



# Policy Update Bulletin:

## October 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 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 as indicated in the table. **Questions about medical policies?** Contact [Marcus.Call@selecthealth.org](mailto:Marcus.Call@selecthealth.org)
- > **Coding & reimbursement** policy names link directly to the online policy. **Questions about coding & reimbursement policies?** Contact at [Brandi.Luna@selecthealth.org](mailto:Brandi.Luna@selecthealth.org).

### Revised and Archived Medical Policies:

**Eleven medical policies** has been revised (see **Table 1** below and on the next page).

**Coronary Artery Disease Calcium Scoring (Cardiac CT Scan) to Assess Cardiovascular Risk (262)** was archived on 08/29/22. This treatment and applicable code (CPT 75571) switched to covered (code change was effective 04/01/22).

### New Policies Published:

- > **Bioimpedance Spectroscopy in the Evaluation of Lymphedema (655)**, see page 9 of the [Physical Medicine booklet](#) (this treatment and CPT 93702 not covered) Effective: 10/18/22
- > **Dental Anesthesia Covered Under the Medical Benefit (653)**, see page 5 of the [Oral Maxillofacial booklet](#) (covered with criteria) Effective: 09/16/22
- > **MonaLisa Touch (656)**, see page 28 of the [Women's Health booklet](#) (not covered for any indication) Effective: 10/19/22

You can also find policies on the SelectHealth [Provider Portal](#) (secure login required).

TABLE 1. REVISED MEDICAL POLICIES

| Policy Title (Number)   | Revision Date: Summary of Change<br>(only applies to Commercial plan<br>policy unless otherwise indicated in BOLD type)  |
|---|--|
| <b>Artificial Spinal Disc Replacmeent (243)</b> , page 8 of the <a href="#">Orthopedic booklet</a>      | 09/23/22: Modified language regarding eligible devices for both lumbar and cervical procedures: "... utilizing an FDA-approved disc appropriate to the healthcare system where the member resides."  |
| <b>Bariatric Surgery Guidelines (295)</b> , page 6 of the <a href="#">General Surgery booklet</a>       | 10/20/22: Added qualifying option for consideration of coverage of a second bariatric procedure: "SelectHealth will only cover bariatric surgery once per lifetime, except for those individuals with initial BMI > 60 where biliopancreatic bypass with duodenal switch is allowed after a prior sleeve gastrectomy, or for individuals who have had a prior laparoscopic gastric banding." |
| <b>Cellular and/or Tissue-Based Products (651)</b> , page 16 of the <a href="#">Dermatology booklet</a> | 10/14/22: Modified language regarding potentially excluded synthetic skin substitutes: "All other synthetic skin substitutes not mentioned above, and with no specific HCPCS code, will be considered investigational/experimental, and therefore, will not be covered."   |

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## October 2022 Update Bulletin, Continued

TABLE 1. REVISED MEDICAL POLICIES, CONTINUED

| Policy Title<br>(Number)  | Revision Date: Summary of Change<br>(only applies to Commercial plan<br>policy unless otherwise indicated in BOLD type)   |
|---|---|
| <b>Cervical and Lumbar Spinal Fusion with or without Spinal Decompression</b> (622), page 2 of the <a href="#">Neurology/Neurosurgery booklet</a> | 09/30/22:<br><ul style="list-style-type: none"> <li>&gt; Added language that clarifies that the coverage criteria in this policy can also apply to thoracic spinal fusion procedures</li> <li>&gt; Added minimally invasive lumbar decompression (MILD) and percutaneous image-guided lumbar decompression (PILD) to list of procedures that must be evaluated separately from those outlined in medical policy #622</li> </ul> |
| <b>Complementary and Alternative Medicine</b> (589), page 2 of the <a href="#">General Medicine booklet</a>                                       | 09/30/22: Added the Bioscan device/procedure to list of exclusions  |
| <b>Fecal Microbiota Therapy</b> (522), page 2 of the <a href="#">Infectious Disease booklet</a>   | <b>10/19/22: Reactivated this medical policy, and implemented modified criteria that clarifies appropriate definition of fulminant CDI</b>  |
| <b>Gender Affirmation Surgery</b> (386), page 22 of the <a href="#">General Surgery booklet</a>   | 10/07/22: Removed nipple reconstruction from list of procedures considered to be cosmetic and not covered   |
| <b>Hyperbaric Oxygen Therapy (HBO2/HBOT)</b> (129), page 21 of the <a href="#">Pulmonary booklet</a>  | 09/28/22: Added language to Acute Idiopathic Hearing Loss section for consideration of additional treatments: "10 treatments initially, additional 10 treatments approvable, if patient has demonstrated response of > 20 Dbl improvement on audiogram at one or more frequencies or improvement in voice discrimination tests determined by the audiologist, documented after 10 initial treatments."                          |
| <b>Interspinous Fixation (Fusion) Devices</b> (558), page 79 of the <a href="#">Orthopedic booklet</a>  | 09/28/22: Added the Zip Ultra (Aurora Spine) device to the list of excluded devices   |
| <b>Renal Autotransplantation</b> (606), page 106 of the <a href="#">General Surgery booklet</a>   | 09/23/22: Removed requirement of only left renal block being allowed for qualification of treatment for procedures related to Loin Pain Hematuria Syndrome  |
| <b>Total Shoulder Replacement</b> (629), page 189 of the <a href="#">Orthopedic booklet</a>   | 09/30/22: Modified criterion #2c to clarify qualifying options associated with this requirement: "Rotator cuff deficiency on exam or imaging (nearly complete or complete rotator cuff tear)"   |



# October 2022 Update Bulletin, Continued

## 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 five 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, be sure to note the date in the heading as some covered code information may change between online updates.

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

| <br><b>Medicare-Covered Codes (Utah and Idaho)</b><br><small>As of July 29, 2022</small> |   |             |                           |
|---|---|-------------|---------------------------|
| Codes   | ICD-DESC  | Not Covered | Preauthorization Required |
| 1999  | Unlisted anesthesia procedure   | -           | X                         |
| 11920   | Correct skin color defects  | -           | -                         |
| 11921   | Correct skin color defects  | -           | -                         |
| 11922   | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigment | -           | -                         |
| 11960   | Insert tissue expander(s)   | -           | X                         |
| 11970   | Replace tissue expander   | -           | X                         |
| 11971   | 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                         |