



Policy Update Bulletin: August 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 & reimbursement policies? Contact Brandi.Luna@selecthealth.org.

For general questions, please contact your Provider Relations representative.

Select Health Policy Updates

For policy updates in this document, the listings in each row are arranged alphabetically by policy title and 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 Select Health [Provider Portal](#) (secure login required).

For this update, there are **2 new** policies (see Table 1 below), **8 revised** policies (see **Table 2 on page 2**), and **1 archived** policy (see **Table 3 on page 3**).

TABLE 1. NEW POLICIES

Policy Title (Number)	Implementation Date
Genetic Testing: Minimal Residual Disease (MRD) (673), beginning on page 182 of the Genetic Disease booklet . This policy is covered with criteria.	07/21/23
Radiation Therapy for Basal and Squamous Cell Carcinoma (661), beginning on page 49 of the Dermatology booklet . These procedures are not covered: "Select Health does not cover superficial radiation therapy or electronic brachytherapy for treatment of basal cell carcinoma or squamous cell carcinoma. There is insufficient evidence affirming efficacy or safety of these treatments; this meets the plan's definition of experimental/investigational."	08/01/23

TABLE 2. REVISED MEDICAL POLICIES

Policy Title (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
Blepharoplasty, Brow Ptosis Repair, and Reconstructive Eyelid Surgery (567), see page 6 of the Ophthalmology booklet	08/08/2023: Modified the following criterion in both sections I and II: "Automated peripheral or superior visual field testing, with the eyelids taped and untaped, showing improvement of 30% or 12 degrees in the number of points seen on the tape testing."

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Table 2. Revised Medical Policies, Continued

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 of the General Surgery booklet	07/21/2023: the following changes have been made: <ul style="list-style-type: none"> - Clarified requirements regarding hair removal in criterion #G1: “Hair removal from the body and genital areas, excluding the face, by laser or electrolysis, in preparation for body and genital surgery” - Included language in Coding Section clarifying updated coding requirements: “For gender affirming breast reduction and/or removal for transgender male and non-binary members, the AMA and AAPC guidance is to use CPT code 19318 for breast reduction/reduction mammoplasty. Claims for gender affirming breast reduction and/or removal for transgender male and non-binary members should not be coded with 19303 for complete mastectomy +19350 for nipple/areola reconstruction.” <p>[NOTE: SelectHealth will allow the 22 modifier with 19318 for providers billing for transgender top surgery.]</p>
Genetic Testing for Screening and Diagnosis of Prostate Cancer (510) (585), see page 196 of the Genetic Disease booklet	08/07/2023: Added coverage criteria for the PCA3 assay
Genetic Testing: Cystic Fibrosis (289); see page 95 of the Genetic Disease booklet	08/07/2023: Added criteria sections to allow coverage for additional qualifying considerations: <ul style="list-style-type: none"> - “2. Diagnostic Testing of Symptomatic Individuals ...”; - “3. Prenatal Testing”; and - “4. CFTR Intron 8 Poly T Analysis:”
Genetic Testing: Epilepsy (602), see page 102 of the Genetic Disease booklet	07/21/2023: Updated criteria to align with current clinical guidelines
Heart Transplant: Children (Under Age 18) (126), see page 20 of the Cardiovascular booklet	08/10/2023: Modified definitions of criterion #1a and #1b (endometrial hyperplasia with cellular atypia [and without cellular atypia], respectively) to align with updated clinical definitions
Laser Therapy for Hypertrophic Scars (231), see page 24 of the Dermatology booklet	08/15/2023: <ul style="list-style-type: none"> - Retitled policy (previously titled as “Laser Therapy for Keloids and Hypertrophic Scars) - Modified criteria to emphasize this therapy pertains to treatment of hypertrophic scars

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Table 3. Archived Medical Policy

Policy Title (Number)	Revision Date: Remarks
Peripheral Nerve Treatment (654); see page 93 of the Physical Medicine booklet	08/04/23: Retitled medical policy #654 as “Peripheral Nerve Treatment” (was previously titled as “Peripheral Nerve Stimulation for the Treatment of Shoulder and Knee Pain”)
Neuropsychological Testing (334)	07/26/2023: Applicable CPT codes are covered without review.

Select Health Coding 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 as indicated below:

- [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.

* HCFA = Health Care Finance Administration; UB = Uniform Billing