

May 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; there are no coding updates this month.**

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 **20 revised policies** (see **Table 1** below and subsequent pages). There are **no new or archived policies this month.**

Policies listed in the tables 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. New Medical Policies (no coding/reimbursement changes this month)

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 9 in the General Surgery booklet .	04/24/2025: <ul style="list-style-type: none"> Modified credentialing requirements in sections A and B as follows: "Bariatric surgery will be allowed at facilities that are undergoing recruitment or pre-credentialing for MBSAQIP application for accreditation application for accreditation ..." Updated preoperative psychological clearance requirements for adolescent patients in #B-5 as follows: "Preoperative psychological clearance has been obtained for any adolescent member according to the following guidelines: <ol style="list-style-type: none"> A psychologist, psychiatrist, or other qualified and licensed behavioral healthcare provider with specific training and credentialing in pediatric or adolescent care must perform the behavioral assessment. Documentation of the following behavioral assessment elements must be obtained in order to consider an adolescent patient for any metabolic and bariatric procedure: <ol style="list-style-type: none"> Evidence for mature decision making and awareness of potential risks and benefits of the proposed procedure. Documentation of the adolescent's ability to provide surgical assent. Evidence of appropriate family and social support mechanisms (engaged and supportive family members, caretakers, etc.) If behavioral disorders are present (depression, anxiety, etc.), there must be evidence that these conditions have been satisfactorily treated."

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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)
Complementary and Alternative Medicine (589) , see page 2 in the General Medicine booklet .	03/29/2025: Added the following therapies to list of excluded therapeutic interventions: infrasonic therapy, infratonic therapy, mechanical massage, QGM system, and Chi machine.
Cytoreductive Surgery (CRS) with Associated Hyperthermic Intraperitoneal Chemotherapy (HIPEC) (494) , see page 10 in the Hematology/Oncology booklet .	05/09/2025: Added criterion #3 as a qualifying factor for coverage of this procedure.: "For patients diagnosed with metastatic colon cancer to the peritoneum, if the following are not present: biliary obstruction, extensive disease at the gastrohepatic ligament/porta hepatis, extensive retroperitoneal disease, intraparenchymal liver lesions (requiring major resection), diffuse small bowel serosa/mesenteric involvement, and/or multiple sites of small bowel obstruction."
Genetic Testing: Cell-Free Tumor DNA/Liquid Biopsy (581) , see page 72 in the Genetic Testing booklet .	04/25/2025: Added the following note for clarification: "Note: Testing will be allowed once for a specific tumor diagnosis."
Genetic Testing: Cystic Fibrosis (CF) (289) , see page 86 in the Genetic Testing booklet .	04/18/2025: Reformatted criteria #3 to include option of meeting criterion #3A, or #3B, or #3C to meet requirements for coverage of this genetic testing.
Genetic Testing: Hereditary Hemorrhagic Telangiectasia (HHT) (240) , see page 135 in the Genetic Testing booklet .	04/18/2025: <ul style="list-style-type: none"> Modified requirements for genetic testing of hereditary hemorrhagic telangiectasia (HHT), which must include at minimum the following genes: ACVRL1 and ENG. Expanded criteria for coverage by adding criterion #3A, #3B, and #3C.
Genetic Testing: Minimal Residual Disease (MRD) Assessment (673) , see page 173 in the Genetic Testing booklet .	05/14/2025: Added criterion #5 for consideration of coverage: "Select Health covers ctDNA tests (e.g., Natera Signatera test) for surveillance and molecular residual disease (MRD) monitoring, only for merkel cell carcinoma."
Hysterectomy/Oophorectomy (620) , see page 12 in the Obstetrics/Gynecology booklet .	04/24/2025: <ul style="list-style-type: none"> Retitled policy as "Hysterectomy/Oophorectomy" (was previously titled as just "Hysterectomy") Modified overall coverage criteria to align with current clinical standards, including adding separate sections of guidelines abnormal uterine bleeding and revising requirements for uterine prolapse.

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)
Infertility Evaluation and Treatment (500), see page 5 in the Women's Health booklet .	05/05/2025: Removed "Co-culturing of embryos/oocytes" from list of not-covered tests.
Juvenile Cartilage Allograft Tissue Implantation (Denovo NT Natural Tissue Graft) (481), see page 94 of the Orthopedic booklet .	05/08/2025: Added the Prochondrix osteochondral allograft as an excluded technology to list of products not covered for this procedure.
LDL Apheresis (Liposorber Device, Help System) (207), see page 37 in the Cardiovascular booklet .	05/01/2025: Modified requirements in criterion #A-4: "Maximal doses, for at least 6 months, of high-potency HMG-CoA reductase inhibitor (statin) therapy (unless intolerant, complete or incomplete; or detrimental side effects are documented) with ezetimibe or bempedoic acid, and a PCSK9 interfering agent, with compliance to that therapy (unless intolerant or detrimental side effects are documented)."
Optilume (672), see page 2 in the Genitourinary booklet .	05/05/2025: Added the following exclusion: "Select Health does not cover Optilume for the treatment of any other indication, including but not limited to benign prostatic hyperplasia (BPH), as the effectiveness of these interventions has not been established; this meets the plan's definition of experimental/investigational."
Oral Appliances for Sleep Apnea (492), see page 32 in the Durable Medical Equipment booklet .	05/02/2025: Clarified requirements in criterion #B-2: "The patient is under the care of a sleep specialist (defined as a physician who is a diplomate of the American Board of Sleep Medicine (ABSM) or is sleep medicine certified through the ABA (American Board of Anesthesia), who has attempted alternative therapies and who has ordered the oral appliance; ..."
Percutaneous Left Atrial Appendage Closure (LAAC) Devices (430), see page 44 in the Cardiovascular booklet .	05/01/2025: Modified both coverage criteria and title of policy to clarify this policy applies to, Percutaneous Left Atrial Appendage Closure (LAAC) Devices.
Phototherapies for the Treatment of Skin Conditions (351), see page 45 in the Dermatology booklet .	05/08/2025: Added treatment of polymorphous light eruption with PUVA phototherapy as a qualifying condition for coverage when criteria are met.

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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)
Posterior Tibial Nerve Stimulation (PTNS) (473) , see page 16 in the Genitourinary booklet .	05/02/2025: Added the following exclusion to section #C: "Select Health does not cover wearable neuromodulation systems (e.g., Vivaly and ZIDA systems) as the effectiveness of these treatments has not been established; this meets the plan's definition of experimental/investigational."
Sacroiliac Joint Fusions (595) , see page 138 in the Orthopedic booklet .	05/15/2025: Added criterion #A-iv as a consideration of coverage to section #2 (Open Sacroiliac Joint Fusions): "When performed as part of multi-segmental spinal constructs for the correction of spinal deformity."
Spinal Cord/Dorsal Root Ganglion Stimulation for the Treatment of Chronic Pain (179) , see page 144 of the Physical Medicine booklet .	04/28/2025: Modified requirements in criterion #A-1d: "The patient has obtained psychological clearance by a qualified provider with training and experience in evaluating chronic pain problems; ..."
Tonsillectomy and Adenoidectomy (621) , see page 78 in the Ear, Nose, & Throat booklet .	05/02/2025: <ul style="list-style-type: none"> Modified requirements in section #1, criterion #C-i2: "Continued symptoms or findings after ≥ 12 weeks oral hygiene ..." Removed age requirement of ≥ 4 years old for consideration of adenoidectomy for otitis media in section #2, criterion #B-iv.
Total Hip Resurfacing (254) , see page 183 in the Orthopedic booklet .	05/12/2025: Removed previous contraindications #4 and #5: <ul style="list-style-type: none"> "4. Females of child-bearing age since it is unknown whether metal ions released by the device could harm an unborn child; 5. Patients with significantly impaired function of the kidneys."