



# Policy Update Bulletin:

## April 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](mailto:Marcus.Call@selecthealth.org).

**Questions about coding & reimbursement policies?** Contact [Brandi.Luna@selecthealth.org](mailto:Brandi.Luna@selecthealth.org).

**For general questions**, please contact your Provider Relations representative.

### New Policies

There are two (2) new policies added for this update as follows:

- > Constraint-Induced Movement Therapy (CIMT) (660); see page 24 [Physical Medicine booklet](#). The policy was created and published as covered with criteria on 3/29/23.
- > Peripheral Nerve Stimulation for the Treatment of Shoulder and Knee Pain (654); see page 93 of the [Physical Medicine booklet](#). The policy was created and published as covered with criteria on 3/29/23. For Commercial Plan Policy, an exclusion was added of the Reactiv8 Implantable Neurostimulation System on 4/13/23.

### Revised Medical Policies

**Eight SelectHealth medical policies** have been revised (see **Table 1** below and on the next page). In addition, 14 Avalon laboratory utilization policies have been revised from Q3 and Q4 2022 (see **Table 2** on [page 3](#)).

**Coding update information begins on [page 5](#).**

**Table 1. Revised Medical Policies**

Policy Title (Number)	Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in <b>BOLD</b> type)
Bariatric Surgery Guidelines (295), see page 9 of the <a href="#">General Surgery booklet</a>	04/02/2023: Modified requirements outlined in criteria #7, including removing #7c, which pertained to evaluating micronutrient deficiencies: "7. Within one year of the surgery date, there is documentation of a preoperative nutritional assessment, which includes the following: a. Weight history b. Assesses eating habits"
Bone Growth Stimulators: Electrical (107), see page 34 of the <a href="#">Orthopedic booklet</a>	04/03/2023: Added clarifying language to criteria #4: "Spinal fusion, adjunct to fusion surgery: Either invasive or non-invasive methods of electrical bone growth stimulation may be considered."



# April 2023 Update Bulletin, Continued

**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)
Cochlear Implantation (302), see page 14 of the <a href="#">Ear, Nose, &amp; Throat booklet</a>	04/14/2023: <ul style="list-style-type: none"> <li>- Reformatted overall criteria to show differences in coverage criteria according to plan type/area</li> <li>- Removed coverage of auditory brainstem implants to align with exclusion of these devices outlined in plan documents</li> <li>- Modified language in “Limited benefit from amplification ...” requirements for adults to align with updated clinical standards adopted by CMS</li> </ul>
Hearing Aids (651), see page 42 of the <a href="#">Ear, Nose, &amp; Throat booklet</a>	04/14/2023: Reformatted overall criteria to show differences in coverage criteria according to plan type/area
Lymphedema Therapy (147), see page 58 of the <a href="#">Physical Medicine booklet</a>	04/13/23: Added exclusion of non-pneumatic compression systems (e.g., Koya Dayspring system)
Orthognathic Surgery (631), see page 11 of the <a href="#">Oral Maxillofacial booklet</a>	04/17/23: Removed myofascial pain dysfunction as an excluded condition for this treatment
Percutaneous Needle Tenotomy for the Treatment of Tendonopathies(421) see page 115 of the <a href="#">Orthopedic booklet</a>	04/13/23: Revised to provide coverage of percutaneous needle tenotomy for the treatment of tendinopathies with barbotage of the shoulder for calcific tendinitis of the rotator cuff, while still excluding coverage of this treatment for other areas
Temporal Bone Osseointegrated Devices - Bone Anchored Hearing Implants (524), see page 8 of the <a href="#">Ear, Nose, &amp; Throat booklet</a>	04/14/23: Reformatted overall criteria to show differences in coverage criteria according to plan type/area

## Alert: Changes to Carelon Preauthorization Process

Effective June 30, 2023, SelectHealth will assume responsibility for preauthorizations for **radiation oncology, medical oncology, and genetic testing** to improve turn-around times as well as provider and member communication.

Providers will be redirected from the Carelon website on the SelectHealth website to either CareAffiliate® (for radiation and genetic preauthorization) or the SelectHealth pharmacy site (for medical and oral oncology medications).

Medical policies will be available on the secure and public websites. For claims submitted prior to June 30, 2023, the last date of reconsideration is July 10, 2023, and last date of post-claim requests is July 31, 2023.

**Questions?** Contact your Provider Relations representative.



## April 2023 Update Bulletin, Continued

**Table 2. Revised Avalon Laboratory Utilization Policies**

Laboratory utilization policies are found online in two booklets, indicated as either **Part 1** or **Part 2**. Each booklet lists the policies it contains in alphabetical order as well as those that are in the other booklet for reference. In the table below, each policy is linked to the relevant booklet with the page number indicated.

Policy Title/(Number)	Revision Date: Summary of Change
β-Hemolytic Streptococcus Testing (AHS-G2159), see page 3 of the <a href="#">Part 1 booklet</a>	03/22/23: Modified coverage criteria #6 as follows: “Except in cases of suspected acute rheumatic fever (ARF) or post-streptococcal glomerulonephritis (PGSN), serological titer testing MEETS COVERAGE CRITERIA.”
Cervical Cancer Screening (AHS-G2002), see page 187 of the <a href="#">Part 1 booklet</a>	02/13/2023: <ul style="list-style-type: none"> <li>- Modified wording in coverage criteria to reflect “individual(s)” instead of “women”: “Within these coverage criteria, “individual(s)” is specific to individuals with a cervix.”</li> <li>- Modified wording and formatting for overall coverage criteria</li> </ul>
Diagnostic Testing of Common Sexually Transmitted (AHS-G2157), see page 239 of the <a href="#">Part 1 booklet</a>	02/13/2023: <ul style="list-style-type: none"> <li>- Added new coverage criteria #10 and removed previous coverage criteria #16 and #17</li> <li>- Modified wording throughout remaining criteria</li> <li>- Added CPT codes 0353U (covered with SelectHealth) and 0354U (not-covered with SelectHealth)</li> </ul>
Identification of Microorganisms Using Nucleic Acid Probes (AHS-M2097), see page 529 of the <a href="#">Part 1 booklet</a>	02/22/23: <ul style="list-style-type: none"> <li>- Modified wording in coverage criteria #2 and #3 for clarity.</li> <li>- Added CPT 87593 (Infectious agent detection by nucleic acid [DNA or RNA], orthopoxvirus (e.g., monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each), which is a covered code with SelectHealth</li> </ul>
Immunopharmacologic Monitoring of Therapeutic Serum Antibodies (AHS-G2105), see page 12 of the <a href="#">Part 2 booklet</a>	02/20/23: Modified wording in coverage criteria #3 to clarify listed conditions are for individuals without inflammatory bowel disease: “For individuals without inflammatory bowel disease (e.g., spondyloarthritis, rheumatoid arthritis, psoriatic arthritis, and psoriasis), drug and/or antibody concentration testing for anti-TNF therapies DOES NOT MEET COVERAGE CRITERIA.”
Metabolite Markers of Thiopurines Testing (AHS-G2115), see page 89 of the <a href="#">Part 2 booklet</a>	02/16/23: <ul style="list-style-type: none"> <li>- Removed previous coverage criteria #5</li> <li>- Modified wording and formatting in remaining coverage criteria</li> </ul>
Prenatal Screening for Fetal Aneuploidy (AHS-G2055), see page 296 of the <a href="#">Part 2 booklet</a>	03/20/23: <ul style="list-style-type: none"> <li>- Added coverage criteria #4: “For the diagnosis of fetal aneuploidy, the use of single cell genotyping in trophoblasts isolated from maternal serum (e.g., Luna Prenatal Test) DOES NOT MEET COVERAGE CRITERIA.”</li> <li>- Modified wording (changed “women” to “pregnant individuals”) throughout overall coverage criteria</li> </ul>
Prostate Biopsies (AHS-G2007), see page 356 of the <a href="#">Part 2 booklet</a>	02/22/23: <ul style="list-style-type: none"> <li>- Added new coverage criteria #2: “When the clinical suspicion of prostate cancer remains in an individual for whom an initial biopsy was negative for prostate cancer, follow-up biopsy (excluding prostate saturation biopsy) MEETS COVERAGE CRITERIA.”</li> <li>- Modified wording in coverage criteria #1 and #3 for clarity.</li> </ul>



# April 2023 Update Bulletin, Continued

**Table 2. Revised Avalon Laboratory Utilization Policies, Continued**

Policy Title/(Number)	Revision Date: Summary of Change
Testing for Diagnosis of Active or Latent Tuberculosis (AHS-G2063), see page 496 of the <a href="#">Part 2 booklet</a>	04/03/23: Moved previous coverage criteria #4 from DOES NOT MEET COVERAGE CRITERIA section into DOES MEET COVERAGE CRITERIA section, as coverage criteria #10, and revised as follows: “Testing of adenosine deaminase (ADA) and interferon-gamma (IFN- $\gamma$ ) levels in cerebrospinal, pleural, peritoneal, pericardial, and other fluids for the diagnosis of extrapulmonary TB DOES MEET COVERAGE CRITERIA.”
Testing for Mosquito- or Tick-Related Infections (AHS-G2158), see page 524 of the <a href="#">Part 2 booklet</a>	03/22/23: <ul style="list-style-type: none"> <li>- “Modified coverage criteria #10, 11, 14, and 15 as follows:</li> <li>- “10) For individuals suspected of having malaria (see Note 5), the use of NAAT (including PCR) MEETS COVERAGE CRITERIA.; 11) For individuals suspected of having malaria (see Note 5), IFA for Plasmodium antibodies DOES NOT MEET COVERAGE CRITERIA.;</li> <li>- 14) For individuals suspected of having WNV (see Note 7), the use of NAAT (including PCR) for WNV MEETS COVERAGE CRITERIA.;</li> <li>- 15) For individuals suspected of having WNV (see Note 7), IFA for WNV-specific IgG antibodies in either serum or CSF DOES NOT MEET COVERAGE CRITERIA.”.</li> </ul>
Testosterone (AHS-G2013), see page 553 of the <a href="#">Part 2 booklet</a>	03/13/23: <ul style="list-style-type: none"> <li>- Modified title of policy (previously titled, “Testosterone Testing”)</li> <li>- Added new coverage criteria in Note #1.</li> </ul>
Thyroid Disease Testing (AHS-G2045), see page 575 of the <a href="#">Part 2 booklet</a>	02/20/23: <ul style="list-style-type: none"> <li>- “Added coverage criterion #1dii: “d) For individuals capable of becoming pregnant who: i) Are undergoing evaluation for infertility. ii) Have experienced two or more pregnancy losses.”</li> <li>- Added coverage criterion #1j: “For individuals diagnosed with primary mitochondrial disease, annual screening of TSH and fT4.”</li> <li>- Added coverage criterion #1l: “For pediatric individuals with a clinical finding of failure-to-thrive.”.</li> </ul>
Vitamin B12 and Methylmalonic Acid Testing (AHS-G2104), see page 663 of the <a href="#">Part 2 booklet</a>	02/20/23: Modified coverage criteria #3a-iv to allow for additional qualifying option of B12 screening: “Having undergone, or for those who have been scheduled for, bariatric procedures such as Roux-en-Y gastric bypass, sleeve gastrectomy, or biliopancreatic diversion/duodenal switch.”
Vitamin D Testing (AHS-G2005), see page 679 of the <a href="#">Part 2 booklet</a>	03/13/23: <ul style="list-style-type: none"> <li>- Reformatted and modified wording in overall criteria</li> <li>- Added Note #1G to coverage criteria: “Having undergone, or for those who have been scheduled for, bariatric procedures such as Roux-en-Y gastric bypass, sleeve gastrectomy, or biliopancreatic diversion with or without duodenal switch.”</li> </ul>



## SelectHealth Coding Updates

### Appeals

SelectHealth has enhanced our Provider Benefit Tool (secure login required) to include the option to submit member appeals, provider appeals, and medical records. Select the appropriate option under “Document type” to start the process.

#### What to include with your submission

When submitting an appeal, the correct appeal form must be filled out along with any supporting documentation regardless of how they are submitted (via online or mail).

Ensure your appeal (provider versus member) gets to the appropriate department. If the remittance advice is denying with a:

- > CO as provider liability, use the [Provider Appeal Form](#).
- > PR patient responsibility, use the [Member Appeal Form](#).

When submitting notes or records (not appealing a denial), please specifically convey the intent of the notes or records and advise what should be reviewed (e.g., claim lines, denial reasons, CPT/HCPCS codes, diagnoses etc.)

Email all completed documentation to [providerwebservices@selecthealth.org](mailto:providerwebservices@selecthealth.org).

#### How to get access to the Provider Benefits Tool

If you already have secure access, login to the [Provider Benefit Tool](#). You can also access related frequently asked questions from the login page.

**Not yet a Provider Benefit Tool user?** The SelectHealth Provider Portal requires a secure login and 2-step authentication to use the Provider Benefit Tool for verifying member eligibility and tracking claims. To get started for a new account, complete and submit BOTH:

- > [Information Technology Services Agreement \(ITSA\)](#)
- > [Login Application](#)

To add a new user on an existing account, submit ONLY the [Login Application](#).

Learn more about [cybersecurity and 2-step authentication](#).



## SelectHealth Coding Updates, Continued

### Substance Use Disorders: Documentation and Coding Guidelines for Patients Admitted to Rehab Facilities

SelectHealth has developed tips and strategies for diagnosing and coding substance use disorders. It is important that providers take the following steps when admitting a patient to a rehab facility:

- 1 Identify patients who qualify for treatment.
- 2 Schedule each patient for an evaluation and management (E/M) visit with the treating practitioner.
- 3 Submit a professional claim to SelectHealth that includes appropriate coding (CPT and ICD10 codes), which accurately represents the diagnosis given to the patient that justifies the need for residential treatment (see information below on the next two pages). **NOTE:** Providers will receive reimbursement based on CPT codes billed.

SelectHealth will offer virtual trainings soon to provide more in-depth information; providers will be contacted to schedule that training.

#### Overview

Use disorders are typically, "...chronic, relapsing illnesses, associated with significantly increased rates of morbidity and mortality."<sup>1</sup> Patients engaging in behaviors, such as misuse, substance diversion, or the use of illicitly obtained substances, should be screened for a substance use disorder.

#### Documenting an SUD

<b>Identify Substance (3rd Character)</b>	<ul style="list-style-type: none"> <li>&gt; Alcohol (F10)</li> <li>&gt; Opioid (F11)</li> <li>&gt; Cannabis (F12)</li> <li>&gt; Sedative, hypnotic or anxiolytic (F13)</li> <li>&gt; Cocaine (F14)</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Other stimulant (F15)</li> <li>&gt; Hallucinogen (F16)</li> <li>&gt; Inhalant (F18)</li> <li>&gt; Other psychoactive substance (F19)</li> </ul>
<b>Identify Severity (4th Character)</b>	<ul style="list-style-type: none"> <li>&gt; Abuse, mild (-.1x)</li> <li>&gt; Dependence, moderate, severe (-.2x)</li> <li>&gt; Use (-.9x)</li> </ul>	
<b>Identify Clinical Presentation/ Manifestation (5th &amp; 6th Characters)</b>	<ul style="list-style-type: none"> <li>&gt; Uncomplicated (-.x0)</li> <li>&gt; In-remission (-.x1)</li> <li>&gt; With intoxication (-.2)</li> <li>&gt; With withdrawal (-.x3)</li> <li>&gt; With mood disorder (-.x4)</li> <li>&gt; With psychotic disorder (-.x5)</li> </ul>	<ul style="list-style-type: none"> <li>&gt; With persisting amnesic disorder (-.x6)</li> <li>&gt; With persisting dementia (-.x7)</li> <li>&gt; With anxiety/sexual dysfunction/sleep/other disorder (-.x8)</li> <li>&gt; With unspecified disorder (-.x9)</li> </ul>

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### Identifying Symptoms and Severity

Diagnoses can be made based on  $\geq 2$  of the following characteristics for  $\geq 12$  months:

- > Taking in **larger amounts** than intended
- > **Desire to control** use or **failed attempts** to control use
- > **Significant time** spent obtaining, using, or recovering from the substance
- > **Craving** for the substance
- > **Obligation failure** (e.g., work, school, home)
- > **Social and interpersonal problems**
- > **Activities** (e.g., social, occupations, recreational) given up or reduced
- > **Physically hazardous** use (e.g., driving, swimming while under the influence)
- > **Physical or psychological problems** likely caused by use
- > **Tolerance** (e.g., increased amounts needed, diminished effect of substance)
- > **Withdrawal** (i.e., withdrawal symptoms or substance taken to avoid withdrawal symptoms)

### Specify severity based on number of symptoms:

- > **Mild:** 2–3 symptoms
- > **Moderate:** 4–5 symptoms
- > **Severe:**  $\geq 6$  symptoms

### Documenting “In Remission”

Documenting patients who are “in remission” requires that:

- > Patient previously met full criteria for a use disorder.
- > The term is used for the life of the patient, unless relapse occurs; qualifiers are:
  - **Early remission:** None of the criteria have been met (exception of craving) for **at least three months but less than 12.**<sup>1</sup>
  - **Sustained remission:** None of the criteria have been met (exception of craving) for **12 months or longer.**<sup>1</sup>
- > Severity must be specified with a remission status.
- > Use disorders should not be documented with “history of” because they are considered chronic diseases.

### Documentation Examples

EXAMPLE	SCENARIO	DOCUMENTATION/CODING
No Use Disorder	52 y/o male with chronic back pain. Started on opioids following injury, taking as prescribed. DOPL checked and appropriate. Managed by pain clinic.	Long-term opiate use ( <b>Z79.891</b> ) — followed by pain clinic, continue current dose.
Current Alcohol Use Disorder	48 y/o female who admits to drinking 12 beers and ½ bottle of whiskey every night for “as long as I can remember.” Patient has attempted to cut back on drinking with no success and has withdrawals when she does not drink. The patient states she occasionally drives to work while intoxicated.	Moderate alcohol use disorder ( <b>F10.20</b> ) — risks of alcohol use discussed, referral to behavioral health.
Use Disorder in Remission	65 y/o female with long-standing use disorder completed rehab program and has been completely off opioids for the last 6 months. Urine screen negative.	Opioid use disorder, moderate, in early remission ( <b>F11.21</b> ) — no use for 6 months, patient coping with cravings; states getting better with time.

<sup>1</sup> Strain E., Opioid use disorder: Epidemiology, pharmacology, clinical manifestations, course, screening, assessment, and diagnosis. In: Post T, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2020. <https://www.uptodate.com/contents/opioid-use-disorder-epidemiology-pharmacology-clinical-manifestations-course-screening-assessment-and-diagnosis>. Accessed August 07, 2020.