

## July 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 and page 3; coding updates are also on page 3.**

**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 **three new policies** (see **Table 1** below). There are **four revised policies** in this update (see **Table 2** on the next page).

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 current [Select Health Provider Portal](#) (secure login required).

There are **two archived coding and reimbursement policies** this month:

- **Urine Drug Testing in the Outpatient Setting (87)**, which was archived on 6/25/2024; policy #AHS-T2015 now applies for review of these clinical situations.
- **Molecular Genetic Testing Guidelines (83)**, which was archived on 7/18/2024. These claims are now reviewed internally by Select Health as the contracted entity referenced in this policy has been discontinued.

**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)
Gastric Peroral Endoscopic Myotomy (G-POEM)/Pyloroplasty for Gastroparesis (681), see page 42 in the <a href="#">Gastroenterology booklet</a> .	7/1/2024: <ul style="list-style-type: none"> <li>• Created and published policy; covered with criteria</li> </ul>
Transcatheter Mitral Valve Implantation/Replacement (682), see page 86 in the <a href="#">Cardiovascular booklet</a> .	7/1/2024: <ul style="list-style-type: none"> <li>• Created and published policy; covered with criteria</li> </ul>
Lipedema Treatment (683), see page 62 in the <a href="#">General Surgery booklet</a> .	7/5/2024: <ul style="list-style-type: none"> <li>• Created and published policy; covered with criteria</li> </ul>

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**Table 2. Revised Policies**

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
<p><b>Transcranial Magnetic Stimulation for Psychiatric Disorders and Navigational Tool for Neurosurgery (241)</b>, see page 29 in the <a href="#">Behavioral Health booklet</a>.</p>	<p><b>7/8/2024:</b> For Commercial Plan Policy, modified requirements in criteria #1 to #4 and added #5 in section A-I to align with updated clinical standards:</p> <p>“I. Select Health covers unilateral or bilateral repetitive transcranial magnetic stimulation (TMS) in patients with treatment-resistant depression when specific criteria are met.</p> <p>Criteria for Coverage (Must Meet ALL):</p> <ol style="list-style-type: none"> <li>1. Patient is ≥ 18 years of age; and</li> <li>2. Diagnosis of major depressive disorder (MDD) by a licensed mental health professional (Psychiatrist or Psychiatric Advanced Practice Registered Nurse) that meets the DSM-5 definition of major depressive disorder; and</li> <li>3. TMS must be recommended by a Psychiatrist or Psychiatric Advanced Practice Registered Nurse, who has examined the patient face-to-face and reviewed the record, and monitored by a physician/APP (advanced practice provider) to evaluate for neurological complications that may require immediate intervention; the physician/APP is responsible for determining motor threshold for the TMS and response to therapy; and</li> <li>4. Failure of medication therapy, defined by:               <ol style="list-style-type: none"> <li>a. Documented failure, and prescribed by treating Physician, Advanced Practice Register Nurse, or Certified Physician Assistant, of at least 4 antidepressant courses of maximally tolerated dosage and duration (&gt;4 weeks), from at least 2 different agent classes within the past 12 months of the current, moderate-to severe episode of depression (as defined by a validated scale*);</li> </ol> <p>and/or</p> <ol style="list-style-type: none"> <li>b. A demonstrated intolerance to at least 4 different courses of psychopharmacologic medications from at least 2 different agent classes, as defined by intolerable side effects that are not expected to diminish or resolve with continued administration of the medication within the past 12 months of the current, moderate-to-severe episode of depression (as defined by a validated scale*); and</li> </ol> </li> <li>5. A trial of evidence-based psychotherapy for depression was attempted of an adequate frequency and duration without documented significant improvement in depressive symptoms. An adequate trial of evidence-based psychotherapy is comprised of at least 15 sessions over a 4- to 6-month period.” (7/8/24)</li> </ol> <p>Also, for Commercial Plan Policy, added the following exclusion: “Select Health does NOT cover TMS for ages 17 and under; this therapy is considered experimental/investigational for this age group.” (7/18/24)</p>

Continued on page 3...

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**Table 2. Revised Policies, continued**

<p><b>Posterior Tibial Nerve Stimulation (PTNS) (473)</b>, see page 20 in the <a href="#">Genitourinary booklet</a>.</p>	<p><b>7/5/2024:</b> For Commercial Plan Policy, added the following exclusion: “Select Health does not cover either the BlueWind Revi neuromodulation system or the eCoin leadless tibial neurostimulator. These technologies are considered experimental/investigational due to safety concerns and lack of long-term outcomes.”</p>
<p><b>Prescription Medication and Illicit Drug Testing in the Outpatient Setting (AHS-T2015)</b>, see page 301 in the <a href="#">Laboratory Utilization, Part 2 booklet</a>.</p>	<p><b>6/25/2024:</b> Removed previous coverage criteria #3, “When laboratory-based definitive drug testing is requested for larger than seven drug classes panels confirmatory/ definitive qualitative or quantitative drug testing DOES NOT MEET COVERAGE CRITERIA” as this language does not align with coverage guidelines for Select Health.</p>
<p><b>Total Shoulder Replacement (629)</b>, see page 192 in the <a href="#">Orthopedic booklet</a>.</p>	<p><b>7/18/2024:</b> For Commercial Plan Policy, removed previous criteria #2 in Section B for Reverse Shoulder:                  “2. Conservative therapy has failed, as defined by both of the following:                  a) NSAIDs or acetaminophen ≥ 3 weeks; and                  b) Activity modification ≥ 12 weeks”</p>

## Select Health Coding Updates

### RFA with Moderate or MAC Sedation Update for Medicare and Medicaid Lines of Business

Effective **07/07/2024**, our Medicare and Medicaid lines of business will be following the below Noridian Article and LCD:

- L38803 Facet Joint Interventions for Pain Management
- A58405 Billing and Coding: Facet Joint Interventions for Pain Management

For RFA and facet cyst aspiration/rupture the use of moderate anesthesia or MAC may be payable if medical necessity is clearly established. Documentation must explain the medical necessity for sedation and frequent reporting of these services together may trigger focused medical review.