

## January 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 and on subsequent the next page.**

For coding and reimbursement updates, see [page 3](#).

**Questions?** Please 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
- Your Provider Relations representative for any other questions.

### Select Health Policy Updates

There are **no new policies** this month; but, there are **9 revised medical policies** (see **Table 1** below and on the next page) and **1** archived, reimbursement/coding policy: **Mumford Procedure (#40)**, which was archived on **01/07/25** due to outdated information.

Policies listed in this bulletin are arranged alphabetically by title, with a link to the online specialty-based booklet in which they appear.

Access all policy booklets online in the [Medical Policies area](#) of our provider website; [Coding & Reimbursement](#) and [Dental Coding & Reimbursement Policies](#) are available individually in alphabetical order.

**NOTE: Policies are currently not accessible on the Provider Portal; please use the links above.**

**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)
Bioimpedance Spectroscopy in the Evaluation of Lymphedema (655), see page 9 in the <a href="#">Physical Medicine booklet</a> .	<b>11/22/2024:</b> Revised to provide coverage of this procedure for certain diagnoses. [ <b>Retroactive Effective Date: 11/22/24</b> ] as follows: "Select Health covers bioimpedance spectroscopy only for the diagnosis or management of lymphedema related to breast cancer or melanoma. For all other indications, there is a lack of any conclusive evidence which demonstrates clinical utility; therefore, this meets the plan's definition of experimental/investigational."
Eustachian Tube Balloon Catheter (623), see page 27 in the <a href="#">Ear, Nose, &amp; Throat booklet</a> .	<b>01/06/2025:</b> Changed the minimum age eligible for this treatment in criterion #1 from 7 years to 8 years to align with the FDA approval for these procedures.
Fecal Microbiota Therapy (522), see page 2 in the <a href="#">Infectious Diseases booklet</a> .	<b>01/15/2025:</b> in criterion #1b, changed required amount of episodes of <i>Clostridioides difficile</i> infection from four to three to qualify for this therapy.

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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><b>Gene Therapy, Testing, and Counseling (123)</b>, see page 26 in the <a href="#">Genetic Testing booklet</a>.</p>	<p><b>12/30/2024:</b> Modified requirements in criterion #1 in first section: “Select Health covers genetic testing when ordered or recommended by a medical geneticist, a genetic counselor, or a provider with recognized expertise in the area being assessed; or a provider who has submitted clinical rationale based upon the patient’s personal and family history. Select Health also recommends submitting documentation that shows a review of clinical literature or guidelines that would support this genetic testing.”</p>
<p><b>Genetic Testing: Breast, Ovarian, Pancreatic, and Prostate Cancer (664)</b>, see page 61 in the <a href="#">Genetic Testing booklet</a>.</p>	<p><b>12/30/2024:</b> Modified requirements in criterion #1 in first section: “Select Health covers genetic testing when ordered or recommended by a medical geneticist, a genetic counselor, or a provider with recognized expertise in the area being assessed; or a provider who has submitted clinical rationale based upon the patient’s personal and family history. Select Health also recommends submitting documentation that shows a review of clinical literature or guidelines that would support this genetic testing.”</p>
<p><b>Genetic Testing: Inheritable Colorectal Cancer (222)</b>, see page 158 in the <a href="#">Genetic Testing booklet</a>.</p>	<p><b>12/30/2024:</b> Modified requirements in criterion #1 in first section: “Select Health covers genetic testing when ordered or recommended by a medical geneticist, a genetic counselor, or a provider with recognized expertise in the area being assessed; or a provider who has submitted clinical rationale based upon the patient’s personal and family history. Select Health also recommends submitting documentation that shows a review of clinical literature or guidelines that would support this genetic testing.”</p>
<p><b>Pancragen Molecular Diagnostic Test for Evaluation of Pancreatic Cysts (603)</b>, see page 66 in the <a href="#">Gastroenterology booklet</a>.</p>	<p><b>01/02/2025:</b> Modified exclusion as follows: “Select Health does NOT cover the PancreGEN molecular diagnostic test for routine evaluation of pancreatic cysts as it is considered experimental/investigational.”</p>
<p><b>AVALON MEDICAL POLICY Prescription Medication and Illicit Drug Testing in the Outpatient Setting (AHS-T2015)</b>, see page 315 in the <a href="#">Laboratory Utilization, Part 2 booklet</a>.</p>	<p><b>01/03/2025: Added criterion #k and #l to Presumptive Drug Testing section:</b></p> <ul style="list-style-type: none"> <li>• <b>“k. Select Health will cover CPT 80305 and 80306 if the above criteria are met.</b></li> <li>• <b>l. Select Health will only cover CPT 80307 if performed in an ER setting.”</b></li> </ul>
<p><b>Total Hip Resurfacing (254)</b>, see page 179 of the <a href="#">Orthopedic booklet</a>.</p>	<p><b>01/16/2025:</b> Removed previous criterion #6, which included a life-expectancy requirement.</p>

## Select Health Coding & Reimbursement Updates

### New Codes in 2025 Reminder

A new year means new codes, including new artificial intelligence, surgery, telemedicine, therapeutic monitoring, and vaccine codes. There are also updates to coding guidelines for cognitive and neuropsychological disorders.

In total, there are over 400 CPT code changes and over 250 ICD-10 changes. Please be sure you are using up-to-date coding books to remain current on these changes. Being vigilant and prepared will help ensure a faster turnaround time on claims processing and payment.

### HEDIS REPORTING CODES

**Important Reminder:** Recently, Select Health published articles in both the *December Update Bulletin* and the November *Provider Insight* related to HEDIS measure reporting for controlling blood pressure and hemoglobin A1c (HbA1c). **Note that these codes are for reporting ONLY and are not reimbursable.**

#### Reporting Codes for Blood Pressure

CPT II Code	Blood Pressure Reading
<b>Systolic</b>	
3074F	Less than 130
3075F	130–139
3077F	Equal to or greater than 140
<b>Diastolic</b>	
3078F	Less than 80
3079F	80–89
3080F	Equal to or greater than 90

#### Reporting Codes for HbA1c

CPT II Codes	HbA1c Test Result
3044F	Hemoglobin A1c level less than 7.0%
3051F	Hemoglobin A1c level greater than or equal to 7% and less than 8.0%
3052F	Hemoglobin A1c level greater than or equal to 8.0% and less than or equal to 9.0%
3046F	Hemoglobin A1c level greater than 9.0%