



Medical Policy Update Bulletin: October 2020

There is one new policy since the last update: **Wireless Cardiac Monitoring (e.g., CardioMEMS) (#642)**, which was created and published on 09/28/20. This policy can be accessed online in the [Cardiovascular Policies booklet](#) (beginning on page 173).

There are also several revised policies (see table below for listings arranged alphabetically by policy title).

Many policies are now available as part of specialty-based policy booklets on selecthealthphysician.org.

Where applicable, the policy in the table below links to that booklet, and the page where that policy begins is indicated in the table.

All policies can be accessed on the [Provider Portal](#) (secure login required).

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

REVISED POLICIES

Policy Title (Number)	Effective Date	Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
Chiropractic Care (Adult) (643)	10/05/20	Temporarily deactivated pending further revision.
CT Coronary Angiography (307) , beginning on page 21	08/27/20	Archived policy; switched to covered.
Formulas and Other Enteral Nutrition (534) , beginning on page 35	10/19/20	Added clarifying information to Criteria #1 pertaining to requirement to qualify for continued coverage: "For continued coverage of oral/enteral formula, the member must have met criteria a–c above, within the past 24 months as well as have documented failure to maintain weight for length/height or BMI at least 50th percentile when supplemental formula is discontinued."
Genetic Testing: Gene Expression Profiling in the Management of Breast Cancer (281) , beginning on page 5	10/16/20	Reactivated policy to be currently administered by SelectHealth (previously administered by AIM Specialty Health)
Oxygen Coverage (158) , beginning on page 125	10/02/20	Modified coverage for portable oxygen concentrators to be: "Portable oxygen concentrator is being used as primary oxygen delivery system or as a supplement to an existing stationary home oxygen system"—when criteria are met
Prophylactic Mastectomy (220) , beginning on page 5	09/24/20	Added the PALB2 and CDH1 genes as qualifying considerations to coverage criteria

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Policy Title (Number)	Effective Date	Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
Renal Auto-transplantation (606), beginning on page 105	10/15/20	Added clarifying information to criterion #6 and #7: "If member has May-Thurner's syndrome and failed stenting" and "Left renal lidocaine block is positive with immediate pain relief more than 50% from baseline, and pain relief duration < 24 hours"
Urolift System® for Treatment of Benign Prostatic Hyperplasia (553)	10/19/20	Added clarifying information pertaining to requirement of attempt at conservative therapy to Criterion #2: "≥ 3 months of conservative therapy, which would include both an alpha-1-adrenergic antagonist and a 5-alpha-reductase inhibitor ..."

ARCHIVED POLICIES

Archived policies can be accessed via the [Provider Portal](#) (secure login required).