

# Q1 2023

## Updated Medical Policies

Delaware Healthy Children Program

Diamond State Health Plan

Diamond State Health Plan Plus LTSS

Highmark Health Options medical policies explain the medical services we may or may not cover. They are based on objective, credible sources, such as the latest scientific literature and citations, guidelines from nationally recognized health care organizations, evidence-based consensus statements, and expert opinions from our medical directors.

For more information, call Provider Services by calling 1-844-325-6251 from 8 a.m. – 5 p.m., Monday through Friday, or contacting your Provider Account Liaison.

## 2023 Q1 Provider Notification Medical Policy Update

HHO utilizes InterQual criteria, which is an industry standard set of objective, evidence-based, utilization management criteria to assist in evaluating the medical necessity and appropriateness of medical care delivered to Members. InterQual criteria is evaluated yearly for updates and changes. Recommendations contained in InterQual guidelines are not a guarantee of coverage. Providers should consult applicable medical policies for information regarding covered benefits.

|   | Policy Number  |  |
|---|----------------|--|
| Air Ambulance   | HHO-DE-MP-1025 | New published policy<br>Updated to no prior auth required. Removed procedure code 33999. Added Diagnosis codes I20.2, I22.8, I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, I25.792, I34.81, I34.89, I47.20, I47.29, Q21.10, Q21.11, Q21.12, Q21.13, Q21.14, Q21.15, Q21.16, Q21.19, Q21.20, Q21.21, Q21.22, Q21.23 Deleted Diagnosis codes I34.8, R572.0  |
| Artificial Hearts And Ventricular Assist Devices  | HHO-DE-MP-1104 |  |
| Prostate Specific Antigen   | HHO-DE-MP-1189 | Policy Archived<br><br>Deleted Procedure Code 11799. Added Diagnosis Codes E09.3293, E10.3412, E10.3532, E10.3312, O24.819, S61.312A, S86.891A, S86.892A, S86.899A, S86.901A, S86.902A, S86.909A. Deleted Diagnosis Codes E10.3413, E10.3535, E11.33212, S61.3125  |
| Foot Care Services  | HHO-DE-MP-1231 | Deleted Procedure Codes 15756, 15757, 15758, 21344, 21348, 21366, 21408, 21423, 21436, 22318, 22319, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22818, 22819, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22853, 22854, 22856, 22857, 22858, 22859, 22861, 22862, 22864, 22865, 22868, 22870, 23616, 24006, 24516, 24546, 25525, 25526, 25574, 27198, 27726, 27227, 27228, 27245, 27497, 27498, 27499, 27507, 27511, 27513, 27535, 27558, 27759, 27826, 27827, 27828, 27829, 28531, 28636, 28666, 29850, 29851, 29855, 29856, 30460, 30462, 33206, 33207, 33208, 33214, 33236, 33237, 33238, 33274, 33361, 33362, 33363, 33364, 33365, 33366, 33501, 33768, 33800, 33875, 33877, 33880, 33881, 33883, 33884, 33886, 33889, 33891, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34709, 34710, 34711, 34712, 34713, 34714, 34715, 34716, 34717, 34718, 34808, 34812, 34813, 34820, 34830, 34831, 34832, 34833, 34834, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 35697, 37184, 37185, 37186, 37187, 37188, 38570, 38571, 38572, 38573, 43112, 43113, 43117, 43118, 43121, 43231, 43232, 43246, 43287, 43288, 43843, 44970, 48554, 48556, 49321, 49322, 49323, 49324, 49325, 49905, 50230, 50360, 50365, 50727, 50728, 50783, 56405, 56605, 56606, 56631, 56632, 56633, 56634, 56637, 56810, 57155, 57284, 57285, 57423, 58262, 58263, 58292, 58345, 58353, 58356, 58541, 58542, 58543, 58544, 58545, 58546, 58548, 58550, 58552, 58553, 58554, 58555, 58558, 58559, 58560, 58561, 58562, 58563, 58565, 58570, 58571, 58572, 58573, 58575, 58576, 58660, 58661, 58662, 58670, 58671, 58674, 61460, 61520, 61526, 61530, 61531, 61548, 61581, 61760, 62351, 62380, 63001, 63003, 63005, 63001, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 6301, 63075, 63076, 63077, 63078, 63085, 63086, 63087, 63088, 63090, 63091, 63295, 93591 |
| Co-surgery  | HHO-DE-MP-1232 |  |
| Team Surgery  | HHO-DE-MP-1243 | No changes   |
| Tumor Treatment Fields  | HHO-DE-MP-1244 | No changes   |
| Home Cervical Traction Therapy  | HHO-DE-MP-1245 | Deleted Non Covered Procedure code E0856. Added Diagnosis Code M50.31<br>Updated Prior Auth is needed for items over \$500. Added procedure code A4927.  |
| Home Dialysis Equipment and Supplies  | HHO-DE-MP-1246 | Deleted Procedure codes E1699 and J1644  |
| Transcutaneous Transducer Garments  | HHO-DE-MP-1247 | Policy Archived  |
| Ambulance Ground and Water  | HHO-DE-MP-1249 | Policy Published   |
| <b>February Policies</b>  |                |  |
| Polysomnography for Nonrespiratory Sleep Disorders  | HHO-DE-MP-1073 | Prior authorization requirement was added.   |
| Pharmacogenetic Testing   | HHO-DE-MP-1002 | Removed 81479, 84999, 87999<br>Name changed to Wireless Capsule Endoscopy as a Diagnostic Technique in Disorders of the Small Bowel, Esophagus, and Colon. Added PA requirement. Added CPT code 91113  |
| Capsule Endoscopy   | HHO-DE-MP-1005 | Added dx codes required for 74263, 81528, 82270, 82272, G0104, G0105, G0106, G0120, G0121, G0122, and G0328- Z12.11, Z12.12, Z80.0, Z83.71, Z86.010, Z85.030, Z85.038, Z85.040, Z85.048.   |
| Colorectal Cancer Screening   | HHO-DE-MP-1007 | Policy Archived.   |
| Whole Exome, Whole Genome Sequencing for Diagnosis of Genetic Disorders                                   | HHO-DE-MP-1012 | Removed 80205  |
| Drug Testing in Pain Management   | HHO-DE-MP-1015 | Added PA requirement   |
| Kidney Transplant   | HHO-DE-MP-1017 | Policy Archived.   |
| Donor Leukocyte Infusion  | HHO-DE-MP-1019 | Added PA requirement   |
| Islet Cell Transplantation  | HHO-DE-MP-1021 | Added PA requirement   |
| Transcatheter Pulmonary Valve Implantation  | HHO-DE-MP-1022 | Added PA requirement   |
| Magnetic Esophageal Ring to Treat GERD  | HHO-DE-MP-1023 | Policy Archived.   |
| Cryosurgical ablation and Radiofrequency ablation of renal tumors   | HHO-DE-MP-1054 | Policy Archived.   |
| Treatment of the Prostate   | HHO-DE-MP-1158 | Removed 55899, 53899   |
| Mammography   | HHO-DE-MP-1214 | Added CPT codes 77046, 77047, 77048, 77049. (codes to be reviewed by Evicore)  |
| Ultrasound Guidance   | HHO-DE-MP-1253 | New policy   |
| External Hearing Aids, Auditory Brainstem Implant, Bone-Anchored Hearing Devices and Audiological Testing | HHO-DE-MP-1190 | Removed testing codes  |
| <b>March Policies</b>   |                |  |
| Bariatric Surgery   | HHO-DE-MP-1004 | Removed 43233, 43235, 43236, 43237, 43243, 43244, 43245, 43253, 43631, 43632, 43633, 43634, 43860, 43865, S9449, S9451, S9452, 97802, 97803, 97804. Added 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, S2083. Covered DX codes for 43644, 43770, 43770, 43775, 43843, 43846, S2083-E66.01, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45. Covered DX codes for 43845-E66.01, Z68.43, Z68.44, Z68.45. Noncovered codes-E66.1, E66.3, E66.8, E66.9, E66.09.   |
| Cranial Electrical Stimulator   | HHO-DE-MP-1008 | Added PA requirement \$500 or more. Covered CPT code added K1002.<br>Added dx codes required for 61863, 61864, 61867, 61868, 61885, 61886-G20, G21.0, G21.11, G21.19, G21.2, G21.3, G21.4, G21.8, G21.9, G24.09, G24.1, G24.2, G24.3, G24.4, G24.8, G24.9, G25.0, G25.1, G25.2, G25.89, G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, Z45.45.  |
| Deep Brain Stimulation  | HHO-DE-MP-1009 |  |

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| Supervised Exercise Therapy For Peripheral Artery Disease (PAD)  | HHO-DE-MP-1013 |  |
| Aqueous Shunts and Stents for Glaucoma   | HHO-DE-MP-1024 | Added 66989, 66991.  |
| Treatment of Malignant Skin Lesions  | HHO-DE-MP-1034 | Removed 88331, 88332, 88333, 88334   |
| Carpal Tunnel  | HHO-DE-MP-1038 | Added PA requirement.  |
| Serum Biomarker panel testing for systemic lupus erythematosus and other connective tissue disease           | HHO-DE-MP-1040 | Archived   |
| Treatment of Twin-Twin Transfusion syndrome with amnioreduction and/or fetoscopic laser therapy              | HHO-DE-MP-1043 | Removed 76499, 76999.  |
| Coronary Revascularization   | HHO-DE-MP-1057 | Removed 92920, 92921, 92924, 92925, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944, 93530, 93531, 93532, 93533, 33999. Added 93593, 93594, 93595, 93596, 93597. |
| Diagnosis and Treatment of Obstructive Sleep Apnea for Adults  | HHO-DE-MP-1064 | Removed 64568, 64569, 64570. Added 64583, 64584. Added dx codes to 64582, 64583, 64584-G47.33, Q90.0, Q90.1, Q90.2, Q90.9.   |
| Diagnosis and Treatment of Obstructive Sleep Apnea in Pediatric Individuals                                  | HHO-DE-MP-1065 | Archived   |
| Experimental Investigational Laboratory Services   | HHO-DE-MP-1068 | Archived   |
| Concussion Testing   | HHO-DE-MP-1074 | No prior authorization required. Removed 95999.  |
| Selected Tests For Rheumatic Diseases  | HHO-DE-MP-1084 | Archived   |
| Laboratory Studies For Diagnosing And Managing Inflammatory Bowel Disease                                    | HHO-DE-MP-1086 | Archived   |
| Extracorporeal Shock Wave Therapy for Musculoskeletal Conditions and Soft Tissue Wounds (S-157) (noncovered) | HHO-DE-MP-1198 | Added PA requirement. Added 28890.   |
| Ovarian and Iternal Iliac veing emobilization as treatment for pelvic congestion syndrom (S-172) noncovered  | HHO-DE-MP-1201 | Archived   |
| Bioengineered Skin and Skin Replacement Therapy in the Outpatient Setting                                    | HHO-DE-MP-1257 | New Policy-Combined MP-1129 and MP-1132  |
| Bioengineered Skin   | HHO-DE-MP-1129 | Archived-replaced with MP-1257   |
| Skin Replacement Therapy for Chronic Non healing Wounds in The Outpatient setting                            | HHO-DE-MP-1132 | Archived-replaced with MP-1257   |