



# Medical Policy Update Bulletin: January 2021

There is **one new policy** since the last update: **Travel Allowance for Organ Transplants** (effective 12/28/20), beginning on page 143.

**Nine policies have been revised** (see Table 1). Listings in each table are arranged alphabetically by policy title. These policies are now available online (no login required) as part of our specialty-based policy booklets.

Each policy in Table 1 links to a booklet with the page where that policy begins indicated in the table. All policies can be accessed on the **Provider Portal** (secure login required) or by contacting **Marcus.Call@selecthealth.org**.

**Questions about member coverage?** Contact Member Services at **800-538-5038**.

**TABLE 1. REVISED POLICIES**

| Policy Title (Number)   | Effective Date | Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)  |
|---|----------------|---|
| <a href="#">Applied Behavior Analysis (ABA) (630)</a> , beginning on page 2   | 01/15/21       | <b>Changed title of policy for all plans</b> , and for Commercial plan policy, narrowed criteria to determining coverage of just ABA therapy instead of overall autism spectrum disorder treatment  |
| <a href="#">Bariatric Surgery Guidelines (295)</a> , beginning on page 6  | 12/28/20       | Modified requirement concerning BMI levels (35/40) from: "...for at least 1 year prior to surgery...." to "...within 1 year prior to surgery..."  |
| <a href="#">Eye Movement Desensitization and Reprocessing (EMDR) (541)</a> , beginning on page 18                                   | 12/30/20       | Clarified that, for all other conditions other than post-traumatic stress disorder, EMDR is considered experimental/investigational   |
| <a href="#">Hysterectomy (620)</a> , beginning on page 17   | 12/28/20       | <ul style="list-style-type: none"> <li>Updated criteria for coverage of "oophorectomy with hysterectomy" to be in alignment with Medical Policy #448 (Prophylactic Oophorectomy/Salpingo Oophorectomy)</li> <li>Modified criterion #x in same section: "Age ≥ 45 years with current smoking history"</li> </ul> |
| <a href="#">Intermediate Levels of Care Utilization in Behavioral Health (582)</a> , beginning on page 78                           | 12/30/20       | Removed proximity requirement for intermediate-level behavioral health treatment facilities   |
| <a href="#">Neuropsychological Testing (334)</a> , beginning on page 30   | 12/31/20       | Removed the following exclusions: <ul style="list-style-type: none"> <li>Neuropsychological testing for autism spectrum disorder</li> <li>Court-ordered neuropsychological testing</li> </ul>   |
| <a href="#">Psychiatric Residential Treatment Centers (475)</a> , beginning on page 133   | 12/30/20       | Removed proximity requirement for psychiatric residential treatment facilities  |
| <a href="#">Transcranial Magnetic Stimulation (TMS) for Depression and Other Psychiatric Disorders (241)</a> , beginning on page 42 | 01/15/21       | <ul style="list-style-type: none"> <li>Modified requirements for recommendation and monitoring of TMS</li> <li>Added criteria for continued coverage/maintenance therapy</li> </ul>   |
| <a href="#">Varicose Vein Procedures (193)</a> , beginning on page 121  | 01/01/21       | Modified criteria to be in alignment with updated plan guidelines/certificate language  |