examination of the patient’s clinical history, family history, and electrocardiographic/echocardiographic phenotype unless supporting documentation demonstrates clinical utility related to treatment or future testing requirements.  
5. Genetic testing for RCM patients in whom a cardiologist has established a clinical index of suspicion for RCM based on examination of the patient’s clinical history, family history, and electrocardiographic/echocardiographic phenotype unless supporting documentation demonstrates clinical utility related to treatment or future testing requirements. |
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<tr>
<td>577</td>
<td>Use of Chromosomal Microarray Analysis (CMA) in Pregnancy (NEW)</td>
<td>5/2/2016</td>
<td>SelectHealth covers use of chromosomal microarray analysis (CMA) in pregnancy when ANY ONE of the following are met. 1. Patients with a fetus with one or more major structural abnormalities identified on ultrasonographic examination and who are undergoing invasive prenatal diagnosis. 2. Patients with a structurally normal fetus undergoing invasive prenatal diagnostic testing. 3. For fetal demise defined as greater than 20-weeks gestation, CMA is covered if autopsy shows dysmorphic features. In this situation, CMA has greater sensitivity compared to karyotyping. SelectHealth does NOT cover CMA testing in recurrent pregnancy loss defined as 2 or more losses prior to 20-weeks gestation due to the lack of evidence demonstrating clinical utility.</td>
</tr>
<tr>
<td>584</td>
<td>Chiropractic Services for Children (NEW)</td>
<td>5/9/2016</td>
<td>SelectHealth does NOT cover chiropractic care for children less than seven years of age, as current evidence is insufficient to determine efficacy and safety of chiropractic care when provided to this age group. It meets the plan definition of investigational. SelectHealth covers chiropractic care for children ages 7-12 under limited circumstances. Criteria for coverage: • The child has a specific, chronic neuromusculoskeletal diagnosis causing significant and persistent disability • Other conservative therapies have been tried and have failed to relieve the patient’s symptoms • Improvement is documented with the initial two weeks of chiropractic care</td>
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<tr>
<td>585</td>
<td>Gastric Pacing/ Gastric Electrical Stimulation (GES) (NEW)</td>
<td>5/23/2016</td>
<td>SelectHealth does NOT cover gastric pacing or gastric electrical stimulation (GES) for intractable nausea and vomiting secondary to gastroparesis, as current evidence is insufficient to determine efficacy, durability, and safety. This therapy meets the Plan’s definition of investigational/experimental. SelectHealth does NOT cover gastric pacing or gastric electrical stimulation (GES) for any other indication including obesity, as it is considered experimental, investigational, or unproven.</td>
</tr>
<tr>
<td>586</td>
<td>Genetic Testing: RETT Syndrome (NEW)</td>
<td>6/6/2016</td>
<td>SelectHealth covers genetic testing for Rett syndrome in patients who phenotypically suggest the diagnosis. SelectHealth does NOT cover genetic testing for All other indications of Rett syndrome, including carrier testing (preconception or prenatal), and testing of asymptomatic family members to determine future risk of disease, as these are considered investigational. SelectHealth covers genetic testing when ordered or recommended by a medical geneticist or genetic counselor that is neither employed nor contracted to provide clinical services for the laboratory or the health system that performed the requested genetic test when above criteria are met.</td>
</tr>
<tr>
<td>587</td>
<td>OPPS (Hospital Outpatient Prospective Payment System) and ASC (Ambulatory Surgical Center) Services Only Covered Inpatient (NEW)</td>
<td>6/1/2016</td>
<td>SelectHealth does NOT cover procedures designated by CMS to be covered only as inpatient procedures in an ambulatory surgical center or outpatient facility. Performance of these procedures in these (ambulatory or outpatient) environments whether it be in an ambulatory surgical center or outpatient is considered investigational/experimental.</td>
</tr>
<tr>
<td>588</td>
<td>Peroral Endoscopic Myotomy (POEM) for the Treatment of Esophageal Achalasia (NEW)</td>
<td>6/6/2016</td>
<td>SelectHealth does NOT cover Peroral Endoscopic Myotomy (POEM) for the treatment of esophageal achalasia, as it is considered investigational/experimental.</td>
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| 172          | Reduction Mammoplasty (Breast Reduction) (Revised) | 3/18/2016          | SelectHealth Commercial Plan  
Phrase “Must meet ALL” has been added to the Coverage Criteria  
Also clarified requirements of who can submit documentation for consideration by changing “practitioner” to “medical practitioner.” |
| 500          | Infertility Evaluation and Treatment (Revised) | 3/18/2016          | SelectHealth Commercial Plan  
Added:  
• Anti-Müllerian hormone (AMH) to laboratory tests covered as part of the infertility benefit in the evaluation of infertility under female. |
| 158          | Oxygen Coverage (Revised) | 3/24/2016          | SelectHealth Commercial Plan  
Added:  
• Section on portable oxygen concentrators to clarify when these devices are covered. |
| 494          | Cytoreductive Surgery (CRS) with Associated Hyperthermic Intraperitoneal Chemotherapy (HIPEC) (Revised) | 3/24/2016          | SelectHealth Commercial Plan:  
Added:  
Updated references and additional language was added to Summary of Medical Information. |
| 553          | Urolift System for the Treatment of Benign Prostatic Hyperplasia (Revised) | 4/22/2016          | SelectHealth Commercial Plan:  
Modified coverage from not covered to covered with limitations which include:  
• Coverage only for men >50 years old  
• Limit number of implants per procedure to six  
• Limit one procedure per lifetime  
SelectHealth Community Care:  
Policy now reflects Urolift being covered under Community Care |
| 506          | Joint Replacement Using Makoplasty (Revised) | 4/8/2016           | SelectHealth Commercial Plan:  
Clarified exclusion to include not only total hip arthroplasty but also unicompartmental knee arthroplasty and total knee arthroplasty |
| 337          | Cryoablation for Renal Cell Carcinoma (RCC) (Revised) | 4/22/2016          | SelectHealth Commercial Plan:  
Reworded the policy for clarification:  
Conditions for which coverage of cryoablation therapy in the treatment of renal cell carcinoma are allowed include (ANY ONE criteria):  
1. Patients who, in the opinion of their surgeon and primary care provider, could not tolerate a partial/total nephrectomy due to other underlying chronic medical conditions.  
2. Patients with reduced renal function identified by a glomerular filtration rate ≤60 ml/min, serum creatinine ≥2.0, with a BUN to creatinine ratio <20/1.  
3. Patients who are symptomatic from the tumor and have a poor long-term predicted survival outcome due to metastatic renal cancer or other medical comorbidities.  
4. Patients with a renal mass ≥ 3 cm. |
| 554          | Emergency Behavioral Health Services (Revised) | 5/5/2016           | SelectHealth Commercial Plan:  
Added language to clarify the definition of emergent state. |
| 264          | PET Scans in the Evaluation of Alzheimer’s Disease and Other Dementias (Revised) | 5/10/216          | SelectHealth Commercial Plan:  
FDG was added to the following:  
SelectHealth covers FDG PET scans in the evaluation of dementia only when frontal temporal lobe dementia is suspected and other routine testing has failed to determine a definitive diagnosis, as current evidence suggests clinical utility of this procedure in this circumstance.  
SelectHealth does not cover other types of PET scans, including FBP PET, or PiB PET for this indication based on very limited body of evidence pertaining to the comparative accuracy of these tests relative to standard imaging procedures for AD (i.e., MRI, computed tomography) and the very limited evidence regarding the clinical utility for these indications. |
<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>260</td>
<td>DNA Analysis of Stool for Colon Cancer Screening (Pregen, Pregen-Plus, Cologuard) (Revised)</td>
<td>5/17/2016</td>
<td>A recent M-Tech review was completed on Cologuard and the updated literature was added to the policy. The coverage recommendation has not changed.</td>
</tr>
<tr>
<td>514</td>
<td>Whole Genomic Sequencing (WGS)/Whole Exome Sequencing (WES) (Revised)</td>
<td>4/14/2016</td>
<td>SelectHealth Commercial Plan: Coverage language update: SelectHealth covers whole genome sequencing or whole exome sequencing in the evaluation of nonsyndromic developmental delay, ataxia, or epilepsy when established criteria are met.</td>
</tr>
<tr>
<td>265</td>
<td>Radiofrequency Ablation (RFA) for Back or Neck Pain (Radiofrequency Neurolysis, Facet Joint Rhizotomy) (Revised)</td>
<td>5/15/2016</td>
<td>SelectHealth Commercial Plan: Clarifying language under conditions for coverage #2: Radiologic studies demonstrate no specific focal deficit that would account for the patient’s chronic pain symptoms; e.g., clinically meaningful disc herniation, stenosis, spondyloysis or spondylolisthesis, instability, bony spur, tumor, fracture, etc. that would suggest a competing explanation for the patient’s pain.</td>
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<tr>
<td>297</td>
<td>Genetic Testing: Comparative Genomic Hybridization (CGH)/Chromosomal Microarray (CMA) for Developmental Delay (Revised)</td>
<td>5/26/2016</td>
<td>SelectHealth Commercial Plan: Criteria for coverage: 1. The test is being ordered by a medical geneticist after receiving genetic counseling. 2. The patient presents with a clinical diagnosis of developmental delay. 3. Thorough history and physical has failed to establish a definitive diagnosis other than developmental delay. 4. Chromosome analysis has failed to provide a definitive diagnosis in patients presenting with dysmorphic features suggestive of specific chromosome abnormality (e.g., Down syndrome, Prader-Willi syndrome).</td>
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<tr>
<td>483</td>
<td>Transcatheter Pulmonary Valve Replacement (Revised)</td>
<td>5/21/2016</td>
<td>SelectHealth Commercial Plan: Revised language to include Edward SAPIEN XT Transcatheter Heart Valve and also clarified criteria. Criteria for coverage: (Must meet 1 or 2 AND either 3a or 3b) 1. Existence of a full (circumferential) RVOT conduit that was ≥16 mm in diameter when originally implanted. 2. Failed native pulmonic valve and justification for transcatheter valve implantation from a cardiovascular surgeon. 3. Dysfunctional RVOT conduits with a clinical indication for intervention, and either: a. Regurgitation: more than moderate regurgitation. b. Stenosis: mean RVOT gradient &gt; 35 mmHg.</td>
</tr>
<tr>
<td>118</td>
<td>Endoscopic Ultrasonography (EUS) (Revised)</td>
<td>5/31/2016</td>
<td>SelectHealth Commercial Plan: Added language to Criteria for Coverage: c.5) Pancreatic pseudocyst drainage after attempt and traditional endoscopic approach f.) Non-small cell lung cancer (NSCLC) 1) Staging of potential resectable known or suspected NSCLC g.) Celiac Plexus Neurolysis (when all of the following are met): 1) Patient has a diagnosis of pancreatic cancer 2) Pain that is intractable to maximally tolerate narcotic analgesics</td>
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**ARCHIVED**

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<tr>
<th>Policy Number</th>
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<th>Policy Effective Date</th>
<th>Policy was archived as of</th>
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</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>Cologuard® for Colon Cancer Screening</td>
<td>May 17, 2016</td>
<td>Not Covered for Commercial or Medicaid members. Current evidence suggests Cologuard has strong</td>
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<td>sensitivity in identifying colorectal cancer and advanced adenomas. Its sensitivity to earlier</td>
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<td></td>
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<td>adenomas, which are the focus of colonoscopy screening, is poor. However, the current cost of the</td>
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<td>testing demonstrates this test to be less cost effective than other available testing. See Medical</td>
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<td>Policy #260</td>
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<tr>
<td></td>
<td></td>
<td>Cologuard remains covered for SelectHealth Medicare Advantage members as required by the National</td>
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<td></td>
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<td>Coverage Determination (NCD) CAG-00440N.</td>
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</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 of SelectHealth coverage determinations:

- Bariatric Surgery
- Colon Cancer Recurrence Testing
- ConfirmMDx® Prostate Cancer Test
- Decipher® Prostate Cancer Classifier
- Entarra® Gastric Pacemaker for Gastroparesis
- Hemorrhoid RFA Ablation
- 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
- NovoTTF for Glioblastoma
- Prolaris® for Prostate Cancer
- Psych Med Genetic Testing
- SIRT for Liver Cancer
- SphenoCath® SPG Block for Migraine Management
- Sublingual Immunotherapy
- vBloc® for Weight Loss
- Vectra® DA for Rheumatoid Arthritis
- Vermillion OVA1® for Ovarian Cancer

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.”