

April 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 page 2; there are no coding updates this month.**

Questions? Contact Marcus.Call@selecthealth.org for information on content of a medical policy, Brandi.Luna@selecthealth.org for questions about coding and reimbursement policies, or your Provider Relations representative for any other questions.

Select Health Policy Updates

This update includes **three new policies (one medical and two coding and reimbursement)**:

- **Genetic Testing: Cell-Free Fetal DNA Testing (679)**, which begins on page 82 of the [Genetic Testing booklet](#). This policy was created and published on 03/25/24 and is covered with criteria.
- (Coding) **Determining Allowed Amounts for Out-of-Network Claims for Commercial Plans (96)**, created and published on 04/24/24.
- (Coding) **Medical Necessity - Geographic Considerations (97)**, created and published on 04/24/24.

There are **seven revised policies** in this update (see **Table 1** below and on the following page).

Policies listed in **Table 1** are arranged alphabetically by title, with a link to the online specialty-based book and page number where the policy can be found (or to the policy itself if coding/reimbursement).

There is **one archived policy: Spot-Light HER2 CISH (412)**, which was archived on 4/25/24; this procedure and CPT 88367 remain covered.

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

Table 1. Revised Medical Policies (no changes to Coding/Reimbursement Policies this month)

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
Chelation Therapy (296), see page 2 in the Hematology/Oncology booklet .	04/25/2024: <ul style="list-style-type: none"> • Modified criterion #6: "Primary or secondary hemochromatosis when phlebotomy is not an option" • Added criterion #7: "Aluminum toxicity in members undergoing dialysis"
Gynecomastia Surgery (124), see page 49 in the General Surgery booklet .	04/04/2024: Modified criterion #2b: "The gynecomastia is classified as Grade II or greater, per the American Society of Plastic Surgeons classification..." [was previously Grade III or IV]
Intracapt (648), see page 54 in the Physical Medicine booklet .	04/24/2024: Clarified spinal levels should only include L3-S1 when performing this procedure

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Table 1. Revised Policies, Continued

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
Liver Transplant - Living Donor Liver Transplantation (143), see page 67 in the General Surgery booklet .	<p>04/16/2024: Updated percentages in criterion #hi and #hii in Donor Criteria:</p> <p>“h. The planned donor hepatectomy will:</p> <ul style="list-style-type: none"> i. Provide a segmental graft of at least 0.55% of the recipient’s body mass based on appropriate pre-operative imaging studies AND is expected to satisfy the physiologic needs of the recipient; ii, Allow for a residual donor liver volume of greater than 30%.”
(Avalon Policy) Pathogen Panel Testing (AHS-G2149), see page 182 in the Laboratory Utilization Policies, Part 2 booklet .	<p>04/03/2024: Added new coverage criteria #4: “In an outpatient setting, qualitative PCR testing for corneal ulcers where non-bacterial etiologies (e.g., fungal, acanthamoeba, herpes simplex virus [HSV]/herpes zoster virus [HZV]) are suspected; MEETS COVERAGE CRITERIA.”</p>
Photo Therapies for the Treatment of Skin Conditions (351), see page 43 in the Dermatology booklet .	<p>04/16/2024: Clarified requirements for attempts at aggressive standard therapy: “Select Health covers office-based PUVA, narrowband UVB, and broadband UVB phototherapies for the treatment of atopic dermatitis, lichen planus, chronic idiopathic urticaria, morphea, and other related skin conditions, when the member has failed at least 3 months of aggressive standard therapy in the last 2 years, for any of the following therapies: topical therapy, oral immunosuppressants, or topical and/or oral steroids.”</p>
Sphenopalatine Ganglion (SPG) Injections in the Management of Pain (559), see page 65 in the Neurology/Neurosurgery booklet .	<p>04/11/2024:</p> <ul style="list-style-type: none"> • Modified title of policy (was previously titled, Sphenopalatine Ganglion [SPG] Injection in the Management of Headaches) • Clarified that this therapy is not covered for any indication, including but not limited to, the treatment of acute or chronic headaches and complex regional pain syndrome (CRPS)

NEW MEDICAL POLICY ANNOUNCEMENTS:

- **Transcatheter Mitral Valve Implantation/Replacement** with coverage criteria for CPT codes **0483T** and **0484T** will be published and effective **07/01/24**.
- A new medical policy addressing **gastric peroral endoscopic myotomy (G-POEM) and pyloroplasty procedures** with coverage criteria [for CPT codes **43499** and **43800**] will be published and effective **07/01/24**.