

June 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; coding updates are also on page 2.**

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 **one new policy, Tricuspid Valve Implantation (684)**, found on page 95 of the [Cardiovascular booklet](#). It was published on 06/14/24 with criteria.

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

Policies listed in [Table 1](#) 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).

There are no archived policies this month.

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)
<p>Gender Affirming Medical and Surgical Treatment for Colorado Commercial Plans (452), see page 40 in the General Surgery booklet.</p>	<p>06/20/2024:</p> <ul style="list-style-type: none"> Modified title of policy to clarify this is for “Colorado Commercial Plans” instead of “Colorado-based Plans” Clarified a diagnosis of gender dysphoria is required for coverage of procedures listed in policy Added language to clarify members must be age 18 or older to qualify for related surgical treatments
<p>Gene Therapy, Testing, and Counseling (123), see page 27 in the Genetic Testing booklet.</p>	<p>05/24/2024: Added the following clarifying language to the Preimplantation Genetic Testing section,</p> <ul style="list-style-type: none"> “Select Health will cover preimplantation genetic testing of up to 16 oocytes per case. Select Health will only cover genetic testing for aneuploidy (PGT-A) when performed in concert with PGT-M. Select Health does NOT cover preimplantation genetic testing for aneuploidy (PGT-A) separately, due to a lack of sufficient evidence supporting efficacy of this testing; this meets the plan’s definition of experimental/investigational.”

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Table 1. Revised Policies, Continued

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
Genetic Testing: Comparative Genomic Hybridization (CGH)/Chromosomal Microarray (CMA) (297), see page 94 in the Genetic Testing booklet .	05/24/2024: Added criterion #B4 as a qualifying factor to coverage criteria: “Recurrent pregnancy loss (beginning at second pregnancy loss)”
Hypoglossal Neurostimulation (Inspire Upper Airway Stimulation) (608), see page 30 in the Pulmonary booklet .	06/14/2024: Modified criterion #A2: “Moderate-to-severe OSA with AHI: 15 to 100 events per hour, and polysomnography or home sleep testing within 24 months of Inspire stimulator consult”
LINX System for the Management of GERD (520), see page 59 in the Gastroenterology booklet .	06/20/2024: Revised this policy to include criteria for coverage
Synthetic Bulking Agents for Stress Urinary Incontinence (218), see page 24 in the Genitourinary booklet .	06/03/2024: Added Bulkamid to list of products eligible for coverage

Select Health Coding Updates

Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound

For our Medicare lines of business, we have started following the Centers for Medicare and Medicaid Services (CMS) [Local Coverage Determination \(LCD\) L39118](#), effective **April 1, 2024**. For more information on the billing and coding guidance for this LCD, access [CMS Article A58867](#).