



Policy Update Bulletin:

February 2023

Medical Policies, Coding/Reimbursement

SelectHealth publishes a *Policy Update Bulletin* monthly with new, revised, and archived policy information as well as policy developments and related practice management tips.

Questions about member coverage? Contact Member Services at **800-538-5038**.

SelectHealth Policy Updates

For all policy updates in this document, the listings in each row are arranged alphabetically by policy title. Note that **medical** policies link to the relevant online, specialty-based booklets where each policy begins on the page indicated in the table. You can also find these policies on the SelectHealth [Provider Portal](#) (secure login required).

Questions about the content of a medical policy? Contact Marcus.Call@selecthealth.org.

Questions about coding & reimbursement policies? Contact Brandi.Luna@selecthealth.org.

For general questions, please contact your Provider Relations representative.

New Policy

There is one new policy since the last update: **Gastric Diversion (659)**, which was created on 01/20/2023, and can be found on page 34 of the [Gastroenterology booklet](#).

Revised Medical Policies

Nine medical policies have been revised (see **Table 1** below).

Table 1. Revised Policies

Policy Title (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
MEDICAL POLICY Cervical and Lumbar Spinal Fusion with or without Spinal Decompression (622), see page 2 of the Neurology/Neurosurgery booklet	02/02/2023: Added language to clarify timeframe requirements in criterion #4ciii: “Physical therapy or chiropractic therapy (minimum of 4 visits within a 3-month period); must have been performed within the previous 2 years. If there have been significant clinical changes or surgery has been performed in the previous 2 years, then repeat physical therapy or chiropractic therapy may be necessary, ...”
MEDICAL POLICY Diagnostic and Therapeutic Interventions for Spinal Pain (626), see page 24 of the Physical Medicine booklet	02/02/2023: Clarified timeframe requirements regarding attempts at conservative therapy in criteria #1: “Patient has experienced moderate-to-severe lower back (lumbosacral) OR neck (cervical) pain limiting activities of daily living for ≥3 months in the current episode, unrelieved by all conservative medical management strategies as listed below: a) NSAIDs/Analgesic >3 weeks or contraindicated b) Activity modification >6 weeks c) 4 PT or chiropractic visits within a 3-month period; must have been performed within the previous 2 years. If there have been significant clinical changes or surgery has been performed in the previous 2 years, then repeat PT or chiropractic therapy may be necessary.”
MEDICAL POLICY Hyperbaric Oxygen Therapy (129), see page 21 of the Pulmonary booklet	02/15/2023: Clarified the exclusion of this therapy for the following ulcers is for leg ulcers: cutaneous, decubitus, stasis, venous, arterial/ischemic



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Table 1. Revised Medical Policies, Continued

Policy Title (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
MEDICAL POLICY Hysterectomy (620), see page 10 of the Obstetrics/Gynecology booklet	02/09/2023: Updated list of covered indications to align with current American College of Obstetricians and Gynecologists (ACOG) guidelines.
CODING & REIMBURSEMENT POLICY “Incident to Physician’s Professional Services” and Split/Shared E/M Service (3)	02/09/2023: Removed physician assistants as an exception from the SelectHealth Community Care (Medicaid) section
CODING & REIMBURSEMENT POLICY Multiple Surgeries (13)	09/01/2022: Modified the SelectHealth Community Care (Medicaid) section as follows [Retroactive Effective Date: Sep. 1, 2022]: “The Multiple Procedure Payment Reduction will be applied when two or more procedure codes on the Multiple Procedure Reduction Code list are billed, using the pricing method outlined below: <ul style="list-style-type: none"> • 100% of the allowable amount for the primary/major procedure • 50% of the allowable amount for the secondary procedure • 25% of the allowable amount for all subsequent procedures”
MEDICAL POLICY Office-Based Anesthesia (641), see page 2 of the Anesthesia booklet	02/17/2023: Updated wording in criterion #Ai to align with current clinical standards: “Clinical procedures that are prolonged, complex, or painful that require more than a local anesthetic”
MEDICAL POLICY Phototherapies for the Treatment of Skin Conditions (351), see page 43 of the Dermatology booklet	02/17/2023: Clarified timeframe requirement for aggressive standard therapy in criteria section #2: “SelectHealth covers office-based PUVA, narrowband UVB, and broadband UVB phototherapies for the treatment of atopic dermatitis, lichen planus, chronic idiopathic urticaria, morphea, and other related skin conditions, when the member has failed at least 3 months of aggressive standard therapy in the last 2 years.” Also, added phototherapy treatment for vitiligo as an exclusion: “SelectHealth does not cover any form of phototherapy for vitiligo; this is considered cosmetic.”
MEDICAL POLICY Radiofrequency Ablation (RFA) of the Sacroiliac (SI) Joint (389), see page 120 of the Physical Medicine booklet	02/02/2023: Added language to clarify timeframe requirement in criterion #6b: “Course of physical therapy (minimum of 4 visits within a 3-month period); must have been performed within the previous 2 years. If there have been significant clinical changes or surgery has been performed in the previous 2 years, then a repeat course of physical therapy may be necessary.”



SelectHealth Coding Updates

Submission Reminders

When submitting an appeal, please use the appropriate form for member or provider:

- > [Provider Appeals](#)
- > [Member Appeals](#)

When submitting notes or records (not appealing a denial), please be specific about intent, including what should be reviewed, claim lines, denial reasons, CPT/HCPCS codes, diagnoses etc.