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 the next page; coding updates begin on page 3.**

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 medical policy: Photobiomodulation Therapy for Dry Age-Related Macular Degeneration (697)**, which was created and published as NOT covered on **10/15/2025**; see page 58 of the Ophthalmology booklet.

There are **eight revised medical policies** (see **Table 1** below). **There are no archived polices this month.** Policies listed in the table below 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).

Policies are also available on the Select Health website.

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)
Endobronchial Valves (613), see page 10 in the **Pulmonary booklet**.	**10/13/2025**: • Clarified type of procedures that will be covered for use of endobronchial valves in opening paragraph of criteria: "Select Health covers FDA-approved endobronchial valves (e.g., the Zephyr Valve System) for one lobe only, for either of the following conditions:" • Modified requirement in criterion #1g: "RV > 150% predicted (greater than or equal to 200% if homogenous emphysema)" • Modified requirements outlined in second footnote: "**Chartis is a catheter-based measurement performed during bronchoscopy at the same time as anticipated valve replacement that uses airways resistance to measure collateral ventilation that might reduce effective lung volume reduction. This should be used to confirm the assessment of the StratX prior to endobronchial valve deployment."
Genetic Testing: Lymphoproliferative Disorders (685), see page 161 in the **Genetic Testing booklet**.	**09/18/2025**: Added section K to coverage criteria for consideration of Minimal Residual Disease Assessment in the workup of lymphoproliferative disorders.

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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)
Genetic Testing: Myeloid Neoplasms (668), see page 173 of the Genetic Testing booklet.	**09/18/2025:** Modified coverage considerations in section D header, "Myelodysplastic Neoplasms and/or Clonal Hematopoiesis."
Hyperbaric Oxygen Therapy (129), see page 22 in the Pulmonary booklet.	**10/06/2025:** • Modified requirements for coverage consideration of acute idiopathic hearing loss: "Condition must be present for < 30 days, there must be formal audiometry testing demonstrating hearing loss of greater than 30 dB affecting greater than 3 consecutive frequencies, …" • Modified initial treatment parameters for carbon monoxide (CO) intoxication ("Up to 10 treatments") • Modified initial treatment parameters for Decompression Illness ("Up to 10 treatments")
CODING/REIMBURSEMENT POLICY In-Network Coverage of Medical Services with an Out-of-Network Provider (88)	**10/08/2025:** Added new criterion #f: "f. For Transplants: Members living in CA, OR, WA, and AZ may go to an Optum Center of Excellence in the state in which they live and will be covered with in-network benefits." Applicable to all transplants, these time requirements are recommended: • The member needs to be within 8 hours commute of the transplant center for the initial transplant. • The member needs to be within a 30-minute commute post-transplant for at least one month."
Peripheral Nerve Treatment (654), see page 108 of the Physical Medicine booklet.	**09/04/2025:** Reclassified exclusion of certain technologies: "Select Health does NOT cover temporary peripheral nerve stimulators (e.g., Sprint PNS system, StimRouter, Nalu, Curonix Freedom system) due to the lack of long-term improvement in outcomes; these technologies meet the plan's definition of experimental/investigational."
Sleep Studies: Pediatric (177), see page 60 of the Pulmonary booklet.	**10/06/2025:** Modified requirements listed in criterion #2a-1: "…polysomnography is indicated in children with bronchopulmonary dysplasia only if there is clinical suspicion for an accompanying sleep-related breathing disorder."
Transcatheter Arterial Chemoembolization (TACE) (349), see page 106 of the Hematology/ Oncology booklet.	**09/04/2025:** Removed previous criterion #4: "As a palliative treatment for symptoms related to tumor bulk (e.g., pain)" as this qualifying condition is already outlined in criterion #3.

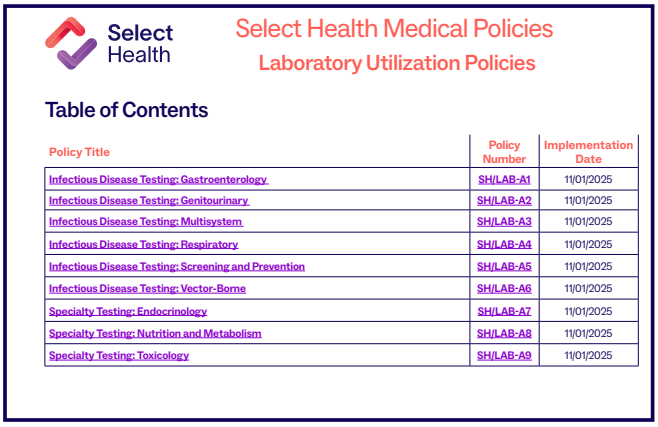
REMINDER: Check out the New Laboratory Utilization Policies Effective November 1

Select Health is incorporating new guidelines related to coverage of laboratory services, replacing those previously offered from Avalon. The policies containing these new guidelines will be effective **November 1, 2025**, and have been available for preview and evaluation on the Select Health website since **October 1, 2025**.

We encourage providers to become familiar with these new policies by accessing the new Laboratory Utilization Policy booklet online.

Policies included in this booklet are:

- Infectious Disease Testing: Gastroenterology SH/LAB-A1
- Infectious Disease Testing: Genitourinary SH/LAB-A2
- Infectious Disease Testing: Multisystem SH/LAB-A3
- Infectious Disease Testing: Respiratory SH/LAB-A4
- Infectious Disease Testing: Screening and Prevention SH/LAB-A5
- Infectious Disease Testing: Vector-Borne SH/LAB-A6
- Specialty Testing: Endocrinology SH/LAB-A7
- Specialty Testing: Nutrition and Metabolism SH/LAB-A8
- Specialty Testing: Toxicology SH/LAB-A9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Select Health Medical Policies

Laboratory Utilization Policies

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Policy Title	Policy Number	Implementation Date
Infectious Disease Testing: Gastroenterology	SH/LAB-A1	11/01/2025
Infectious Disease Testing: Genitourinary	SH/LAB-A2	11/01/2025
Infectious Disease Testing: Multisystem	SH/LAB-A3	11/01/2025
Infectious Disease Testing: Respiratory	SH/LAB-A4	11/01/2025
Infectious Disease Testing: Screening and Prevention	SH/LAB-A5	11/01/2025
Infectious Disease Testing: Vector-Borne	SH/LAB-A6	11/01/2025
Specialty Testing: Endocrinology	SH/LAB-A7	11/01/2025
Specialty Testing: Nutrition and Metabolism	SH/LAB-A8	11/01/2025
Specialty Testing: Toxicology	SH/LAB-A9	11/01/2025

We understand that there have been challenges with using the current policies and believe that the new method for laboratory utilization will be an enhancement.

Questions? Contact your Provider Relations representative.

Select Health Coding Updates

Submitting Provider Appeals

Reminder: When submitting provider appeals, providers should **NOT** include a claim form, as it can cause the system to read it as a corrected claim and delay correct appeal processing.

Only submit the **Provider Appeal Form** and supporting documentation as needed.

New Select Health Claims Editing System

Select Health is transitioning to a new editing program to help ensure correct coding and claims processing. The new system will better align our editing processes with standard coding practices and **Select Health Policies**. Providers may see new edits, and some edits may no longer be applicable.

We will go live with this new platform in phases, beginning **December 1, 2025**.

NOTE: There is no change to how providers submit claims.

Questions? Contact your Provider Relations representative.

Select Health