

## June 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 appear at the bottom of 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 **16 revised medical policies** (see **Table 1** below and subsequent pages). This month, there are **no new policies** and only **one archived policy: Amyvid Pet Scan In Alzheimer's Disease (546)**, which was archived on **06/04/2025** because non-coverage of this procedure is outlined in **PET Scans in the Evaluation of Alzheimer's Disease and Other Dementias (policy #264)** found on page 39 of the [Radiology Policies booklet](#).

Policies listed in the table 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. Revised Medical Policies (no coding/reimbursement changes this month)**

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
<b>Bioimpedance Spectroscopy in the Evaluation of Lymphedema (655)</b> , see page 9 in the <a href="#">Physical Medicine booklet</a> .	<b>06/11/2025:</b> Revised to include coverage of this procedure when criteria are met for early lymphedema related only to breast cancer (was previously covered in these circumstances for both breast cancer and melanoma).
<b>Cryoablation for Renal Cell Carcinoma (RCC) (337)</b> , see page 6 in the <a href="#">Hematology/Oncology booklet</a> .	<b>05/27/2025:</b> Modified requirements in criterion #3: "Patients who have an increased risk of complications associated with other therapies or who have other medical co-morbidities."
<b>Cytoreductive Surgery (CRS) with Associated Hyperthermic Intraperitoneal Chemotherapy (HIPEC) (494)</b> , see page 10 in the <a href="#">Hematology/Oncology booklet</a> .	<b>06/11/2025:</b> Added new coverage criterion #4: "For patients diagnosed with gastric cancer, only with peritoneal carcinoma with a low PCI ( $\leq 10$ ), and who are candidates to undergo complete cytoreduction; and who have completed at least 3 months of chemotherapy."
<b>Diagnostic and Therapeutic Interventions for Spinal Pain (626)</b> , see page 29 in the <a href="#">Physical Medicine booklet</a> .	<b>06/19/2025:</b> Clarified body regions which would be eligible for facet joint interventions in opening paragraph of criteria: "Select Health covers Facet Joint Interventions involving the lumbar, sacral, or cervical regions (MBB, RFA, facet cyst rupture/aspiration) when ALL the following are met: ..."

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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)
<b>Drug Monitoring in Inflammatory Bowel Disease (532)</b> , see page 22 in the <a href="#">Gastroenterology booklet</a> .	<b>06/19/2025:</b> Added clarifying language regarding TNF medications used in the treatment of IBD, and added an exclusion for the Prometheus Anser RZB test.
<b>Gene Expression Testing for Indeterminate Thyroid Nodule (538)</b> , see page 17 in the <a href="#">Genetic Testing booklet</a> .	<b>05/19/2025:</b> Added full name of excluded test for clarity: "Select Health does NOT cover genetic testing using Afirma Xpression Atlas (XA) as current evidence is inadequate to reach conclusions on the clinical and statistical validity of this test; this test meets the plan's definition of experimental/investigational."
<b>Genetic Testing and Biomarkers for Screening and Detection of Prostate Cancer (510)</b> , see page 189 in the <a href="#">Genetic Testing booklet</a> .	<b>05/19/2025:</b> Modified title of policy, " <b>Genetic Testing and Biomarkers for Screening and Detection of Prostate Cancer</b> " to reflect the full scope of coverage criteria listed in the policy.
<b>Genetic Testing: Heritable Thoracic and Abdominal Aneurysm and Dissection (HTAD) Disorders (453)</b> , see page 138 in the <a href="#">Genetic Testing booklet</a> .	<b>05/19/2025:</b> <ul style="list-style-type: none"> <li>• <b>Changed acronym of TAAD to HTAD (heritable thoracic and abdominal aneurysm and dissection related disorders) in title and policy</b></li> <li>• Updated gene list to include all 6 Loews-Dietz genes and the definitive, strong, and moderate genes from HTAD guidelines.</li> </ul>
<b>Hysterectomy/Oophorectomy (620)</b> , see page 12 in the <a href="#">Obstetrics/Gynecology booklet</a> .	<b>06/10/2025:</b> <ul style="list-style-type: none"> <li>• Updated requirements in criteria section #I-I (Uterine Prolapse); added chart for help with classifying pelvic organ prolapse in this section.</li> <li>• Clarified requirements in criteria section #I-E: "Adenomyosis by clinical history and exam, with failure of NSAIDS &gt; 12 weeks (if tolerated), and any one of the following: <ul style="list-style-type: none"> <li>i. Hormone therapy &gt; 12 weeks; or</li> <li>ii. LNG-IUS (Levonorgestrel-containing Intrauterine system) &gt; 12 weeks; or</li> <li>iii. Tranexamic acid &gt; 12 weeks; or iv. GnRH agonist &gt; 12 weeks; or</li> <li>v. Uterine artery embolization."</li> </ul> </li> </ul>
<b>Lipedema Treatment (683)</b> , see page 61 in the <a href="#">General Surgery booklet</a> .	<b>05/22/2025:</b> Clarified description of conservative management in criterion #A-3: "A failed response to three or more consecutive months of conservative management, which may include the following: <ul style="list-style-type: none"> <li>a) compression therapy utilizing standard compression garments; or</li> <li>b) non-calibrated segmental lymphedema pump therapy; or</li> <li>c) manual therapy; and ..."</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)
Pelvic Vein Embolization for Pelvic Congestion Syndrome and Pelvic Varices (268), see page 5 in the <a href="#">Genitourinary booklet</a> .	<b>05/27/2025:</b> Aligned requirements for failure of conservative therapy in criterion #1-C with those listed in criterion #2-B.
Percutaneous Electrical Nerve Stimulation (PENS)(162), see page 91 of the <a href="#">Physical Medicine booklet</a> .	<b>05/27/2025:</b> Removed previous criterion #4: "Device is implanted by a board certified physician."
Percutaneous Left Atrial Appendage Closure (LAAC) Devices (430), see page 44 in the <a href="#">Cardiovascular booklet</a> .	<b>06/12/2025:</b> Clarified requirements in criterion #B-3: "For patients who are unable to take long-term oral anticoagulation due to occupational risks ..."
PET Scans in the Evaluation of Alzheimer's Disease and Other Dementias (264), see page 39 in the <a href="#">Radiology booklet</a> .	<b>05/29/2025:</b> Clarified type of PET scan excluded in opening paragraph of criteria: "Select Health does NOT cover amyloid (Amyvid) PET scans for the routine diagnosis of dementia and Alzheimer's disease ..."
Prophylactic Mastectomy (220), see page 31 in the <a href="#">Women's Health booklet</a> .	<b>05/28/2025:</b> Clarified requirements in criterion #6: "The individual's lifetime risk of breast cancer is greater than ..."
Transcranial Magnetic Stimulation for Psychiatric Disorders and Navigational Tool for Neurosurgery (241), see page 42 in the <a href="#">Behavioral Health booklet</a> .	<b>06/12/2025:</b> Added the following exclusion: Select Health does not cover TMS for migraines (e.g., SpringTMS); further high-quality studies are needed to standardize protocols and clarify long-term efficacy. Therefore, this meets the plan's definition of experimental/investigational.

## Select Health Coding Update

Effective **July 1, 2025**, certain unlisted codes will no longer be covered under our Select Health Community Care (Medicaid) plans. This change aligns with the State Medicaid coverage of unlisted procedure codes. To verify which codes are no longer covered, access the latest [Medicaid codes not covered or requiring preauthorization list - Utah](#).\*

Download [Using Online Covered-Codes Files](#) for tips on quickly searching for the information you need in Select Health non-covered code lists.

\* This information is updated quarterly and subject to plan specifics. For questions, contact Member Services at **800-538-5038**.