

## January 2024: Medical Policies, Coding/Reimbursement

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; coding updates appear on page 4.**

**Questions?** Contact [Marcus.Call@selecthealth.org](mailto:Marcus.Call@selecthealth.org) for information on content of a medical policy, [Brandi.Luna@selecthealth.org](mailto: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 policy** — **Genetic Testing: Gender Affirming Medical and Surgical Treatment for Colorado Based Plans (677)**, which begins on page 42 of the [General Surgery booklet](#). This policy was created and published on **01/01/24** with separate coverage allowed pertaining to these treatments for Colorado-based plans.

There are **8 revised policies** in this update (see **Table 1** below and on the following pages) and

**one archived policy** — **Provent Therapy for Obstructive Sleep Apnea (OSA)(467)**, which was archived on **01/11/24**. This therapy is no longer available and remains not covered for any potential future uses.

Policies listed in **Table 1** 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 Provider Portal (secure login required).

**Table 1. Revised Medical and Coding/Reimbursement Policies**

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy unless summary text appears in BOLD)
<p><b>MEDICAL POLICY</b></p> <p>Bone Growth Stimulators: Electrical (107), see page 34 in the <a href="#">Orthopedic booklet</a>.</p>	<p><b>12/27/2023:</b> Removed requirement of a specific provider type in criterion #1g</p>
<p><b>MEDICAL POLICY</b></p> <p>Gene Therapy, Testing, and Counseling (123), see page 24 in the <a href="#">Genetic Disease booklet</a>.</p>	<p><b>01/10/24:</b> Added the following exclusion to Section II: “Select Health does NOT cover preimplantation genetic testing for aneuploidy (PGT-A) separately, due to a lack of sufficient evidence supporting efficacy of this testing; this meets the plan’s definition of experimental/investigational.”</p>

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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)
<p><b>MEDICAL POLICY</b></p> <p><b>Hearing Aids (651)</b>, see page 32 in the <a href="#">Ear, Nose, and Throat booklet</a>.</p>	<p><b>01/01/24:</b> Added the following coverage criteria for Colorado based plans: “Colorado Based Plans. Hearing aids are covered for members ages 18 and under, in accordance with the following requirements:</p> <ol style="list-style-type: none"> <li>a. Hearing loss has been verified by a physician licensed pursuant to article 240 of title 12* and medically appropriate to meet the needs of the child according to accepted professional standards. Coverage must include the purchase of the following:               <ol style="list-style-type: none"> <li>i) Initial hearing aids and replacement hearing aids not more frequently than every five years;</li> <li>ii) A new hearing aid when alterations to the existing hearing aid cannot adequately meet the needs of the child;</li> <li>iii) Services and supplies including, but not limited to, the initial assessment, fitting, adjustments, and auditory training that is provided according to accepted professional standards.</li> </ol> </li> </ol> <p>*(Based on Colorado legislative rule: § 10-16-104(19), CRS)”</p>
<p><b>CODING/REIMBURSEMENT POLICY</b></p> <p><a href="#">Home Health Aide (82)</a></p>	<p><b>01/01/2024:</b></p> <p>For Colorado-based plans, services provided by a home health aide are not covered, except when receiving Home Healthcare and Hospice Care. When covered, there is a limitation of 28 hours/week; combined.”</p>
<p><b>MEDICAL POLICY</b></p> <p><b>Infertility Evaluation and Treatment (500)</b>, see page 5 in the <a href="#">Women’s Health booklet</a>.</p>	<p><b>01/15/2024:</b></p> <ul style="list-style-type: none"> <li>• Added vasectomy reversal as an excluded treatment</li> <li>• For Colorado- and Nevada-based plans: the following language was added (effective <b>January 1, 2024</b>):</li> </ul> <p>“Colorado Based Plans -- The following services <u>are</u> covered:</p> <ol style="list-style-type: none"> <li>a. Services to diagnose infertility, including fulguration of ova ducts, hysteroscopy, hysterosalpingogram, certain laboratory tests, diagnostic laparoscopy, and some imaging studies; and</li> <li>b. Artificial insemination, except for donor semen, donor eggs, and services related to their procurement and storage.</li> </ol> <p>Nevada Based Plans -- The following services are not covered:</p> <ol style="list-style-type: none"> <li>a. Reversal of surgically performed sterilization or subsequent resterilization”</li> </ol>

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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 <b>BOLD</b> )
<p><b>MEDICAL POLICY</b></p> <p>Peripheral Nerve Treatment (654), see page 95 in the <a href="#">Physical Medicine booklet</a>.</p>	<p><b>12/27/2023:</b> Added language to clarify exclusions of this treatment: “Select Health does NOT cover peripheral nerve stimulation for the occipital nerve/occipital neuralgia or chronic headaches; this meets the plan’s definition of experimental/investigational ....”</p>
<p><b>MEDICAL POLICY</b></p> <p>Sleep Disorder Evaluation and Treatment (625), see page 47 in the <a href="#">Pulmonary booklet</a>.</p>	<p><b>01/05/2024:</b> Added criterion #3 to section II as an additional qualifying factor: “The patient has evidence of Upper Airways Resistance Syndrome diagnosed by polysomnography (with at least 5 respiratory-related arousals per hour), with any of the comorbid conditions listed in criterion #2b above.”</p>
<p><b>MEDICAL POLICY</b></p> <p>Speech Therapy Guidelines (178), see page 62 in the <a href="#">Ear, Nose, and Throat booklet</a>.</p>	<p><b>01/03/2024:</b> Added new criteria #1 that requires a written plan of care be submitted by the provider, which aligns policy with similar requirements to qualify for Select Health coverage of physical therapy/occupational therapy.</p>

## Select Health Coding Updates

### Preventive and Problem-Oriented E&Ms Billed on the Same Visit

There are times when billing a preventive and problem-oriented E&M on the same visit may be necessary. Here are some examples of when this would and would not be appropriate:

#### Examples When NOT to Report E/M Separately

Situations during which an additional E/M service should not be separately reported from a preventive service:

- A well-child exam on an infant, where the physician notes diaper rash and writes a prescription
- A well-child exam on a teenager, where the physician notes acne and writes a prescription
- A well-woman exam, where the physician notes a yeast infection and writes a prescription
- A routine physical for a man, where the doctor notes that his chronic hypertension is under control and refills a prescription

#### Examples When TO Report E/M Separately

Situations during which an additional E/M service should be separately reported with a preventive service:

- During a well-woman exam, a patient complains of a cough with yellow sputum, slight fever, and general malaise that has persisted for 3 days. A careful examination of the patient's lungs reveals good breath sounds but slight rales in both bases. An ENT exam indicates fluid behind the patient's left ear and slight bilateral erythema. The physician orders a chest x-ray and white blood cell count. The patient is diagnosed with bronchitis and otitis media, and an antibiotic is prescribed.
- A 65-year-old male presents for his annual physical. During the exam, he complains of chest pain that has persisted for over a week. The pain increases upon exertion and radiates down his left arm. An EKG is done and shows disturbances in heart rhythm. Additional work-up is done and additional tests are ordered.
- During a well-child exam, the physician identifies an unknown rash and after further examination the physician orders additional tests (not typically ordered during a well-child exam). The physician schedules a follow-up to discuss results.

### Reminder: 2024 Coding Updates

2024 brings 153 new, 73 revised, and 102 deleted CPT codes along with 395 new, 13 revised, and 25 deleted ICD-10-CM diagnosis codes. Please be sure to use up-to-date coding books to stay abreast of the New, Revised, and Deleted codes.

Note that HCPCS G2211 will be covered under Commercial and Medicare plans (**not Medicaid**) effective **January 1, 2024**. **G2211** reads:

**G2211** - Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition.

**Questions?** Contact [brandi.luna@selecthealth.org](mailto:brandi.luna@selecthealth.org).

For more information on coverage, access our policy, [Preventive and Problem-Oriented Evaluation and Management Services \(#42\)](#).