



# Policy Update Bulletin:

## January 2023

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

## SelectHealth Policy Updates

**For all policy updates in this document**, the listings in each row are arranged alphabetically by policy title. Note that **medical** policies link to the relevant online, specialty-based booklets where each policy begins on the page indicated in the table. You can also find these policies on the SelectHealth [Provider Portal](#) (secure login required).

**Questions about the content of a medical policy?** Contact [Marcus.Call@selecthealth.org](mailto:Marcus.Call@selecthealth.org).

**Questions about coding & reimbursement policies?** Contact [Brandi.Luna@selecthealth.org](mailto:Brandi.Luna@selecthealth.org).

**For general questions**, please contact your Provider Relations representative.

### New Policy

There is one new policy since the last update: **Microtia Repair (657)**, which was created on 01/11/2023, and can be found on page 50 of the [Ear, Nose & Throat booklet](#).

### Revised and Archived Medical Policies

**Five medical policies** have been revised (see **Table 1** below). One policy was archived since the last update bulletin (see **Table 2** on page 2).

**Table 1. Revised Policies**

Policy Title (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in <b>BOLD</b> type)
<b>CODING &amp; REIMBURSEMENT POLICY</b> <a href="#">Durable Medical Equipment (41)</a>	12/27/22: Changed requirement of a rental trial period for humidifiers from 2 to 3 months and BiPAP from 3 to 7 months to align with guidelines outlined in Plan Documentation
<b>MEDICAL POLICY</b> Human Stem Cell Transplantation (HSCT), Bone Marrow Transplantation (BMT) (105), see page 17 of <a href="#">Hematology &amp; Oncology booklet</a>	01/11/2023: <ul style="list-style-type: none"> <li>Removed exclusion of HSCT for scleroderma</li> <li>Added coverage criteria for autologous HSCT for systemic sclerosis/scleroderma</li> <li>Added coverage criteria for donor lymphocytes</li> </ul>
<b>MEDICAL POLICY</b> Hyperbaric Oxygen Therapy (129), see page 21 of <a href="#">Pulmonary booklet</a>	01/04/2023: Added arterial/ischemic ulcers to list of excluded conditions for this therapy

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# January 2023 Update Bulletin, Continued

**Table 1. Revised Medical Policies, CONTINUED**

Policy Title (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
<b>MEDICAL POLICY</b> Non-Medically Induced (Elective) Induction of Labor Before 39 Weeks Gestational Age (572); see page 27 of the <a href="#">Obstetrics &amp; Gynecology booklet</a>	12/29/2022: Updated list of covered indications to align with current American College of Obstetricians and Gynecologists (ACOG) guidelines.
<b>MEDICAL POLICY</b> Sleep Disorder Evaluation and Treatment (625), see page 47 of the <a href="#">Pulmonary booklet</a>	12/27/2022: Changed requirement of a rental trial period for BiPAP from 3 to 7 months to align with guidelines outlined in plan documentation.

**Table 2. Archived Medical Policies**

Policy Title (Number)	Archive Date	Reason for Policy to be Archived
<b>CODING &amp; REIMBURSEMENT POLICY</b> Ultrasound Guidance for Joint, Tendon, Tendon Sheath, and Trigger Point Injections (55)	01/01/2023	<b>CPT 76942</b> , is covered, and clinical edits between codes <b>76942</b> and <b>20550-20553</b> have been removed.

## SelectHealth Coding Updates

### Online Resources: Newly Updated Non-Covered Codes and Preauthorization Requirements

Bookmark SelectHealth online tables for identifying codes not covered (by plan type and state) and/or if preauthorization is required.

Updated non-covered-codes tables are now available at the links indicated below for:

- > **Commercial-Covered Codes:** [UT](#), [ID](#), [NV](#)
- > **Medicare-Covered Codes:** [UT](#), [ID](#), [NV](#)
- > **Medicaid-Covered Codes:** [UT Only](#)

We recently updated these lists to give you and your staff access to the most current information. Always note the date in the heading as some non-covered code information may change between 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**.