

## November 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 subsequent pages.**

**There are no coding updates this month.**

**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:

- **12 revised medical policies** (see **Table 1** below and on the next pages)
- **2 archived medical policies** (see **Table 2** on [page 3](#))

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

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 <b>ONLY</b> to Commercial plan policy <b>UNLESS</b> summary text appears in <b>BOLD</b> )
Cervical, Lumbar, and Thoracic Spinal Fusion with or without Spinal Decompression (622), see page 2 in the <a href="#">Neurology/Neurosurgery booklet</a> .	<b>10/30/2024:</b> Modified requirements in criterion #5-Ciii: "Physical therapy or chiropractic therapy (minimum of 4 visits within a 3-month period); must have been performed within the previous 2 years. If there have been significant clinical changes or surgery has been performed in the previous 2 years, then repeat physical therapy or chiropractic therapy may be necessary,...."
Cytoreductive Surgery (CRS) with Associated Hyperthermic Intraperitoneal Chemotherapy (HIPEC) (494), see page 10 in the <a href="#">Hematology/Oncology booklet</a> .	<b>11/06/2024:</b> Added criterion #2: "For patients with stage III ovarian cancer" as a qualifying factor for coverage of this procedure.
Genetic Testing: Barrett's Esophagus (678), see page 112 in the <a href="#">Genetic Testing booklet</a> .	<b>11/11/2024:</b> <ul style="list-style-type: none"> <li>• <b>Modified title of policy from "Genetic Testing: EsoGuard" to "Genetic Testing: Barrett's Esophagus" to incorporate consideration of other tests related to Barrett's Esophagus.</b></li> <li>• Added language excluding coverage of the TissueCypher and Esophageal String tests: "Select Health does NOT cover multi-analyte assays with biomarker analysis (e.g., TissueCypher, Esophageal String Test) for the management of Barrett's Esophagus and other esophageal disorders such as eosinophilic esophagitis as the effectiveness of this testing has not been established. Therefore, this meets the plan's definition of experimental/investigational."</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><b>Genetic Testing: Inheritable Colorectal Cancer (222)</b>, see page 158 in the <a href="#">Genetic Testing booklet</a>.</p>	<p><b>10/29/2024:</b> Aligned policy with NCCN update by:</p> <ul style="list-style-type: none"> <li>• Modifying requirements in sections B and C</li> <li>• Added new criteria for sections D and E</li> <li>• Adding a new criteria section F</li> </ul>
<p><b>Genetic Testing: Myeloid Neoplasms (668)</b>, see page 186 in the <a href="#">General Surgery booklet</a>.</p>	<p><b>10/31/2024:</b> Removed the NF1 gene as part of a required panel of genes to qualify for genetic testing associated with sections A, D, E, and F.</p>
<p><b>Intracapt (648)</b>, see page 57 in the <a href="#">Physical Medicine booklet</a>.</p>	<p><b>10/30/2024:</b> Modified criterion #1-C as follows: "Physical therapy or chiropractic therapy (minimum of 4 visits within a 3-month period); must have been performed within the previous 2 years. If there have been significant clinical changes or surgery has been performed in the previous 2 years, then repeat physical therapy or chiropractic therapy may be necessary;...."</p>
<p><b>Intrathecal Baclofen Therapy (137)</b>, see page 37 in the <a href="#">Neurology/Neurosurgery booklet</a>.</p>	<p><b>10/28/2024:</b> Replaced the Ashworth Scale with the Modified Ashworth Scale in criteria #B-2 for evaluation of this therapy.</p>
<p><b>Lipedema Treatment (683)</b>, see page 60 in the <a href="#">General Surgery booklet</a>.</p>	<p><b>11/08/2024:</b> Modified requirements in both criterion #A-1 and #B-1: "Procedure will be performed in either a hospital or ambulatory surgical center."</p>
<p><b>Percutaneous Transcatheter Closure for the Treatment of Atrial Septal Defects (ASD) and Patent Foramen Ovale (PFO) (174)</b>, see page 59 in the <a href="#">Cardiovascular booklet</a>.</p>	<p><b>11/06/2024:</b> Clarified that both criterion #1 and #2 must be met to qualify for coverage.</p>
<p><b>Private Duty Nursing (169)</b>, see page 19 in the <a href="#">Other Policies booklet</a>.</p>	<p><b>10/19/2024:</b> Modified criterion #3 as follows: "The member meets InterQual guidelines for SNF;...."</p>
<p><b>Responsive Cortical Neurostimulation in the Treatment of Epilepsy (556)</b>, see page 61 in the <a href="#">Neurology/Neurosurgery booklet</a>.</p>	<p><b>11/15/2024:</b></p> <ul style="list-style-type: none"> <li>• Changed requirement in criterion #5 from 3 disabling seizures to 1 disabling seizure per month in the most recent three months</li> <li>• Modified criterion #6 to require the care team as opposed to the individual to have considered other options prior to this treatment.</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)
<b>Spinal Cord/Dorsal Root Ganglion Stimulation For The Treatment Of Chronic Pain (179)</b> , see page 139 in the <a href="#">Physical Medicine booklet</a> .	<b>11/11/2024:</b> Removed life expectancy requirement.
<b>Stereotactic Radiation Therapy (336)</b> , see page 83 in the <a href="#">Hematology/Oncology booklet</a> .	<b>11/11/2024:</b> Removed life expectancy requirement.
<b>Transcatheter Aortic Valve Implant (TAVI) Transcatheter Aortic Valve Replacement (TAVR) (444)</b> , see page 79 in the <a href="#">Cardiovascular booklet</a> .	<b>11/11/2024:</b> Removed life expectancy requirement.
<b>Transcatheter Edge-to-Edge Repair (464)</b> , see page 51 in the <a href="#">Cardiovascular booklet</a> .	<b>10/17/2024:</b> Modified criterion #B-1 for Tricuspid Valve: "Select Health will cover tricuspid TEER with primary or secondary tricuspid regurgitation that is severe or greater."

**Table 2. Archived Policies**

Policy Title (Number)	Revision Date: Summary of Change
<b>Gastroenterology:</b> Neutralizing Antibodies (NAB) Testing in Multiple Sclerosis (MS) (359)	<b>11/19/2024:</b> Archived policy; no longer needed for clinical reviews; the related codes remain covered as they are non-specific codes.
<b>Gastroenterology:</b> Serologic Testing for Diagnosis of Inflammatory Bowel Disease (175)	<b>11/11/2024:</b> Archived policy; also revised policy to exclude coverage of this testing as the effectiveness has not been established, and to align with non-coverage of this testing as listed in Avalon policy <b>Serologic Testing for Diagnosis of Inflammatory Bowel Disease (#AHS-G2121)</b> .