

February 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 for information on content of a medical policy
- 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 **two new policies** this month:

- **Inpatient/Outpatient Unbundling – Facility (99):** This **coding/reimbursement** policy was published on 01/01/2025.
- **Sublingual Immunotherapy (SLIT) (687):** This **medical policy** begins on page 10 of the [Allergy, Asthma, & Immunology booklet](#) and was published on January 22, 2025.

There are **10 revised medical policies** (see [Table 1](#) below and on the next page) and **no** archived policies.

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)
Fecal Microbiota Therapy (522), see page 2 in the Infectious Disease booklet .	01/15/2025: Clarified and replaced throughout policy that what was formerly referred to as “Clostridium difficile (C. diff)” is now referred to as “Clostridioides difficile (C. diff)” to align with current terminology.
Gastric Peroral Endoscopic Myotomy (G-POEM)/Pyloroplasty for Gastroparesis (681), see page 43 in the Gastroenterology booklet .	02/20/2025: Modified requirements in criteria #B as follows: “Pyloroplasty is allowed after appropriate conservative therapy for treatment of refractory or recurrent gastric ulcers.”
Genetic Testing: Genetic Mutation Analysis Utilizing Solid Tumor Tissue (570), see page 137 in the Genetic Testing booklet .	02/19/2025: Added the following clarifying notes below sections of criteria: <ul style="list-style-type: none"> • “Separate RNA testing will be allowed once, either if DNA testing has been performed previously or is being performed concurrently • PD-L1 can be billed separately from genetic testing.”

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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: Inheritable Colorectal Cancer (222), see page 137 in the Genetic Testing booklet.</p>	<p>01/28/2025: Modified requirements in criterion #1-C: "Colon and/or uterine cancer under age 50."</p>
<p>Hearing Aids (651), see page 33 in the Ear, Nose, & Throat booklet.</p>	<p>01/28/2025: Added language which clarifies both non-coverage and coverage of hearing aids for Utah-based plans:</p> <p>"Utah-based Plans: Standard hearing aids are not covered, though group exceptions may exist for Large Employer or Self-Funded plans. See the group's Benefit Clarification for benefit exceptions. For groups with hearing aid benefits, benefits are specified on the Member Payment Summary (MPS) or in the group's Benefit Clarification."</p>
<p>Lymphedema Therapy (147), see page 64 in the Physical Medicine booklet.</p>	<p>01/27/2025: Removed exclusion for Koya Dayspring and added coverage criteria for non-pneumatic devices (e.g., Koya Dayspring).</p>
<p>Sleep Disorder Evaluation and Treatment (625), see page 48 in the Pulmonary booklet.</p>	<p>01/29/2025: Updated requirements pertaining to complex sleep apnea [also referred to as treatment-emergent sleep apnea] in criteria section IV: "For complex sleep apnea/treatment-emergent sleep apnea to be confirmed, polysomnography test results must show all the following:</p> <ul style="list-style-type: none"> a. Diagnostic polysomnography during use of continuous positive airway shows significant resolution of obstructive events and emergence or persistence of central apnea or central hypopnea with both of the following: <ul style="list-style-type: none"> i. Five or more central respiratory events (central apneas or central hypopneas) per hour of sleep; and ii. The total number of central apneas plus central hypopneas is > 50% of the total number of apneas and hypopneas."
<p>Spinal Cord/Dorsal Root Ganglion Stimulation for the Treatment of Chronic Pain (179), see page 141 in the Physical Medicine booklet.</p>	<p>02/03/2025: Removed section #H-2 "Limitations" from criteria: "To be eligible for this service, the leads must have been implanted in accordance with the plan's coverage indications for insertion of the device (above). Any exception to this requirement would be made through individual consideration with a special report explaining why there is no documentation of pre-operative work-up."</p>

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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>Total Hip Arthroplasty (599), see page 171 of the Orthopedic booklet.</p>	<p>01/22/2025: Added the following note concerning the conservative therapy requirement listed in criterion #1-c:</p> <p>“Note: Conservative therapy may be inappropriate for severe osteoarthritis with bone-on-bone articulation in the weight-bearing portion of the joint (medial and/or lateral but not patello-femoral). If conservative therapy is not appropriate, the medical record must clearly document why such an approach is not reasonable.”</p>
<p>Total Knee Arthroplasty (598), see page 188 of the Orthopedic booklet.</p>	<p>01/22/2025: Added the following note concerning the conservative therapy requirement listed in criterion #1-c:</p> <p>“Note: Conservative therapy may be inappropriate for severe osteoarthritis with bone-on-bone articulation in the weight-bearing portion of the joint (medial and/or lateral but not patello-femoral). If conservative therapy is not appropriate, the medical record must clearly document why such an approach is not reasonable.”</p>

Select Health Coding & Reimbursement Updates

Best Practice for Emergency Department (ED) Follow-Up with Out-of-Network Providers

Select Health has put a new process in place to help streamline member ED follow up when they are referred to a provider who is out of network (OON) but was on call for the ED at the time of their visit.

When following up with an OON provider who was on call for an emergency room or inpatient visit, providers should be aware of the following best practices:

1. Contact Select Health Member Services and ask about the member’s network coverage. Be clear that this is an ED or inpatient follow up/referral.
2. If using the following CPT codes, they are set up as in-network regardless of the provider status:
 - **23500-23680** Treatment of Fracture/Dislocation of Clavicle Shoulder
 - **24500-24685** Treatment of Fracture/Dislocation of Elbow/Upper Arm

- **25500-25695** Treatment of Fracture/Dislocation of Forearm/Wrist
 - **27197-27269** Treatment of Fracture/Dislocation Hip/Pelvis
 - **27500-27566** Treatment of Fracture/Dislocation of Femur/Knee
 - **27750-27848** Treatment of Fracture/Dislocation Lower Leg/Ankle
 - **28400-28675** Treatment of Fracture/Dislocation of Foot/Toe
3. If the member is not otherwise seen within 14 days, use the CPT codes for interprofessional consultations (**99446-99452**).

Questions? Contact your Provider Relations representative.

