December 2024: Medical Policies, Coding/Reimbursement

Select Health publishes the *Policy Update Bulletin* monthly with new, revised, and archived policy information as well as policy developments and related practice management tips. **Policy updates are featured below and on subsequent pages.**

Dental providers: Read about coding and reimbursement tips for dental claims on page 2.

Questions? Please contact:

- Marcus.Call@selecthealth.org for information on content of a medical policy
- Brandi.Luna@selecthealth.org for questions about coding and reimbursement policies
- Your Provider Relations representative for any other questions.

Select Health Policy Updates

There are no new policies this month; but, there are **7 revised medical policies** (see **Table 1** below and on the next page). Policies listed in this bulletin are arranged alphabetically by title, with a link to the online specialty-based booklet in which they appear.

Access all policy booklets online in the Medical Policies area of our provider website; Coding & Reimbursement and Dental Coding & Reimbursement Policies are available individually in alphabetical order. **NOTE: Policies are currently not accessible on the Provider Portal; please use the links above.**

Table 1. Revised Medical Policies

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy UNLESS summary text appears in BOLD)
Food Allergy Testing (261), see page 2 in the **Allergy, Asthma, & Immunology booklet.**	**12/16/2024**:Removed the total serum IgE test as an exclusion for food allergy testing.
Hysterectomy (620), see page 12 in the **Obstetrics/ Gynecology booklet.**	**12/09/2024**: Modified criterion #A-4e: "Abnormal bleeding associated with leiomyomas" (was previously: "Abnormal bleeding associated with submucous fibroids not resectable by hysterescopy").
Phototherapies for the Treatment of Skin Conditions (351), see page 44 in the **Dermatology booklet.**	**12/12/2024**: **Modified requirements for home phototherapy in criterion #C-4a/b:** • "4. a) Provider has documented member as having demonstrated measurable improvement with initial treatment in the provider's office after a minimum of 16 visits occurring within a 60-day period; or • 4. b) If in-office therapy is not available, then rent-to-purchase UVB therapy will be available if the member has demonstrated measurable improvement after a minimum of 16 therapies within the 60-day period at home."
Phrenic Nerve Stimulation (653), see page 50 in the **Ear, Nose, & Throat booklet.**	**12/02/2024**: • Modified criterion #1 as follows: "Moderate-to-severe central sleep apnea; must be diagnosed from an overnight study in a lab." • Included table for scoring central sleep apnea.

Continued on page 2...

... Continued from page 1

Table 1. Revised Medical Policies, Continued

Policy Title (Number)	Revision Date: Summary of Change (applies ONLY to Commercial plan policy UNLESS summary text appears in BOLD)
Posterior Tibial Nerve Stimulation (473), see page 16 in the **Genitourinary booklet**.	**12/11/2024**: Modified exclusion in section #C as follows: "Select Health does not cover leadless neuromodulation systems (e.g., BlueWind Revi, eCoin, Freedom systems); these technologies are considered experimental/ investigational due to safety concerns and lack of long-term outcomes."
Responsive Cortical Neurostimulation in the Treatment of Epilepsy (556), see page 61 in the **Neurology/ Neurosurgery booklet**.	**12/05/2024**: Changed age requirement in criterion #1 from "at least 18 years of age or older" to "at least 12 years of age or older."
Transcatheter Aortic Valve Implant (TAVI) Transcatheter Aortic Valve Replacement (TAVR) (444), see page 79 in the **Cardiovascular booklet**.	**12/16/2024:** Removed previous criterion #B-3 as a requirement: "Patient has documented New York Heart Association (NYHA) functional class II or greater."

Select Health Coding & Reimbursement Updates

Tips for Getting Select Health Dental Claims Paid Quicker

Recognizing which services correspond to covered vs. possibly covered codes will tell you which claims require a dental review. Covered codes **do not** require clinical documentation for processing. When submitting "possibly covered codes," avoid delays by including the following clinical documentation: x-rays, chart notes, periodontal charts, and a completed ADA claim form. Access the **list of possibly covered codes**.

TIMELY PAYMENT TIPS

1. If reporting a replacement crown, include the previous placement date of the original crown in box 44 of the ADA claim form.
2. The ADA created four, new barrier membrane codes that are not being utilized correctly. Prior to **January 1, 2023**, **D4266** and **D4267** were the only barrier codes available. When placing a barrier membrane, use the codes listed in **Table 2** on **page 3** (with associated scenarios).
   NOTE: Legal chart notes should include the product name used for these codes.
3. When a code requires a periodontal chart, it must:
   — Have an exam date within 6 months prior to the date of service to support the procedure(s).
   — Include the patient's name, exam date, and pocket depth measurements for all teeth in the quadrants.
4. Certain codes require that the tooth number, tooth range, surface, quadrant, and/or arch are documented. The claim will deny if this is not submitted.

Continued on page 3...

... Continued from page 2

5. **Do not fax x-rays.** Submit via the Provider Benefit Tool attached to the claim or send via mail. When x-rays are required to review a code, they must be of clear diagnostic quality and labeled (e.g., right, left, tooth number, etc).
6. For timely payment on claims that require coordination of benefits (COB), submit the primary insurance explanation of benefits (EOB); if any pending claims, COB cannot be completed.

TIPS FOR QUICKLY RESOLVING DENIED CLAIMS

1. If a claim is denied, do not resubmit the claim with another provider's name. When this happens, Select Health will deny claims for chart notes to verify who actually performed the services.
2. For claim denials that require correction, only submit the claim with the corrected information. Mark the claim with the words, "corrected claim."
3. If Select Health overpaid a claim for one patient, Select Health may take back that overpayment from another patient's claim. The EOB will include full details.

USEFUL LINKS

- Provider Benefit Tool (PBT)
- PBT Enrollment Information and Online Training
- Frequently Asked Questions
- Select Health Dental Provider Reference Manual
- Dental Claims History Key
- Dental Payment Summary Key
- Provider Appeal Form

HOW TO SUBMIT DENTAL CLAIMS*

By Mail:

- Select Health Dental Claims Processing (**commercial or CHIP claims**): P.O. Box 30192 Salt Lake City, UT 84130
- Select Health Dental Claims Processing (**Medicare claims only**): P.O. Box 30196 Salt Lake City, UT 84130

Electronically:

Via the **Provider Benefit Tool** (secure login required). **Use this link to:**

- **Submit** claims, x-rays, periodontal charts, and clinical records.
- **Get quick answers to questions** about benefits/coverage for a specific patient, coverage of specific CPT codes, or a specific claim.

* **NOTE**: Select Health does not cover dental services for Medicaid members.

Table 2. Codes for Placing a Membrane and Associated Use

Barrier Code	Use when placing:
D4266	A resorbable barrier when a natural tooth is in place
D4267	A non-resorbable barrier when a natural tooth is in place
D6106	A resorbable barrier when there is a peri-implant defect or during implant placement
D6107	A non-resorbable barrier when there is a peri-implant defect or during implant placement
D7956	A resorbable barrier in an edentulous area
D7957	A non-resorbable barrier in an edentulous area

Select Health