

October 2023: Medical Policies, Coding/Reimbursement

Select Health publishes the *Policy Update Bulletin* monthly with new, revised, and archived policy information as well as policy developments and related practice management tips.

Questions? Contact Marcus.Call@selecthealth.org for information on content of a medical policy, Brandi.Luna@selecthealth.org for questions about coding and reimbursement policies, or your Provider Relations representative for any other questions.

Select Health Policy Updates

This update includes:

- **Three** new policies (Table 1 below)
- **Five** revised medical and/or coding and reimbursement policies (see Table 2 below and on [page 2](#))
- **Sixteen** updated Avalon laboratory utilization policies (see Table 3, beginning on [page 2](#))

Policies listed in these tables are arranged alphabetically by title, with a link to the online specialty-based book and page number where the policy can be found (or to the policy itself if coding/reimbursement).

Policies are also available on the Select Health Provider Portal (secure login required).

Coding and reimbursement updates can be found on [page 6](#).

Table 1. New Medical Policies

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
Dynamic Spectral Imaging Smart Colposcopy (DYSIS) (675), see page 2 in the Obstetrics/Gynecology booklet .	10/04/2023: Created and published policy; Select Health does not cover this procedure
GammaTile (674), see page 17 in the Hematology/Oncology booklet .	10/05/2023: Created and published policy; covered with criteria
Optilume (672), see page 6 in the Genitourinary booklet .	09/26/2023: Created and published policy; covered with criteria

Table 2. Revised Medical and Coding/Reimbursement Policies

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
MEDICAL: Chiropractic Services for Children (584), see page 2 in the Pediatrics booklet .	10/04/2023: Updated criteria to align with requirements for these services outlined in plan documents to list of excluded tests
MEDICAL: Gene Therapy, Testing, and Counseling (123), see page 25 in the Genetic Disease booklet .	10/05/2023: Added the following exclusion: "Select Health considers situations in which a duplicative germline test was performed for the same genetic content as a previous test to be not medically necessary."

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Table 2. Revised Medical and Coding/Reimbursement Policies, Continued

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless Summary text appears in BOLD)
CODING/REIMBURSEMENT: In-Network Coverage of Medical Services with an Out-of-Network Provider (88) .	10/12/2023: Removed “Pediatric Specialists” from listing of sub-specialists to qualify these specialists as secondary providers
MEDICAL: Sacral Nerve Stimulation (SNS) (173), see page 116 in General Surgery booklet .	10/09/2023: Clarified requirement in criterion #2 for placement of a permanent sacral nerve stimulator: “Patient experienced at least a 50% reduction in incontinence symptoms with a 7-day trial of percutaneous sacral stimulator....”
MEDICAL: Viscosupplementation (188), see page 23 in the Pharmacology booklet .	10/12/2023: Removed previous criterion #5, which required only certain providers administer this treatment

Table 3. Updated Avalon Laboratory Utilization Policies

Policy Title (Number)	Revision Date: Summary of Change
Biomarker Testing for Autoimmune Rheumatic Disease (AHS-G2022), see page 82 in Laboratory Utilization Part 1 booklet .	10/17/2023: <ul style="list-style-type: none"> • Changed title of policy to “Biomarker Testing for Autoimmune Rheumatic Disease.” (previously titled, “ANA/ENA Testing”). • Added criteria #1a: “Once per lifetime in individuals with stable symptoms” and #1b: “Repeat testing only if a significant change in symptoms occurs.” • Added new coverage criterion #9: “For the management of rheumatoid arthritis (RA), serum biomarker panel testing (e.g., Vectra DA score, PrismRA) DOES NOT MEET COVERAGE CRITERIA.”
Biomarkers for Myocardial Infarction and Chronic Heart Failure (AHS-G2150), see page 96 in Laboratory Utilization Part 1 booklet .	10/17/2023: <ul style="list-style-type: none"> • Changed title of policy to “Biomarkers for Myocardial Infarction and Chronic Heart Failure”; previously titled “Cardiac Biomarkers Myocardial Infarction.” • Reformatted coverage criteria #1, which now reads: “For individuals presenting with signs and symptoms of acute coronary syndrome (see Note 1), quantitative measurement of cardiac troponin (troponin T or I) for the diagnosis of myocardial infarction (MI) (when tested at an outpatient facility capable of performing an adequate clinical MI evaluation) MEETS COVERAGE CRITERIA up to four times within the first 72 hours following initial presentation.” • Added new coverage criteria #4: “For all situations, qualitative measurement of cardiac troponin (troponin T or I) DOES NOT MEET COVERAGE CRITERIA.” • Added new coverage criteria #5: “For all situations in the outpatient setting, analysis of ST2 and/or its isoforms (e.g., Presage ST2) DOES NOT MEET COVERAGE CRITERIA.”

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Table 3. Updated Avalon Laboratory Utilization Policies, Continued

Policy Title (Number)	Revision Date: Summary of Change
<p>Cardiovascular Disease Risk Assessment (AHS-G2050), see page 113 in Laboratory Utilization Part 1 booklet.</p>	<p>10/17/2023:</p> <ul style="list-style-type: none"> Added frequency to coverage criteria #1b, now allowing lipid panel screening on an annual basis for those with increased risk of dyslipidemia. Added sub-criteria #i to coverage criteria #1: “Obesity or metabolic syndrome” as a risk factor for annual lipid screening. Changed coverage criteria #3d from Lp(a) screening only for those with risk factors to allowing once per lifetime screening of Lp(a). Added frequency guidelines to coverage criteria #4 “For individuals for whom a risk-based treatment decision is uncertain (after quantitative risk assessment using ACC/AHA PCEs to calculate 10-year risk of CVD events [see Note 2]), testing for C-reactive protein with the high-sensitivity method (hs-CRP) MEETS COVERAGE CRITERIA at the following frequency: <ul style="list-style-type: none"> a) For initial screening, two measurements at least two weeks apart. b) If the initial screen was abnormal, follow-up screening is allowed up to once per year.”
<p>Diabetes Mellitus Testing (AHS-G2006), see page 205 in Laboratory Utilization Part 1 booklet.</p>	<p>10/16/2023:</p> <ul style="list-style-type: none"> Changed title of policy to “Diabetes Mellitus Testing” (previously titled “Hemoglobin A1c”). Expanded coverage criteria to address testing beyond hemoglobin A1c indications alone. Changed coverage criteria #3d from Lp(a) screening only for those with risk factors to allowing once per lifetime screening of Lp(a).
<p>PCR Testing (AHS-M2057), see page 220 in Laboratory Utilization Part 1 booklet.</p>	<p>09/27/2023:</p> <ul style="list-style-type: none"> For coverage criteria #8, removed “when limited to known pathogenic species” and provided clarifying language. Coverage criteria #8 now reads: “For individuals with symptoms of bacterial vaginosis (BV), NAAT specific to the diagnosis of BV (e.g., Aptima® BV; OneSwab® BV Panel PCR with Lactobacillus Profiling by qPCR; SureSwab® Advanced BV, TMA) and single or multitarget PCR testing for the diagnosis of BV MEETS COVERAGE CRITERIA. Added new coverage criteria #9: “9) NAAT panel testing designed to detect more than one type of vaginitis (VVC, BV, and/or trichomoniasis; [e.g., BD MAX™ Vaginal Panel, NuSwab® VG, Xpert® Xpress MVP]) DOES NOT MEET COVERAGE CRITERIA. NuSwab VG, Xpert Xpress MVP) DOES NOT MEET COVERAGE CRITERIA.”

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Table 3. Updated Avalon Laboratory Utilization Policies, Continued

Policy Title (Number)	Revision Date: Summary of Change
<p>Diagnostic Testing of Common Sexually Transmitted Infections (AHS-G2157), see page 239 in Laboratory Utilization Part 1 booklet.</p>	<p>10/03/2023:</p> <ul style="list-style-type: none"> • Added new sub-criteria to coverage criteria #9, which address screening for gonorrhea in asymptomatic individuals without high-risk factors: “(c) For sexually active individuals less than 18 years of age (annually).” was added. • Added coverage criteria #17 and #18: <ul style="list-style-type: none"> — “17) NAATs or PCR-based testing for T. vaginalis MEETS COVERAGE CRITERIA in the following situations: <ul style="list-style-type: none"> a) Symptomatic individuals (see Note 7). b) Asymptomatic individuals belonging to a high-risk group: <ul style="list-style-type: none"> — i) Concurrent STI or history of STIs. — ii) Individuals in high prevalence settings, such as STI clinics. — iii) Individuals who exchange sex for payment. — 18) Rapid identification of trichomoniasis by enzyme immunoassay DOES NOT MEET COVERAGE CRITERIA.” • Changed coverage criteria #3d from Lp(a) screening only for those with risk factors to allowing once per lifetime screening of Lp(a).
<p>Folate Testing (AHS-G2154), see page 388 in Laboratory Utilization Part 1 booklet.</p>	<p>10/17/2023: Added new coverage criteria #4: “For all situations, folate receptor autoantibody testing DOES NOT MEET COVERAGE CRITERIA.”</p>
<p>General Inflammation Testing (AHS-G2155), see page 424 in Laboratory Utilization Part 1 booklet.</p>	<p>10/17/2023: Added new coverage criteria #2: “For individuals without a diagnosed inflammatory condition, measurement of ESR DOES NOT MEET COVERAGE CRITERIA.”</p>
<p>Hepatitis C (AHS-G2036), see page 491 in Laboratory Utilization Part 1 booklet.</p>	<p>10/16/2023: Included coverage criteria for Hepatitis B testing, and guidance on HCV testing in pregnant individuals moved from being coverage criteria to being a note in the Policy Description.</p>
<p>Identification of Microorganisms Using Nucleic Acid Probes (AHS-G2155), see page 529 in Laboratory Utilization Part 1 booklet.</p>	<p>10/17/2023: Removed former coverage criteria 3: “3) For any other microorganism without a specific CPT code, PCR testing MEETS COVERAGE CRITERIA.”</p>

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Table 3. Updated Avalon Laboratory Utilization Policies, Continued

Policy Title (Number)	Revision Date: Summary of Change
<p>Lyme Disease Testing (AHS-G2155), see page 64 in Laboratory Utilization Part 2 booklet.</p>	<p>10/17/2023: Added “Testing” to title of policy to become, “Lyme Disease Testing.”</p>
<p>Oral Cancer Screening and Testing (AHS-G2155), see page 116 in Laboratory Utilization Part 2 booklet.</p>	<p>10/17/2023: Changed title of policy to “Oral Cancer Screening and Testing” (previously titled, “Oral Screening Lesion Identification Systems and Genetic Screening”).</p>
<p>Plasma HIV-1 and HIV-2 RNA Quantification for HIV Infection (AHS-M2116), see page 529 in Laboratory Utilization Part 1 booklet.</p>	<p>10/17/2023: Changed title of policy to “Human Immunodeficiency Virus (HIV)” and incorporated HIV-related criteria from other policies into this policy.</p>
<p>Prenatal Screening (Nongenetic) (AHS-G2035), see page 251 in Laboratory Utilization Part 2 booklet.</p>	<p>10/17/2023: Added new coverage criteria #4: “For individuals with a normal pregnancy without complications, human chorionic gonadotropin (hCG) hormone testing DOES NOT MEET COVERAGE CRITERIA.”</p>
<p>Testing for Vector-Borne Infections (AHS-G2158), see page 512 in Laboratory Utilization Part 1 booklet.</p>	<p>10/17/2023:</p> <ul style="list-style-type: none"> • Changed title of policy to “Testing for Vector-Borne Infections” (previously titled, “Testing for Mosquito- or Tick-Related Infections”). • Updated coverage criteria #5 because guidelines now recommend that non-pregnant, symptomatic individuals get tested for Dengue and not for Zika due to the similarities in symptoms and the higher prevalence of Dengue than Zika. • Added new coverage criteria #18 to #21.
<p>Venous and Arterial Thrombosis Risk Testing (AHS-M2041), see page 634 in Laboratory Utilization Part 2 booklet.</p>	<p>10/17/2023:</p> <ul style="list-style-type: none"> • Added new coverage criteria #2: “2) For individuals with warfarin-induced skin necrosis or for infants who develop neonatal purpura fulminans, plasma testing for protein C deficiency and protein S deficiency (see Note 1) MEETS COVERAGE CRITERIA.” • Added new coverage criteria #4: “4) For all situations, activated protein C (aPC) resistance assay DOES NOT MEET COVERAGE CRITERIA.” • Added new Note 2: “Note 2: In addition to plasma testing (protein C deficiency, protein S deficiency, antithrombin III deficiency), risk factor testing for individuals suspected of having a hereditary and/or acquired thrombophilia should include genetic testing for Factor V Leiden and Prothrombin gene G20210A mutations.”

Select Health Coding and Reimbursement Updates

New Kidney Health Evaluation for Patients with Diabetes (KED)

Beginning in 2022, the National Committee for Quality Assurance (NCQA) changed the kidney health evaluation recommendations for patients with diabetes. Previously, the evaluation required only a urine test*; now these patients need **both**:

- **A urine test-uACR (urine albumin-creatinine ratio).** This can be ordered as a separate quantitative urine albumin test and a urine creatinine test as long as they have service dates four days or less apart.
- **A blood test-eGFR (estimated glomerular filtration rate).**

CODING FOR KED

Although providers can continue ordering any tests necessary for a patient's care, the following codes fulfill an open care gap for your patients:

Test	CPT codes	LOINC codes
Urine albumin creatinine ratio lab test	N/A	9318-7, 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9
Quantitative urine albumin lab test	82043	1754-1, 14957-5, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7
Urine creatinine lab test	82570	2161-8, 20624-3, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
Estimated glomerular filtration rate lab test	80047, 80048, 80053, 80069, 82565	48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1, 98979-8, 98980-6

*Proof of ACE/ARB medication no longer meets measurement criteria.

LEARN MORE

For more information on the KED measure, access these NCQA tools:

- [Kidney Health Evaluation for Patients with Diabetes](#)
- [Kidney Health Toolkit](#)

Questions? Contact Select Health Quality Consultant RNs: [Azure Gaskill](#) or [Stacey Merrill](#)