If you have questions, suggestions, or success stories you would like to share, e-mail provider.relations@selecthealth.org.

Children’s Health Insurance Plan

SelectHealth administers the Children’s Health Insurance Program (CHIP) for the state of Utah. CHIP is a state health insurance plan for children in low-to-moderate-income families.

Many services are covered by Utah’s CHIP program, including family planning services. It is important to note that prior written parental consent is required for these services to be covered for females younger than age 18. There is no official consent form. Claims must include a note that the services have been authorized and must be signed and dated by the parent or guardian. Any claims filed without this consent will be denied.
Diabetes Process Care Model Updated

The adult diabetes mellitus Care Process Model (CPM) was recently updated. This CPM is part of Intermountain’s comprehensive care management system for patients with diabetes.

The following items are new or revised with this update:
- HbA1c (A1C) as diagnostic tool
- Link between hyperglycemia and pancreatic cancer
- Prediabetes discussion and recommendations
- Evaluating diabetes control with A1C
- Continuous glucose monitoring systems
- Bariatric surgery in patients with diabetes
- Algorithm guiding treatment of type 2 diabetes
- Insulin therapy information and recommendations
- Glucose management in special circumstances
- Aspirin therapy to reduce cardiovascular risk
- Dyslipidemia management
- Hypertension management
- Detecting and managing kidney disease
- Detecting and managing androgen deficiencies in men with diabetes
- Patient education resources

To view CPMs, visit intermountainphysician.org. Click “Departments” and then “Clinical Programs.” Locate the desired topic in the “Clinical Operations Topic Pages” tab on the right side of the screen.
E-prescribing gives providers the ability to do the following:

- Transmit electronic prescriptions
- View patients’ prescription histories, including medications prescribed by other providers
- Find the tier status of covered medications, as well as potential alternatives
- Obtain copay or deductible information
- Check eligibility
- View refill dates to ensure medications are being taken as prescribed

E-prescribing promotes safety and efficiency. The data available in our system can help prevent potentially dangerous drug interactions and decrease duplication errors. E-prescribing may also reduce the number of calls made to your office for non-covered medications or medication changes.

Prescribers routing prescriptions electronically grew from 156,000 at the end of 2009 to 234,000 by the end of 2010, representing about 34 percent of all office-based prescribers.1 This trend continues to grow with increased demands for more efficient healthcare delivery.

To take advantage of the benefits of e-prescribing, you must use an Electronic Medical Record (EMR) system with e-prescribing capabilities. Many EMR systems already have this technology available. If you are unsure whether your EMR system is compatible with e-prescribing, consult your software vendor. If you are not currently using an EMR system and would like more information about which systems offer e-prescribing functionality, visit surescripts.net.

SelectHealth data became available last year through certified e-prescribing applications.2 This data includes information regarding the member’s eligibility, formulary, and prescription history. SelectHealth also measures e-prescribing utilization through claims data submitted by pharmacies via the National Council for Prescription Drug Programs (NCPDP) prescription origin code. The prescription origin code is tracked and utilized for physician reporting and informational purposes. Auditing procedures may be implemented to ensure the accuracy of prescription origin codes submitted by the pharmacy.

References:


2 SelectHealth data is available through SureScripts. If your e-prescribing application is routed through another avenue, you do not have access to SelectHealth data.
The federal employee benefit Open Season runs November 14 through December 12. Our Sales department participates in open enrollment events and looks forward to opportunities to promote our medical benefits and superior service.

New and renewing FEHB SelectHealth members will receive ID cards that will include a unique “Federal Employee” identifier. Please see the sample card below:

Call Member Services at 801-442-5038 (Salt Lake area) or 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m. if you have questions regarding our FEHB program.
FLU Vaccines

The flu vaccine is designed to protect against the three main strains that are likely to cause the most illness during flu season.

The 2011-2012 flu vaccine will protect against the same flu viruses that were included in the 2010-2011 vaccine. These include an H3N2 virus, an influenza B virus, and the H1N1 virus.

Individuals should get vaccinated every year because immunity to influenza viruses declines over time.

Routine influenza vaccination is now recommended for everyone ages six months and older. Healthy, nonpregnant people ages two to 49 may receive either the Trivalent Influenza Vaccine (TIV) or the Live Attenuated Influenza Vaccine (LAIV, Flumist). Some TIV formulations are FDA-licensed for use in people as young as six months. People ages 65 and older can be administered either standard-dose TIV or the newly licensed high-dose TIV. LAIV is FDA-licensed for use only in persons ages two to 49. The safety of LAIV has not been established in persons with underlying medical conditions that confer a higher risk for influenza complications. All TIV and LAIV formulations are covered for SelectHealth members.

If you have questions, please contact your Provider Relations representative.

The most important step in protecting against influenza is a yearly flu vaccine.
MEDICAL TECHNOLOGY ASSESSMENT (M-TECH)

M-Tech is SelectHealth’s formal process for reviewing emerging healthcare technologies (procedures, devices, tests, and biologics) for the purpose of establishing covered benefits. Existing technologies are, at times, also examined through this process.

Following is a list of recently reviewed technologies and committee recommendations:

<table>
<thead>
<tr>
<th>Technology</th>
<th>Date Reviewed*</th>
<th>Committee Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme Lateral Interbody Fusion (XLIF®) Update</td>
<td>03/15/11</td>
<td><strong>Cover.</strong> Review of the updated literature suggests that extreme lateral interbody fusion (XLIF) provides equivalent, if not superior, outcomes to both anterior and posterior lumbar interbody fusion techniques. See Medical Policy #445.</td>
</tr>
<tr>
<td>Transcatheter Pulmonary Valve (TPV)</td>
<td>03/15/11</td>
<td><strong>Cover with limitations.</strong> The procedure has achieved FDA Human Device Exemption (HDE) approval based on available short-term outcomes. Cover in appropriately selected patients based on FDA HDE requirements. See Medical Policy #483.</td>
</tr>
<tr>
<td>NeuRx Diaphragm Pacing System (DPS)™ for Amyotrophic Lateral Sclerosis</td>
<td>03/15/11</td>
<td><strong>Deny as investigational/experimental.</strong> Though FDA approved under a Humanitarian Device Exemption (HDE), current evidence for improvement in health outcomes is lacking. See Medical Policy #273.</td>
</tr>
<tr>
<td>Prolaris™ Prostate Cancer Recurrence Tests</td>
<td>03/15/11</td>
<td><strong>Deny as investigational/experimental.</strong> No published peer-reviewed clinical studies evaluating Prolaris™ gene expression test to demonstrate clinical utility. See Medical Policy #482.</td>
</tr>
<tr>
<td>DeNovoNT® Natural Tissue Graft for Juvenile Cartilage Allograft</td>
<td>03/15/11</td>
<td><strong>Deny as investigational/experimental.</strong> Current evidence in the published peer-reviewed literature fails to demonstrate efficacy, safety, and durability of the DeNovoNT procedure, especially as it compares to alternative technologies available to treat large cartilaginous defects of the knee. See Medical Policy #481.</td>
</tr>
<tr>
<td>Sacral nerve Stimulation for Urinary Retention</td>
<td>03/15/11</td>
<td><strong>Cover for nonobstructive urinary retention.</strong> The device has received FDA premarket (PMA) approval for use in patients with urinary retention and is an accepted treatment for this population by specialists. See Medical Policy #173.</td>
</tr>
<tr>
<td>Sleeve Gastrectomy</td>
<td>05/3/11</td>
<td><strong>Deny as not medically necessary for management of gastroparesis.</strong> No published data exists concerning its use in the treatment of gastroparesis leading to unresolved questions as to efficacy, safety, and durability of this procedure for this indication. <strong>Cover for management of morbid obesity.</strong> Evidence from published, peer-reviewed literature demonstrates adequate efficacy as compared to other bariatric procedures, similar if not superior safety and adequate durability of weight loss. See Medical Policy #295.</td>
</tr>
<tr>
<td>Transurethral Radiofrequency Therapy for Urinary Incontinence (Renna® Procedure)</td>
<td>05/3/11</td>
<td><strong>Deny as not medically necessary.</strong> Current evidence demonstrates inferior efficacy and durability compared to other standard approaches to the treatment of stress urinary incontinence. See Medical Policy #352.</td>
</tr>
<tr>
<td>MammaPrint Testing in Breast Cancer</td>
<td>05/3/11</td>
<td><strong>Deny as investigational/experimental.</strong> Current evidence as to the clinical utility of MammaPrint is inconclusive. See Medical Policy #281.</td>
</tr>
<tr>
<td>PROMETHEUS® Crohn's Prognostic Test</td>
<td>05/3/11</td>
<td><strong>Deny as not medically necessary.</strong> Current evidence fails to define the clinical utility of the PROMETHEUS® Crohn’s Prognostic Test in the management of Crohn’s disease. See Medical Policy #484.</td>
</tr>
<tr>
<td>Automated Whole Breast Ultrasound as an Adjunct to Screening Mammography</td>
<td>5/3/11</td>
<td><strong>Deny as investigational/experimental.</strong> There is a lack of evidence to demonstrate improved health outcomes or survival when the technology is employed in a screening manner. See Medical Policy #395.</td>
</tr>
</tbody>
</table>

**“Date reviewed” does not necessarily reflect the policy implementation date. See Medical Policies for details.**

If you have questions regarding coverage of these or any other technologies or procedures, or if you would like SelectHealth to consider coverage for an emerging technology, please e-mail mtech@selecthealth.org or call Ken Schaecher, M.D., FACP, M-Tech committee chairman, at 801-442-7927.

All SelectHealth medical policies and technology assessments can be viewed on our website. Visit selecthealth.org, click on the “Provider” tab (upper right corner), enter your login information, and then click on “Policies and Procedures” (left side of page).
To receive the highest level of benefits when purchasing Miscellaneous Medical Supplies (MMS), members should use a vendor that is contracted with SelectHealth. When issuing scripts, please keep in mind that the patient will be responsible for costs above a 90-day supply and for receiving supplies from a nonparticipating vendor.

**SELECTHEALTH MMS CONTRACTED VENDORS**

<table>
<thead>
<tr>
<th>Full-Service Vendors</th>
<th>Intermountain Homecare</th>
<th>Southern Utah Home Oxygen</th>
<th>Uintah Basin Home Health</th>
<th>Petersen Medical (Blanding)</th>
<th>Norco (Burley, ID)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic Supplies</td>
<td>Diabetes Specialty Center</td>
<td>JQ Medical</td>
<td>CCS Medical</td>
<td>Edgepark</td>
<td>Dexcom (CGM Only)</td>
</tr>
<tr>
<td>Ostomy/ Urological Supplies</td>
<td>JQ Medical</td>
<td>Edgepark</td>
<td>CCS Medical</td>
<td>Symbius Medical (catheters)</td>
<td>Petersen Medical (Orem)</td>
</tr>
<tr>
<td>Wound Care Supplies</td>
<td>CCS Medical</td>
<td>Edgepark</td>
<td>Advanced Tissue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compression Stockings</td>
<td>Intermountain Homecare</td>
<td>JQ Medical</td>
<td>National DME</td>
<td>Symbius Medical</td>
<td>Edgepark</td>
</tr>
</tbody>
</table>

**5010 IS ALMOST HERE!**

HIPAA requires all EDI transactions to adopt X12 version 5010 by January 1, 2012. Updates are required. If these updates are not completed on time, there could be a disruption to all EDI transactions (e.g., claims, remittance advice, eligibility).

If you are ready to test, please contact the SelectHealth EDI Team at 801-442-5442 or edi@selecthealth.org

**CONSULTATIONS**

On January 1, 2010, the Centers for Medicare and Medicaid Services (CMS) discontinued payment for the CPT codes used to designate consultative services (CPT codes 99241-99245, 99251-99255). SelectHealth will continue to pay for consultations through December 31, 2011, at which point we will no longer reimburse consultation codes. To receive reimbursement, you must bill the appropriate evaluation and management codes.

selecthealth.org
NEW!
Preauthorization Phone Number

Please call
801-442-5305 or
800-442-5305 to
speak with a healthcare
professional to receive
a preauthorization for
procedures or services.