

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; 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: Immediate and Delayed Lymphatic Reconstruction (688)**, which is covered with criteria and was published on 08/05/25. Access the policy on **page 56** of the [General Surgery booklet](#). In addition, there are **10 revised medical policies** (see **Table 1** below and subsequent pages). There are no archived policies 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)
Bariatric Surgery Guidelines (295) , see page 10 in the General Surgery booklet .	08/04/2025: Added clarifying language to criterion #A-5: "1-month of tobacco abstinence, which includes refraining from cigarette usage, e-cigarette usage, or vaping; and vaping or inhalation of any other substances, for the month prior to surgery."
Cervical, Lumbar, and Thoracic Spinal Fusion with or without Spinal Decompression (622) , see page 2 in the Neurology/Neurosurgery booklet .	07/22/2025: Added the following clarification to the existing smoking cessation requirement: "Tobacco smoking, which includes cigarette usage, e-cigarette usage, or vaping; and vaping or inhalation of any other substances for a sustained period ..."
Gastric Peroral Endoscopic Myotomy (G-POEM)/Pyloroplasty for Gastroparesis (681) , see page 36 of the Gastroenterology booklet .	08/15/25: <ul style="list-style-type: none"> Modified requirements in criteria section A: <ol style="list-style-type: none"> Has severe gastroparesis as diagnosed by 4-hour nuclear medicine gastric emptying study off prokinetic medications; and Has had a poor response to prokinetic and anti-nausea medical therapy; and Has had a positive response with pyloric channel botulinum toxin ..." Clarified requirements in criteria section B: "Pyloroplasty is allowed after appropriate conservative and/or endoscopic therapy for treatment of refractory and/or recurrent gastric and pyloric channel ulcers with gastric outlet obstruction."

Continued on page 2...

Table 2. Revised Medical Policies, Continued

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
Gene Therapy, Testing, and Counseling (123) , see page 21 in the Genetic Testing booklet .	08/12/2025: <ul style="list-style-type: none"> Modified requirements in: <ul style="list-style-type: none"> Criterion #2-Dii: “At least one parent is a known carrier of an autosomal dominant or sex-linked condition, or the egg-contributing parent is a carrier of a mitochondrial condition;” Criterion #D-2iii: “At least one parent is a carrier of a structural chromosome rearrangement which would have clinical relevance to the risk of miscarriage and health of the offspring.” Added the following exclusion: “Confirmation of variants found on direct-to-consumer testing when request does not otherwise meet medical necessity criteria.”
Genetic Testing: Nonsyndromic Hearing Loss (666) , see page 128 in the Genetic Testing booklet .	08/12/2025: <ul style="list-style-type: none"> Modified title of policy (added “Nonsyndromic” for clarification) Removed set of minimum genes which would be required to be tested to qualify for coverage of this testing.
Heart Transplant: Adult (125) , see page 11 in the Cardiovascular booklet .	08/19/2025: Clarified requirements for coverage in criterion #B-4n: “Severe chronic cardiac allograft vasculopathy.”
Total Ankle Arthroplasty (Total Ankle Replacement) (358) , see page 174 in the Orthopedic booklet .	07/22/2025: Added the following smoking cessation requirement to the existing coverage criteria: “Tobacco smoking, which includes cigarette usage, e-cigarette usage, or vaping; and vaping or inhalation of any other substances for a sustained period, must be discontinued for at least four weeks prior to surgery; ...”
Total Hip Arthroplasty (599) , see page 180 in the Orthopedic booklet .	07/21/2025: Added the following clarification to the existing smoking cessation requirement: “Tobacco smoking, which includes cigarette usage, e-cigarette usage, or vaping; and vaping or inhalation of any other substances for a sustained period ...”
Total Knee Arthroplasty (598) , see page 197 in the Orthopedic booklet .	07/21/2025: Added the following clarification to the existing smoking cessation requirement: “Tobacco smoking, which includes cigarette usage, e-cigarette usage, or vaping; and vaping or inhalation of any other substances for a sustained period, must be discontinued for at least four weeks prior to surgery; ...”
Total Shoulder Replacement (629) , see page 203 in the Orthopedic booklet .	07/22/2025: Added the following clarification to the existing coverage criteria: “Tobacco smoking, which includes cigarette usage, e-cigarette usage, or vaping; and vaping or inhalation of any other substances for a sustained period, must be discontinued for at least four weeks prior to surgery; ...”

Select Health Coding Updates

In-Network Coverage and Coding for Cell-free Fetal DNA (cffDNA) Testing

Cell-free fetal DNA (cffDNA) testing plays an important role in determining the RhD status of a fetus in RhD-negative pregnant individuals. This testing offers a non-invasive method to guide management and prevent potential complications such as hemolytic disease of the fetus and newborn (HDFN), and can guide the administration of RhD immune globulin (RhIG) and potentially reduce unnecessary invasive procedures in RhD-negative pregnant individuals.

COVERAGE SPECIFICS

For Commercial plan members, Select Health contracts with Natera as in network for the Fetal RhD NIPT test, the preferred test for those seeking cffDNA testing to determine RhD status.

Out-of-network labs may be allowed for members on plans with out-of-network benefits, but there may be an increased cost to the member because of balance billing by the laboratory because it is not contracted with Select Health.

CODING REQUIREMENTS

The applicable code for this testing through Natera is **CPT 0494U** (covered for Commercial), which reads:

0494U Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cffDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative.

NOTE: CPT 0494U is not covered for both Select Health Medicare and Select Health Community Care (Medicaid).