February 2024: 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 subsequent pages; coding updates begin on page 5.**

Questions? Contact Marcus.Call@selecthealth.org for information on content of a medical policy, 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: EsoGuard (678)**, which begins on page 112 of the Genetic Disease booklet. This policy was created and published on **02/19/24. NOTE:** Select Health does not cover the EsoGuard genetic test.

There are **12 revised policies** in this update (see **Table 1** below and on the following pages).

Policies listed in **Table 1** 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 current Select Health Provider Portal (secure login required).

Table 1. Revised Medical and Coding/Reimbursement Policies

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
MEDICAL POLICY **Breast Pumps** (108), see page 6 in the Durable Medical Equipment booklet.	**02/06/2024**: Modified time frame for coverage of hospital-grade rentals from 6 months to 9 months: "Select Health covers the rental of hospital-grade breast pumps up to 9 months. After this period, coverage will be allowed in limited circumstances when the infant meets criteria...."
MEDICAL POLICY **Carotid Procedures for Stroke Prevention** (461), see page 7 in the Cardiovascular booklet	**02/09/2024**: • **Modified title of policy (previously titled, Carotid Artery Stenting (CAS)** • Updated coverage criteria to align with current clinical standards: "Select Health covers carotid procedures for stroke prevention in limited circumstances; carotid endarterectomy, carotid stenting, and transcarotid artery revascularization, as the current literature demonstrates improved outcomes in select populations. Must meet either A or B. A. Recommended by Intermountain Health Cardiovascular Clinical Provider; OR B. For all other clinicians, the following criteria must be met: 1) Patients with symptomatic carotid artery stenosis ≥ 50%; or 2) Patients with asymptomatic carotid artery stenosis ≥ 70%." meets the plan's definition of experimental/investigational ..."

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Table 1. Revised Policies, Continued

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
MEDICAL POLICY Computer-Assisted Orthopedic Surgeries (277), see page 42 in the Orthopedics booklet	**02/02/24**: Added clarifying language to exclusionary statements: "Select Health does NOT cover computer-assisted guidance/navigation systems for orthopedic procedures of the pelvis and appendicular skeleton, as the medical literature is inadequate to determine the efficacy of this new technology, which requires long-term evaluation. This therapy meets the plan's definition of experimental/investigational. Select Health does NOT provide additional reimbursement for computer-assisted guidance/navigation systems for orthopedic procedures of the pelvis and appendicular skeleton. This is considered part of the primary procedure and would not be subject to additional reimbursement on the part of the surgeon or the facility."
MEDICAL POLICY Dental Anesthesia Covered Under the Medical Benefit (652), see page 5 in the Oral Maxillofacial booklet	**01/18/2024**: Updated overall coverage criteria as follows: "I. Utah/Idaho/Nevada Based Plans A. Select Health considers general anesthesia and monitored anesthesia care (MAC) to be medically necessary for dental or oral maxillofacial surgery (OMS) services, when administered by an anesthesiologist or by a certified registered nurse anesthetist (CRNA), in either the inpatient or outpatient setting, if any of the following criteria are met: 1) The member is a child, up to 6 years old, with a dental condition (such as baby bottle syndrome) that requires repairs of significant complexity (e.g., multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions, or any combinations of these noted or other dental procedures); **or** 2) Members who exhibit physical, intellectual, or medically compromising conditions, for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a successful result, and which, under anesthesia, can be expected to produce a superior result. Conditions include, but are not limited to, intellectual disability, autism spectrum disorder, cerebral palsy, epilepsy, cardiac problems, and hyperactivity (verified by appropriate medical documentation); **or** 3) Members who, after other conservative pharmaceutical interventions have been attempted and failed, are extremely uncooperative, fearful, unmanageable, or anxious, or non-verbal members; with dental needs of such magnitude that treatment should not be postponed or deferred, and for whom lack of treatment can be expected to result in dental or oral pain, infection, loss of teeth, or other increased oral or dental morbidity; or Continued on page 3...

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Table 1. Revised Policies, Continued

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
MEDICAL POLICY Dental Anesthesia Covered Under the Medical Benefit (652), Continued.	4) Members for whom local anesthesia is ineffective, such as anatomic variations or allergies to local anesthesia; or 5) Members who have sustained extensive oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised **01/18/2024**: II. Colorado-Based Plans A. Services including local, regional, general, and/or intravenous sedation anesthesia, are not covered, except when your Dependent child meets the following criteria: 1. Has a physical, mental, or medically compromising condition; or 2. Has dental needs for which local anesthesia is ineffective because of acute infection, anatomic variations, or allergy; or 3. Is an extremely uncooperative, unmanageable, anxious, or uncommunicative child or adolescent with dental needs deemed sufficiently important that dental care cannot be deferred; or 4. Has sustained extensive orofacial and dental trauma."
MEDICAL POLICY Genetic Testing: Donor-Derived Cell-Free DNA for Monitoring of Rejection in Heart and Kidney Transplantation (671), see page 101 in the **Genetic Disease booklet**.	**01/22/2024**: Revised to provide coverage of this testing with criteria revised to provide coverage of this testing with criteria
MEDICAL POLICY Genetic Testing: TP53 Mutation Analysis for B-Cell Chronic Lymphocytic Leukemia (B-CLL) (328), see page 236 in the **Genetic Disease booklet**	**02/09/2024**: Added an additional testing option for those who qualify, and clarified corresponding exclusion: "Select Health covers TP53 mutation testing, or a full NGS panel for prognostic purposes at the time of diagnosis, in patients with B-cell chronic lymphocytic leukemia (B-CLL). Select Health considers a full NGS panel for evaluation of MRD (minimal residual disease) assessment to be NOT medically necessary."

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Table 1. Revised Policies, Continued

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
MEDICAL POLICY Infusion Pumps (External or Implantable) (609), see page 48 of the **Physical Medicine booklet**	02/13/2024: Clarified requirements in criterion #1h: "Test (e.g., trial) dosing has been successful; this requirement does not apply to cancer patients."
CODING & REIMBURSEMENT POLICY In-Network Coverage of Medical Services with an Out-of-Network Provider (88)	**02/02/2024**: Input distance guidelines for Colorado-based plans
MEDICAL POLICY Negative Pressure Wound Therapy (Vacuum Assisted Wound Closure) (185), see page 71 in the **Physical Medicine booklet**	**01/26/2024**: Modified header in Section A from "Inpatient Setting" to "Wounds Related to Recent Surgery" to clarify this type of treatment
Total Shoulder Replacement (629), see page 189 of the **Orthopedics booklet**	**02/02/2024**: Modified overall criteria to align with current clinical guidelines
Viscosupplementation (188), see page 23 of the **Pharmacology booklet**	**02/09/2024**: Added new coverage criteria #5: "Failure of one preferred viscosupplement: Synvisc, Synvisc-One, or Euflexxa (**NOTE**: The preferred agents do not require preauthorization when administered with a diagnosis of osteoarthritis of the knee.)"

Select Health Coding Updates

CPT 81315 (see below) will no longer require preauthorization for Commercial as it is currently covered without preauthorization for Medicare and will remain not covered for Medicaid.

> **81315** - PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (e.g., promyelocytic leukemia) translocation analysis; common breakpoints (e.g., intron 3 and intron 6), qualitative or quantitative

Reminder: 2024 Coding Updates

2024 brings 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 to use up-to-date coding books to stay abreast of the New, Revised, and Deleted codes.

Note that HCPCS G2211 will be covered under Commercial and Medicare plans (**not Medicaid**) effective **January 1, 2024**. **G2211** reads:

> **G2211** - Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition.

Questions? Contact brandi.luna@selecthealth.org.

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