September 2023: Medical Policies, Coding/Reimbursement

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

Questions about the content of a medical policy? Contact **Marcus.Call@selecthealth.org**.

Questions about coding and reimbursement policies? Contact **Brandi.Luna@selecthealth.org**.

For general questions, please contact your Provider Relations representative.

Select Health Policy Updates

This update includes one new policy: **Leadless Pacemakers (670)**, which are covered with criteria. The policy can be found in the **Cardiovascular booklet** starting on page 52.

There are 6 revised policies in this update (see **Table 1** below) and one archived policy: **Custom Diabetic Shoes (488)**, which was archived on 09/11/23 (coding edits are in place to ensure frequency limits are adhered to).

Listings in each row of **Table 1** are arranged alphabetically by policy title, with a link to the online specialty-based book and page number where the policy can be found. These policies are also available on the Select Health Provider Portal (secure login required).

Coding and reimbursement updates can be found on **page 4**.

Table 1. Revised Medical Policies

Policy Title (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
Gender Affirming Medical and Surgical Treatment (386), see page 29 in the **General Surgery booklet**.	09/07/2023: Modified header in criteria #B to clarify this section pertains only to "Requirements for breast removal" instead of "Requirements for mastectomy/breast removal"
Gene Expression Profiling: Cutaneous Melanomas (667), see page 15 in the **Genetic Disease booklet**.	09/01/2023: Added the DermTech Pigmented Lesion Assay to list of excluded tests
Genetic Testing for Screening and Detection of Prostate Cancer (510), see page 157 in the **Genetic Disease booklet**.	09/21/2023: • Added the following tests eligible for coverage with criteria: Percent-free PSA, Prostate Health Index (PHI), 4K Score, ExoDX, MyProstate Score (MPS), and isoPSA • Modified existing criteria for Confirm MDx and PCA 3 to align with other criteria Note: Select MDx test remains not covered/investigational.
Infertility Evaluation and Treatment (500); see page 5 of the **Women's Health** booklet.	09/20/2023: Added "Karyotyping for chromosomal abnormalities" as a covered procedural test to Female section to coincide with existing coverage in Male section

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Policy Title (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
OVA1 Tumor Triage Test (411), see page 33 of the Obstetrics/Gynecology booklet.	09/01/2023: Added the OVERA (MIA2G) and Risk of Ovarian Malignancy Algorithm (ROMA) tests to list of excluded tests
Whole Genomic Sequencing (WGS)/Whole Exome Sequencing (WES) (514), see page 249 of the Genetic Disease booklet.	08/28/23: Clarified that for Section I, member must meet criteria A as well as either one of B, C, or D

Coding and Reimbursement Updates

SUBMITTING APPEALS

When appealing a claim, please be sure to:

- **Not submit an HCFA-1500 or UB-04 forms with your appeal form.*** This may result in your appeal being logged as a claim rather than an appeal and can result in a duplicate claim denial. The current appeal form also includes an alert about this.
- **Use the online appeal form.** Download this fillable form and then return the completed form via:
  - Email: shawdprovider@selecthealth.org
  - Fax: **801-442-6708**
  - Mail: Select Health Appeals, P.O. Box 30192, Salt Lake City, UT 84130-0192
- **Provide supporting documentation.** When submitting an appeal, the appeal form must be accompanied by any supporting documentation, regardless of whether by fax, mail, or online via the Provider Benefit Tool.

  When submitting notes or records (not appealing a denial), please specifically convey the intent of the notes or records. Advise what should be reviewed (e.g., claim lines, denial reasons, CPT/HCPCS codes, diagnoses, etc.).

Using the Provider Benefit Tool to Submit Appeals: You can now submit appeals via our Provider Benefit Tool (secure login required). When submitting an appeal through this tool, be sure to select the correct appeal form:

- Provider Appeal Form: If the remittance advise is denying with a CO as provider liability
- Member Appeal Form: If the remittance advise is denying with a PR as patient responsibility

Not yet a Provider Benefit Tool user? Access everything you need to get started: Learn how to enroll, watch training videos, and review frequently asked questions.

ONLINE RESOURCES: NON-COVERED CODES & PREAUTHORIZATION REQUIREMENTS

Remember to bookmark Select Health online tables for identifying codes not covered (by plan type and state) and/or requiring preauthorization. Non-covered codes tables are updated quarterly and available at:

- Commercial-Covered Codes: UT, ID, NV
- Medicare-Covered Codes: UT & ID, NV
- Medicaid-Covered Codes: UT Only

When using these tables, **always note the date** in the heading as some non-covered code information may change between quarterly online updates.

Please refer to these tables first for answers. If in doubt about a specific code after reviewing the tables, please contact Member Services at **800-538-8038**.

Select Health