

September 2024: 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. **Policy updates are featured below and on subsequent pages. Coding updates are on [page 4](#).**

Questions? Please contact:

- Marcus.Call@selecthealth.org for information on content of a medical policy
- Brandi.Luna@selecthealth.org for questions about coding and reimbursement policies
- Your Provider Relations representative for any other questions.

Select Health Policy Updates

There is one new policy this month: **Ganglion Impar Blocks (686)**, which was published 8/21/24 and can be found on page 48 in the [Physical Medicine booklet](#). This new policy is covered with criteria.

Policies listed in this bulletin are arranged alphabetically by title, with a link to the online specialty-based booklet (see booklet page number listed where the policy can be found). Coding/reimbursement policy names link directly to the relevant policy.

There are **17 revised policies** in this update (see **Table 1** below and on the next pages) and **5 archived policies** this month (see **Table 2** on [page 4](#)).

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

Table 1. Revised Medical Policies

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
Bariatric Surgery Guidelines (295) , see page 10 in the General Surgery booklet .	8/20/2024: Added new section, "Section B – Criteria for Adolescents" for coverage determinations of bariatric procedures for adolescents between the ages of 13 to 18.
Dental Anesthesia Covered Under the Medical Benefit (652) , see page 5 in the Oral Maxillofacial booklet .	9/13/2024: in section I-A, clarified that coverage criteria for these procedures also apply to an office setting: "Select Health considers general anesthesia and monitored anesthesia care (MAC) to be medically necessary for dental or oral maxillofacial surgery (OMS) services, when administered by an anesthesiologist or by a certified registered nurse anesthetist (CRNA), in either an inpatient, outpatient, or office setting, if any of the following criteria are met ..."
DNA Analysis of Stool for Colon Cancer Screening (Cologuard) (260) , see page 16 in the Gastroenterology booklet .	8/26/2024: Added the following exclusion: "Select Health does not cover the Guardant Health Shield blood test in the evaluation of colorectal cancer. This test is considered not medically necessary as the clinical utility has not been determined due to a lack of evidence available in peer-reviewed literature supporting either sufficient sensitivity or specificity."
Gene Expression Profiling: Cutaneous Malignancies (667) , see page 11 in the Genetic Testing booklet .	9/03/2024: <ul style="list-style-type: none"> • Modified title of policy to include broader term of "Cutaneous Malignancies" whereas previously was just "Cutaneous Melanomas." • Added the DecisionDx-SCC in the evaluation of squamous cell carcinoma as an excluded test.

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Table 1. Revised Medical Policies, Continued

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
<p>Gene Therapy, Testing, and Counseling (123), see page 26 in the Genetic Testing booklet.</p>	<p>9/04/2024:</p> <ul style="list-style-type: none"> Modified overall coverage criteria to align with current clinical standards. Updated the following exclusion: “Select Health considers duplicative genetic testing (a test with the same genetic content as a previous test) to be not medically necessary, unless sufficient clinical rationale to support the need for repeat testing is documented in the clinical notes.”
<p>Genetic Testing for Screening and Detection of Prostate Cancer (510), see page 196 in the Genetic Testing booklet.</p>	<p>9/13/2024:</p> <ul style="list-style-type: none"> Incorporated coverage criteria for various tests for both before and after prostate biopsy. Revised to provide coverage of the SelectMDx test with criteria (was previously not covered).
<p>Genetic Testing: Breast, Ovarian, Pancreatic, and Prostate Cancer (664), see page 61 in the Genetic Testing booklet.</p>	<p>9/04/2024:</p> <ul style="list-style-type: none"> Modified title of policy to include addition of “Ovarian, Pancreatic, and Prostate Cancer.” Incorporated coverage criteria for evaluation of genetic testing for these additional cancers; and modified overall coverage criteria to align with current clinical standards; and added the following note: “If a multigene cancer panel is performed, the appropriate panel code should be used.”
<p>Genetic Testing: Cardiomyopathy (665), see page 68 in the Genetic Testing booklet.</p>	<p>9/03/2024:</p> <ul style="list-style-type: none"> Updated overall criteria to align with current clinical standards, including inputting reference tables to help with evaluation. Added the following exclusion: “Select Health considers genetic testing for ischemic cardiomyopathy to be not medically necessary as the underlying factors that cause this condition are non-genetic.”
<p>Genetic Testing: Cell-Free Tumor DNA/Liquid Biopsy (581), see page 82 in the Genetic Testing booklet.</p>	<p>8/26/2024: Added the following exclusion: “Select Health does not cover the Guardant Health Shield blood test in the evaluation of colorectal cancer. This test is considered not medically necessary as the clinical utility has not been determined due to a lack of evidence available in peer-reviewed literature supporting either sufficient sensitivity or specificity.”</p>
<p>Genetic Testing: Expanded Carrier Screening (452), see page 114 in the Genetic Testing booklet.</p>	<p>9/04/2024: Reworded the following guideline for clarification: “Select Health covers the five genes (CFTR, SMN1, HBB, HBA1, and HBA2) recommended by the American College of Obstetricians and Gynecologists (ACOG) for carrier testing, when ordered individually.”</p>

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Table 1. Revised Medical Policies, Continued

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
<p>Genetic Testing: Genetic Mutation Analysis Utilizing Solid Tumor Tissue (570), see page 136 in the Genetic Testing booklet.</p>	<p>9/04/2024: Added the following limitation: “Note: Testing will be allowed once for a specific tumor diagnosis.”</p>
<p>Genetic Testing: Hearing Loss (666), see page 144 in the Genetic Testing booklet.</p>	<p>9/04/2024: Clarified that for this testing, only panel testing is covered with criteria.</p>
<p>Leadless Pacemakers (670), see page 40 in the Cardiovascular booklet.</p>	<p>8/23/2024: Clarified in criteria #1 that this requirement pertains to members “...requiring a single chamber ventricular pacemaker.”</p>
<p>Negative Pressure Wound Therapy (185), see page 74 in the Physical Medicine booklet.</p>	<p>8/28/2024:</p> <ul style="list-style-type: none"> Removed exclusion for coverage of the Prevena Incision Management System and incorporated coverage criteria for this technology. Clarified in Section A, coverage criteria for initial approval of 30 days applies to inpatient, outpatient, or combination.
<p>Pharmacogenetic Testing for Drug Metabolism (590), see page 221 in the Genetic Testing booklet.</p>	<p>8/29/2024:</p> <ul style="list-style-type: none"> Updated overall coverage criteria to align with current clinical standards, including providing more specific requirements for determining the eligibility of single-gene tests. Added the following exclusion: “A multi-gene panel is not considered medically necessary because it is unproven to improve health outcomes.”
<p>Selective Internal Radiation Therapy (SIRT, Radioembolization) (308), see page 74 in the Hematology/Oncology booklet.</p>	<p>8/23/2024: Specified adenoid cystic carcinoma (AdCC) is considered as an exclusion for this treatment.</p>
<p>Sleep Disorder Evaluation and Treatment (625), see page 47 in the Pulmonary booklet.</p>	<p>8/23/2024: In Section I, Criterion #D; Added sleep certified anesthesiologists (ABA certified) to be considered as eligible physicians evaluating these studies.</p>

Table 2. Archived Policies

Policy Title (Number)	Revision Date: Summary of Change
Circulating Tumor Cell (CTC) Test for Metastatic Cancers (Cellsearch) (401)	8/19/2024: CPT codes 86152 and 86153 are setup as investigational/not covered for Commercial lines of business.
Genetic Testing: Methylenetetrahydrofolate Reductase (MTHFR) Polymorphisms In Cancer, Cardiovascular Disease, and Neural Tube Defects (426)	8/19/2024: CPT codes 0078U and 81291 are setup as investigational/not covered for Commercial lines of business.
Genetic Testing: Ovarian Cancer (676)	9/12/2024: Archived policy; these claims are now reviewed with medical policy #664 (Genetic Testing: Breast, Ovarian, Pancreatic, and Prostate Cancer).
Genetic Testing: Septin 9 (SEPT9) Methylated DNA Detection for Colorectal Cancer Screening (521)	8/19/2024: CPT code 81327 is setup as investigational/not covered for Commercial lines of business.
Genetic Testing: TP53 Mutation Analysis for B-Cell Chronic Lymphocytic Leukemia (B-CLL) (328)	8/19/2024: Medical policy, Genetic Testing: Lymphoproliferative Disorders (685) , has now replaced this policy.

Select Health Coding Updates

Effective **October 28, 2024**, Select Health will implement a new edit around 59 modifiers and global periods (E&Ms).

This edit will:

- Trigger a more robust review of claims data and claim history to make a determination
- Ensure closer alignment with the Center for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) policies
- Apply to all lines of business

Dental Referral Code Update (Utah Dental Providers ONLY)

Occasionally when referring a patient in-network (INN), dental providers send procedure codes to out-of-network (OON) dental specialists based on the INN provider's diagnosis. This practice creates errors due to the OON dental specialist submitting different codes for the patient on their claim.

To ensure proper coding, INN dental providers should include only code **D0140** with their referral to OON dental specialists. This allows the specialist to submit

the actual codes related to the services they render to the patient (including code **D0140**).

Forwarding code D0140 with referrals and claims will expedite claim approval and will minimize out-of-network denials.

Questions? Contact Paige Moffatt at paige.moffatt@selecthealth.org.