March 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 pages. For March, there are no coding/reimbursement updates.

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 is **one new policy** this month: **Histotripsy (692)**, which begins on page 54 of the General Surgery booklet. This newly published policy indicates that this procedure is not covered by Select Health: "Select Health does not cover histotripsy for any indication because the effectiveness of this technology has not been established; this meets the plan's definition of experimental/investigational."

There are **12 revised medical policies and one coding & reimbursement policy** (see **Table 1** below and on the next pages).

Also this month, there is **one archived policy: Genetic Testing: Celiac Disease (Celiagene) (281)**, which was archived on 03/18/25 since it is no longer needed for reviews (applicable codes are covered).

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 in the Medical Policies area of our website. Individual Coding & Reimbursement and Dental Coding & Reimbursement Policies are listed 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)
MEDICAL POLICY: Genetic Testing: Cell-Free Tumor DNA/Liquid Biopsy (581), see page 77 in the Genetic Testing booklet.	**03/20/2025**: Modified requirements in criterion #A-1: "Liquid biopsy may be allowed independently or concurrently with tissue-based CGP (comprehensive genomic profiling) for non-small cell lung cancer (NSCLC) that is locally advanced, which is unresectable stage III or metastatic disease."
MEDICAL POLICY: Genetic Testing: Cell-Free Tumor DNA/Liquid Biopsy (281), see page 114 in the Genetic Testing booklet.	**03/13/2025**: • Created criteria section C to separate requirements for coverage of the Prosigna test • Added clarifying language to the following exclusion: "Select Health does NOT cover gene expression testing to assist in decision-making regarding continuation of endocrine therapy after 5 years because it is not medically necessary."

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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)
MEDICAL POLICY: Genetic Testing: Inheritable Colorectal Cancer (222), see page 153 in the **Genetic Testing booklet**.	**03/13/2025**: • Modified requirements in criteria #C-2 and #C-3: "2) a personal or family history of a known pathogenic or likely pathogenic variant in a colorectal or polyposis susceptibility gene who have a family history suggesting an additional syndrome besides that associated with the known variant; 3) a first-degree relative with a Lynch syndrome-related cancer with a diagnosis of a second Lynch syndrome-related cancer in the same individual, regardless of age." • Added the following note: "For known familial variant testing, please see medical policy #123."
MEDICAL POLICY: Genetic Testing: PCR for BCR-ABL in Chronic Myelogenous Leukemia (CML) (340), see page 203 in the **Genetic Testing booklet**.	**03/18/2025**: Added new criterion #A-1: "Workup of individuals suspected to have CML using Quantitative RT-PCR (qPCR) following International Scale (IS), …."
MEDICAL POLICY: Infertility Evaluation and Treatment (500), see page 5 in the **Women's Health booklet**.	**02/26/2025**: Removed 17-hydroxyprogesterone caproate as a covered fertility treatment for females as this is no longer recommended according to clinical guidelines.
CODING & REIMBURSEMENT POLICY: In-Network Coverage of Medical Services with an Out-of-Network Provider (88).	**03/18/2025**: Added updated distance/timeframe guidelines for Select Health Community Care and Children's Health Insurance Program (CHIP) plans (Utah only).
MEDICAL POLICY: Liver Transplant - Living Donor Liver Transplantation (143), see page 70 in the **General Surgery booklet**.	**02/21/2025**: • Modified requirements in criterion #3h-I in Donor Criteria: "Provide a segmental graft of at least 0.6% of the recipient's body mass based on appropriate pre-operative imaging studies AND expectation to satisfy the physiologic needs of the recipient …." • Added new contraindication #3: "Any identified financial incentive being provided to the donor by the recipient."
MEDICAL POLICY: Peripheral Nerve Treatment (654), see page 100 in the **Physical Medicine booklet**.	**03/05/2025**: Added the following exclusion: "Select Health does NOT cover the Sprint PNS system; this therapy meets the plan's definition of experimental/investigational."

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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)
MEDICAL POLICY: Radiation Therapy for Basal and Squamous Cell Carcinoma (661), see page 52 in the **Dermatology booklet.**	**03/20/2025:** Added treatment of keloids as an exclusion for superficial radiation therapy.
MEDICAL POLICY: Radiofrequency Ablation (RFA) for Pulmonary Tumors (392), see page 43 in the **Pulmonary booklet.**	**03/20/2025:** • Modified overall coverage criteria to align with current clinical guidelines • Added the following three bullet points as additional requirements for these procedures: — "No more than three tumors per lung should be ablated. — Tumors should be amenable to complete ablation. — Twelve months should elapse before a repeat ablation is considered."
MEDICAL POLICY: Transcatheter Arterial Chemoembolization (TACE) (349), see page 102 of the **Hematology/Oncology booklet.**	**02/24/2025:** Added coverage criterion #1-B as a qualifying option for this treatment: "As palliative treatment for patients with hepatic metastases from colon cancer."
MEDICAL POLICY: Transcranial Magnetic Stimulation for Psychiatric Disorders and Navigational Tool for Neurosurgery (241), see page 29 of the **Behavioral Health booklet.**	**03/10/2025:** Created criteria #4A and #4B to distinguish failure of medication therapy requirements for new onset/non-recurrent depression (4A) versus chronic/recurrent depressive disorder (4B).
MEDICAL POLICY: Ventricular Assist Devices (187), see page 103 of the **Cardiovascular booklet.**	**02/24/2025:** Added qualifying option of ventricular assist devices being approved if recommended by Intermountain Health Cardiovascular Clinical Program.