The SelectHealth Policy Update Bulletin is published monthly with new, revised, and archived policy information as well as policy developments and related practice management tips.

Questions? Contact Marcus.Call@SelectHealth.org.

## SelectHealth Policy Updates

There are **no new policies** for this update:

Since the last update, **four policies** have been revised (see Table 1 below): three are Medical policies and one is a Coding/Reimbursement policy.

There were 14 medical policies archived this past month (see Table 2 on page 2).

For Table 1, the listings in each row are arranged alphabetically by policy title. These policies are available online (no login required) as part of our specialty-based policy booklets.

### TABLE 1. REVISED POLICIES

<table>
<thead>
<tr>
<th>Policy Type, Title, and (Number)</th>
<th>Revision Date</th>
<th>Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Policy Communication Devices (112), beginning on page 20 of the linked Ear, Nose, and Throat booklet</td>
<td>08/24/21</td>
<td>Removed requirement #6 concerning post 6-month follow-up visit regarding use of device</td>
</tr>
<tr>
<td>Medical Policy Mechanical Insufflation-Exsufflation Therapy for the Clearance of Airway Secretions (CoughAssist® Device) (246), beginning on page 34 of the linked Pulmonary booklet</td>
<td>08/24/21</td>
<td>Removed requirement of: “…a demonstrated reduction in peak cough flow is less than 270 L/minutes and/or whose maximal expiratory pressure are less than 60 cm H20” for members without neuromuscular disorders</td>
</tr>
<tr>
<td>Medical Policy Subcutaneous Implantable Defibrillator (535), beginning on page 99 of the linked Cardiovascular booklet</td>
<td>08/24/21</td>
<td>Revised age requirement to be 10 years or older for qualifying members</td>
</tr>
<tr>
<td>Coding/Reimbursement Policy Preventive Care and Screening Guidelines Services (06) (direct link to policy)</td>
<td>07/29/21</td>
<td>Updated qualifying age range to be 45 to 75 years for colon cancer screening; previous range was 50 to 75 years</td>
</tr>
</tbody>
</table>

Continued...
TABLE 2. ARCHIVED POLICIES

Access archived policies via the Provider Portal (secure login required) or by contacting Marcus.Call@selecthealth.org.

<table>
<thead>
<tr>
<th>Policy Title (Number)</th>
<th>Archive Date</th>
<th>Reason for Policy to be Archived</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Aide (519)</td>
<td>08/19/21</td>
<td>Converted to Coding &amp; Reimbursement policy: Home Health Aide (82)</td>
</tr>
<tr>
<td>Hospital Beds (343)</td>
<td></td>
<td>Converted to Coding &amp; Reimbursement policy: Hospital Beds (90)</td>
</tr>
<tr>
<td>Human Papilloma Virus (HPV) DNA Testing in Conjunction with PAP Smears (439)</td>
<td>07/30/21</td>
<td>To be replaced with Cervical Cancer Screening (AHS-G2002) that begins on page 180 in the Laboratory Utilization Policy booklet, Part 1; current coverage/non coverage indications will remain intact until the new policy effective date (09/15/21)</td>
</tr>
<tr>
<td>In-Network Coverage of Medical Services with an Out-of-Network Provider (#547)</td>
<td>08/12/21</td>
<td>Converted to Coding &amp; Reimbursement policy: In-Network Coverage of Medical Services with an Out-of-Network Provider (88)</td>
</tr>
<tr>
<td>Molecular Genetic Testing Guidelines (636)</td>
<td>08/19/21</td>
<td>Converted to Coding &amp; Reimbursement policy: Molecular Genetic Testing Guidelines (83)</td>
</tr>
<tr>
<td>Myocardial PET Scans for Cardiac Indications (528)</td>
<td>08/05/21</td>
<td>Remains covered; archived due to lack of utilization</td>
</tr>
<tr>
<td>OPPS (Hospital Outpatient Prospective Payment System) and ASC (Ambulatory Surgical Center) Services Only Covered Inpatient (587)</td>
<td>08/19/21</td>
<td>Converted to Coding &amp; Reimbursement policy: OPPS (Hospital Outpatient Prospective Payment System) and ASC (Ambulatory Surgical Center) Services Only Covered Inpatient (84)</td>
</tr>
<tr>
<td>Prolotherapy (253)</td>
<td>08/05/21</td>
<td>Remains not covered; archived due to lack of utilization</td>
</tr>
<tr>
<td>Telehealth (605)</td>
<td>08/19/21</td>
<td>Converted to Coding &amp; Reimbursement policy: Telehealth (85)</td>
</tr>
<tr>
<td>Testing for Progressive Multifocal Leukoencephalopathy (PML) Risk Factors (504)</td>
<td>08/05/21</td>
<td>Remains covered; archived due to lack of utilization</td>
</tr>
<tr>
<td>Travel Allowance for Organ Transplants (645)</td>
<td>08/19/21</td>
<td>Converted to Coding &amp; Reimbursement policy: Travel Allowance for Organ Transplants (86)</td>
</tr>
<tr>
<td>Urine Drug Testing in the Outpatient Setting (569)</td>
<td>08/19/21</td>
<td>Converted to Coding &amp; Reimbursement policy: Urine Drug Testing in the Outpatient Setting (87)</td>
</tr>
</tbody>
</table>

Continued...
TABLE 2. ARCHIVED POLICIES, CONTINUED

<table>
<thead>
<tr>
<th>Policy Title (Number)</th>
<th>Archive Date</th>
<th>Reason for Policy to be Archived</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vectra DA Blood Test for Rheumatoid Arthritis (561)</td>
<td>07/30/21</td>
<td>To be replaced with Vectra DA Blood Test for Rheumatoid Arthritis (AHS-G2127) that begins on page 610 in the Laboratory Utilization Policy booklet, Part 2; current non coverage indications will remain intact until the new policy effective date (09/15/21)</td>
</tr>
<tr>
<td>Vestibular Evoked Myogenic Potentials (VEMP) (618)</td>
<td>08/05/21</td>
<td>Remains not covered; archived due to lack of utilization</td>
</tr>
</tbody>
</table>

Avalon Laboratory Utilization Policies

SelectHealth recently partnered with Avalon Healthcare (Avalon) to help ensure consistency with industry best practices and continued high-quality health services for SelectHealth members. As a result of this partnership, there will be important changes to new and existing medical policies, guidelines, and reviews of laboratory services and related claims, effective September 15, 2021.

Avalon, in collaboration with SelectHealth, provides extensive laboratory utilization policies, now available online in two formats (and locations):

- Two downloadable booklets (Part 1 and Part 2) of all laboratory utilization policies can be found in the Policies area of the SelectHealth provider website (no login required). See page 4 (Tables 3 and 4) for a list of policies that appear in each booklet.
- Individual, searchable policies on the secure Provider Portal (login required). If you need access to the secure Portal, use the links below:
  - For new accounts, complete and submit BOTH:
    - Information Technology Services Agreement (ITSA)
    - Login Application
  - For a new user on an existing account, submit ONLY the Login Application.

Questions? Contact your Provider Relations representative.
### TABLE 3. LABORATORY UTILIZATION POLICIES, PART 1 BOOKLET CONTENTS

- β-Hemolytic Streptococcus Testing
- Allergen Testing
- ANA/ENA Testing
- Biochemical Markers of Alzheimer Disease and Dementia
- Bone Turnover Markers Testing
- Cardiac Biomarkers for Myocardial Infarction
- Cardiovascular Disease Risk Assessment
- Celiac Disease Testing
- Cervical Cancer Screening
- Diagnosis of Idiopathic Environmental Intolerance
- Diagnosis of Vaginitis including Multi-target PCR Testing
- Diagnostic Testing of Common Sexually Transmitted Infections
- Diagnostic Testing of Influenza
- Diagnostic Testing of Iron Homeostasis & Metabolism
- DNA Ploidy Cell Cycle Analysis
- Epithelial Cell Cytology in Breast Cancer Risk Assessment
- Evaluation of Dry Eyes
- Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing
- Fecal Calprotectin Testing
- Flow Cytometry
- Folate Testing
- Gamma-glutamyl Transferase
- General Inflammation Testing
- Helicobacter Pylori Testing
- Hemoglobin A1c
- Hepatitis C
- HIV Genotyping and Phenotyping
- Hormonal Testing in Adult Males
- Identification of Microorganisms using Nucleic Acid Probes
- Immune Cell Function Assay

### TABLE 4. LABORATORY UTILIZATION POLICIES, PART 2 BOOKLET CONTENTS

- Immunohistochemistry
- Immunopharmacologic Monitoring of Therapeutic Serum Antibodies In Vitro Chemoresistance and Chemosensitivities Assays
- Intracellular Micronutrient Analysis
- Laboratory Procedures Reimbursement Policy
- Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease
- Lyme Disease
- Measurement of Thromboxane Metabolites for ASA Resistance Metabolite Markers of Thiopurines Testing
- Onychomycosis Testing
- Oral Screening Lesion Identification Systems and Genetic Screening
- Pancreatic Enzyme Testing for Acute Pancreatitis
- Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing
- Pathogen Panel Testing
- Plasma HIV-1 and HIV-2 RNA Quantification for HIV Infection Prenatal Screening
- Prenatal Screening for Fetal Aneuploidy
- Pre-Operative Testing
- Prescription Medication and Illicit Drug Testing in the Outpatient Setting
- Prostate Biopsies
- Prostate Specific Antigen (PSA) Testing
- ST2 Assay For Chronic Heart Failure
- Salivary Hormone Testing
- Serum Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases
- Serum Testing for Hepatic Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease
- Serum Tumor Markers for Malignancies
- Testing for Alpha-1 Antitrypsin Deficiency
- Testing for Diagnosis of Active or Latent Tuberculosis
- Testing for Mosquito- or Tick-Related Infections
- Thyroid Disease Testing
- Urinary Tumor Markers for Bladder Cancer
- Urine Culture Testing for Bacteria
- Vectra DA Blood Test for Rheumatoid Arthritis
- Venous and Arterial Thrombosis Risk Testing
- Vitamin B12 and Methylmalonic Acid Testing
- Vitamin D
- ZIKA Virus Risk Assessment