

Medical and Coding/Reimbursement Policy Manual Terms and Conditions

Description

The SelectHealth® Medical Policy Manual and Coding/Reimbursement Policy Manual contain policies approved by SelectHealth. These policies represent SelectHealth's determination of whether particular services or devices are standard medical practice, experimental/investigational, cosmetic, or within coding standards. SelectHealth has reached these conclusions based upon a review of currently available clinical information including research in peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors. Also included are a review of coding standards including Centers for Medicare and Medicaid Services (CMS), Current Procedural Terminology (CPT), Specialty Societies (eg, AAOS), and other expert sources.

Use

SelectHealth uses policies as guidelines for coverage determinations in all health care insurance products, unless otherwise indicated.

SelectHealth makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the policies. The discussion, analysis, conclusions, and positions reflected in the

policies, including any reference to a specific provider, product, process, or service by name, trademark, manufacturer, constitute SelectHealth's opinion and are made without any intent to defame.

There is no obligation to update this site and the policies displayed may be out of date. SelectHealth expressly reserves the right to revise these conclusions as clinical or coding information changes and welcomes further relevant information including corrections of any factual errors. Benefit determinations are made in the context of policies existing at the time of the determination and are not subject to later revision as the result of a change in policy.

SelectHealth's decisions about whether any medical service or device is covered under a member's Benefit Plan are insurance benefit decisions only and are not the provision of medical care. SelectHealth is not responsible for, does not provide, and does not hold itself out as the provider of medical care. Only doctors can provide medical care for SelectHealth members, and such doctors are solely responsible for their negligence in providing medical care. If a service or device is not eligible for benefits, providers and members are free to proceed with that service or device knowing that benefits are not available under a member's Benefit Plan.

Conflict with Plan Documents

Each SelectHealth benefit plan defines which services are covered, which are excluded, and which are subject to other limitations. Coverage

varies between different benefit plans. Members and their providers should consult the member's benefit plan to determine if there are any exclusions or other benefit limitations applicable to a particular service or device. A physician's conclusion that a particular service or device is medically necessary does not guarantee coverage (i.e., will not necessarily be paid for by SelectHealth) for a particular member. Some plans exclude coverage for services or devices that SelectHealth or a member or a member's physician may consider medically necessary.

In the event of a conflict between a medical policy and a member's particular benefit plan, the benefit plan document always prevails over the information in the medical policy. Benefit plan documents include, but are not limited to, Subscriber Contracts, Summary Plan Documents, and other coverage documents prepared by a Plan. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable group benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Positions and; 4) the specific facts of the particular situation.

In the event that a member disagrees with a coverage determination, SelectHealth Health Plans provides its members and providers with the right to appeal the decision. SelectHealth's External Review Program and Provider Appeal information can be found on the following website: www.SelectHealth.org.

Restrictions and Limitations

- Medical and Coding/Reimbursement policies DO NOT determine the schedule of benefits. Rather, they are used in the process to determine if a service that may be otherwise covered will be paid by a Plan.
- Medical and Coding/Reimbursement policies are interpreted and applied in the sole discretion of the Plan.
- Medical and Coding/Reimbursement policy application is subject to state and federal laws and specific instructions from Plan Sponsors of self-insured groups.
- Medical and Coding/Reimbursement policies do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy (CPB) related to their coverage or condition with their treating provider.
- Medical and Coding/Reimbursement policies are the property of SelectHealth and you are strictly prohibited from using them for any commercial use whatsoever. Commercial use does not include use of the policies for purposes related to the health care of a SelectHealth Plan member.

CPT Codes

The five-character codes included in the SelectHealth medical policies are obtained from Current Procedural Terminology (CPT®), copyright 2005 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians.

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