

## **HIERARCHY OF SOURCES**

Policy # 63

Implementation Date: 1/1/03

Review Dates:

Revision Dates: 3/1/14, 12/3/14

**Disclaimer:**

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

**Description**

Select Health Coding/Reimbursement Policies contain policies that have been approved by Select Health. These policies represent Select Health's determination on particular coding issues and standards. Select Health has reached these conclusions based upon a review of coding standards, including those presented by the Centers for Medicare and Medicaid Services (CMS), Current Procedural Terminology (CPT), Specialty Societies (e.g., AAOS), and other expert sources.

**COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)**

Select Health **uses several resources as it creates its coding and reimbursement policies. The hierarchy of these resources used is as follows:**

1. **Medicare - Centers for Medicare and Medicaid Services (CMS)/Medicaid**  
NCCI (National Correct Coding Initiative) as the NCCI policy manual are typically looked at as a first review. CMS National Coverage Decisions (NCD) and Local Medicare Determinations (LCD) may be looked at secondary to the NCCI information. Medicaid may be considered as a second source when no NCD or LCD is available, or as additional information.
2. **Current Procedural Terminology (CPT)**  
CPT is next in the hierarchy. Generally, Medicare National or Local Coverage Determinations will override CPT, as CPT is heavily biased toward physicians. However, when research shows there is a great deal of controversy among payers, providers, CMS, CPT, and/or specialty societies regarding a specific issue, CPT guidelines may take precedence over CMS.
3. **Specialty Societies**  
Specialty societies, such as the American Academy of Orthopaedic Surgeons (AAOS) and/or American Congress of Obstetricians and Gynecologists (ACOG), have created edits of their own and SelectHealth will look at what the societies state as it relates to CMS and CPT. If these areas do not agree, then an evaluation of all views is done prior to making a decision.
4. **Other Expert Sources**  
Other expert sources include payers, coding newsletters, and other sources, such as Ingenix Publications Coders Desk Reference.

In addition to the above resources, there are times that Select Health will create policies that differ from all the above sources, and in those instances, Select Health Policy will be used to audit and adjudicate claims.

## **SELECT HEALTH ADVANTAGE (MEDICARE/CMS)**

Select Health Advantage **will follow CMS guidelines.**

In addition to CMS guidelines, there are times that Select Health will create policies that differ, and in those instances, Select Health Policy will be used to audit and adjudicate claims.

## **SELECT HEALTH COMMUNITY CARE (MEDICAID)**

Select Health Community Care **will follow Utah Medicaid.**

In addition to Utah Medicaid, there are times that Select Health will create policies that differ, and in those instances, Select Health Policy will be used to audit and adjudicate claims.

### **Sources**

1. *Current Procedural Terminology (CPT®)*, (2014) – American Medical Association
2. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from [https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9\\_guidelines.pdf](https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf)
3. Research and Scientific Affairs. (2014, January 1). Retrieved December 3, 2014, from <http://www.aaos.org/research/research.asp>
4. Practice Management. (2014, January 1). Retrieved December 3, 2014, from <http://www.acog.org/Practice-Management>
5. National Correct Coding Initiative Edits. (2014, December 1). Retrieved December 3, 2014, from <http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html?redirect=/nationalcorrectcodinited/>
6. Coverage and Reimbursement. Medicaid.utah.gov/Retrieved November 24, 2014, from <https://medicaid.utah.gov/coverage-and-reimbursement>
7. Regulations & Guidance. (n.d.). Retrieved December 3, 2014, from <http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html>

### **Disclaimer**

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at (801) 442-3692.

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