

## December 2023: 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; coding updates appear on page 3.**

**Questions?** Contact [Marcus.Call@selecthealth.org](mailto:Marcus.Call@selecthealth.org) for information on content of a medical policy, [Brandi.Luna@selecthealth.org](mailto: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 **one new policy — Genetic Testing: Ovarian Cancer (676)**, which begins on page 197 of the [Genetic Disease booklet](#). This genetic testing policy was created and published on 12/13/23 and is covered with criteria.

There are **11 revised policies** in this update (see [Table 1](#) below and on the following pages).

Policies listed in these tables 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). Policies are also available on the Select Health Provider Portal (secure login required).

**Table 1. Revised Medical Policies**

Policy Title (Number)	Revision Date: Summary of Change (applies <b>ONLY</b> to Commercial plan policy unless summary text appears in <b>BOLD</b> )
Gene Expression Profiling for Monitoring Acute Rejection in Cardiac Transplant Patients (ALLOMAP) (357), see page 7 in the <a href="#">Genetic Disease booklet</a> .	<b>12/06/2023:</b> Removed previous Exclusion #1: "Patients <7 calendar months or >5 years after heart transplantation"
Gene Therapy, Testing, and Counseling (123), see page 25 in the <a href="#">Genetic Disease booklet</a> .	<b>11/27/2023:</b> Added language to coverage criteria to clarify which type of tests should be performed: "How test results will guide decisions regarding: disease treatment, prevention, or management, such as averting treatment for other possible diagnosis; and that the test being performed is the most appropriate according to currently accepted literature or guidelines"
Genetic Testing: Cardiomyopathy (665), see page 70 in the <a href="#">Genetic Disease booklet</a> .	<b>12/06/2023:</b> Modified criteria to include option of recommendation by Intermountain Heart Institute as a qualifying factor

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**Table 2. Revised Medical Policies, Continued**

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
<p><b>Genetic Testing: Heritable Thoracic and Abdominal Aneurysm and Dissection (TAAD) Disorders (453)</b>, see page 149 in the <a href="#">Genetic Disease booklet</a>.</p>	<p><b>12/06/2023:</b></p> <ul style="list-style-type: none"> <li>Modified criteria to include option of recommendation by Intermountain Heart Institute as a qualifying factor</li> <li>Modified formatting and verbiage of overall criteria</li> <li>Added the following exclusion: "Select Health does not cover this testing, if the only concern is hypermobile Ehlers Danlos Syndrome and the member does not meet the above criteria, this test lacks clinical utility. There must also be concern for other types of connective tissue disorders with cardiovascular involvement, which</li> </ul>
<p><b>Genetic Testing: Long QT Syndrome (385)</b>, see page 174 in the <a href="#">Genetic Disease booklet</a>.</p>	<p><b>12/06/2023:</b> Modified criteria to include option of recommendation by Intermountain Heart Institute as a qualifying factor</p>
<p><b>Hysterectomy (620)</b>, see page 12 in the <a href="#">Obstetrics/Gynecology booklet</a>.</p>	<p><b>12/01/2023:</b> Modified criterion #d in Oophorectomy Criteria section to match corresponding section in medical policy #448 (Prophylactic Oophorectomy/Salpingo Oophorectomy): "Genetic mutation confirmed by molecular testing for breast and ovarian cancer susceptibility genes (ATM, BRCA1, BRCA2, BRIP1, Lynch syndrome genes [MLH1, MSH2,</p>
<p><b>Leadless Pacemakers (670)</b>, see page 52 in the <a href="#">Cardiovascular booklet</a>.</p>	<p><b>11/20/2023:</b> Revised to include coverage criteria for the Aveir leadless pacemaker system (previously considered experimental/investigational)</p>
<p><b>Optilume (672)</b>, see page 6 in the <a href="#">Gastroenterology booklet</a>.</p>	<p><b>12/14/2023:</b> Revised exclusionary statement regarding repeat applications: "Select Health does not cover any repeat applications of Optilume as there is insufficient data to support safety and efficacy; this meets the plan's definition of experimental/investigational."</p>
<p><b>Prophylactic Oophorectomy/Salpingo Oophorectomy (448)</b>, see page 39 in the <a href="#">Obstetrics/Gynecology booklet</a>.</p>	<p><b>12/01/2023:</b> Added the gene PMS2 to list of eligible susceptibility genes in criteria #2</p>

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**Table 2. Revised Medical Policies, Continued**

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless Summary text appears in BOLD)
Pulsed Dye Laser Treatment of Congenital Hemangiomas and Rosacea (168), see page 31 in the <a href="#">Dermatology booklet</a> .	<b>11/20/2023:</b> Modified requirements concerning failure of standard therapies
Sacral Nerve Stimulation (173), see page 117 in the <a href="#">General Surgery booklet</a> .	<b>12/14/2023:</b> Revised policy to no longer provide coverage of this therapy: “Select Health does not cover injectable bulking agents in the treatment of fecal incontinence as the long-term clinical utility of this therapy is not defined; nor is this therapy recommended according to current societal guidelines. This meets the plan’s definition of experimental/ investigational.”

## Select Health Coding Updates

### Reminder: 2024 Coding Updates

2024 will bring 153 new, 73 revised, and 102 deleted CPT codes along with 395 new, 13 revised, and 25 deleted ICD-10-CM diagnosis codes. Please be sure that you are using up-to-date coding books to stay abreast of the New, Revised, and Deleted codes. Being vigilant and prepared will help speed up turnaround time on the processing and payment of your claims.

**Questions?** Contact [brandi.luna@selecthealth.org](mailto:brandi.luna@selecthealth.org).

### Watch for 2024 First Quarter Non-Covered Codes and Preauthorization Requirements

Select Health updates these code lists to help practices quickly identify codes that are not covered or are only covered with preauthorization. We post these updates quarterly to our Provider Website for your use. Please use this resource first, calling Member Services only if you cannot find the information you need.

Bookmark these locations for the most current code lists:

- **Commercial:** [Utah](#), [Idaho](#), [Nevada](#), [Colorado](#)
- **Medicare:** [Utah](#), [Idaho](#), [Nevada](#), [Colorado](#)
- **Medicaid:** [Utah Only](#)

