

Noncovered Services and Procedures

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 2

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 not provide coverage under medical surgical benefits of the Company's Medicaid products for experimental, investigational and/or not medically necessary.

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.

PROCEDURES

Non-covered services include but are not limited to the services and procedures below:

- Serum Biomarker Panel Testing for Systemic Lupus Erythematosus and Other Connective Tissue Disease
- In Vitro Allergy Testing
- In Vitro Chemoresistance and Chemosensitivity Assays
- Biomarkers in Risk Assessment and Management of Cardiovascular Disease
- Magnetoencephalography and Magnetic Source Imaging

- Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions and Soft Tissue Wounds
- Nucleoplasty and Biacuplasty
- Ovarian and Internal Iliac Vein Embolization as Treatment for Pelvic Congestion Syndrome
- Subtalar Arthroereisis
- Radiofrequency Ablation of Peripheral Nerves to Treat Chronic Knee Pain
- Orthopedic Applications of Platelet-Rich Plasma
- Standby Anesthesia
- Experimental/Investigational Services
- Assisted Reproductive Technology
- Placenta/Umbilical Cord Blood as a Source of Stem Cells

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.

Place of Service

Experimental/investigational (E/I) and services not medically necessary are not covered regardless of place of service.

REIMBURSEMENT

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

POLICY UPDATE HISTORY

11/10/2021	Approved in Medical Policy Committee
12/2021	Approved in QI/UM
11/30/2022	Approved in Medical Policy Committee
12/2022	Approved in QI/UM