



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 Medicare (CMS), and Select Health Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

Medical services for certain diagnoses/conditions are not covered by Select Health. Services for these diagnoses/conditions have been determined to be excluded from coverage because, per the plan contract, they meet the definition of experimental/investigational services, fall under general limitations and exclusions, or are specifically excluded from coverage. Henceforth, diagnoses/conditions for which coverage of medical services is excluded shall be referred to as "excluded diagnoses" and diagnoses/conditions for which coverage of medical services is not excluded shall be referred to as "covered diagnoses." Excluded diagnoses are identified with ICD-10-CM codes, which are designated as "not covered" in the claims payment system. Thus, all claims submitted with these diagnosis codes will be automatically denied coverage by the automated claims payment system.

However, Select Health recognizes that there are occasions when the clinical circumstances leading to a medical service for an excluded diagnosis may have been less clear than those for covered diagnoses, possibly because the nature of the condition was unknown to the member when they sought evaluation/treatment. When, prior to the visit, neither the provider nor the member knew the etiology of the problem (i.e., whether a covered or excluded diagnosis existed), it is considered to be an evaluation visit. Common examples of such occasions include but are not limited to, an evaluation for hair loss, an evaluation for hirsutism, and a speech therapy evaluation for developmental delay.

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

Select Health covers 1 (one) evaluation visit per member per excluded diagnosis per lifetime for specific excluded ICD-10-CM diagnosis codes as listed below. All other excluded diagnoses are not allowed any evaluation visits.

Justification

1. The 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 excluded diagnosis.

SELECT HEALTH MEDICARE (CMS)

This policy is not applicable to Select Health Medicare.

SELECT HEALTH COMMUNITY CARE (MEDICAID)

This policy is not applicable to Select Health Community Care.

Applicable excluded diagnosis codes for which one evaluation visit is allowed.

ICD-10-CM 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
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
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. CMS.gov. <https://www.cms.gov/medicare/coding-billing/icd-10-codes>
2. Select Health 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 identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at (801) 442-3692.

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