

EVALUATION VISITS FOR EXCLUDED MEDICAL DIAGNOSIS CODES

Policy # 33

Implementation Date: 8/1/06

Revision Dates: 1/1/07, 7/15/14, 6/13/17, 1/1/20

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the “Policy” section for more information.

Description

Certain diagnoses/conditions are not covered by SelectHealth. 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, from time to time where a claim is submitted with an excluded diagnosis code, yet the clinical circumstance leading up to the visit was less clear as other “covered” diagnoses may have been possible 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

SelectHealth 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.

SelectHealth Advantage (Medicare/CMS)

This policy is not applicable to SelectHealth Advantage

SelectHealth Community Care (Medicaid)

This policy is not applicable to SelectHealth Community Care

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

ICD-10 Codes	Descriptions
I83.90	Asymptomatic varicose veins of unspecified lower extremity
I83.91	Asymptomatic varicose veins of right lower extremity
I83.92	Asymptomatic varicose veins of left lower extremity
I83.93	Asymptomatic varicose veins of bilateral lower extremities
K08.111	Complete loss of teeth due to trauma, class I
K08.112	Complete loss of teeth due to trauma, class II
K08.113	Complete loss of teeth due to trauma, class III
K08.114	Complete loss of teeth due to trauma, class IV
K08.119	Complete loss of teeth due to trauma, unspecified class
K08.411	Partial loss of teeth due to trauma, class I
K08.412	Partial loss of teeth due to trauma, class II
K08.413	Partial loss of teeth due to trauma, class III
K08.414	Partial loss of teeth due to trauma, class IV
K08.419	Partial loss of teeth due to trauma, unspecified class
K09.0	Developmental odontogenic cysts
L63.0	Alopecia (capitis) totalis
L63.1	Alopecia universalis
L63.2	Ophiasis
L64.0	Drug-induced androgenic alopecia
L64.8	Other androgenic alopecia
L64.9	Androgenic alopecia, unspecified
L65.1	Anagen effluvium
L65.2	Alopecia mucinosa
L65.8	Other specified nonscarring hair loss
L65.9	Nonscarring hair loss, unspecified
L66.0	Pseudopelade
L66.2	Folliculitis decalvans
L66.8	Other cicatricial alopecia
L66.9	Cicatricial alopecia, unspecified
L67.0	Trichorrhexis nodosa
L67.1	Variations in hair color
L67.8	Other hair color and hair shaft abnormalities
L67.9	Hair color and hair shaft abnormality, unspecified
L68.0	Hirsutism
L68.1	Acquired hypertrichosis lanuginosa
L68.2	Localized hypertrichosis
L68.3	Polytrichia
L68.8	Other hypertrichosis
L68.9	Hypertrichosis, unspecified
L91.0	Hypertrophic scar
M26.01	Maxillary hyperplasia
M26.02	Maxillary hypoplasia
M26.03	Mandibular hyperplasia
M26.04	Mandibular hypoplasia
M26.05	Macrogenia
M26.06	Microgenia
M26.07	Excessive tuberosity of jaw
M26.09	Other specified anomalies of jaw size
M26.10	Unspecified anomaly of jaw-cranial base relationship

M26.11	Maxillary asymmetry
M26.12	Other jaw asymmetry
M26.19	Other specified anomalies of jaw-cranial base relationship
M27.0	Developmental disorders of jaws
M27.3	Alveolitis of jaws
M27.8	Other specified diseases of jaws
M27.9	Disease of jaws, unspecified
M95.10	Cauliflower ear, unspecified ear
M95.11	Cauliflower ear, right ear
M95.12	Cauliflower ear, left ear
M95.2	Other acquired deformity of head
M95.3	Acquired deformity of neck
M95.4	Acquired deformity of chest and rib
M95.5	Acquired deformity of pelvis
M99.82	Other biomechanical lesions of thoracic region
M99.84	Other biomechanical lesions of sacral region
M99.85	Other biomechanical lesions of pelvic region
M99.88	Other biomechanical lesions of rib cage
M99.89	Other biomechanical lesions of abdomen and other regions
Q16.3	Congenital malformation of ear ossicles
Q17.1	Macrotia
Q17.2	Microtia
Q17.3	Other misshapen ear
Q17.4	Misplaced ear
Q17.5	Prominent ear
Q17.8	Other specified congenital malformations of ear
Q18.4	Macrostomia
Q18.5	Microstomia
Q18.6	Macrocheilia
Q18.7	Microcheilia
Q18.8	Other specified congenital malformations of face and neck
Q18.9	Congenital malformation of face and neck, unspecified
Q84.0	Congenital alopecia
Q84.1	Congenital morphological disturbances of hair, not elsewhere classified
Q84.2	Other congenital malformations of hair
Q84.3	Anonychia
Q84.4	Congenital leukonychia
Q84.5	Enlarged and hypertrophic nails
Q84.6	Other congenital malformations of nails
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Z40.01	Encounter for prophylactic removal of breast
Z40.02	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.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf
4. SelectHealth master group contract and member guide

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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