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: Immediate and Delayed Lymphatic Reconstruction (688)**, which was created and published as covered with criteria on **08/05/2025**; see page 56 of the General Surgery booklet.

There are **six 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

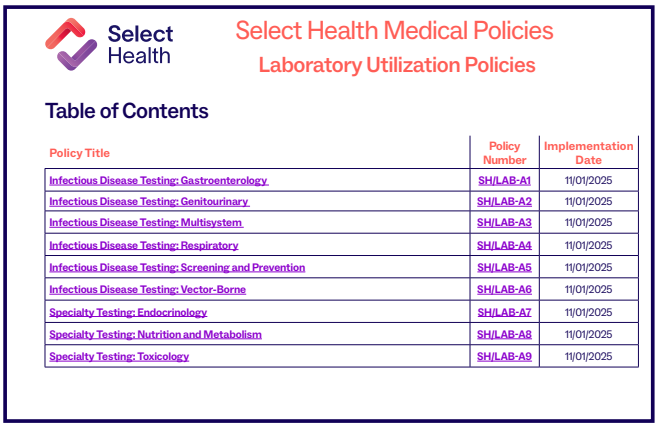
Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
Genetic Testing: Cell-Free Fetal DNA Testing (679), see page 68 in the **Genetic Testing booklet.**	**08/28/2025**: Added new criterion #3b to coverage criteria: "...fetal antigen screening, including RhD status, if the pregnant parent is known to be negative for the antigen being tested."
Genetic Testing: Expanded Carrier Screening (452), see page 101 in the **Genetic Testing booklet.**	**09/04/2025**: Clarified the excluded UNITY Carrier Screen is associated with CPT code **0449U**.
Genetic Testing: Expanded Carrier Screening (438), see page 195 of the **Genetic Testing booklet.**	**09/04/2025:** • Updated overall coverage criteria to align with current clinical standards • Modified formatting of coverage criteria to be arranged according to syndromes associated with PTEN mutations.
Intrauterine Fetal Surgery (696), see page 10 in the **Pediatrics booklet.**	**08/027/2025:** Added new criterion #8, "Pericardial teratoma," as a qualifying condition to section A of coverage criteria.
Matrix-Induced Autologous Chondrocyte Implantation (MACI)(195), see page 30 of the Orthopedic booklet.	**08/29/2025:** Modified title of policy, "Matrix-Induced Autologous Chondrocyte Implantation (MACI)," to reflect updated name for this technology, and applied this change to descriptive information and criteria in policy as well.
Pharmacogenetic Testing for Drug Metabolism(590), see page 209 of the Genetic Testing booklet.	**08/28/2025:** Modified overall coverage criteria, and removed prior exclusion regarding multi-gene panel pharmacogenomic testing and included coverage criteria for this testing.

New Laboratory Utilization Policies Coming Soon

Select Health will soon be incorporating new guidelines related to coverage of laboratory services.

The policies containing these new guidelines will not be effective until **November 1, 2025**, but will be available for preview and evaluation on the Select Health website starting on **October 1, 2025**. These policies will replace those previously offered from Avalon.

We encourage providers to become familiar with these new policies ahead of time. Access the new Laboratory Utilization Policy booklet online on October 1.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Select Health Medical Policies

Laboratory Utilization Policies

Table of Contents

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

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

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

HEDIS Coding for D-SNP Care of Older Adults (COA) Annual Measurements

For providers who care for one or more of Select Health D-SNP medicare members, the following information about annual documentation required and coding options relates to the annual plan requirements. As part of the D-SNP model of care for older adults (COA), the measurements outlined in the table below (medication review, functional status assessment) are annual plan requirements. Established by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA), these measures represent best practices for those age 66 and older.

Please review the information below and identify what steps can be taken to meet these requirements for your patients. Sharing of these codes via claims for the D-SNP population will help alleviate some documentation requests from clinics during the upcoming HEDIS audit season.

	Documentation Required Each Year	Code Options*
Medication Review	Criteria is met if **BOTH** of the following are documented: 1. Evidence of at least one (1) medication review conducted annually by a prescribing practitioner/clinical pharmacist 2. A current medication list in the medical record at the time of the review A medication list signed and dated during the year by the appropriate practitioner type meets these criteria.	**FOR THE MEDICATION REVIEW:** — CPT: 90863, 99605, 99606, 99483 **OR** — CPT II: 1160F **FOR THE MEDICATION LIST:** — CPT II: 1159F **OR** — HCPCS: G8427 (for medication list) **Note:** A medication review code AND a medication list code must be billed together to complete this requirement.
Functional Status Assessment	**At least one (1) completed standardized functional status assessment** with member annually. Many evidence-based tools are available, including but not limited to assessment of: • **Activities of Daily Living (ADLs):** Requires notation that at least five (5) of the following were assessed: bathing, dressing, eating, walking, using toilet, and transferring. • **Instrumental Activities of Daily Living (IADLs):** Requires notation that at least four (4) of the following were assessed: shopping for groceries, driving or using public transportation, using the telephone, cooking or meal preparation, housework, home repair, laundry, taking medications, and handling finances.	— CPT: 99483 **OR** — CPT II: 1170F **OR** — HCPCS: G0438 or G0439

*CPT II codes can be used in the procedure code field for reporting purposes only to describe clinical components without a billable charge amount. Typically, these are measured during an annual HEDIS audit and require chart retrieval from offices. These code options for reporting completion of these services is an alternative option to ease the administrative burden of chart review. All of these codes are billable with AWV codes **G0402, G0438, or G0439**.

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