



# Policy Update Bulletin:

## June 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](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.

## 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 **9 new** policies (see **Table 1** below and on the next page).

There are **4 revised** policies (see **Table 2** on [page 2](#)). **Table 3** (on [page 3](#)) lists **35 reactivated policies** in the [Genetic Disease booklet](#) due to the transition from Carelon Medical Benefits Management. **Effective July 1, 2023**, Select Health and Intermountain Precision Genomics will assume responsibility for managing approval of genetic testing claims.

Coding & reimbursement update information can be found on [page 4](#).

**Table 1. New Medical Policies**

Policy Title (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
Gene Expression Profiling: Cutaneous Melanomas (667), see page 15 in the <a href="#">Genetic Disease booklet</a> .	07/01/2023: Created and published policy; this testing is not covered due to lack of proven clinical utility.
Genetic Testing: Breast Cancer (664), see page 64 in the <a href="#">Genetic Disease booklet</a> .	07/01/2023: Created and published policy; this testing is covered with criteria.
Genetic Testing: Cardiomyopathy (665), see page 70 in the <a href="#">Genetic Disease booklet</a> .	07/01/2023: Created and published policy; this testing is covered with criteria.
Genetic Testing: Donor-Derived Cell-Free DNA for Monitoring of Rejection in Heart and Kidney Transplantation (671); see page 100 of the <a href="#">Genetic Disease booklet</a> .	07/01/2023: Created and published policy; Select Health does not cover this testing as the efficacy of these tests has not been established.
Genetic Testing: Hearing Loss (666), see page 141 of the <a href="#">Genetic Disease booklet</a> .	07/01/2023: Created and published policy; this testing is covered with criteria.
Genetic Testing: Myeloproliferative Neoplasms (668), see page 182 of the <a href="#">Genetic Disease booklet</a> .	07/01/2023: Created and published policy; this testing is covered with criteria.
Inhaled Nitric Oxide (INO) Therapy (663); see page 11 of the <a href="#">Pediatrics booklet</a> .	06/08/2023: Created and published policy; as covered with criteria.

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# June 2023 Policy Update Bulletin, Continued

**Table 1. New Medical Policies, Continued**

Policy Title (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
Pediatric Adolescent Idiopathic Scoliosis (662); see page 14 of the <a href="#">Pediatrics booklet</a> .	06/08/2023: Created and published policy; procedures involving posterior dynamic deformity correction devices or anterior vertebral body tethering are not covered .
Therapeutic Radiopharmaceuticals (669); see page 87 of the <a href="#">Hematology/Oncology booklet</a> .	07/01/2023: As part of transition from Carelon, policy created and published to address this field of medicine; coverage criteria aligned with current clinical standards.

**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)
Bone Growth Stimulators: Electrical (107), see page 34 of the <a href="#">Orthopedic booklet</a>	05/25/2023: Added additional qualifying consideration regarding spinal fusion in criteria #4: “Spinal fusion, adjunct to fusion surgery: Either invasive or non-invasive methods of electrical bone growth stimulation may be considered medically necessary, at the time of spinal fusion surgery (or up to 6 months post-operative if there appears to be lack of progression of healing), ...”
Proton Beam Therapy (456), see page 65 of the <a href="#">Hematology/Oncology booklet</a> .	07/01/2023: As part of transition from Carelon, the policy is being reactivated with updated criteria that aligns with current clinical standards.
Stereotactic Radiation Therapy (336), see page 78 of the <a href="#">Hematology/Oncology booklet</a>	
Whole Genome Sequencing (WGS)/Whole Exome Sequencing (WES) (514), see page 245 of the <a href="#">Genetic Disease booklet</a>	07/01/2023: Modified overall criteria to align with updated clinical standards; and coverage criteria for Fetal Testing and Whole Exome/ Genome Reanalysis



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**Table 3. Reactivated Policies in the Genetic Disease Booklet (all revised 7/1/2023)\***

<b>Policy Title</b>	<b>Policy Number</b>	<b>Starts on Page</b>
Gene Expression Profiling for Monitoring Acute Rejection in Cardiac Transplant Patients (ALLOMAP)	357	7
Gene Expression Testing for Indeterminate Thyroid Nodule Biopsy	538	18
Gene Therapy, Testing, and Counseling	123	25
Genetic Testing for Prostate Cancer Prognosis	544	32
Genetic Testing: 5-Fluorouracil Testing in Cancer Patients	594	43
Genetic Testing: Age-Related Macular Degeneration	530	50
Genetic Testing: Apolipoprotein (APOE) Testing	339	53
Genetic Testing: <i>BRAF</i> Mutation Testing	434	60
Genetic Testing: Celiac Disease (Celiagene)	286	75
Genetic Testing: Cell-free Tumor DNA/Liquid Biopsy	581	80
Genetic Testing: Charcot Marie-Tooth Syndrome (Hereditary Motor Sensory Neuropathy)	134	85
Genetic Testing: Comparative Genomic Hybridization (CGH)/Chromosomal Microarray (CMA)	297	89
Genetic Testing: Cystic Fibrosis (CF)	289	95
Genetic Testing: Epilepsy	602	102
Genetic Testing: FLT3 Mutation Analysis and WT1RQ-PCR for Acute Myelogenous Leukemia	314	111
Genetic Testing: Gene Expression Profiling in the Management of Breast Cancer	281	116
Genetic Testing: Genetic Mutation Analysis Utilizing Solid Tumor Tissue	570	134
Genetic Testing: Hereditary Hemorrhagic Telangiectasia (HHO)	240	145
Genetic Testing: Heritable Thoracic and Abdominal Aneurysm and Dissection (TAAD) Related Disorders	453	148
Genetic Testing: Inheritable Colorectal Cancer	222	154
Genetic Testing: KRAS Mutation Testing	414	160
Genetic Testing: Lactose Intolerance	318	166
Genetic Testing: Leber's Hereditary Optic Neuropathy (LHON)	356	170
Genetic Testing: Long QT Syndrome	385	173
Genetic Testing: Methylene tetrahydrofolate Reductase (MTHFR) Polymorphisms in Cancer, Cardiovascular Disease, and Neural Tube Defects	426	179
Genetic Testing: Notch3 Testing for Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (CADASIL)	353	189

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Table 2. Reactivated Policies in the [Genetic Disease Booklet](#) (revised 7/1/2023), Continued\*

Policy Title	Policy Number	Starts on Page
Genetic Testing: PCA3 Testing for Prostate Cancer	510	193
Genetic Testing: PCR for BCR-ABL in Chronic Myelogenous Leukemia (CML)	340	199
Genetic Testing: PTEN Mutation Analysis	438	204
Genetic Testing: RETT Syndrome	586	209
Genetic Testing: Septin9 (SEPT9) Methylated DNA Detection for Colorectal Cancer Screening	521	214
Genetic Testing: Spinal Muscularatrophy	600	219
Genetic Testing: TP53 Mutation Analysis for B-Cell Chronic Lymphocytic Leukemia (B-CLL)	328	223
Pharmacogenomic Testing for Drug Metabolism	590	229
SPOT-Light HER2 CISH	412	240

\* As part of the transition from Carelon, these policies have been reactivated with updated criteria that aligns with current clinical standards.

## Coding and Reimbursement Updates

### Correctly Coding Medicare Comprehensive Visits

Comprehensive visits are when a Medicare annual wellness visit (AWV) occurs on the same date of service as a preventive visit. These combined visits help:

- > Focus on preventive care as well as chronic conditions that have not been recently addressed
- > Identify and address any developing problems early
- > Improve outcomes measures when accurately coded and documented.

**Learn more about coding these visits.** Access the Select Health [Comprehensive Evaluation Visits](#) guide (see Other Resources).

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

Remember to bookmark Select Health online tables for identifying codes not covered (by plan type and state) and/or if preauthorization is required.

Updated non-covered-codes tables are available at:

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

**These tables have just been updated effective July 2023.** The next quarterly update will be in October. 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**.