



## EVALUATION VISITS FOR EXCLUDED MEDICAL DIAGNOSIS CODES

Policy # 33

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**Disclaimer:**

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

### Description

Certain diagnoses/conditions are not covered by Select Health. These excluded diagnoses/conditions have been determined to be "not covered" for reasons of meeting the plan definition of experimental/investigational, falling within the general guidelines of the plan contract's general limitation and exclusions or being specifically excluded from coverage in the member contract. These excluded diagnoses/conditions have a range of ICD-10-CM codes which apply to them. As the diagnoses/conditions are not covered, these ICD-10-CM codes are set up as "not covered" in the claims payment system. Thus, all claims submitted with these codes will be automatically denied payment by the automated claims payment system.

Situations arise, however, occasionally where a claim is submitted with an excluded diagnosis code, the clinical circumstance leading up to the visit may have been less clear as other "covered" diagnoses may have been, possibly due to the unknown nature of the condition by the member when they sought evaluation/treatment. These visits are considered evaluation visits as neither the provider nor the patient, prior to the visit, knows the etiology of the problem and whether a "covered" condition or "not covered" condition exists. Frequent examples of such circumstances include but are not limited to, hair loss, hirsutism, speech therapy evaluation for developmental delay, and others.

### COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

**Select Health covers 1 (one) evaluation visit per member per condition per lifetime** for specific excluded diagnoses/conditions as listed below. All other conditions excluded from coverage are not allowed any evaluation visits.

### Justification

1. Diagnosis is not obvious to the member or provider prior to the completion of the visit and may as likely have been a covered diagnosis.
2. No treatment is rendered during the visit that would be consistent with treatment for an uncovered diagnosis/condition.

### SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

**This policy is not applicable to Select Health Advantage.**

**SELECT HEALTH COMMUNITY CARE (MEDICAID)**

This policy is not applicable to Select Health Community Care.

**Applicable Codes/Conditions for which an evaluation visit is allowed****ICD-10 CODES**

<b>ICD-10 Codes</b>	<b>Descriptions</b>
<b>I83.90</b>	Asymptomatic varicose veins of unspecified lower extremity
<b>I83.91</b>	Asymptomatic varicose veins of right lower extremity
<b>I83.92</b>	Asymptomatic varicose veins of left lower extremity
<b>I83.93</b>	Asymptomatic varicose veins of bilateral lower extremities
<b>K08.111</b>	Complete loss of teeth due to trauma, class I
<b>K08.112</b>	Complete loss of teeth due to trauma, class II
<b>K08.113</b>	Complete loss of teeth due to trauma, class III
<b>K08.114</b>	Complete loss of teeth due to trauma, class IV
<b>K08.119</b>	Complete loss of teeth due to trauma, unspecified class
<b>K08.411</b>	Partial loss of teeth due to trauma, class I
<b>K08.412</b>	Partial loss of teeth due to trauma, class II
<b>K08.413</b>	Partial loss of teeth due to trauma, class III
<b>K08.414</b>	Partial loss of teeth due to trauma, class IV
<b>K08.419</b>	Partial loss of teeth due to trauma, unspecified class
<b>K09.0</b>	Developmental odontogenic cysts
<b>L63.0</b>	Alopecia (capitis) totalis
<b>L63.1</b>	Alopecia universalis
<b>L63.2</b>	Ophiasis
<b>L64.0</b>	Drug-induced androgenic alopecia
<b>L64.8</b>	Other androgenic alopecia
<b>L64.9</b>	Androgenic alopecia, unspecified
<b>L65.1</b>	Anagen effluvium
<b>L65.2</b>	Alopecia mucinosa
<b>L65.8</b>	Other specified nonscarring hair loss
<b>L65.9</b>	Nonscarring hair loss, unspecified
<b>L66.0</b>	Pseudopelade
<b>L66.2</b>	Folliculitis decalvans
<b>L66.8</b>	Other cicatricial alopecia
<b>L66.9</b>	Cicatricial alopecia, unspecified
<b>L67.0</b>	Trichorrhexis nodosa
<b>L67.1</b>	Variations in hair color
<b>L67.8</b>	Other hair color and hair shaft abnormalities
<b>L67.9</b>	Hair color and hair shaft abnormality, unspecified
<b>L68.0</b>	Hirsutism
<b>L68.1</b>	Acquired hypertrichosis lanuginosa
<b>L68.2</b>	Localized hypertrichosis
<b>L68.3</b>	Polytrichia
<b>L68.8</b>	Other hypertrichosis
<b>L68.9</b>	Hypertrichosis, unspecified
<b>L91.0</b>	Hypertrophic scar
<b>M26.01</b>	Maxillary hyperplasia
<b>M26.02</b>	Maxillary hypoplasia
<b>M26.03</b>	Mandibular hyperplasia
<b>M26.04</b>	Mandibular hypoplasia
<b>M26.05</b>	Macrogenia

<b>M26.06</b>	Microgenia
<b>M26.07</b>	Excessive tuberosity of jaw
<b>M26.09</b>	Other specified anomalies of jaw size
<b>M26.10</b>	Unspecified anomaly of jaw-cranial base relationship
<b>M26.11</b>	Maxillary asymmetry
<b>M26.12</b>	Other jaw asymmetry
<b>M26.19</b>	Other specified anomalies of jaw-cranial base relationship
<b>M27.0</b>	Developmental disorders of jaws
<b>M27.3</b>	Alveolitis of jaws
<b>M27.8</b>	Other specified diseases of jaws
<b>M27.9</b>	Disease of jaws, unspecified
<b>M95.10</b>	Cauliflower ear, unspecified ear
<b>M95.11</b>	Cauliflower ear, right ear
<b>M95.12</b>	Cauliflower ear, left ear
<b>M95.2</b>	Other acquired deformity of head
<b>M95.3</b>	Acquired deformity of neck
<b>M95.4</b>	Acquired deformity of chest and rib
<b>M95.5</b>	Acquired deformity of pelvis
<b>M99.82</b>	Other biomechanical lesions of thoracic region
<b>M99.84</b>	Other biomechanical lesions of sacral region
<b>M99.85</b>	Other biomechanical lesions of pelvic region
<b>M99.88</b>	Other biomechanical lesions of rib cage
<b>M99.89</b>	Other biomechanical lesions of abdomen and other regions
<b>Q16.3</b>	Congenital malformation of ear ossicles
<b>Q17.1</b>	Macrotia
<b>Q17.2</b>	Microtia
<b>Q17.3</b>	Other misshapen ear
<b>Q17.4</b>	Misplaced ear
<b>Q17.5</b>	Prominent ear
<b>Q17.8</b>	Other specified congenital malformations of ear
<b>Q18.4</b>	Macrostomia
<b>Q18.5</b>	Microstomia
<b>Q18.6</b>	Macrocheilia
<b>Q18.7</b>	Microcheilia
<b>Q18.8</b>	Other specified congenital malformations of face and neck
<b>Q18.9</b>	Congenital malformation of face and neck, unspecified
<b>Q84.0</b>	Congenital alopecia
<b>Q84.1</b>	Congenital morphological disturbances of hair, not elsewhere classified
<b>Q84.2</b>	Other congenital malformations of hair
<b>Q84.3</b>	Anonychia
<b>Q84.4</b>	Congenital leukonychia
<b>Q84.5</b>	Enlarged and hypertrophic nails
<b>Q84.6</b>	Other congenital malformations of nails
<b>Q90.1</b>	Trisomy 21, mosaicism (mitotic nondisjunction)
<b>Q90.2</b>	Trisomy 21, translocation
<b>Z40.01</b>	Encounter for prophylactic removal of breast
<b>Z40.02</b>	Encounter for prophylactic removal of ovary

#### Sources

1. Ingenix. (2014). Clinical Modification. In *International Classification of Diseases, (ICD-9-CM)* (Revised/Expanded ed., Ninth Revision). OPTUM Ingenix
2. *Current Procedural Terminology (CPT®)*, (2014) – American Medical Association
3. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from [https://www.encodepro.com/epr/physicianDoc/pdf/i9v1/i9\\_guidelines.pdf](https://www.encodepro.com/epr/physicianDoc/pdf/i9v1/i9_guidelines.pdf)
4. SelectHealth master group contract and member guide

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