



Policy Update Bulletin:

August 2022

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? Contact Marcus.Call@SelectHealth.org.

SelectHealth Policy Updates

For this update, there are no new policies. Revised policies total **18 policies**, including 14 Avalon Laboratory Utilization policy updates (as of **Q2 2022**), which appear in either Part 1 or Part 2 booklets (see **Table 1**). Two newly archived policies appear in **Table 2** on [page 3](#).

For all medical and Avalon policy updates in this document, the listings in each row are arranged alphabetically by policy title. These policies link to

the relevant online, specialty-based booklets where each policy begins as indicated in the table.

For coding & reimbursement policies, the policy name links directly to the online policy.

You can also find policies on the SelectHealth [Provider Portal](#) (secure login required) or by contacting Marcus.Call@selecthealth.org.

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

TABLE 1. REVISED MEDICAL (M), LABORATORY UTILIZATION (L)¹, AND CODING & REIMBURSEMENT (C&R) POLICIES

Policy Type (M, L, or C&R), Title, and (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
(L) ¹ Cardiovascular Disease Risk Assessment (AHS-G2050), page 113 of the Laboratory Utilization, Part 1 booklet	08/22/22: Removed all coverage criteria (previous #6, #13, and #14) and all CPT codes (81402, 81403, 81404, 81405, 81406, 81407, 81408, 81479, and 81493) pertaining to genetic testing
(L) ¹ Flow Cytometry (AHS-F2019), page 372 of the Laboratory Utilization, Part 1 booklet	08/19/22: <ul style="list-style-type: none">• Deleted previous coverage criteria #1j (Molar pregnancy)• Modified coverage criteria #2e and #2f to ensure clarity
(L) ¹ Folate Testing (AHS-G2154), page 388 of the Laboratory Utilization, Part 1 booklet	08/23/22: Modified wording in coverage criteria #3 to ensure clarity.
(L) ¹ General Inflammation Testing (AHS-G2155), page 424 of the Laboratory Utilization, Part 1 booklet	08/24/22: <ul style="list-style-type: none">• Modified coverage criteria #1 and #2• Deleted coverage criteria #3 and #4
(L) ¹ HIV Genotyping and Phenotyping (AHS-M2093), page 512 of the Laboratory Utilization, Part 1 booklet	08/24/22: <ul style="list-style-type: none">• Modified coverage criteria #4 to align with updated clinical standards• Added coverage criteria #5 and #6
(L) ¹ Hemoglobin A1c (AHS-G2006), page 470 of the Laboratory Utilization, Part 1 booklet	08/19/22: <ul style="list-style-type: none">• Added coverage criteria #6a• Modified wording in overall coverage criteria to align with updated clinical standards

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TABLE 1. REVISED MEDICAL (M), LABORATORY UTILIZATION (L)¹, AND CODING & REIMBURSEMENT (C&R) POLICIES, CONTINUED

Policy Type (M, L, or C&R), Title, and (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
(L)¹ Hepatitis C (AHS-G2036) , page 491 of the Laboratory Utilization, Part 1 booklet	08/19/22: Modified overall coverage criteria to align with updated clinical standards.
(M) Hyperbaric Oxygen Therapy (HBO2/HBOT) (129) , page 21 of the Pulmonary booklet	08/12/22: Added table for Wagner Ulcer Grade Classification System to assist in evaluation of diabetic foot wound treatments
(M) Infertility Evaluation and Treatment (500), see page 5 of the linked Women's Health booklet	08/10/22: Updated listing of applicable codes
(C&R) In-Network Coverage of Medical Services with an Out-of-Network Provider (88)	08/10/22: Added distance guidelines for Nevada areas to this coding/reimbursement policy
(M) Negative Pressure Wound Therapy (Vacuum Assisted Wound Closure) (185), page 59 of the Physical Medicine booklet	8/10/22: <ul style="list-style-type: none">• Changed time period for subsequent approval to a maximum of 2 months to a maximum of 2 weeks• Added requirement: "Reimbursement will only be provided for days when wound vac is being actively used by member."
(L)¹ Oral Screening Lesion Identification Systems and Genetic Screening (AHS-G2113) , page 116 of the Laboratory Utilization Part 2 booklet	08/22/22: Removed coverage criteria #2a (MOP testing)
(L)¹ Pancreatic Enzyme Testing for Acute Pancreatitis (AHS-G2153) , page 130 of the Laboratory Utilization Part 2 booklet	08/23/22: <ul style="list-style-type: none">• Modified coverage criteria #1, #2, and #3• Added coverage criteria #5
(L)¹ Pathogen Panel Testing (AHS-G2149) , page 191 of the Laboratory Utilization, Part 1 booklet	08/22/22: <ul style="list-style-type: none">• Modified wording in overall criteria to ensure clarity• Added CPT codes 0109U, 0323U, and 0330U
(L)¹ Prenatal Screening (Nongenetic) (AHS-G2035) , page 252 of the Laboratory Utilization Part 2 booklet	08/19/22: <ul style="list-style-type: none">• Modified title of policy (added "nongenetic" to title)• Removed all genetic-related criteria and codes from policy• Updated overall criteria to align with current clinical standards• Added CPT codes 86704 and 86706

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TABLE 1. REVISED MEDICAL (M), LABORATORY UTILIZATION (L)¹, AND CODING & REIMBURSEMENT (C&R) POLICIES, CONTINUED

Policy Type (M, L, or C&R), Title, and (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type)
(L)¹ Serum Tumor Markers for Malignancies (AHS-G2124) , page 436 of the Laboratory Utilization Part 2 booklet	<p>08/22/22: Updated criteria with the following changes:</p> <ul style="list-style-type: none"> Added note above criteria on frequency: “Note: Except for where otherwise specified in the coverage criteria below, quarterly measurement of designated serum tumor markers is permitted for follow-up, monitoring, and/or surveillance” Reformatted and reworded coverage criteria (CC) #1 to meet current guidelines Added two, new biomarkers in CC1 (#1c-i and #1k-i through iv):: <ul style="list-style-type: none"> c) B-type natriuretic peptide (BNP) or N-terminal fragment of B-type natriuretic peptide (NTproBNP) i) Systemic light chain amyloidosis: initial diagnostic evaluation k) Free light chain (circulating serum kappa or lambda chains) for: <ul style="list-style-type: none"> i) B-cell lymphoma – Castleman disease: initial diagnostic evaluation ii) Multiple myeloma: initial diagnostic evaluation and/or surveillance as needed iii) Systemic light chain amyloidosis: initial diagnostic evaluation iv) Waldenström’s macroglobulinemia/lymphoplasmacytic lymphoma: initial diagnostic evaluation Removed CC4 - OvaSure and Coloprint from list, as no longer on the market Added CPT codes 83521 and 83880
(L)¹ Testing for Alpha-1 Antitrypsin Deficiency (AHS-M2068) , page 482 of the Laboratory Utilization Part 2 booklet	08/19/22: Modified wording in coverage criteria #2 to ensure clarity
(L)¹ Vitamin D (AHS-G2005) , page 680 of the Laboratory Utilization Part 2 booklet	<p>08/19/22:</p> <ul style="list-style-type: none"> Modified coverage criteria #5a Added Guideline #1-K

¹ **New to Avalon?** Access the [Avalon Frequently Asked Questions](#) to learn about our partnership with Avalon and the tools and services available to providers.

TABLE 2. ARCHIVED POLICIES

Policy Title (Number)	Archive Date	Reason for Policy to be Archived
Retisert for Uveitis (293)	08/03/22	These devices and code J7311 reviewed by Pharmacy.
Stereotactic Intraoperative Image Guidance (502)		This procedure and CPT code 61783 remain covered.



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SelectHealth Coding Updates

Dental Personal Protective Equipment (PPE): Temporary Coverage Ends

Effective **October 1, 2022**, SelectHealth will no longer pay costs associated with code **D1999**, PPE used during office visits.

This policy was temporarily suspended during the pandemic. Costs associated with in-office use of PPE are included in the SH fee schedules (part of practice expenses) for the codes providers bill.

NOTE: Members cannot be balance billed for PPE costs or charged an upfront fee to receive dental services.

Questions? Contact Provider Development at **800-538-5054**.

Online Resources: New Covered Codes Tables Now Available

Check out the newest SelectHealth online resource for identifying if a code is covered (by plan type and state) and whether or not preauthorization is required. Covered-codes tables are now available for:

> **Commercial-Covered Codes:** [UT](#), [ID](#), [NV](#)

> **Medicare-Covered Codes:** [UT](#), [ID](#), [NV](#)

> **Medicaid-Covered Codes:** [UT Only](#)

SelectHealth recently added these resources to help providers avoid phone wait times when seeking this type of information. In a recent review of calls to Member Services, questions about covered codes were in the top 5 reasons for calls.

These new resources will be updated regularly to give you and your staff immediate access to the information you need. Current linked tables reflect an as-of date of **July 29, 2022**. Going forward, please be sure to note the date in the heading as some covered code information may change between online updates.

Medicare-Covered Codes (Utah and Idaho) <small>As of July 29, 2022</small>			
Codes	ICD_DESC	Not Covered	Preauthorization Required
1999	Unlisted anesthesia procedure	-	X
1920	Correct skin color defects	-	-
1921	Correct skin color defects	-	-
1922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigment	-	-
1960	Insert tissue expander(s)	-	X
1970	Replace tissue expander	-	X
1971	Remove tissue expander(s)	-	X
15775	Hair transplant punch grafts	-	X
15776	Hair transplant punch grafts	-	X
15780	Abrasion treatment of skin	-	X
15781	Abrasion treatment of skin	-	X
15782	Abrasion treatment of skin	-	X
15783	Abrasion treatment of skin	-	X
15788	Chemical peel, face, epiderm	-	X
15789	Chemical peel, face, dermal	-	X
15792	Chemical peel, nonfacial	-	X
15793	Chemical peel, nonfacial	-	X
15820	Revision of lower eyelid	-	X
15821	Revision of lower eyelid	-	X
15822	Revision of upper eyelid	-	X
15823	Revision of upper eyelid	-	X
15824	Removal of forehead wrinkles	-	X
15825	Removal of neck wrinkles	-	X
15826	Removal of brow wrinkles	-	X
15828	Removal of face wrinkles	-	X
15829	Removal of skin wrinkles	-	X
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	-	X
15832	Excise excessive skin tissue	-	X
15833	Excise excessive skin tissue	-	X
15834	Excise excessive skin tissue	-	X
15835	Excise excessive skin tissue	-	X
15836	Excise excessive skin tissue	-	X
15837	Excise excessive skin tissue	-	X
15838	Excise excessive skin tissue	-	X
15839	Excise excessive skin tissue	-	X

Please refer to these tables first for answers. If in doubt about a specific code after reviewing the tables, please contact Member Services at **800-538-8038**.