



# Policy Update Bulletin:

## November 2022

### 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:

**Eight medical policies** has been revised (see **Table 1** below and on the next page). No policies were archived since the last update bulletin.

### New Policy Published:

**There is one new policy this month:**  
**Median Arcuate Ligament Syndrome (MALS) (658)**, see page 72 of the [General Surgery booklet](#); effective 10/27/22.

TABLE 1. REVISED MEDICAL POLICIES

Policy Title (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
<b>Bariatric Surgery Guidelines (295)</b> , page 9 of the <a href="#">General Surgery booklet</a>	11/02/22: Added the following procedure to those covered with criteria: "Loop duodenal switch (also referred to as single-anastomosis duodenal switch [SADS] or stomach intestinal pylorus-sparing surgery [SIPS])"
<b>Cervical and Lumbar Spinal Fusion with or without Spinal Decompression (622)</b> , page 2 of the <a href="#">Neurology/Neurosurgery booklet</a>	10/28/22: Modified criterion #5c regarding physical therapy/chiropractic therapy requirement: "Physical therapy or chiropractic therapy (minimum of 4 visits within a 3-month period)..."
<b>Fecal Microbiota Therapy (522)</b> , page 2 of the <a href="#">Infectious Disease booklet</a>	11/18/22: Removed exclusion for coverage regarding use of capsules with this therapy.
<b>Gene Expression Testing for Indeterminate Thyroid Nodule Biopsy (538)</b> , page 6 of the <a href="#">Genetic Disease booklet</a>	10/24/22: Modified coverage criteria to reflect updated test name (changed ThyroSeq v3 to ThyroSeq GC)

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# November 2022 Update Bulletin, Continued

TABLE 1. REVISED MEDICAL POLICIES, CONTINUED

Policy Title (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in <b>BOLD</b> type)
<b>Hearing Aids (651)</b> , page 42 of the <a href="#">Ear, Nose, &amp; Throat booklet</a>	10/28/22: Removed criteria #1, which had previously been: “1) Patient has had a recent medical exam (within the last 6 months) with resultant documentation supporting one of the following: a. Hearing loss is not surgically correctable; or b. Surgery is contraindicated; or c. Patient declined surgery.”
<b>Radiofrequency Ablation (RFA) of the Sacroiliac (SI) Joint (389)</b> , page 109 of the <a href="#">Physical Medicine booklet</a>	11/02/22: Replaced the requirements in criteria #7 with the following language: “Two diagnostic blocks (injection[s], anesthetic agent[s]; nerves innervating the sacroiliac joint, with image guidance [i.e., fluoroscopy or computed tomography]) are required, without steroids, separated by two weeks, which both blocks achieved ≥80% reduction in pain. These blocks include the following: L5 dorsal ramus and the lateral branches of S1–S3.”
<b>Transcatheter Edge-to-Edge Repair (TEER) (464)</b> , page 73 of the <a href="#">Cardiovascular booklet</a>	11/15/22: Modified title of policy (was previously titled, “Percutaneous Mitral Valve Repair [MitraClip]”); updated criteria to align with current clinical standards; and changed CPT codes 93590 and 93592 to covered (retroactive effective date: 10/01/22)
<b>Transcranial Magnetic Stimulation for Psychiatric Disorders and Navigational Tool for Neurosurgery (241)</b> , page 48 of the <a href="#">Behavioral Health booklet</a>	11/07/22: • Updated overall coverage criteria to align with updated clinical standards • Modified the number of visits allowed for this treatment: “TMS Treatment: 36 treatments over a 10-week period, which would include both initial and tapering of TMS.”

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

Bookmark SelectHealth online tables for identifying if a code is covered (by plan type and state) and whether or not preauthorization is required.

Covered-codes tables are now available at the links indicated below for:

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

We update these lists regularly to give you and your staff immediate access to the information you need. Always note the date in the heading as some 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**.