

## August 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](#).**

**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 coding and reimbursement policy: Trigger Point Injections (98)**, which was created and published on 7/12/24; covered with criteria.

There are **nine revised policies** in this update (see **Table 1** below and on the next page).

There are **five archived policies** this month (see **Table 2** on page 3).

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).

**Table 1. Revised Medical Policies**

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
Gene Expression Profiling: Cutaneous Melanomas (667), see page 15 in the <a href="#">Genetic Testing booklet</a> .	<b>7/22/2024:</b> <ul style="list-style-type: none"> <li>For Commercial Plan Policy, added coverage criteria for the Decision DX-Melanoma test.</li> </ul>
Gene Expression Testing for Indeterminate Thyroid Nodule Biopsy (538), see page 21 in the <a href="#">Genetic Testing booklet</a> .	<b>7/15/2024:</b> <ul style="list-style-type: none"> <li>For Commercial Plan Policy, added the following exclusion: "Select Health does NOT cover genetic testing using Afirma XA as current evidence is inadequate to reach conclusions on the clinical and statistical validity of these tests; this test meets the plan's definition of experimental/investigational."</li> </ul>
Genetic Testing: Cell-Free Fetal DNA Testing (679), see page 79 in the <a href="#">Genetic Testing booklet</a> .	<b>7/22/2024:</b> <ul style="list-style-type: none"> <li>For Commercial Plan Policy, removed "Fetal RhD status" as an exclusion.</li> </ul>
Genetic Testing: Inheritable Colorectal Cancer (222), see page 155 in the <a href="#">Genetic Testing booklet</a> .	<b>7/22/2024:</b> <ul style="list-style-type: none"> <li>For Commercial Plan Policy, clarified age requirement for qualifying factor of personal history of colorectal cancer: "Personal history of CRC age 50 or under" and also updated other personal/family history requirements in coverage criteria to align with current clinical standards.</li> </ul>

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**Table 1. 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>Genetic Testing: Lymphoproliferative Disorders (685), see page 174 in the <a href="#">Genetic Testing booklet</a>.</p>	<p><b>8/14/2024:</b></p> <ul style="list-style-type: none"> <li>Created and published this medical policy; covered with criteria.</li> </ul>
<p>Genetic Testing: Myeloid Neoplasms (668), see page 185 in the <a href="#">Genetic Testing booklet</a>.</p>	<p><b>7/22/2024:</b></p> <ul style="list-style-type: none"> <li>Modified title of policy, was previously titled as [Genetic Testing: Myeloproliferative Neoplasms], and for Commercial Plan Policy added Section G with coverage criteria for “Acute Myeloid Leukemia of Mixed or Ambiguous Lineage.”</li> </ul>
<p>Genetic Testing: PTEN Mutation Analysis (438), see page 211 in the <a href="#">Genetic Testing booklet</a>.</p>	<p><b>7/15/2024:</b></p> <ul style="list-style-type: none"> <li>For Commercial Plan Policy, added coverage criteria to policy to clarify what clinical scenarios are indicated for this testing as well as corresponding descriptions of both Major and Minor criteria that fulfill these requirements.</li> </ul>
<p>Genetic Testing: Rett Syndrome (586), see page 216 in the <a href="#">Genetic Testing booklet</a>.</p>	<p><b>7/15/2024:</b></p> <ul style="list-style-type: none"> <li>For Commercial Plan Policy, added the following language to help clarify when this testing should not be considered:                             <ul style="list-style-type: none"> <li>“Rett syndrome should NOT be suspected if an individual has a history of:                                     <ul style="list-style-type: none"> <li>— Brain injury secondary to peri- or postnatal trauma, neurometabolic disease, or severe infection that causes neurologic problems</li> <li>— Grossly abnormal psychomotor development in the first six months of life, with early milestones not being met”</li> </ul> </li> </ul> </li> </ul>
<p>Medical Transportation (344), see page 17 in the <a href="#">General Medicine booklet</a>.</p>	<p><b>8/14/2024:</b></p> <ul style="list-style-type: none"> <li>For Commercial Plan Policy, added the following clarification to criterion #1 in Non-Emergent Medical Transportation section: “...transfer is made to the nearest appropriate facility where the required medically necessary and covered diagnostic and/or therapeutic services can be provided to treat the patient’s specific injury or illness.”</li> </ul>

**Table 2. Archived Policies**

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
BRaf Mutation Testing (434)	<b>7/31/2024:</b> CPT code 81210 is covered without restriction.
Cryosurgery for Prostate Cancer (115)	<b>7/30/2024:</b> CPT 55873 has been changed to covered without restriction for Commercial lines of business.
FLT3 Mutation Analysis and WT1 RQ-PCR for Acute Myelogenous Leukemia (314)	<b>7/31/2024:</b> These claims are now evaluated with medical policy #668 (Genetic Testing: Myeloid Neoplasms).
KRAS Mutation Testing (414)	<b>7/31/2024:</b> CPT codes 81275 and 81276 are both covered without restriction.
Wound Care and Physical Therapy (469)	<b>7/30/2024:</b> Covered physical therapy codes are not excluded when billed with a covered wound care diagnosis code.