

## Impedance Cardiography In Hypertension

<b>Policy ID:</b>	HHO-DE-MP-1178
<b>Approved By:</b>	Highmark Health Options – Market Leadership
<b>Provider Notice Date:</b>	12/15/2021; 03/01/2023
<b>Original Effective Date:</b>	01/15/2022; 04/01/2023
<b>Annual Approval Date:</b>	11/10/2021; 10/26/2022
<b>Last Revision Date:</b>	11/10/2021; 10/26/2022
<b>Products:</b>	Medicaid
<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary benefits.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently serves Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan and Health Plan Plus members.

### POLICY POSITION

Prior authorization is required.

Impedance cardiography (ICG), also referred to as thoracic electrical bioimpedance (TEB), is a noninvasive means of determining cardiac output in which the stroke volume of each cardiac contraction is determined by measuring beat-to-beat changes in the electrical impedance of the chest and neck.

ICG may be considered medically necessary for individuals with drug-resistant hypertension when BOTH of the following criteria are met:

- Unable to attain target clinic blood pressure of lower than 140/90; and
- Taking three (3) classes of antihypertensive medications, including a diuretic.

ICG for all other types of hypertension (HTN) may be considered experimental/investigational and therefore noncovered due to lack of supporting published peer reviewed literature.

### ELIGIBLE PROCEDURE CODES

CPT codes	Description
93701	Bioimpedance Spectroscopy (bis), Extracellular Fluid Analysis For Lymphedema Assessment(s).

### ELIGIBLE DIAGNOSIS CODES

Codes						
G93.2	H40.051	H40.052	H40.053	H40.059	I10	I11.0
I12.0	I12.9	I13.0	I13.10	I13.11	I13.2	I15.0
I15.1	I15.2	I15.8	I15.9	I16.0	I16.1	I16.9
I27.0	I27.20	I27.21	I27.22	I27.23	I27.24	I27.29
I67.4	I87.301	I87.302	I87.303	I87.309	I87.311	I87.312
I87.313	I87.319	I87.321	I87.322	I87.323	I87.329	I87.331
I87.332	I87.333	I87.339	I87.391	I87.392	I87.393	I87.399
I97.3	K76.6	O10.011	O10.012	O10.013	O10.019	O10.02
O10.03	O10.111	O10.112	O10.113	O10.119	O10.12	O10.13
O10.211	O10.212	O10.213	O10.219	O10.22	O10.23	O10.311
O10.312	O10.313	O10.319	O10.32	O10.33	O10.411	O10.412
O10.413	O10.419	O10.42	O10.43	O10.911	O10.912	O10.913
O10.919	O10.92	O10.93	O11.1	O11.2	O11.3	O11.4
O11.5	O11.9	O13.1	O13.2	O13.3	O13.4	O13.5
O13.9	O16.1	O16.2	O16.3	O16.4	O16.5	O16.9
O19.93	P29.2	P29.30	R03.0	I11.9		

### Reference

#### INTERNAL SOURCES

Clinical Policy Management Committee – August 20, 2020

#### SUBCOMMITTEE

Cardiology – August 13, 2020

**POLICY UPDATE HISTORY**

10/26/2022	Approved in Medical Policy Committee
11/2022	Approved in QI/UM