

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 5](#).**

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 coding/reimbursement policy**: **[Diagnostic Laboratory and Genetic Test \(CR-100\)](#)**, which was created and published on **11/01/2025**.

This month, there are **15 revised medical/coding & reimbursement policies** (see **Table 1** below) and **5 archived policies** (see **Table 2** beginning on [page 4](#)). 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 Policies

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
MEDICAL POLICY Artificial Spinal Disc Replacement (243) , see page 8 in the Orthopedic booklet .	10/27/2025 : Added ProDisc-C Vivo Total Disc Replacement and ProDisc-C SK Total Disc Replacement as examples of FDA-approved cervical disc replacement systems for two-level procedures that would qualify for coverage when criteria are met.
MEDICAL POLICY Bariatric Surgery Guidelines (295) , see page 10 in the General Surgery booklet .	10/29/2025 : Modified timeframe requirements regarding multidisciplinary evaluations in both criterion #A-5 and criterion #B-5 to require this evaluation be performed within six months (was previously within one year).
MEDICAL POLICY DNA Analysis of Stool for Colon Cancer Screening (Cologuard/ Cologuard Plus) (260) , see page 8 of the Gastroenterology booklet .	10/30/2025 : Added the Cologuard Plus test to both the policy title and coverage criteria.
MEDICAL POLICY Gender Affirming Medical and Surgical Treatment for Colorado Commercial Plans (677) , see page 45 of the General Surgery booklet .	11/18/2025 : Added the following procedures to coverage criteria: <ul style="list-style-type: none"> • "15) Dilator (medical equipment) • 16) Gluteal augmentation (implants/lipofilling) • 17) Modified radical mastectomy • 18) Lipofilling"

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Table 1. Revised 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 139 in the Genetic Testing booklet .	11/12/2025: Modified overall coverage criteria to align with current clinical guidelines; including addition of new criterion #G.
MEDICAL POLICY Genetic Testing: Minimal Residual Disease (MRD) Assessment (673) , see page 165 in the Genetic Testing booklet .	10/23/2025: Added new criterion #5: "MRD assessment is recommended for the following, but not limited to, for workup of B-lymphoblastic leukemia/lymphoma (B-ALL), plasma cell myeloma, and mature B-cell lymphomas."
MEDICAL POLICY Hyperbaric Oxygen Therapy (HB02/ HBOT) (129) , see page 21 of the Pulmonary booklet .	11/14/2025: Added peripheral neuropathy to list of excluded conditions for this therapy.
MEDICAL POLICY Hysterectomy/Oophorectomy (620) , see page 12 of the Obstetrics/ Gynecology booklet .	10/22/2025: Clarified requirements in criterion #B-1c: <ul style="list-style-type: none"> • "Ultrasound needs to be performed, and if abnormal, then endometrial biopsy or hysteroscopy is required under the age of 44; or • Ultrasound needs to be performed, and endometrial biopsy or hysteroscopy is required for age 44 or older."
MEDICAL POLICY Immediate and Delayed Lymphatic Reconstruction (688) , see page 57 of the General Surgery booklet .	11/12/2025: <ul style="list-style-type: none"> • Modified header in criteria section #I-B to be "Other Forms of Cancer" (was previously just "Melanoma"); • Added the following note: "Additional charges for robotic surgery will not be reimbursed."
MEDICAL POLICY Percutaneous Disc Decompression Procedures (209) , see page 123 in the Orthopedic booklet .	10/23/2025: Clarified and expanded the following exclusion: "Excluded procedures include, but are not limited to: <ul style="list-style-type: none"> • Minimally invasive lumbar decompression (MILD) or ultra-MILD; or • Percutaneous image-guided lumbar discectomy (PILD) using the MILD approach."
MEDICAL POLICY Pulsed Dye Laser Treatment for Dermatological Conditions (168) , see page 31 in the Dermatology booklet .	10/21/2025: Added criterion #B-4 for consideration of coverage for "molluscum contagiosum."

Table 1. Revised Policies, Continued

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
MEDICAL POLICY Speech Therapy Guidelines(178) , see page 72 of the Ear, Nose, & Throat booklet .	11/05/2025: Modified requirements pertaining to determining severely impaired speech in criterion #3-ei: “Equal to or greater than 1.5 standard deviations below the mean, as measured by an age-appropriate standardized test for articulation, phonology, fluency, or language. A standard score of 78 is equivalent to 1.5 standard deviations below the mean.”
MEDICAL POLICY Therapy for Hypertrophic/Keloid Scars (231) , see page 24 of the Dermatology booklet .	10/24/2025: <ul style="list-style-type: none"> Added the following clarification to the opening section of criteria: “Select Health may cover superficial radiation therapy of symptomatic keloids following excisional surgery within 48 hours ...”; Added the following exclusions: “Select Health considers the following interventions (not an all-inclusive list) to be experimental/investigational for the treatment of hypertrophic scars or keloids because the effectiveness of these approaches has not been established: <ul style="list-style-type: none"> Hyperbaric oxygen therapy Intralesional botulinum toxin type A injection Laser-assisted drug delivery (e.g., administration of corticosteroid) Platelet-rich plasma Stem cell-conditioned medium”
CODING/REIMBURSEMENT POLICY Urine Drug Testing in the Outpatient Setting (CR-87)	10/01/2025: This policy has been reactivated as of October 1, 2025, to ensure continued guidance regarding non-coverage of CPT code 80307 in all places of service except emergency rooms.
MEDICAL POLICY Vision Therapy and Low-Vision Rehabilitation (242) , see page 64 in the Ophthalmology booklet .	11/14/2025: Added example of concussion specialist provider type in criteria set #1 (e.g., sports medicine provider).

Table 2. Archived Policies

Policy Title (Number)	Archive Date: Reason for Archiving
MEDICAL POLICY Genetic Testing: Lactose Intolerance (318)	11/17/2025: This policy is no longer needed for review of claims.
MEDICAL POLICY Genetic Testing: PCR for BCR-ABL in Chronic Myelogenous Leukemia (CML) (231)	11/17/2025: The claims associated with this policy are now reviewed with medical policy, Genetic Testing: Lymphoproliferative Disorders (685) .
MEDICAL POLICY Intermediate Levels of Care Utilization in Behavioral Health (582)	10/24/2025: InterQual guidelines are now used to review claims associated with this policy.
CODING/REIMBURSEMENT POLICY OPPS (Hospital Outpatient Prospective Payment System) and ASC (Ambulatory Surgical Center) Services Only Covered Inpatient (CR-67)	11/17/2025: This coding/reimbursement policy has been replaced by coding/reimbursement policy OPPS (Hospital Outpatient Prospective Payment System) and ASC (Ambulatory Surgical Center) Services Only Covered Inpatient (CR-84).
MEDICAL POLICY Radiofrequency Ablation (RFA) of Liver Tumors (204)	11/17/2025: Codes associated with this policy no longer require review.

Select Health Coding Updates

Add-on Code G2211

Effective **January 1, 2026**, Select Health **commercial plans** will **NOT** reimburse for the add-on HCPCS code **G2211**, which we consider to be bundled into the evaluation and management (E/M) service itself due to the visit complexity inherent in such an E/M service.

Select Health will **NOT** consider additional payment for HCPCS code **G2211** upon appeal regardless of the medical record documentation.

Coverage for these government programs will be as follows:

- **Select Health Medicare:** As of **January 1, 2026**, Medicare will cover add-on HCPCS code G2211 when **ALL** of the following criteria are met:
 - The E/M documentation indicates there was visit complexity because the practitioner is the focal point for all needed health care services **OR** the practitioner is involved in ongoing care for the patient's serious or complex condition.
 - The primary E/M code (CPT code range **99202–99215**) was covered for the same date of service.
 - The primary E/M code was not appended with **modifier 25** OR the primary E/M code was appended with **modifier 25** to distinguish it from a separately billed procedure code that appears in *Attachment 1 of Medicare Benefit Policy Manual Change Request 13705*, or a preventive medicine visit code (CPT code range **99381–99397**);
 - A major or minor surgical procedure code was not reported for the same date of service.
- **Select Health Community Care (Medicaid):** This plan has never covered G2211.

WHAT IS ADD-ON CODE G2211?

Implemented by the Centers for Medicare and Medicaid Services (CMS) in January 2024, medical code **G2211** is an HCPCS add-on code for capturing evaluation and Management (E/M) complexity visits based on the ongoing, longitudinal relationship between practitioner and patient. It is used to provide additional reimbursement for services that require continuous care for healthcare needs over time, not just for a single condition. It is billed alongside the primary E/M code.

Code **G2211** compensates for the provider's cognitive effort required when serving as a focal point for patients with a complex or serious single condition (e.g. type 1 diabetes) or a patient with multiple comorbidities (e.g., type 2 diabetes, hypertension, hyperlipidemia, and obesity).

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 **January 5, 2026**.

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

Questions? Contact your Provider Relations representative.

