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 pages; 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: Visit Complexity Add-On Code G2211 (CR-101)**, which will take effect on **1/1/2026**.

This month, there are **13 revised medical/coding & reimbursement policies** (see **Table 1** below) and **no archived polices**. 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 **Bariatric Surgery Guidelines (295)**, see page 10 in the **General Surgery booklet**.	**12/1/2025**: Added exclusion of both the endoscopic sleeve gastroplasty procedure and corresponding CPT code 43889.
MEDICAL POLICY **Cervical, Lumbar, and Thoracic Spinal Fusion with or without Spinal Decompression (622)**, see page 2 in the **Neurology/Neurosurgery booklet**.	**11/21/2025**: • Updated requirements pertaining to attempts at conservative therapy in both criterion #4B-ciii and criterion #5C-iii: "Physical therapy or chiropractic therapy: minimum of 12 visits within a 6-week period; must have been performed within the previous year (it is recommended that at least four of these visits be performed in-person), ..." • Removed previous criterion #5D ("Willingness to participate in outcomes database").

Continued on page 2...

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 **Diagnostic and Therapeutic Interventions for Spinal Pain (626)**, see page 34 of the **Physical Medicine booklet**.	**12/2/2025:** • Updated requirements pertaining to attempts at conservative therapy in criterion #A1-c: "Minimum of 12 physical therapy visits or chiropractic visits within a 6-week period; must have been performed within the previous year (it is recommended that at least four of these visits be performed in-person); ..." • Modified requirements in criterion #D1-b and criterion #D2: "... at the same level(s) and at the same side ..." • Added new criteria section #C to separate additional coverage parameters that are outlined for Medial Branch Blocks. • Added the following note to criteria section #B for Diagnostic Facet Injections for clarification: "Intraarticular facet block will not be reimbursed as a diagnostic test unless MBBs cannot be performed due to specific documented anatomic restrictions. Successful intraarticular facet block does not qualify for a radiofrequency ablation procedure."
MEDICAL POLICY **Genetic Testing: Cardiomyopathy (665)**, see page 62 of the **Genetic Testing booklet**.	**11/26/2025:** For section II, updated coverage criteria to be separated into three new sections (A, B, C): (A - Non-ischemic cardiomyopathy [NICM]); (B - Cardiac amyloidosis); (C - Recurrent acute myocarditis).
MEDICAL POLICY **Genetic Testing: Minimal Residual Disease (MRD) Assessment (673)**, see page 165 in the **Genetic Testing booklet**.	**11/28/2025:** Added muscle-invasive bladder cancer as a qualifying condition for coverage of ctDNA testing to criterion #6.
MEDICAL POLICY **Infusion Pumps (609)**, see page 59 in the **Physical Medicine booklet.**	**11/21/2025:** • Removed previous criterion #2-b2 ("Nerve blocks) and added new criterion #2-b4: "Pain interventions are either contraindicated or have failed." • Updated requirements in new criterion #2-b2 pertaining to attempts at conservative therapy: "Physical therapy: minimum of 12 visits within a 6-week period; must have been performed within the previous year (it is recommended that at least four of the visits be performed in-person)... ."

Continued on page 3...

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)
CODING/REIMBURSEMENT POLICY **In-Network Coverage of Medical Services with an Out-of-Network Provider (CR-88)**	**12/11/2025: Removed Washington County from being classified as an urban county for Utah-based plans as the state of Utah now classifies this county as a rural county.**
MEDICAL POLICY **Intracept (648)**, see page 65 of the **Physical Medicine booklet.**	**11/21/2025:** Updated requirements pertaining to attempts at conservative therapy in criterion #1-C: "Physical therapy or chiropractic therapy: minimum of 12 visits within a 6-week period; must have been performed within the previous year (it is recommended that at least four of the visits be performed in-person); ..."
MEDICAL POLICY **Intrathecal Baclofen Therapy (137)**, see page 34 of the **Neurology/ Neurosurgery booklet**.	**12/15/2025:** • Modified requirements in criterion #A-1: "Patient has intractable muscle spasticity." • Clarified requirements in criterion #B-2: "Patient has a favorable response to a trial using intrathecal dosage of the anti-spasmodic drug prior to pump ..."
MEDICAL POLICY **Peripheral Nerve Treatment (654)**, see page 109 in the **Physical Medicine booklet.**	**12/8/2025:** • Added potential coverage of FDA-approved permanent PNS stimulators and recategorized certain technologies: "Select Health may cover implantation of a permanent FDA-approved PNS stimulator (e.g., StimRouter, Nalu, Curonix Freedom system) after completion of a successful trial and when the above criteria have been met. • Updated requirements pertaining to attempts at conservative therapy in criterion #A-1c, criterion #B-1c, and criterion #C-1c: "Physical therapy: minimum of 12 visits within a 6-week period; must have been performed within the previous year (it is recommended that at least four of these visits be performed in-person)." • Removed previous criterion #B-2 ("Patient has failed a genicular nerve radiofrequency procedure (see MP #557)."
MEDICAL POLICY **Radiofrequency Ablation (RFA) of the Sacroiliac (SI) Joint (389)**, see page 146 in the **Physical Medicine booklet.**	**11/21/2025:** Updated requirements pertaining to attempts at conservative therapy in criterion #6-b: "Course of physical therapy: minimum of 12 visits within a 6-week period; must have been performed within the previous year (it is recommended that at least four of the visits be performed in-person); ..."

Continued on page 4...

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 **Radiofrequency Ablation of the Genicular Nerve (557)**, see page 142 of the **Physical Medicine booklet**.	**11/21/2025:** Updated requirements pertaining to attempts at conservative therapy in criterion #1-C: "Physical therapy: minimum of 12 visits within a 6-week period; must have been performed within the previous year (it is recommended that at least four of these visits be performed in-person); …"
CODING/REIMBURSEMENT POLICY **Urine Drug Testing in the Outpatient Setting (CR-87)**	**12/18/2025: Added the following limitation to this coding/ reimbursement policy: "Select Health will cover up to 50 definitive urine drug monitoring tests within a 12-month period."**

Select Health Coding Updates

CPT Codes 93040-93042 for Diagnostic Rhythm ECG Testing

We have observed a notable increase in claims and appeals involving CPT code **93042** billed in conjunction with **93010** or **99285**. Based on guidance from National Council on Compensation Insurance (NCCI) and the American Medical Association (AMA), Select Health will deny CPT codes **93042** when billed with **93010** or **99285**, as these services are considered included in the primary procedure.

According to **NCCI Procedure-to-Procedure (PTP) edits** and the **NCCI Policy Manual for Medicare Services** (Chapter XI, Section I, Subsection 12L), "CPT codes **93040–93042** describe diagnostic rhythm ECG testing. They shall not be reported for cardiac rhythm monitoring in any site of service."

Additionally, the AMA CPT Manual specifies, "Codes **93040–93042** are appropriate only when an order for the test is triggered by an event, the rhythm strip is used to help diagnose the presence or absence of an arrhythmia, and a report is generated. There must be a specific order for an electrocardiogram or rhythm strip followed by a separate, signed, written, and retrievable report. These codes should not be used for reviewing telemetry monitor strips obtained from a monitoring system."

REMINDER: Watch for New, Revised, and Deleted Codes in 2026

2026 is around the corner, and it brings many new, revised, and deleted codes. Be sure to use the applicable version of your coding books based on your dates of service to ensure you remain current and code accurately. For more information regarding these changes, please visit **www.cms.gov**.

Realigned Editing Systems Coming in 2026

Select Health will be transitioning to a new editing system that will better align our editing processes with standard coding practices and Select Health policies, ultimately improving consistency and accuracy of edits. The new platform is expected to launch in the first quarter of 2026.

Questions? Contact your Provider Relations representative.