



Policy Update Bulletin:

May 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 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.

SelectHealth Policy Updates

For all policy updates in this document, the listings in each row are arranged alphabetically by policy title. Note that **medical and laboratory utilization** 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).

For this update, there are no new policies, but **seven policies** have been revised (see **Table 1 below**).

NOTE: SelectHealth will soon publish a new medical policy titled, “Radiation Therapy for Basal and Squamous Cell Carcinoma,” which will exclude coverage of superficial radiation therapy and electronic brachytherapy for the treatment of basal cell carcinoma or squamous cell carcinoma. In conjunction with these exclusions, CPT codes 0394T and 77401 will no longer be covered by SelectHealth for these conditions. The effective date for non-coverage of these codes will be **August 1, 2023**.

For coding updates, [see page 3](#).

Table 1. Revised Medical Policies

| Policy Title (Number) | Revision Date: Summary of Change (only applies to Commercial plan policy unless otherwise indicated in BOLD type) |
|--|---|
| MEDICAL POLICY: Cervical, Lumbar, and Thoracic Spinal Fusion with or without Spinal Decompression (622), see page 2 of the Neurology/Neurosurgery booklet | 05/10/2023: Modified title of policy (included “Thoracic” in title of policy) |
| MEDICAL POLICY: Gender Affirming Medical and Surgical Treatment (386), see page 29 of the General Surgery booklet | 05/03/2023: > Modified title of policy (previously titled, “Gender Affirmation Surgery”) > Implemented age requirement of 18 or older to qualify for all related treatments > Aligned requirements for providers rendering these services with updated WPATH standards > Added language regarding non-coverage of facial feminizing or masculinizing procedures |
| CODING/REIMBURSEMENT POLICY: In-Network Coverage of Medical Services with an Out-of-Network Provider (88) | 04/24/2023: For this coding/reimbursement policy, added “Oral Appliance Dentists” to list of qualified sub-specialists |

Continued...



May 2023 Policy 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) |
|--|---|
| MEDICAL POLICY: Intracept (648), see page 53 of the Physical Medicine booklet | 05/02/2023: > Modified requirements for conservative treatment to align with other medical policies > Removed requirement for surgical consultation to qualify for this treatment > Clarified four levels may be performed per procedure |
| MEDICAL POLICY: Intravascular Lithotripsy (647), see page 45 of the Cardiovascular booklet | 05/11/2023: Added language regarding an additional qualifying option for this treatment: "SelectHealth covers IVL for patients undergoing percutaneous coronary intervention with stenotic and heavily calcified coronary lesions." |
| LAB UTILIZATION POLICY: Pediatric Preventive Screening (AHS-G2042), see page 225 of the Laboratory Utilization, Part 2 booklet | 05/18/2023: For coverage criteria #8, removed criterion #8bi and #8bii, which listed limitations of screening for dyslipidemia using a fasting lipid profile or a non-fasting, non-HDL-C for age groups 9 to 11 and 17 to 21, respectively, to once only |
| LAB UTILIZATION POLICY: Prenatal Screening for Fetal Aneuploidy (AHS-G2055), see page 284 of the Laboratory Utilization, Part 2 booklet | 05/19/2023: Removed coverage criterion #1f, which pertained to non-invasive prenatal screening (genetic testing), and is out of scope for this policy |

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. Key dates for this transition are:

- > **June 30, 2023:** Effective date of preauthorization change
- > **July 10, 2023:** Last date of reconsideration for claims submitted prior to **June 30, 2023**
- > **July 31, 2023:** Last date of post-claim requests

Questions? Contact your Provider Relations representative.



May 2023 Policy Update Bulletin, Continued

Coding and Reimbursement Updates

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."¹ 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

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

Continued...



May 2023 Policy Update Bulletin, Continued

Identifying Symptoms and Severity

Diagnoses can be made based on ≥2 of the following characteristics for ≥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:** ≥6 symptoms

Documenting “In Remission”

Documenting patients who are “in remission” requires that:

- > The 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.**¹
 - **Sustained remission:** None of the criteria have been met (exception of craving) for **12 months or longer.**¹
- > 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 (Z79.891) — 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 (F10.20) — 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 (F11.21) — no use for 6 months, patient coping with cravings; states getting better with time. |

¹ 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.



May 2023 Policy Update Bulletin, Continued

SelectHealth Aligning Reimbursement Policy with Medicaid for Glasses Fitting (Code 92340)

Effective **June 1, 2023**, SelectHealth will begin following Medicaid policy that separate charges for glasses fitting are not reimbursable when the provider is supplying the frame and lenses.

Historically, SelectHealth Community Care® has paid code **92340** when billed with frames or with frames and lenses. To align with the Medicaid policy [Utah Medicaid Provider Manual - Vision Care Services section 4-1.2], SelectHealth will begin denying this code when billed with frame and lens purchases.

Questions? Please contact Nathan Garlick at nate.garlick@selecthealth.org.

Online Resources: Non-Covered Codes and Preauthorization Requirements

Remember to bookmark SelectHealth online tables for identifying codes not covered (by plan type and state) and/or if preauthorization is required.

Updated non-covered-codes tables are available at:

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

These tables were last updated in March 2023, and are updated quarterly; the next update will be in June. Always note the date in the heading as some non-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 contact Member Services at **800-538-8038**.