Recommendations for Evidenced-Based Practice

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Page Number(s):	1 of 5

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 medical surgical benefits of the Company's Medicaid products for medically necessary recommendations for evidenced-based practice.

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 services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Evidence-Based Practice – Incorporates best research evidence, clinical expertise, and patient preferences and values into the decision-making process for patient care.

PROCEDURES

1. A prior authorization may be required.

2. Annual electrocardiogram testing in adults (greater than or equal to 18 years of age) is not recommended when ALL of the following indications are present:

    - Individual has no known signs or symptoms of heart disease; and

- Individual has no family history of sudden cardiac death; and
- Individual is at low risk for coronary heart disease event, where low risk is defined as a 10-year risk less than 10% (heart risk calculator).

Imaging tests for eye disease are not recommended for individuals who have no signs or symptoms of significant eye disease (e.g., visual-field testing; optical coherence tomography (OCT) testing; retinal imaging of individuals with diabetes; and neuroimaging or fundus photography).

Needle lavage to treat individuals with symptomatic osteoarthritis of the knee for long-term relief is not recommended.

Performing unproven diagnostic tests (i.e., immunoglobulin G (IgG) testing, indiscriminate battery of immunoglobulin E (IgE) tests) in the evaluation of allergy is not recommended.

3. Post-payment audit statement

   The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

CODING REQUIREMENTS

CPT code	Description
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report.
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report.
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only.
99173	Screening test of visual acuity, quantitative, bilateral.
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral.
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve.
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina.
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral.
70540	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; without contrast material(s).
70542	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; with contrast material(s).
70543	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences.
70480	Computerized tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material.
70481	Computerized tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear, with contrast material(s).
70482	Computerized tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear, with contrast material, followed by contrast material(s), and further sections.
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); without ultrasound guidance.

20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting.

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

POLICY SOURCES

1. Annual electrocardiogram testing

   The American Academy of Family Physicians (AAFP) – 2012.

   Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.

   There is little evidence that detection of coronary artery stenosis in asymptomatic patients at low risk for coronary heart disease improves health outcomes.

   False-positive tests are likely to lead to harm through unnecessary invasive procedures, over-treatment, and misdiagnosis.

   Potential harms of this routine annual screening exceed the potential benefit.

   The U.S. Preventative Services Task Force (USPSTF) – 2012.

   The USPSTF recommends against screening with resting or exercise electrocardiography (ECG) for the prediction of coronary heart disease (CHD) events in asymptomatic adults at low risk for CHD events.

2. Imaging tests for eye disease

   American Academy of Ophthalmology – 2013.

   Don’t routinely order imaging tests for patients without symptoms or signs of significant eye disease. If patients do not have symptoms or signs of significant disease pathology, then clinical imaging tests are not generally needed because a comprehensive history and physical examination will usually reveal if eye disease is present or is getting worse. Examples of routine imaging include visual-field testing; optical coherence tomography (OCT) testing; retinal imaging of patients with diabetes; and neuroimaging or fundus photography. If symptoms or signs of disease are present, then imaging tests may be needed to evaluate further and to help in treatment planning.

3. Needle lavage for osteoarthritis

   American Academy of Orthopedic Surgeons – 2013.

   Don’t use needle lavage to treat patients with symptomatic osteoarthritis of the knee for long-term relief. The use of need lavage in patients with symptomatic osteoarthritis of the knee does not lead to measurable improvements in pain, function, 50-foot walking time, stiffness, tenderness or swelling.

4. Tests in the evaluation of allergy

American Academy of Allergy, Asthma & Immunology – 2012.

Don't perform unproven diagnostic tests, such as immunoglobulin G (IgG) testing or an indiscriminate battery of immunoglobulin E (IgE) tests, in the evaluation of allergy. Appropriate diagnosis and treatment of allergies requires specific IgE testing (either skin or blood tests) based on the patient's clinical history. The use of other tests or methods to diagnose allergies is unproven and can lead to inappropriate diagnosis and treatment. Appropriate diagnosis and treatment is both cost effective and essential for optimal patient care

5. Tests in the evaluation of chronic urticaria

American Academy of Allergy, Asthma & Immunology – 2012.

Don't routinely do diagnostic testing in patients with chronic urticaria. In the overwhelming majority of patients with chronic urticaria, a definite etiology is not identified. Limited laboratory testing may be warranted to exclude underlying causes. Targeted laboratory testing based on clinical suspicion is appropriate. Routine extensive testing is neither cost effective nor associated with improved clinical outcomes. Skin or serum specific IgE testing for inhalants or foods is not indicated, unless there is a clear history implicating an allergen as a provoking or perpetuating factor for urticaria.

Reference

Annual electrocardiogram

American Academy of Family Physicians. Annual EKGs for Low-Risk Patients. 2011.

Chou R, Arora B, Dana T, et al. Screening asymptomatic adults with resting or exercise electrocardiography: A review of the evidence for the U.S. Preventive Services Task Force. Ann Intern Med. 2011;155:375-385.

DynaMed Plus. EBSCO Information Services. 1995. Record No. 909124, Electrocardiogram (ECG). January 12, 2017.

Gaziano J, Wilson P. Cardiovascular risk assessment in the 21st century. Jama. 2012;308(8):816-817.

Maron BJ, Friedman RA, Kligfield P, et al; American Heart Association Council on Clinical Cardiology, Advocacy Coordinating Committee, Council on Cardiovascular Disease in the Young, Council on Cardiovascular Surgery and Anesthesia, Council on Epidemiology and Prevention, Council on Functional Genomics and Translational Biology, Council on Quality of Care and Outcomes Research, and American College of Cardiology. Assessment of the 12-lead ECG as a screening test for detection of cardiovascular disease in healthy general populations of young people (12-25 Years of Age): a scientific statement from the American Heart Association and the American College of Cardiology.

Solomon M, Yang J, Go A, et al. Incidence and timing of potentially high-risk arrhythmias detected through long term continuous ambulatory electrocardiographic monitoring. BMC Cardiovascular Disorders. 2016;16:35.

Yeboah J, McClelland R, Herrington D, et al. Comparison of novel risk markers for improvement in cardiovascular risk assessment in intermediate-risk individuals. Jama Internal Medicine. 2012;308(8):788-795.

Imaging tests for eye disease

American Academy of Ophthalmology. Choosing Wisely When it Comes to Eye Care, Part 2. June 10, 2013.

American Academy of Ophthalmology. Choosing Wisely. February 21, 2013.

American Academy of Ophthalmology. Preferred Practice Pattern: Primary angle closure. 2015;(15)01271-3/pdf.

Castillo, MM et al. Optical coherence tomography for the diagnosis of neovascular age-related macular degeneration: a systematic review. Ophthalmology. 2014; 28(12): 1399-1406.

McDonald HR, Williams GA, Scott IU, Halter JA, Maguire MA, Marcus DM. Laser scanning imaging for macular disease: a report by the American Academy of Ophthalmology. Ophthalmology. 2007;114:1221-8.
Palmberg P. Screening for diabetic retinopathy. Diabetes Care. 2001;24(3):419-420.

Thomas BJ, Galor A, Nanji AA, et al. Ultra high-resolution anterior segment optical coherence tomography in the diagnosis and management of ocular surface squamous neoplasia. Ocul Surf. 2014;12(1):46-58.

Needle lavage for osteoarthritis

American Academy of Orthopaedic Surgeons. Treatment of osteoarthritis of the knee - 2nd edition. 2013.

Ondrésik M, Azevedo Maa F, Reis R, et al. Management of knee osteoarthritis. Current status and future trends. Biotechnology And Bioengineering. 2017;114(4):717-739.

Yates Jr A, McGrory B, Starz T, Vincent K, McCardel B, Golightly Y. AAOS appropriate use criteria: optimizing the nonarthroplasty management of osteoarthritis of the knee. J Am Acad Orthop Surg. 2014;22(4):261-267.

Tests in the evaluation of allergy

Cox L, Williams PB, Sicherer S, et al. Pearls and pitfalls of allergy diagnostic testing: Report from the American College of Allergy, Asthma and Immunology/ American Academy of Allergy, Asthma & Immunology Specific IgE Test Task Force. Ann All Asthma Immunol. 2008;101:580–92.

Schaefer, P. Acute and chronic urticaria: evaluation and treatment. AM Fam Physician. 2017;95(11):717-724.

Tests in the evaluation of chronic urticaria

Bernstein, JA, Lang, DM, et al. The diagnosis and management of urticaria: A practice parameter. Ann Allergy Asthma Immunol 2014;85:521–44.

Tarbox JA, Gutta RC, Ching EL, Radojicic C, Lang DM. Utility of routine laboratory testing in management of chronic urticaria/angioedema. Ann Allergy Asthma Immunol 2011. 107: 239–43.

POLICY UPDATE HISTORY

<Date>	<Event>