



Policy Update Bulletin:

February 2022

Medical Policies, Coding/Reimbursement

SelectHealth publishes a *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.

SelectHealth Policy Updates

There are no new medical policies for this update; however, since the last update, **six policies** have been revised (see Table 1 that begins below). **Three policies** have been archived (see Table 2, beginning on [page 2](#)).

For Table 1, the listings in each row are arranged alphabetically by policy title. These policies are available online (no login required) as part of our specialty-based policy booklets. Medical policies in

Table 1 link to relevant booklets with the page where that policy begins indicated in the table.

You can also find policies on the SelectHealth [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 MEDICAL POLICIES

Policy Type, Title, and (Number)	Revision Date	Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
Artificial Spinal Disc Replacement (243) , see page 8 of the linked Orthopedic booklet	02/16/22	Modified criterion #1 in Lumbar Criteria section: "One level, or two level, lumbar disc replacement utilizing ProDisc-L"
Diagnostic Testing for Chronic Fatigue Syndrome (CFS) (288) , see page 5 of the linked Pharmacology booklet	02/04/22	Added C-reactive protein, as a covered diagnostic test for chronic fatigue syndrome
Heart Transplant: Children (Under Age 18) (126) , see page 27 of the linked Cardiovascular booklet	01/27/22	Made the following changes/additions: <ul style="list-style-type: none"> • Modified criterion #5 to be: "Pulmonary vascular resistance < 6 wood units" (was previously 8 wood units) • Added criterion #10: "No uncontrolled and/or untreated psychiatric disorder that would interfere with compliance to a treatment regimen" • Added three absolute contraindications: <ol style="list-style-type: none"> 1. Severe pulmonary hypertension (PA pressure) or pulmonary vascular resistance (PVR) greater than 6 Wood units/m2, with inability of medications to reduce PVR and PA pressure to acceptable levels 2. Recent pulmonary infarct 3. Persistent acidosis with pH less than 7.1 • Added one relative contraindication: Diabetes mellitus, with A1C levels > 8
Nucleic Acid Amplification Tests (NAAT) for Bacterial Vaginosis and other Bacterial Infections (615) , see page 2 of the linked Infectious Disease booklet	01/27/22	<ul style="list-style-type: none"> • Simplified qualifying criteria as follows: "Patient with symptoms of bacterial vaginosis (BV) or other bacterial vaginal infections" • Added prostatitis to list of examples of excluded conditions for this testing

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TABLE 1. REVISED MEDICAL POLICIES, CONTINUED

Policy Type, Title, and (Number)	Revision Date	Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
Urolift System for the Treatment of Benign Prostatic Hyperplasia (553) , see page 36 of the Genitourinary booklet	02/16/22	Modified requirements in criterion #2: “Failure of ≥ 3 months of conservative therapy, which would include failed treatment with both an alpha-1-adrenergic antagonist and a 5-alpha-reductase inhibitor, or intolerance of BPH medications, or medical therapy is contraindicated in the member”
Vision Therapy and Low-Vision Rehabilitation (242) , see page 65 of the Ophthalmology booklet	01/27/22	Modified title of policy, and added coverage criteria for low-vision rehabilitation

TABLE 2. ARCHIVED POLICIES

Policy Title (Number)	Archive Date	Reason for Policy to be Archived
Cleft Lip/Cleft Palate Repairs (110)	01/31/22	For Commercial Plan Policy: These codes/procedures will be covered; while for review of applicable CMS claims, InterQual criteria will still be used.
Pamidronate Infusion for the Treatment of Reflex Sympathetic Dystrophy/Complex Regional Pain Syndrome, Type 1 (303)	01/25/22	HCPCS code J2430 is being switched to covered and being updated to be allowed for all indications.
PET/CT Combination Scans for Oncology Indications (266)	01/28/22	Remains covered.

SelectHealth Coding and Reimbursement Update

SelectHealth is seeing an increase in appeals for laboratory utilization claims with “nonspecific” or unlisted diagnosis codes. To help ensure claims are paid appropriately the first time they are submitted, please bill diagnosis codes as specific and complete as possible. You can review relevant **laboratory utilization policies** in these booklets ([Part 1](#); [Part 2](#)).