



# Policy Update Bulletin:

## March 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.

### Revised and Archived Medical Policies

**Three medical policies** have been revised (see **Table 1** below).

The **Nucleic Acid Amplification Tests (NAAT) for Bacterial Vaginosis and other Bacterial Infections (615)** policy has been archived as of **03/20/2023**, because applicable treatments are now reviewed using Avalon Policy **Pathogen Panel Testing (#AHS-G2149)**, which can be found in Laboratory Utilization Policies - [Part 2](#) booklet.

**Table 1. Revised Policies**

Policy Title (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
<b>MEDICAL POLICY</b> Diagnostic Testing for Chronic Fatigue Syndrome (CFS) (288), see page 5 of the <a href="#">Pharmacology booklet</a>	02/21/2023: Added four denied diagnostic tests to list of exclusions: <ol style="list-style-type: none"> <li>1 RNase L enzymatic activity assay or RNase L protein quantification</li> <li>2 Gene expression profiling</li> <li>3 Evaluation of mitochondrial disorders</li> <li>4 Evaluation of enteric dysbiosis</li> </ol>
<b>MEDICAL POLICY</b> Negative Pressure Wound Therapy (Vacuum Assisted Wound Closure) (185), see page 66 of the <a href="#">Physical Medicine booklet</a>	03/22/2023: in Indications for Subsequent Approval section: <ul style="list-style-type: none"> <li>- Removed previous requirement #2 (“Must continue to be enrolled in a SelectHealth contracted wound care provider)</li> <li>- Modified requirements in previous requirement #3/now new requirement #2, to remove percentage requirement of 25% reduction in wound size and/or depth, to instead: “Improvement has been documented in either surface area or wound depth.”</li> </ul>
<b>AVALON POLICY</b> Pathogen Panel Testing (AHS-G2149), see page 191 of the <a href="#">Laboratory Utilization Policy Part 2 booklet</a>	<b>03/22/2023: Added coverage criteria #8 to this policy to assist in review of treatments previously reviewed with medical policy #615: “In the outpatient setting, molecular detection-based panel testing of pathogens for urinary tract infection, sinusitis, and prostatitis, or other conditions not listed above are not medically necessary, as they are not superior to standard of care testing and DO NOT MEET COVERAGE CRITERIA.”</b>