

April 2025: 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 are found on [page 4](#).**

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 **three new policies** (see **Table 1** below). There are **11 revised policies** in this update (see **Table 2** starting on [page 2](#)).

Policies listed in the tables below 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 website](#).

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)
InSpace (691), see page 76 in the Orthopedic booklet .	04/08/2025: Created and published policy; "Select Health does NOT cover subacromial balloon spacers (e.g., InSpace) for the treatment of rotator cuff tears as they are considered experimental/investigational due to insufficient evidence of efficacy."
Low-Level and High-Intensity Laser Therapy for Physical Therapy (693), see page 65 in the Physical Medicine booklet .	04/10/2025: Created and published policy; "Select Health does not cover either low-level or high-intensity laser therapy for any indication as these are considered experimental/investigational because evidence is insufficient to determine whether these technologies result in an improvement in health outcomes."
VivAer (694), see page 87 in the Ear, Nose, & Throat booklet .	04/08/2025: Created and published policy; "Select Health does not cover radiofrequency treatment of nasal valves for the treatment of nasal airway obstruction (e.g., VivAer); this is considered experimental/investigational due to insufficient evidence supporting either safety or efficacy of this procedure."

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Table 2. Revised Medical Policies (no changes to Coding/Reimbursement Policies this month)

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
Bioimpedance Spectroscopy in the Evaluation of Lymphedema (655), see page 9 in the Physical Medicine booklet .	03/27/2025: <ul style="list-style-type: none"> Clarified requirements in coverage criteria: "Select Health covers bioimpedance spectroscopy only for the evaluation or diagnosis of early lymphedema, defined as Stage 0 or 1, related to breast cancer or melanoma." Included table for classifying stages of lymphedema.
AVALON MEDICAL POLICY Coronavirus Testing in the Outpatient Setting (AHS-G2174) , see page 238 in the Laboratory Utilization, Part 1 booklet .	03/26/2025: <ul style="list-style-type: none"> Added NAAT as an acceptable test option for MIS-A and MIS-C in coverage criteria #4, which now reads: "To support a diagnosis of multisystem inflammatory syndrome in children (MIS-C) (see Note 2), multisystem inflammatory syndrome in adults (MIS-A) (see Note 3), or post-acute sequelae of SARS-CoV-2 infection (PASC), nucleic acid amplification testing and host antibody serology testing MEET COVERAGE CRITERIA." Updated coverage criteria #5 to include a once every 48-hour frequency. Criteria #5 now reads: "5) For symptomatic individuals, antigen-detecting diagnostic tests for SARS-CoV-2 (e.g., antigen rapid tests) once every 48 hours MEET COVERAGE CRITERIA." Removed coverage criteria #7 and #9 due to redundancy with G2149 Pathogen Panel Testing as multiplex PCR testing for respiratory pathogens is more appropriately managed by the Pathogen Panel Testing policy and is not needed in this (G2174) policy. (Previous coverage criteria #7 and #9: "7) For individuals with signs and symptoms of a respiratory tract infection (see Note 4), multiplex PCR-based panel testing of up to 5 respiratory pathogens MEETS COVERAGE CRITERIA. ... 9) Multiplex PCR-based panel testing of 6 or more respiratory pathogens DOES NOT MEET COVERAGE CRITERIA." Updated Note 1 with updated CDC signs and symptoms of COVID-19. Updated Note 2 and Note 3 with updated CDC clinical requirements for suspected MIS-C and MIS-A.
AVALON MEDICAL POLICY Diabetes Mellitus Testing (AHS-G2006) , see page 580 in the Laboratory Utilization, Part 1 booklet .	03/24/2025: <ul style="list-style-type: none"> Addition of coverage criteria #2e: "e) Quarterly for individuals who are pregnant." Addition of coverage criteria #5i: "For individuals with metabolic dysfunction-associated steatotic liver disease (MASLD)." Removed Note 1, support for testing is found in the guidelines section of policy documents (previous version of Note 1: "According to the American Diabetes Association (ADA), measurement of plasma glucose is sufficient to diagnose diabetes mellitus in a patient with classic symptoms (polyuria, polyphagia, polydipsia)"); results in changing note numbering and references within criteria.

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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)
Diagnostic and Therapeutic Interventions for Spinal Pain (626), see page 29 in the Physical Medicine booklet .	04/04/2025: <ul style="list-style-type: none"> For repeat RFA procedures, clarified that these procedures do not require further PT/chiropractic therapy for approval. Clarified that two diagnostic anesthetic facet joint injections should be performed without steroids.
Genetic Testing for Monitoring of Rejection in Kidney Transplantation (671), see page 94 in the Genetic Testing booklet .	04/07/2025: Modified title and focus of policy to solely address “Genetic Testing for Monitoring of Rejection in Kidney Transplantation.” (This policy was previously titled “Genetic Testing: Donor-Derived Cell-Free DNA for Monitoring of Rejection in Heart and Kidney Transplantation.”)
Genetic Testing for Monitoring Rejection in Cardiac Transplant Patients (357), see page 3 in the Genetic Testing booklet .	04/07/2025: <ul style="list-style-type: none"> Modified title of policy, “Genetic Testing for Monitoring Rejection in Cardiac Transplant Patients.” (This policy was previously titled, “Gene Expression Profiling for Monitoring Rejection in Cardiac Transplant Patients [Allomap].”) Updated coverage criteria to align with current clinical standards.
Genetic Testing: Arrhythmia (385), see page 163 in the Genetic Testing booklet .	04/07/2025: <ul style="list-style-type: none"> Retitled policy, “Genetic Testing: Arrhythmia” (this policy was previously titled “Genetic Testing: Long QT Syndrome”). Included coverage criteria for Brugada syndrome and Catecholaminergic polymorphic tachycardia in addition to Long QT Syndrome.
Genetic Testing: Minimal Residual Disease (MRD) Assessment (673), see page 178 in the Genetic Testing booklet .	04/04/2025: <ul style="list-style-type: none"> Added criterion #3f for consideration of coverage: “TP53-mutated myelodysplastic syndrome using NGS panel for TP53 VAF levels.” Added the following exclusion: “Serum biomarker testing (e.g., NavDx) for the surveillance of cancer recurrence in HPV-associated oropharyngeal cancer is considered experimental/investigational as peer-reviewed medical literature does not support this testing as having sufficient sensitivity or specificity that would be necessary to define a clinical role.”
Genetic Testing: Mitochondrial DNA Sequencing (356), see page 159 in the Genetic Testing booklet .	04/07/2025: <ul style="list-style-type: none"> Retitled policy, “Genetic Testing: Mitochondrial DNA Sequencing.” (This policy was previously titled, “Genetic Testing: Leber’s Hereditary Optic Neuropathy [LHON].”) Updated coverage criteria to align with new, more comprehensive focus of policy.

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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)
AVALON MEDICAL POLICY Vitamin B12 and Methylmalonic Acid Testing (AHS-G2014) , see page 689 in the Laboratory Utilization, Part 2 booklet .	03/25/2025: <ul style="list-style-type: none"> Added a three-month testing frequency for all vitamin B testing/screening; results in a new main criterion #1, and former coverage criteria #1, #2, and #3 as sub-criteria under this new main criterion, which now reads: "1) Total vitamin B12 (serum cobalamin) testing MEETS COVERAGE CRITERIA once every three months for any of the following situations:" Added new coverage criteria #7: "For all other situations not described above, total vitamin B12 (serum cobalamin) testing DOES NOT MEET COVERAGE CRITERIA."
AVALON MEDICAL POLICY Vitamin D Testing (AHS- G2005) , see page 709 in the Laboratory Utilization, Part 2 booklet .	03/24/2025: <ul style="list-style-type: none"> Edited coverage criteria #3 for clarity and consistency. Removed Note 1, point S: "Obesity." Removed "medical necessity" language from Notes 1 and 2.

Select Health Coding Updates

Using Modifier 25 with an Evaluation & Management (E/M) Code

When applicable, **modifier 25** should be appended to an evaluation and management (E/M) service when also billing for minor procedures. This indicates that a patient's condition required a significant, separately identifiable E/M service beyond the usual care associated with the procedure performed on the same date. Not appending modifier 25 could result in the denial of the E/M service, as it may be considered part of the minor procedure. This would also result in the denial of add-on code G2211, which accounts for additional work and complexity involved in the E/M service. Correctly applying modifier 25 will help you to avoid these denials and ensure proper reimbursement.

[Learn more.](#)