Welcome to the Provider Insight® newsletter. This newsletter includes medical, dental, and pharmacy information; as well as 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 those covered by a SelectHealth policy.

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Simplify Your Preauthorization Process

Like you, we are dedicated to promoting the use of evidence-based medicine and the appropriate utilization of services. Preauthorizations help confirm the right care is given at the right time and in the right setting—every time.

Discuss the following tips and reminders with your office staff to ensure your preauthorizations are submitted when required, and consequently processed in a timely manner.

Tips:

> View the list of procedures/services that require preauthorization. Bookmark this page and refer to it often. Be sure to view the list specific to the patient’s SelectHealth policy.

> Request access to CareAffiliate*, our electronic preauthorization tool, if you don’t currently have it. CareAffiliate enables providers to submit preauthorization requests and supporting documentation online rather than through fax or email. The online functionality improves the accuracy, security, and speed with which requests are reviewed.

  • To request access for CareAffiliate, complete and submit an Online Login Application, making sure to select the “Add: CareAffiliate” box for each user. A training video and additional instructions are provided on the secure CareAffiliate site after access is granted.

> Submit a Request for Preauthorization Form This form is required for all preauthorization requests for all SelectHealth members—unless the request is made through CareAffiliate. Forms are available for medical, substance-related, and psychiatric-related services.

> Always include the appropriate medical coding (e.g., ICD-10 or CPT) with your request.

Reminders:

> Documentation supporting the medical necessity of the procedure must be submitted with the request.

> Services will only be covered when required preauthorizations are obtained prior to the service being rendered. Claims from participating providers for services requiring preauthorization that are not preauthorized will be denied to the provider and facility.

  • Services will only be approved for procedures that meet clinical criteria.
  • Applicable payments will be made in accordance with the member’s plan materials.

> If you have questions about the preauthorization process, call:

  • Commercial plans: 800-538-5038
  • SelectHealth Advantage: 855-442-9900
  • SelectHealth Community Care: 855-442-3234

SelectHealth is accepting submissions for this year’s Select 25 grant. We’ll give $2,500 to 25 organizations and individuals who promote health and wellness, assist individuals with special needs, create safe environments, and build strong communities.

Select 25 has become a signature event for SelectHealth and allows us to give back to those who are working to improve the health of our communities. In addition to receiving $2,500, each grant recipient receives materials that can assist them in their fundraising efforts.

As an influencer in your community, please help us spread the word about the grant. Submissions will be accepted through March 1, 2018. Learn more at select25.org.
Now Playing: Intermountain Podcasts

Tune in to clinical insights from Mark Briesacher, MD, and other medical leadership. Launched on the Our Best Practice website, Intermountain Podcasts is a new channel featuring conversations between Mark Briesacher, MD, Senior VP & Chief Physician Executive and President of Intermountain Medical Group, and other Intermountain medical and executive leadership about current topics in healthcare.

Tune in while you’re on the go, commuting, or during other free time you have outside of patient care to hear episodes on innovation, continuous improvement efforts, and how our leadership wants to work with each of you to support your invaluable roles of making a difference in our patients’ lives.

Visit IntermountainHealthcare.org/podcasts to listen today.

Revised Preventive Care Guideline for Adolescents

Byline: Tamara Sheffield, MD, MPA, MPH

The Intermountain Preventive Care Guidelines for Adolescents ages 11-18 years has been revised and approved by the Intermountain Medical Group, the Primary Care Clinical Program Guidance Council, and SelectHealth. Guidelines are available for Utah and Idaho. The guidelines are revised and approved every two years. The Preventive Care Guidelines for children ages 0-10 years and adults ages 19 and older will be revised in 2018.

What is included in the guidelines?

The Adolescent Preventive Care Guidelines contains sections on screenings, health guidance, immunizations, and recommendations for sexually active adolescents; it also contains 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?

Changes to the Adolescent Preventive Care Guidelines include: A new section on screening for cervical cancer (promoting waiting to screen until age 21 years), introduction of the CRAFFT screening tool for substance use, instructions about using Naloxone for opioid overdose, and safety recommendations.

Immunization recommendation changes include a two-dose Human Papilloma Virus (HPV) vaccine series, updated influenza vaccine recommendations, the addition of HIV as a high-risk indication for MCV4, and a two-dose meningococcal B recommendation for one product.

Mark Briesacher, MD, Senior VP & Chief Physician Executive and President of Intermountain Medical Group, and Todd Dunn, Director of Innovation at Intermountain’s Transformation Lab, are featured in the first Intermountain Podcasts episode
Where do I find the Adolescent Preventive Care guidelines?

The guidelines are accessible within Topics in the Primary Care Clinical Program website either inside the firewall at intermountain.net, or to all providers (including those without login access) through intermountainphysician.org. The advantage to accessing through intermountain.net is better formatting of the website for navigation.

Utah:
View preventive care guidelines at intermountainphysician.org/preventivecare

Idaho:
View preventive care guidelines at intermountainphysician.org/clinical/pc/topics/preventivecare/idaho/Pages/home.aspx

Who do I talk to if I have questions about the guidelines?
Tamara Sheffield, MD, MPH, Medical Director, Community Health and Prevention
Email: tamara.sheffield@imail.org
Phone: 801-442-3946

The Weigh to Health® Program is Becoming an Accredited Diabetes Prevention Program!

The Weigh to Health program helps participants lose weight and feel better every day. We’re excited to announce that this evidence-based program now meets accreditation requirements with the Centers of Disease Control and Prevention.

Accredited diabetes prevention programs throughout the United States have been shown to consistently help participants lose 5-7% of their starting body weight and increase moderate physical activity to 150 minutes per week. The Weigh to Health program now includes 18 group sessions facilitated by a registered dietitian and four appointments with a dietitian within 12 months—making it the perfect option for patients who have screened at-risk for prediabetes or a blood test confirming prediabetes.

Weigh to Health is still a great option for patients who don’t have prediabetes but want to lose weight and make healthy lifestyle choices.

Most SelectHealth plans cover the cost of the Weigh to Health program for patients who complete the program and qualify with a BMI $\geq$ 30 OR a diagnosed weight-related comorbidity like high cholesterol, hypertension, or cardiovascular disease.

Orientations are held regularly so patients can begin at their convenience at a facility near them. For more information and a list of facilities where Weigh to Health is offered, please visit intermountainhealthcare.org/nutrition.

Increase Efficiency With Electronic Remits and Payments

SelectHealth offers the 835 Electronic Remittance Advice and Electronic Funds Transfer (EFT) transactions to providers. The 835 allows for auto posting of claim payments, reducing manual work and improving accuracy. The addition of EFT saves time spent going to the bank to make deposits and increases the security of payments. Please visit our secure website to request the 835 and EFT.

If you are already set up for the 835 or the 835 plus EFT with SelectHealth and continue to receive paper remittance advices or checks, please contact our EDI department at 800-538-5099.

COMING SOON

Our Provider Benefit Tool is being updated to offer increased functionality and a more intuitive user experience. This tool provides a convenient method to view secure member claims and remittance information online. We look forward to introducing the redesigned Provider Benefit Tool later this spring.
Update to Outpatient Prospective Payment System and Ambulatory Surgical Center Policies

We revised Medical Policies #587 and #67 (see below) to allow certain procedures to be performed as either inpatient or outpatient.

During a comprehensive review of codes designated as inpatient-only procedures by CMS, a number of procedures were identified that can safely be performed in an outpatient setting.

Performance of the procedures listed below in an outpatient, office, or ambulatory surgical center setting is considered Investigational/Experimental because the safety and efficacy of performing the procedures in these settings is not established. Codes not listed in these policies will be covered on an outpatient basis as determined appropriate by the physicians performing the service. Please refer to Medical Policy #587 OPPS (Hospital Outpatient Prospective Payment System) and ASC (Ambulatory Surgical Center) Services Only Covered Inpatient or Coding and Reimbursement Policy #67 OPPS (Hospital Outpatient Prospective Payment System) and ASC (Ambulatory Surgical Center) Services Only Covered Inpatient for more details.

If you have any questions, call Provider Development at 800-538-5054.

Single-Fiber EMG Now Available In-Network

Effective October 1, 2017, Cory J. Kogelschatz, MD is contracted to provide single-fiber EMG services for SelectHealth members at Intermountain Medical Center’s Neurosciences Institute. Previously, these services were only available when authorized through an out-of-network service approval. With Dr. Kogelschatz’s availability to provide in-network services for SelectHealth members, out-of-network referrals will no longer be authorized. To schedule a single-fiber EMG, please call 801-507-9800.

SELECTHEALTH ADVANTAGE (MEDICARE)

Prohibition on Balance Billing Qualified Medicare Beneficiary Program Individuals

The Qualified Medicare Beneficiary (QMB) program is a Medicaid benefit that covers Medicare deductibles, coinsurance, and copayments. Medicare providers may not balance bill QMB beneficiaries for Medicare cost-sharing.

State Medicaid programs may pay providers for Medicare deductibles, coinsurance, and copays. However, federal law allows states to limit provider reimbursement for Medicare cost-sharing under certain circumstances.

Medicare providers must accept the Medicare payment and Medicaid payment (if any) as payment in full for services to a QMB beneficiary. Federal law bars Medicare providers from balance billing a QMB beneficiary under any circumstances. Medicare providers who violate these billing prohibitions may be subject to sanctions.
Be Aware of These QMB Balance-Billing Guidelines

It is imperative that you are aware of these policy clarifications to ensure compliance with QMB balance billing requirements.

> All original Medicare and Medicare Advantage providers—not only those that accept Medicaid—must abide by the balance-billing prohibitions.
> QMB individuals keep their protection from balance billing when they cross state lines to receive care. Providers cannot charge QMB beneficiaries, even if the patient’s QMB benefit is provided by a different state than the state in which the care is rendered.
> QMB beneficiaries cannot choose to waive their QMB status and pay Medicare cost-sharing.

What We Are Doing

> SelectHealth Member Services representatives will inform you of the QMB status if you call for benefits.
> “QMB” is displayed in the COB field in online eligibility inquiries, whether through the secure Provider Portal or through a 270/271 EDI transaction.

How You Can Help

By taking proactive steps to identify the QMB beneficiaries you serve and communicating with state Medicaid agencies (and Medicare Advantage plans if applicable), you can promote compliance with QMB balance-billing prohibitions.

> Determine effective means for identifying QMB beneficiaries among your patients. Find out what cards are issued to QMB beneficiaries so you can ask your patients if they have them. You can also contact Medicare Advantage plans to determine how to identify the plan’s QMB enrollees.
> Distinguish which billing processes apply in seeking reimbursement for Medicare cost-sharing from the states in which you operate.
> Ensure your billing software and administrative staff exempt QMB beneficiaries from Medicare cost-sharing billing and related collection efforts.

More Information

For more information about dual-eligible categories and benefits, please visit Medicare-Medicaid General Information. For more information about QMBs and other individuals who are dually eligible to receive Medicare and Medicaid benefits, please see the Medicare Learning Network publication titled “Dual Eligible Beneficiaries Under the Medicare and Medicaid Programs.”

SelectHealth FIT Pilot

In March 2018, SelectHealth, in conjunction with Intermountain Central Laboratory, will launch a Fecal Immunochemical Test (FIT) pilot program with their Utah SelectHealth Advantage members. A FIT kit will be mailed to each member who is not up to date with a colorectal cancer screening, with instructions to mail the kit back to Intermountain Central Laboratory. The lab will contact the members and their physicians with the test results.

SelectHealth recommends colon cancer screening for members age 50 to 75 years using either colonoscopy every 10 years or FIT annually. This pilot will offer members who have opted to not get a colonoscopy another option for colorectal cancer screening so that they can live the healthiest lives possible.

Refractions for SelectHealth Advantage Members

In 2018, CPT 92015 Determination of refractive state will be a covered benefit with no copay for SelectHealth Advantage members who receive the service from an in-network provider. If the refraction is performed during an eye exam, the member will still be responsible for the eye exam copay.
SELECTHEALTH COMMUNITY CARE®
(MEDICAID)

Changes to Member Copays

Due to a Utah Medicaid plan amendment, copay amounts for certain covered services have changed (effective 2017). The state and SelectHealth each communicated this information last year. Please remind your staff of the new amounts as listed below:

> Effective July 1, 2017
  • Inpatient hospital stay, planned (episode of care): $75 per stay
> Effective October 1, 2017
  • Emergency Room, nonemergencies: $8 for each nonemergent use
  • Office-related and outpatient services: $4 per visit
  • Outpatient hospital services: $4 per service, maximum of one per person, per hospital, per date of service
  • Pharmacy services: $4 per prescription, maximum of $20 per month
  • Vision services: $3 for each pair of eyeglasses

Questions? Please contact Member Services at 855-442-3234 weekdays, from 7:00 a.m. to 8:00 p.m., and Saturday, from 9:00 a.m. to 2:00 p.m. TTY users, please call 711.

Coverage of Long-Acting Reversible Contraceptives Placed Immediately Postpartum

Effective January 1, 2018, SelectHealth Community Care will pay for the provision of long-acting reversible contraceptive devices placed prior to discharging patients postpartum. This includes intrauterine devices (IUDs) and contraceptive implants. Payment will be made for both the placement on the professional claim and the device on the inpatient claim. If you are a facility, please submit a separate inpatient claim from the delivery to receive reimbursement.

Reminder: ID Cards No Longer Issued for SelectHealth Community Care

We do not issue ID cards to SelectHealth Community Care members. Their state Medicaid ID numbers should be used to verify eligibility and submit claims.

Please note that this change only affects SelectHealth Community Care members. All 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 not to 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
  > AccessNow (eligibility phone): 801-538-6155

Please don’t ever turn away SelectHealth Community Care members who don’t bring their insurance card. Always check their eligibility. If you have questions about whether members are covered, call AccessNow. For other questions, contact your Network Engagement (formerly known as Provider Relations) representative at 800-538-5054.

Medicaid Requirement: Attest to Your Office’s Physical Disabilities Accommodations

To ensure all Medicaid recipients, including SelectHealth Community Care members, receive the appropriate care, Utah Medicaid is requiring providers to attest to their office’s physical disabilities accommodation. To complete this attestation:

1. Visit our Provider Information Update tool
2. Mark “Yes,” “No,” or “Call to Verify”
3. Click “Submit”

Thank you for providing extraordinary care to all of our SelectHealth Community Care members.
SELECTHEALTH DENTAL

Periodontal Charting Updates

Please be aware of the following additional criteria to the SelectHealth periodontal charting policy. Periodontal charting refers to reporting cases with the following data:

1. Name of patient
2. Exam date that is within 6 months prior to procedure date
3. Identification of the quadrants and sites involved
4. Minimum of three pocket measurements per involved tooth
5. Indication of recession, furcation involvement, mobility and mucogingival defects
6. Identification of missing teeth

Intermountain Healthcare Employee Dental Plans

Beginning in 2018, preventive dental services for Intermountain Healthcare employees’ dental plans will not count toward the annual maximum benefit. In the past, if a member reached most or all of their annual maximum benefit early in the year due to major dental work, they might have had to pay out-of-pocket for recommended preventive care services. This change will ensure that members are covered for preventive dental care all year long.

View the 2018 SelectHealth Dental Fee Schedules.

PHARMACY

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.

CODING AND REIMBURSEMENT, MEDICAL POLICIES, AND NEW TECHNOLOGY ASSESSMENT

Anesthesia Coding Updates

The following anesthesia codes terminated on December 31, 2017: CPT 00740 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum and CPT 00810 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum.

These codes are replaced, effective January 1, 2018, with CPT 00812 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy, as well as the following codes:

- **00731**: Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified
- **00732**: Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography
- **00811**: Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified
- **00813**: Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

Medical Policy #51 Anesthesia (General & MAC) With Colonoscopies and Other Endoscopic Examinations was updated to reflect the coding changes. View this policy, along with all of our policies on our secure website. For more information about anesthesia codes and other coding updates, visit cms.gov—and be sure to refer to the 2018 version of your coding books.
## 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.

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| 06            | Preventive Care and Screening Guidelines *(Revised)* | 01/01/2018 | **SelectHealth Commercial**
|               |             |                       | 00812 - Anesthesia for a screening colonoscopy is covered once every 5 years effective 01/01/2018 |
|               |             |                       | **SelectHealth Advantage**
|               |             |                       | 00812 - Anesthesia for a screening colonoscopy is covered once every 2 years effective 01/01/2018 |
| 07            | IV Moderate Conscious Sedation *(Revised)* | 01/01/2018 | **SelectHealth Commercial**
|               |             |                       | We will no longer bundle moderate conscious sedation codes 99151, 99152, 99153, 99155, 99156, and 99157 with codes formerly listed in Appendix G of the Current Procedural Terminology (CPT) 2016 manual effective for dates of service 01/01/2018 or later. For dates of service prior to 01/01/2018, the reimbursement for conscious sedation will continue to bundle all codes listed in Appendix G of the Current Procedural Terminology (CPT) 2016 manual. |
| 42            | Preventive and Medical EM services *(Revised)* | 01/01/2018 | **SelectHealth Commercial**
|               |             |                       | Additional verbiage has been added to clarify that CPT 96127 will not be paid when billed in conjunction with a preventive exam, as this service should be included in a preventive exam. |
| 51            | Anesthesia with Colonoscopies and Other Endoscopic Exams *(Revised)* | 01/01/2018 | **SelectHealth Commercial**
|               |             |                       | New CPT 00812 with effective date 01/01/2018 has been added to the policy and will not require review to be paid. |
|               |             |                       | **SelectHealth Advantage**
|               |             |                       | New CPT 00812 with effective date 01/01/2018 has been added to the policy and will not require review to be paid. |
| 67            | Ambulatory Surgical Center Covered Services *(Revised)* | 10/06/2017 | **SelectHealth Commercial**
|               |             |                       | SelectHealth will allow some procedures that are designated as inpatient-only to be performed in an outpatient setting. Appendix A of Medical Administrative policy #587 lists the procedures that SelectHealth will cover only when performed as inpatient procedures. |

All SelectHealth medical policies can be viewed on selecthealthphysician.org. Select “Secure Content Login” and enter your log-in information, then select “Policies and Procedures.”
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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| 598 | Total Knee Arthroplasty *(New)* | 01/01/2018 | **Commercial Plan**  
SelectHealth covers total knee arthroplasty (TKA) when the criteria outlined in Medical Policy #598 are met.  
SelectHealth does NOT cover robotic-assisted TKA (e.g., makoplasty or RIOS), as there is a lack of evidence to demonstrate clinically meaningful differences in outcomes for patients undergoing TKA using these technologies. Use of these technologies is considered investigational. |
| 599 | Total Hip Arthroplasty *(New)* | 01/01/2018 | **Commercial Plan**  
SelectHealth covers total hip arthroplasty (THA) when the criteria outlined in Medical Policy #599 are met.  
SelectHealth does NOT cover robotic-assisted THA (e.g., makoplasty or RIOS), as there is a lack of evidence to demonstrate clinically meaningful differences in outcomes for patients undergoing THA using these technologies. Use of these technologies is considered investigational. |
| 612 | Varicocele Repair *(New)* | 10/03/2017 | **Commercial Plan**  
SelectHealth covers microsurgical varicocelectomy as an acceptable alternative method of treating a varicocele when any of the criteria outlined in Medical Policy #612 are met.  
SelectHealth covers percutaneous embolization (by means of balloon or metallic coil) for the treatment of varicocele when any of the criteria outlined in Medical Policy #612 are met.  
SelectHealth does NOT cover surgical treatment (ligation, embolization) for subclinical varicocele as it is considered experimental and investigational because of insufficient evidence to support its effectiveness. |
| 619 | Colonic Manometry *(New)* | 10/02/2017 | **Commercial Plan**  
SelectHealth does NOT cover colonic manometry (colonic motility studies), as this testing is considered investigational/experimental since clinical utility has not been established. |
| **REVISED POLICIES** | | | |
| 101 | Alcohol Ablation Septal Reduction (Transcoronary Ablation of Septal Hypertrophy and Percutaneous, Transluminal Septal Myocardial Ablation) *(Revised)* | 10/19/2017 | **Commercial Plan**  
We added Class II under the New York Heart Association (NYHA) classification to criterion #1. |
| 125 | Heart Transplant: Adult *(Revised)* | 10/12/2017 | **Commercial Plan**  
Morbid obesity and advanced hepatic disease have been separated to create distinct criteria. |
| 168 | Laser Treatment of Congenital Hemangiomas *(Port Wine Stain) *(Revised)* | 10/02/2017 | **Commercial Plan**  
We added another area considered of functional importance by the plan “#3 Any port wine stain area to resolve a functional problem associated with pain, discomfort, or bleeding.” |
| 169 | Private Duty Nursing *(Revised)* | 10/19/2017 | **Commercial Plan**  
Under the exceptions to limitations, after acute hospitalization, we added “or temporary extensions to cover a short-term gap.” |
# REVISED POLICIES

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| 222           | Genetic Testing: Inheritable Colon Cancer *(Revised)*                        | 09/25/2017      | **Commercial Plan**
Gardner Syndrome was added under the high-risk syndromes.                                                                                                                                                                                                                                                                                             |
| 233           | Computerized Microprocessor-Controlled Knee Prostheses *(Revised)*          | 08/21/2017      | **Commercial Plan**
SelectHealth covers microprocessor-controlled knee prostheses when criteria outlined in Medical Policy #233 are met.                                                                                                                                                                                                                                                                 |
| 241           | Transcranial Magnetic Stimulation for Depression and Other Psychiatric Disorders *(Revised)* | 11/02/2017      | **Commercial Plan**
TMS is now covered if the following criteria are met:
SelectHealth covers unilateral repetitive transcranial magnetic stimulation (TMS) for depression and other psychiatric disorders if ALL criteria outlined in Medical Policy #241 are met.
SelectHealth does NOT cover unilateral repetitive TMS for behavioral health indications not specified in the Medical Policy, as it is considered investigational.
SelectHealth does NOT cover bilateral repetitive TMS for ANY behavioral health condition as it is unproven.                                                                                                                                                                                                                                         |
| 265           | Radiofrequency Ablation *(Revised)*                                         | 09/26/2017      | **Commercial Plan**
More up-to-date guidelines through the American College of Physicians/American Pain Society were added to the policy rather than using the Agency for Health Care Policy and Research (AHCPR).
Condition #1 now states:
"Patient has experienced moderate to severe lower back (lumbosacral) OR neck (cervical) pain limiting activities of daily living for at least 3 months in the current episode, and is unrelieved by more conservative medical management strategies recommended by the American College of Physicians/American Pain Society."                                                                                                                                                                      |
| 295           | Bariatric Surgery Guidelines *(Revised)*                                     | 09/15/2017      | **Commercial Plan**
SelectHealth now covers biliopancreatic bypass with or without duodenal switch for members who have a bariatric rider and meet criteria. Please see the policy for the list of criteria.                                                                                                                                                             |
| 386           | Gender Reassignment Surgery *(Revised)*                                     | 10/10/2017      | **Commercial Plan**
For a better understanding, we combined and reworded criteria #5 and #6 to state:
"The patient has completed a minimum of 12 months of successful, continuous full-time real-life experience with no returning to their original gender. Examples that would demonstrate this criterion could include maintaining part- or full-time employment as the individual’s self-identified gender, functioning as a student in an academic setting, functioning in a community-based volunteer activity, or seeking and obtaining legal gender change from the courts."                                                                                                                                 |
| 492           | Oral Appliances for Sleep Apnea *(Revised)*                                | 10/05/2017      | **Commercial Plan**
For clarification, we specified whom the polysomnography test could be performed by in criterion #1, “An American Board of Sleep Medicine (ABSM) board-certified sleep specialist.”                                                                                                                                                                                                                         |
| 569           | Urine Drug Testing in the Outpatient Setting *(Revised)*                    | 09/18/2017      | **Commercial Plan**
We specified that the laboratory performing the services must be CAP- (College of American Pathologists) and CLIA-certified.                                                                                                                                                                                                                         |
| 580           | Corneal Crosslinking for the Treatment of Keratoconus *(Revised)*           | 11/10/2017      | **Commercial Plan**
SelectHealth now covers epithelium-off corneal-crosslinking once per lifetime, per eye if the following criteria are met:
1. Patient has a diagnosis of keratoconus or corneal ectasia.
2. The medicine used is Photrexª Viscous/Photrexª with the KXL device.
3. The procedure is performed by a fellowship-trained corneal provider.
SelectHealth does NOT cover corneal crosslinking in conjunction with intrastromal ring segment placement, as it is considered investigational.                                                                                                                                                                                                                                     |