

## November 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 and on pages 2 through 4; coding updates appear on page 4.**

**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:

- **Two** new policies (Table 1 below)
- **Fifteen** revised medical policies (see Table 2 below and continued on the next two pages)
- **Two** archived policies (see Table 3, on [page 4](#))

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. New Medical Policies**

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
AVALON LABORATORY UTILIZATION POLICY: Coronavirus Testing in the Outpatient Setting (AHS-G2174), see page 216 in the Laboratory Utilization <a href="#">Part 1 booklet</a> .	<b>12/01/2023:</b> New Avalon policy, effective this date
CODING & REIMBURSEMENT POLICY: <a href="#">Formulas and Other Enteral Nutrition (95)</a>	<b>10/05/2023:</b> Created and published policy; covered with criteria

**Table 2. Revised Medical Policies**

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
Autologous Fat Transfer (AFT) in Breast Reconstruction (507), see page 6 in the <a href="#">General Surgery booklet</a> .	<b>11/07/2023:</b> Added criterion #3 as a qualifying condition to coverage criteria: "AFT is also indicated in breast augmentation for patients who have been treated for contralateral breast cancer and are seeking a symmetry procedure. AFT offers the ability to perform smaller volume breast augmentation with a broader distribution of volume than breast implants can provide."
Genetic Testing for Prostate Cancer Prognosis (544), see page 33 in the <a href="#">Genetic Disease booklet</a> .	<b>11/08/2023:</b> Added coverage criteria for the Decipher RP Test

*Continued on page 2*



Continued from page 1

**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)
Genetic Testing: Breast Cancer (664), see page 65 in the <a href="#">Genetic Disease booklet</a> .	<b>11/08/2023:</b> Modified overall coverage criteria regarding required panel of genes to be tested (changed “should” to “must”): “Select Health covers panel testing for high-penetrance breast cancer susceptibility genes, which must include the following genes (BRCA1/2, CDH1, PALB2, PTEN, and TP53)”
Genetic Testing: Myeloproliferative Neoplasms (668), see page 187 in the <a href="#">Genetic Disease booklet</a> .	<b>11/08/2023:</b> Modified coverage criterion #3B: “i. JAK2 V617F mutation by ddPCR, or ii. JAK2 V617F mutation by ddPCR with reflex to JAK2 exon 12 mutation analysis; also applicable for abdominal thrombosis evaluation”
Gynecomastia Surgery (124), see page 41 in the <a href="#">General Surgery booklet</a> .	<b>11/01/2023:</b> Clarified that either criteria A or B needs to be met to qualify for coverage; and for criteria B, removed age requirement of 18 years or older
High Frequency Chest Wall Compression (128), see page 17 in the <a href="#">Pulmonary booklet</a> .	<b>11/15/2023:</b> Added conditions to list of examples of exclusions
Hysterectomy (620), see page 12 in the <a href="#">Obstetrics/Gynecology booklet</a> .	<b>11/13/2023:</b> Added new criterion #1j: “RAD51C/RAD51D (hysterectomy is allowed when performed in conjunction with oophorectomy) as a qualifying indication for cancer, precancerous, or high cancer risk patients.”
Injectable Bulking Agents in the Treatment of Fecal Incontinence (531), see page 44 in the <a href="#">Gastroenterology booklet</a> .	<b>11/13/2023:</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.”
Kidney Transplant and Re-Transplantation (141), see page 49 in the <a href="#">General Surgery booklet</a> .	<b>11/01/2023:</b> <ul style="list-style-type: none"> <li>Removed HIV and Hepatitis B antigen positive as contraindications</li> <li>Clarified that unmanageable active infections would be considered as contraindications</li> </ul>

Continued on page 3

Continued from page 2

**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>Laser Therapy for Hypertrophic Scars (231), see page 24 in the <a href="#">Dermatology booklet</a>.</p>	<p><b>11/06/2023:</b> modified first-line and second-line algorithms in criteria, as follows:</p> <p>“1. First-Line Therapy: A 3-month trial of steroid tape/plaster, or silicone gel sheeting/silastic sheeting, or other occlusive dressings and/or pressure therapy</p> <p>2. Second-Line Therapy: A 3-month trial of at least 3 separate injections of intralesional steroids or fluorouracil, given at monthly intervals, if not previously done” of 18 years or older</p>
<p>Prophylactic Mastectomy (220), see page 30 in the <a href="#">Women’s Health booklet</a>.</p>	<p><b>11/07/2023:</b></p> <ul style="list-style-type: none"> <li>• Updated overall criteria to align with current clinical guidelines</li> <li>• Revised requirements in criterion #6, which previously required certain family history requirements: “The individual’s risk of breast cancer is greater than 40% on a validated assessment tool such as the Breast Cancer Risk Calculator, Gail Model, or Tyrer-Cuzick Risk Calculator; and the individual has undergone counseling from an appropriate provider, such as gynecologist, breast surgeon, or genetic counselor, to quantitate their risk.”</li> </ul>
<p>Prophylactic Oophorectomy/Salpingo Oophorectomy (448), see page 39 in the <a href="#">Obstetrics/Gynecology booklet</a>.</p>	<p><b>11/13/2023:</b> Updated breast and ovarian cancer susceptibility genes listed in criterion #2: “(ATM, BRCA1, BRCA2, BRIP1, Lynch syndrome genes [MLH1, MSH2, MSH6, EPCAM], PALB2, RAD51C, and RAD51D)”</p>
<p>Simultaneous Liver and Kidney Transplantation (SLK) (144), see page 127 in the <a href="#">General Surgery booklet</a>.</p>	<p><b>11/01/2023:</b></p> <ul style="list-style-type: none"> <li>• Removed HIV and Hepatitis B antigen positive as contraindications</li> <li>• Clarified that unmanageable active infections would be considered as contraindications</li> </ul>
<p>Tonsillectomy and Adenoidectomy (621), see page 71 in the <a href="#">Ear, Nose, &amp; Throat booklet</a>.</p>	<p><b>11/06/2023:</b> Removed requirement of “normal palate by exam” from criterion #1A and criterion #Ciii</p>
<p>Varicocele Embolization (612), see page 39 in the <a href="#">Genitourinary booklet</a>.</p>	<p><b>11/07/2023:</b> Modified requirements in criteria #B: “1. Meets one of the above criteria for surgery OR 2. Post-surgical (ligation) recurrence of varicoceles” genes [MLH1, MSH2, MSH6, EPCAM], PALB2, RAD51C, and RAD51D)”</p>

**Table 3. Archived Policies**

Policy Title (Number)	Revision Date: Summary of Change
Coverage for Procedures Associated with Bariatric Surgery (122)	11/10/2023: Archived policy; applicable codes are reimbursed in conjunction with covered bariatric surgery
Formulas and Other Enteral Nutrition (534)	10/23/2023: Archived policy; replaced by reimbursement and coding policy #95

## Select Health Coding Updates

### REIMBURSEMENT FOR MULTIPLE ENDOSCOPIC PROCEDURES: MEDICARE PLANS ONLY

Recently, there has been some confusion about the RARC and CARC remarks in Remittance Advice documents (RAs) related to multiple endoscopic procedures in the same family performed on the same encounter.

For example, if the same patient has multiple endoscopic procedures done the same day (e.g., a colonoscopy and then removal of polyps), the RA states, “This procedure is not paid separately, and separate payment is not allowed.” In this case, the secondary code is paid, but it is combined in the primary code line as follows:

CPT	Description
45380	Colonoscopy, flexible; with biopsy, single or multiple
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

Effective **April 1, 2023**, Select Health updated our editing system based on CMS guidelines for multiple endoscopic procedure reductions. **For Medicare plans only**, that system bundles reimbursement for these situations, reimbursing both codes. However, the payment for the additional procedure (polyp removal in the above example) is added to the allowed amount of the primary procedure (the colonoscopy in the above example).

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