

## March 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 page 2; there are no coding updates this month.**

**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** — **Gene Expression Profiling: Uveal Melanomas (680)**, which begins on page 18 of the [Genetic Disease booklet](#). This policy was created and published on **03/08/24** 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 **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 Policies (no changes to Coding/Reimbursement Policies this month)**

Policy Title (Number)	Revision Date: Summary of Change (applies <b>ONLY</b> to Commercial plan policy unless summary text appears in <b>BOLD</b> )
Applied Behavior Analysis (ABA) (630), see page 2 in the <a href="#">Behavioral Health booklet</a> .	<b>02/27/2024:</b> Clarified requirements in criterion #4 for coverage of continued therapy: “The member demonstrates clinical improvement within 3 months of starting ABA therapy for continued therapy to be covered.”
Endoscopic Ablative Therapies in the Treatment of Barrett’s Esophagus (322), see page 25 in the <a href="#">Gastroenterology booklet</a> .	<b>02/26/2024:</b> Modified criteria to allow treatment with either radiofrequency ablation (RFA) or cryoablation when criteria are met.
Eustachian Tube Balloon Catheter (623), see page 27 in the <a href="#">Ear, Nose, &amp; Throat booklet</a> .	<b>02/16/2024:</b> Changed the minimum age eligible for this treatment in criterion #1 from 18 years to 7 years: “Patient is 7 years of age or older.”
Hypoglossal Neurostimulation (Inspire Upper Airway Stimulation) (608), see page 30 in the <a href="#">Pulmonary booklet</a> .	<b>02/28/2024:</b> Modified certain requirements in section A to align with updated FDA-approved indications: <ul style="list-style-type: none"> <li>• “2. Moderate-to-severe OSA with AHI: 15 to 100 events per hour [was previously 15 to 65 events per hour], and polysomnography within 24 months of Inspire stimulator consult; ...</li> <li>• 7. BMI &lt; 40 kg/meter squared [was previously &lt; 35 kg/meter squared]”</li> </ul>

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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)
Pharmacogenetic Testing for Drug Metabolism (590), see page 244 in the <a href="#">Genetic Disease booklet</a> .	<b>03/08/2024:</b> Revised to provide coverage of TPMT/NUDT15 testing without restriction [Retroactive effective date: 1/24/24]
Prophylactic Mastectomy (220), see page 31 in the <a href="#">Women’s Health booklet</a> .	<b>03/19/2024:</b> Added the following coverage consideration: “Select Health covers contralateral mastectomy for symmetry purposes in individuals undergoing mastectomy for the contralateral breast for primary malignancy, and who have no plans for future breast reconstruction.”
Renal Autotransplantation (606), see page 121 in the <a href="#">General Surgery booklet</a> .	<b>02/24/2024:</b> Added additional option of consultation to applicable criteria: “Urology and/or gynecology consultation”
Sacral Nerve Stimulation (SNS) (173), see page 124 in the <a href="#">General Surgery booklet</a> .	<b>02/22/2024:</b> <ul style="list-style-type: none"> <li>Clarified timeframe requirement for a cystoscopy in criterion #2 in Urinary section: “Documentation has demonstrated cystoscopy has been performed within the past 2 years and alternative causes of problem have been excluded.”</li> <li>Removed requirement of 7 days from required trial of a sacral nerve stimulator prior to permanent placement</li> </ul>
Tonsillectomy and Adenoidectomy (621), see page 71 in the <a href="#">Ear, Nose, &amp; Throat booklet</a> .	<b>02/23/2024:</b> Added treatment option to criteria #B-4 in Section 1: “Periodic fevers in children with aphthous stomatitis, pharyngitis, and adenitis (PFAPA) and who may have ANY of the following indications: (if surgery is performed, either tonsillectomy or adenotonsillectomy is recommended) ...”
Transcranial Magnetic Stimulation for Psychiatric Disorders and Navigational Tool for Neurosurgery (241), see page 36 in the <a href="#">Behavioral Health booklet</a> .	<b>02/27/2024:</b> Added clarifying language to criterion #4a: “Documented failure, and prescribed by treating psychiatrist or psychiatric advanced practice registered nurse, of at least 2 antidepressant courses of maximally tolerated labeled dose and duration (> 4 weeks) from two different agent classes for at least 6 months in the current, moderate-to-severe episode of depression ...”
Women’s Health and Cancer Rights Act Clarification (189), see page 44 in the <a href="#">Women’s Health booklet</a> .	<b>03/19/2024:</b> added the following coverage consideration: “Select Health covers contralateral mastectomy for symmetry purposes in individuals undergoing mastectomy for the contralateral breast for primary malignancy, and who have no plans for future breast reconstruction.”