SelectHealth Medical Policies

General Medicine Policies

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Select Health

MEDICAL POLICY

COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)

Policy # 589

Implementation Date: 1/13/17
Review Dates: 2/1/17, 12/20/18, 12/20/19, 12/14/20, 10/26/21, 11/17/22, 12/15/23
Revision Dates:

Related Medical Policies:

#148 Medical Necessity
#241 Transcranial Magnetic Stimulation for Depression and Other Psychiatric Disorders
#252 Hippotherapy (Equine Movement Therapy or Equine-Facilitated Psychotherapy)
#296 Chelation Therapy
#402 Mickel Therapy for the Treatment of Fibromyalgia

Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

Complementary and alternative medicine (CAM), also called unconventional, non-conventional, or non-traditional healthcare, is a group of diverse medical and healthcare systems, practices and products that are not typically considered to be part of traditional Western medicine. CAM assessments and therapies are proposed to reduce disease-based clinical symptoms and improve health and wellness. Complementary medicine may be used in conjunction with Western medicine, as opposed to alternative medicine which may be used in place of Western medicine. Integrative medicine, as defined by the National Center for Complementary and Alternative Medicine (NCCAM), combines conventional medical therapies and CAM therapies for which there is scientific evidence of safety and effectiveness (NCCAM, 2015). Classifications of CAM practices include the following:

1. **Whole Medical Systems:** Whole medical systems are built upon complete systems of theory and practice. Often, these systems have evolved apart from, and earlier than, the conventional medical approach used in the United States.
2. **Biologically-Based Practices:** Biologically-based practices in CAM use substances found in nature including herbs, foods, and vitamins. Examples of these substances include dietary supplements, herbal products, and other natural products that have not been scientifically proven (e.g., using shark cartilage to treat cancer).
3. **Energy Medicine:** Energy medicine involves the use of energy fields and consist of two types of therapies:
    a. Biofield therapies are intended to affect energy fields that purportedly surround and penetrate the human body. The existence of such fields has not yet been scientifically proven. Some forms of energy therapy are proposed to manipulate biofields by applying pressure, heat, or body manipulation.
    b. Bioelectromagnetic-based therapies involve the unconventional use of electromagnetic fields, such as pulsed fields, magnetic fields, or alternating current or direct current fields.
4. **Manipulative and Body-Based Methods:** Manipulative and body-based methods are based on manipulation and/or movement of one or more parts of the body.

5. **Mind-Body Medicine:** Mind-body medicine uses a variety of techniques designed to enhance the mind's capacity to affect bodily function and symptoms.

CAM therapies are supported by some degree of scientific evidence, but for most of the other CAM therapies key questions regarding the safety and efficacy of these therapies for specific conditions are yet to be answered through well-designed scientific studies (NCCAM, 2015).

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

Select Health does NOT cover complimentary or alternative medicine diagnostic testing methods, systems, therapies, or treatments because they are considered experimental, investigational, or unproven.

Select Health does NOT cover routine diagnostic testing when performed to support complementary and alternative therapies as this meet the plan's definition of experimental/investigational.

The following is a *non-inclusive list* of excluded procedures or therapeutic interventions. This list is not intended to represent all current available testing or therapies.

acupressure and acupuncture
Alexander's technique
Amma therapy
antineoplastons
antioxidant function testing (Spectrox)
aroma therapy
art and dance therapy
auto urine therapy
ayurvedic medicine
(BELD) Bio Photonic Lymphatic Drainage Treatment
bioenergetics' analysis
biofield therapeutics
Bioscan
cellular therapy
Chelation therapy (except as outlined in med pol #296)
chemical hair analysis
Chung Moo Doe therapy martial art
Coley's toxin
colonic irrigation, lavage, and cleansing
color therapy
craniosacral therapy
crystal healing
cupping
dietary supplements
ear candling
electromagnetic fields
equestrian therapy (hippotherapy)
essential oil therapy
faith healing
Feldenkrais therapy
Greek cancer cure test
Hellerwork
hepatic detoxification
herbal products
Homeopathic and naturopathic medicine

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humor therapy
hydrogen peroxide (intravenous)
hypnosis
illimeter wave therapy
immunoaugmentive therapy
inversion therapy
iridology
Kelly-Gonzales therapy
laetrile
live blood cell analysis
macrobiotics
meditation
meridian therapy
Mickel therapy for fibromyalgia
mirror box therapy
moxibustion therapy
MTH-68
music therapy
naprapathy
Neural therapy
nutrient panel testing
ozone therapy
perineural injection therapy
Pilates
polarity therapy
psychodrama therapy
QiGong
Ream's testing
reflexology (zone therapy)
Reiki
Revici's Guided Chemotherapy
Rolfing
Trager
salivary hormone panels
Telomere testing
therapeutic touch
Tichuris suis ova therapy
Traditional Chinese medicine
Tuina
Vitamin therapy in the absence of a documented deficiency
yoga
Yunani/Unani

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the Select Health Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp& or the manual website

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SELECT HEALTH COMMUNITY CARE (MEDICAID)

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the Select Health Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website http://health.utah.gov/medicaid/manuals/directory.php or the Utah Medicaid code Look-Up tool

Summary of Medical Information
The Federal Food and Drug Act of 1906, The Wiley Act, empowers the FDA Center for Food Safety and Nutrition to remove unsafe food substances and botanicals from the market, and gives the FDA regulatory oversight for substances added to food, including monitoring safe use. The FDA maintains that a drug is any substance or mixture of substances intended for the cure, mitigation, diagnosis, or prevention of disease (FDA, 2009).

Dietary supplements are regulated differently than prescription and over-the-counter drug products. Manufacturers of dietary supplements are responsible for ensuring that their products are safe. While the FDA monitors adverse effects after dietary supplement products are on the market, newly marketed dietary supplements are not subject to premarket approval or a specific post-market surveillance period. Per the Dietary Supplement Health and Education Act of 1994 (DSHEA), the burden of proof rests on the FDA to show that a product is unsafe. Manufacturers are not required to submit substantiation of benefit data to the FDA. The Federal Trade Commission (FTC) is charged with accurate marketing and advertising claims.

According to the FDA, dietary supplements in today's market include one or a combination of: vitamins, minerals, herbals, botanicals, amino acids, any dietary substance used to supplement the diet by increasing total dietary intake, and a concentrate, metabolite, constituent, or extract. The FDA states that, while some supplements may help ensure that the individual consumes adequate amounts of essential nutrients needed for optimal health and performance, dietary supplements cannot be promoted as a treatment or a cure.

In December 2006, the FDA issued a draft guidance document for the regulation of CAM products. The draft was issued because increased use of CAM in the United States has caused confusion regarding which products are subject to regulation under the Federal Food, Drug, and Cosmetic Act (Act) or the Public Health Service Act (PHS Act) and because the number of CAM products being imported into the United States has increased. The document provides guidance as to when a CAM product is subject to the Act or the PHS Act. The FDA cites the NCCAM's definition and categories of CAM in the draft. According to the new guidance, if the labeling of a dietary supplement includes the term "to treat," that supplement will be regulated as a drug under the Act. Biological products (e.g., virus, therapeutic serum, toxin, antitoxin, vaccine) will be regulated under the PHS Act (FDA, 2010; FDA, 2007).

Several systematic reviews have evaluated multiple CAM therapies for the treatment of various conditions including asthma, cancer, depression, diabetes, hypertension, irritable bowel syndrome, pain management, psoriasis, Raynaud's phenomenon, rheumatoid arthritis, and rhinitis. Although some studies reported clinical improvement with some modalities, overall, the authors agreed that there is insufficient evidence to support CAM for the treatment of these conditions. Studies are limited by small patient populations, minimal and short-term follow-ups, variability in dosage and unknown quality of oral supplements, few evaluations of side effects, inconsistent and inconclusive outcomes, and no controls or comparisons to traditional Western medical therapies.

American Academy of Allergy, Asthma & Immunology (AAAAI): In their clinical review of CAM (Mainardi, et al., 2009) which included vitamins D, E, C and A, magnolol, quercetin, resveratrol, ma huang (ephedrine sinica), Ayurvedic medicine, Kampo medicine for the treatment of asthma, atopic dermatitis, and allergic rhinitis, the AAAAI concluded that further studies are needed using larger sample sizes, longer study durations, comparable absolute measures, and well-constructed study designs that control for biases. They also stated that the following are unknown: the true efficacy and safety of CAM therapies, the efficacy of CAM therapies alone (as alternatives) in the treatment of various disorders, the

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individual CAM therapeutic mechanism of effects (some may be multiple), the active component of individual CAM therapies, the potential drug-drug and drug-herb-phytochemical and vitamin interactions.

American Academy of Neurology (AAN): AAN (2014) conducted a systematic review of the literature to develop recommendations for CAM for the treatment of multiple sclerosis. Due to the lack of evidence or the poor quality of the evidence, AAN concluded that the evidence was insufficient to support or refute the use of Chinese medicine, hypnotherapy, massage therapy, hypnosis, mindfulness training, music therapy, naturopathic medicine, neural therapy, progressive muscle relaxation, tai chi, and yoga. Based on available studies, AAN concluded the following: 1) Ginkgo biloba is ineffective for improving cognitive function but possibly effective in reducing fatigue (level A); 2) low-fat diet with omega-3 fatty acid supplement is probably ineffective for reducing MS-related relapse, disability, MRI lesions, or for improving fatigue or quality of life (QOL) (level B); 3) reflexology is possibly effective for reducing MS-associated paresthesia but there is a lack of data to support or refute this modality for pain, health-related QOL, disability, spasticity, fatigue, cognition, bowel/bladder function, depression, anxiety, or insomnia (level C); 4) Bee sting therapy is possibly ineffective (level C); 5) Magnetic therapy is probably effective for reducing fatigue (level B), but not depression (level B); 6) Safety and efficacy of all other CAM remains unknown (level 4).

American Academy of Pediatrics (AAP): The 2017 AAP Task Force on Complementary and Alternative Medicine, the Provisional Section on Complementary, Holistic, and Integrative Medicine published guidance on the use of CAM in pediatrics. The Task Force concluded that pediatricians and other clinicians who care for children have the responsibility to advice and counsel patients about relevant, safe, effective, and age-appropriate health therapies including CAM and should routinely inquire as to whether or not the patient is using any specific CAM therapies. They advised the clinician to work with the parents to consider and evaluate all appropriate treatments and monitor the patient's response to treatments. They also stated that the physician should be knowledgeable about CAM therapies and evidence-based information.

American Cancer Society (ACS): In their operational statement on CAM methods for cancer management, the ACS (2018) urged patients who are thinking about using complementary or non-mainstream therapies to discuss them with their healthcare team first. ACS noted that complementary methods that may be helpful and safe include aromatherapy, art therapy, massage therapy, meditation, music therapy, prayer and spirituality, tai chi, and yoga. Although some therapies are safe and may be helpful, some CAM therapies have been associated with serious problems and death.

American College of Chest Physicians (ACCP): The ACCP (Gabay, et al., 2017) published evidence-based clinical practice guidelines on complementary therapies and integrative medicine. Despite no evidence for efficacy, there is widespread use. The use of mind-body modalities as part of a multidisciplinary approach to treating the symptoms of cancer-related pain, nausea, and vomiting associated with chemotherapy, anxiety, and sleep and mood disturbances may be helpful. Yoga and massage therapy may be beneficial in reducing fatigue, anxiety, and/or pain.

American College of Rheumatology (ACR): The ACR (2012) position statement on complementary and alternative medicine for rheumatic diseases supports the integration of CAM modalities "proven to be safe and effective by scientifically rigorous clinical trials published in the biomedical peer review literature" and advised caution in using those therapies not scientifically studied. For interventions for which randomized controlled trials are not feasible: "Innovative methods of evaluation are needed, as are measures and standards for the generation and interpretation of evidence."

American Psychiatric Association: The American Psychiatric Association's Task Force on Complementary and Alternative Medicine (Freeman, et al., 2010) conducted a systematic review of randomized controlled trials to evaluate the evidence on commonly used CAM therapies for the treatment of major depressive disorder (MDD). Therapies included omega-3 fatty acids, St. John's wort (Hypericum), folate, S-adenosyl-L-methionine (SAMe), bright light therapy, exercise, and mindfulness psychotherapies (i.e., mindfulness-based cognitive therapy, problem-solving therapy, well-being therapy). The Task Force concluded that although some CAM therapies were promising, more rigorous studies to determine their role in the treatment of MDD were necessary. It was noted that the greatest risk of pursuing a CAM therapy is the possible delay of other well-established treatments.

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National Cancer Institute (NCI): NCI (2020) states that cancer patients using or considering complementary or alternative therapy should discuss this decision with their healthcare provider to ensure coordination of care. NCI notes that some complementary and alternative therapies may interfere with standard treatment or may be harmful when used with conventional treatment. Patients should become informed about the therapy, including whether the results of scientific studies support the claims that are made for it.

National Comprehensive Cancer Network (NCCN): In their Clinical Practice Guidelines on Cancer-Related Fatigue, NCCN (2016) stated that: "Complementary therapies including massage therapy, yoga, muscle relaxation, and stress reduction based on mindfulness have been evaluated in some studies and the data suggested that these therapies might be effective in reducing fatigue in cancer patients." NCCN (2016) listed imagery, hypnosis, distraction training, and relaxation training as nonpharmacological coping skills for the treatment of adult cancer pain. Relaxation/systemic desensitization, hypnosis/guided imagery and music therapy are noted as interventions for anticipatory nausea and vomiting (NCCN, 2016).

Society for Integrative Oncology (SIO): The SIO (Deng, et al., 2013) evidence-based practice guidelines included a systematic review of complementary therapy and botanicals in the care of cancer patients. Mind-body modalities, bioenergy field therapy, and dietary supplements were evaluated. SIO recommendations included the use of massage, yoga and mind-body modalities may be helpful in a multidisciplinary approach to reduce anxiety, mood disturbance, sleep disturbance, pain, and anticipatory chemotherapy-induced nausea and vomiting, and to improve overall quality of life. The SIO noted that in general, clinical trials of CAM therapies suffer from limitations in design and implementation of studies.

In 2014, SIO conducted a systematic review of the literature to develop guidelines on integrative therapies for supportive care for breast cancer patients. The recommendations included the use of music therapy, meditation, yoga, message and/or relaxation for the relief of anxiety, stress, depression/mood and/or fatigue. In addition, Qigong, mistletoe, and reflexology were recommended as supportive activities for quality of life and physical functioning. Grade A recommendations (high certainty that the net benefit is substantial) were given to meditation, relaxation, and yoga for the treatment of depression/mood and for quality of life and physical functioning. The remaining recommendations were lower grades. Forty of the 53 recommendations were rated a C (moderate certainty that the net benefit is small), D (moderate/high certainty that modality has no benefit or H (moderate certainty that harms outweigh benefits). Limitations of the literature included lack of standardization of intervention and the variety of settings in which the interventions were used (Greenlee, et al., 2014).

Outside the United States
According to the World Health Organization (WHO) traditional medicine (TM) is either the mainstay of healthcare delivery or serves as a complement to it. In some countries, traditional medicine or non-conventional medicine are termed complementary medicine (CM). Tradition and complementary medicine (T&CM) is found in almost every country in the world and has a long history of use in health maintenance and in disease prevention and treatment, especially in the treatment of chronic disease. The use of T&CM varies by country based on culture and accessibility. T&CM products include herbs, herbal materials, herbal preparations, and finished herbal products. T&CM practices include Ayurveda, traditional Chinese medicine, qigong, tai chi, yoga, thermal medicine, and other physical, mental, spiritual and mind-body therapies. Halotherapy, or salt therapy, has been used in Europe for over 20 years. In a few countries, certain types of T&CM have been completely integrated into the healthcare system. For example, in China, traditional Chinese medicine and conventional medicine are practiced alongside each other at every level of the healthcare service. By the latter half of the 19th century, homeopathy was practiced throughout Europe, Asia, and North America. Homeopathy has been integrated into the national healthcare systems of India, Mexico, Pakistan, Sri Lanka, and the United Kingdom. The regulation of TC&M varies from country to country (WHO, 2014; WHO 2001).

National Institute for Clinical Excellence (NICE): NICE (United Kingdom) (2015) published a guideline document on the treatment of irritable bowel syndrome (IBS) in adults. The review included the use of homeopathic medicine, Chinese herbal medicine, and reflexology. Regarding homeopathy for IBS, NICE stated that randomized trials for the past 30 years were not found. Only one quasi-randomized trial was found regarding the use of reflexology for the treatment of IBS (n=34). Six trials met inclusion criteria for

evaluation of the use of Chinese herbal medicines. The studies utilized various combinations of herbal preparations. The Guideline Development Group (GDG) concluded that the review of evidence suggests that some herbal preparations may be clinically effective in people with IBS and are well-tolerated. However, the GDG believed there were too many uncertainties regarding type and dose of herbal medicines to make a recommendation for practice and proposed that these interventions should be investigated further in a research recommendation.

New Zealand Guidelines Group: In a mental health disorders guideline for the management of depression, The New Zealand Guidelines Group (2008) conducted a systematic review of randomized controlled trials of therapies used for the treatment of depression in adults in primary care. The authors stated that: "There was insufficient evidence to determine whether any complementary or alternative medicines are effective for the treatment of depression in young people." Very few randomized controlled trials were found, and none were found for the use of St. John's Wort for depression in young people. The groups also pointed out that due to safety concerns, patients using St. John's wort should be advised of possible drug interactions. One small study (n=28) supported the possibility that omega-3 supplements may be effective in the treatment of childhood depression and it is proposed that omega-3 may be useful in the treatment of women in antenatal or postnatal periods, but no controlled trials were available.

Royal Australian and New Zealand College of Obstetrician and Gynecologists (RANZCOG): In their statement on the use of vitamin and mineral supplements during pregnancy, the RANZCOG (2014) stated that there is a lack of high-quality evidence to support the use of omega-3 fatty acid supplements during pregnancy. However, their consensus-based recommendation is that women with a low dietary intake of Omega-3 fatty acids should consider using a dietary supplement.

Complementary and alternative medicine (CAM) encompasses a wide array of practices and treatment modalities that deviate from conventional Western medical treatment. They may be used in lieu of, or in conjunction with, traditional medical therapies. Overall, randomized controlled trials included heterogeneous small patient populations, short-term follow-ups, various controls, treatment regimens and outcome measures, inconsistent and conflicting outcomes, and poor methodology. Some CAM testing methods and therapies/treatments lack standardization of regimens and/or practitioner training. Systematic reviews have been unable to make firm conclusions about CAM testing methods and therapies due to the study limitations, and in some cases, lack of data. The evidence in the published peer-reviewed scientific literature does not support the safety, efficacy, and/or clinical utility of the diagnostic testing and therapies discussed.

Billing/Coding Information

CPT CODES

20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
45399	Unlisted procedure, colon
64415	Injection, anesthetic agent; brachial plexus, single
64418	Injection, anesthetic agent; suprascapular nerve
64450	Injection, anesthetic agent; other peripheral nerve or branch
84999	Unlisted chemistry procedure
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis
86849	Unlisted immunology procedure
90880	Hypnotherapy
90899	Unlisted psychiatric service or procedure
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
96549	Unlisted chemotherapy procedure
97139	Unlisted therapeutic procedure (specify)
97799	Unlisted physical medicine/rehabilitation service or procedure
99199	Unlisted special service, procedure or report

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HCPCS CODES

P2031	Hair analysis (excluding arsenic)
S3650	Saliva test, hormone level; during menopause
S3652	Saliva test, hormone level; to assess preterm labor risk
M0075	Cellular therapy
M0076	Prolotherapy
J3570	Laetrile, amygdalin, vitamin B-17
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified
S9451	Exercise classes, nonphysician provider, per session
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)
H2032	Activity therapy, per 15 minutes

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Select Health

MEDICAL POLICY

LONG-TERM ACUTE CARE (LTAC)

Policy # 583

Implementation Date: 7/20/16
Review Dates: 6/15/17, 7/16/18, 6/17/19, 6/14/20, 6/16/21, 5/13/22, 5/31/23
Revision Dates:

Related Medical Policies:

#443 Acute Inpatient Rehabilitation

Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

Long-term acute care hospitals [LTACH] (also called transitional care hospitals) are licensed as acute care hospitals with additional Medicare certification that supports a length of stay measured in weeks (more than 25 days on average for Medicare patients) as compared to the typical five-day stay for patients in traditional hospitals. LTACH are somewhat unique in their focus on care for critically ill patients, who require specialized, aggressive, goal-directed care over an extended recovery period. LTAC hospitals provide long-term acute care (LTAC) to complex medically complex patients who require an extended stay in a hospital setting. Typical patients have multiple co-morbidities, multi organ system failure, and significant loss of independence, most following a traditional hospital stay.

These hospitals are exempt from the APR DRG methodology and are reimbursed a hospital specific rate paid per day of covered inpatient care. An example of a service provided by a long-term stay hospital is ventilator care. The term "long-term stay hospital" does not include a psychiatric, rehabilitation, or children's hospital. These facilities may be free-standing or part of a general acute care facility.

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

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

Select Health covers long-term acute care (LTAC) as medically necessary *when specific criteria are met.*

Coverage Criteria (Must meet either 1 or 2):

1. **Complex Medical Needs with Significant Functional Impairment(s): (must have all)**
   a. Member is admitted directly from an inpatient hospital, but the discharge was not from a psychiatric or rehabilitation facility.
   b. Documentation of an established diagnosis or condition for which ongoing acute hospital care is needed.
   c. Documentation that indicates the member will benefit from and improve with the LTAC program available at the chosen facility.
   d. Documentation indicates an expectation that the member will require long-term acute care for a length of stay of 30 or more days.
   e. Requires daily medical practitioner assessment or intervention.

Long-Term Acute Care (LTAC), continued

f. Care at LTACH is appropriate for condition as indicated by InterQual criteria.

2. **Ventilator Management and Weaning - Admission to LTACH may be medically necessary when ALL the following are present:**
   a. Requires daily medical practitioner assessment or intervention
   b. InterQual Criteria for ventilator management and weaning are met

Discharge for NON-ventilator patients from the LTAC facility is appropriate when (ALL must be met):

a. The member is hemodynamically stable without daily medication adjustments
b. The member no longer requires multiple intravenous drug therapy
c. The member no longer requires cardiac monitoring
d. The member has a stable hemoglobin and hematocrit without transfusion and stable electrolytes without daily parenteral adjustments
e. The member is stable on current nutritional support (whether it is parenteral, oral, or percutaneous G/J tube)
f. The member no longer requires hemodialysis or is stable for transport to and from hemodialysis
g. The member is able to participate in, but is not receiving, at least 3 hours of therapy daily
h. All care including wound care can be managed at a lower level of care

Discharge for Ventilator Patients from the LTAC facility is appropriate when:

a. The member is hemodynamically stable without daily medication adjustment
b. The member is stable off the ventilator or is stable on the ventilator and considered not able to be weaned
c. Is clear of infection or is stable on antibiotic regimen

All care can be managed at a lower level of care

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the Select Health Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp& or the manual website

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health does NOT cover LTAC for managed Medicaid members as typical stay is greater than or equal to 30 days and member enrollment is automatically transferred to fee for service Medicaid.

Billing/Coding Information

CPT CODES

No specific codes identified

Long-Term Acute Care (LTAC), continued

HCPCS CODES

No specific codes identified

Key References

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Select Health

MEDICAL POLICY

MEDICAL TRANSPORTATION

Policy # 344
Implementation Date: 7/19/98
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Revision Dates: 2/18/10, 10/7/21, 9/7/22, 5/9/24

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2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

Select Health members may require medical transportation when other means of transportation would endanger the patient's health, or when there are no other feasible methods of transportation available. In these instances, the involved providers or members may request coverage of medical transportation in conjunction with applicable medical benefits.

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

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

Select Health provides coverage of medical transport when the following criteria are met:

Non-Emergent Medical Transportation:

Inpatient facility-to-facility medical transport is covered when:

1. The member is currently admitted at a non-contracted facility, or at a contracted facility that is unable to meet the member's medical needs, or at a contracted facility that is greater than 50 miles from member's home and member will require post-acute follow-up; **and**
2. The member cannot be safely transported through non-medical transportation (such as a car or commercial airline); **and**
3. The method of transportation requested is the minimum necessary or most efficient to safely meet the member's medical needs; **and**
4. Discharge is not imminent from current facility.

Examples of non-emergency medical transport include, but are not limited to:

- Inter-facility transfers
- Transfers between hospitals, skilled nursing facilities, or rehabilitation centers
- Transportation for inpatient tests not available at the admitting facility
- Round trip transportation from one facility to another (including a physician's office) to obtain medically necessary diagnostic or therapeutic services

Emergent or Urgent Medical Transportation:

Emergency medical transport does not require preauthorization. Refer to the 'Ambulance & Paramedics' Benefit Clarification for more details.

Emergent Air Transportation

The member's medical condition requires advanced life support and immediate and rapid transport to an acute care hospital, which cannot be sufficiently provided by ground ambulance, or the member's location is inaccessible by ground ambulance; wherein, in either situation, this would pose a threat to the member's survival or endanger their health.

Limitations/Exclusions:

- Inter-facility transfers due to member preference or convenience.
- Outpatient transportation for non-emergent physician office visits or treatments.
- Death-related transportation following the pronouncement of death by a person legally authorized to make this determination (MD, State Medical Examiner) is excluded.
- Transportation to the coroner's office or mortuary.
- Taxi ride, bus ride, rideshare services.
- Ambulance services from providers that are not properly licensed to be performing the ambulance services rendered.

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the Select Health Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp& or the manual website

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the Select Health Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website http://health.utah.gov/medicaid/manuals/directory.php or the Utah Medicaid code Look-Up tool

Billing/Coding Information
Covered: For the indications outlined above

CPT CODES

No specific codes identified

HCPCS CODES

A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)
A0428	Ambulance service, basic life support, non-emergency transport, (BLS)
A0429	Ambulance service, basic life support, emergency transport (BLS-emergency
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0433	Advanced life support, level 2 (ALS 2)

Medical Transportation, continued

A0434	Specialty care transport (SCT)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile

Key References

1. Select Health Documentation. Ambulance & Paramedics. Commercial – Medical Benefit Clarification.

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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.

Select Health® makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. Select Health updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or Select Health members.

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.

Select Health

MEDICAL POLICY

WOUND CARE AND PHYSICAL THERAPY

Policy # 469
Implementation Date: 12/20/10
Review Dates: 12/15/11, 7/18/13, 8/28/14, 8/20/15, 8/25/16, 8/17/17, 7/25/18, 6/14/19, 6/4/20, 6/17/21, 5/9/22, 6/2/23
Revision Dates:6/20/19

Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description
The intent of the physical therapy limit is to impose a cap on traditional physical therapy services post-injury due to the significant variability that occurs from provider to provider and patient to patient for the same condition. It is also intended to promote the responsible use of this limited benefit by patients and providers. Additionally, actuarial analysis has shown that most individuals will not use their maximum number of visits in a plan year, and thus, this limitation should serve nearly every member's need.

Wound care may present a circumstance in which application of the benefit limitation may not serve the plan or the member. Wound care is often performed by a physical therapist in an outpatient setting. As such, these services are billed using physical therapy CPT codes consistent with the services provided and the specialty billing the service. In some cases, especially chronic diabetic or large wounds, wound care/therapy may occur over many months, and thus, patients may meet their plan limitations for physical therapy quite rapidly. Thus, a process needs to be in place which allows for consistent decision-making in allowing for exceptions to the coverage limitation based upon the plan's discretionary authority granted in the certificate of coverage in situations in which it is financially prudent to offer the exception.

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

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

Select Health covers extended physical therapy benefits in the management of chronic wounds in *limited circumstances*.

Criteria for coverage:

1. Documentation includes medical necessity for utilizing a physical therapist to provide wound care rather than a trained wound care nurse or technician.
2. Documentation indicates that all services being provided by the physical therapist are directly related to wound care only; if the member is receiving wound care therapy in addition to other non-wound related physical therapy, only the wound care portions of the therapy will be applied toward the benefit limit exception.
3. Documentation must demonstrate progress toward healing the wound. This is defined as a reduction in the wound size/volume of at least 10% for every month in which wound care is performed.
4. Services being provided are a covered benefit and not investigational/experimental by the plan's definition.
5. The requesting provider must submit a plan of therapy with identified outcomes and goals.

6. Any exception which is approved is for a maximum of 90 days. Further exceptions require reassessment by clinical reviewers.
7. Member is being case managed by a Select Health RN Care Manager.

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the Select Health Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp& or the manual website

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the Select Health Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website http://health.utah.gov/medicaid/manuals/directory.php or the Utah Medicaid code Look-Up tool

Summary of Medical Information
Many things can prevent a wound from healing, such as diseases (e.g., diabetes, poor blood flow, or other vascular problems) medications, infections, and/or poor nutrition. A wound that doesn't heal places a person at risk for infection and more serious complications. The wound can cause discomfort, pain, disfigurement, and can also place limits on a person's activities and quality of life.

Wound clinics provide treatment for chronic or non-healing wounds. The clinic provides a comprehensive, individualized plan, indicating the wound problem and goal of treatment. The types of wounds treated include non-healing surgical wounds, pressure ulcers, arterial ulcers, diabetic related wounds and ulcers, venous insufficiency, and burns.

Wound clinics use a multi-disciplinary approach to wound care by bringing together a team of specially trained doctors, nurses, and other clinicians experienced in all aspects of wound management. They can identify compounding factors such as malnutrition, metabolic disorders, and structural abnormalities that can retard normal healing and predispose the patient for recurrence. An aggressive approach to therapy can aid in early intervention, improved healing rates, reduced amputations, and reduced disability.

Wound care management improves the patient's mobility, quality of life, and overall well-being. Wounds are treated based on cause and severity using a variety of wound care products to support the healing process. In patients suffering from chronic wounds, wound care management has become critical in reducing the risk to the body, which can, in some cases, include loss of life.

The treatment of chronic wounds, such as pressure ulcers, requires prolonged care. During the prolonged treatment process, the patient remains at risk of developing new pressure ulcers in other places, so the treatment is based on the staging of the pressure ulcer. Debridement, topical wound care, treatment of infection, control of chronic wound contamination, the positioning of the patient, and the use of support surfaces all play an important role in the treatment of pressure ulcers.

Venous ulcers are treated using compression therapy, debridement of necrotic tissue, and by providing a moist wound environment. Some venous ulcers are treated using the application of bioengineered skin or split-thickness skin grafting. The treatment of diabetic foot ulcers requires control of blood glucose levels, appropriate footwear, saline dressings to provide a moist wound environment, debridement and evaluation, and the correction of peripheral arterial insufficiency. Negative pressure wound therapy, heterogenic dressings and/or grafts, and the application of cellular tissue products may also be employed to assist in wound healing.

Technological advances such as improvements in synthetic dressing materials and newer technologies, such as recombinant growth factors, endovascular arterial and venous repair techniques, epidermal grafting, bi-layered human dermal substitutes, cellular tissue products, and xenogeneic tissue scaffolds

are expected to have a positive impact on wound care management. The introduction of new and innovative technologies into this area is helping to meet patient demands. Additionally, techniques such as electrical stimulation, electromagnetic therapy, nanotechnology, therapeutic ultrasound, and the use of silver and combination dressings offer the potential for further improving the way wound care is managed.

Billing/Coding Information

Covered: For the conditions outlined above

CPT CODES

97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome typically, 20 minutes are spent face-to-face with the patient and/or family.
97022	Application of a modality to one or more areas; whirlpool
97024	; diathermy (e.g., microwave)
97026	; infrared
97028	; ultraviolet
97032	; electrical stimulation (manual), each 15 minutes
97033	; iontophoresis, each 15 minutes
97035	; ultrasound, each 15 minutes
97036	; Hubbard tank, each 15 minutes
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use

of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less

97598 ; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

97602 Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session

97605 Negative pressure wound therapy (e.g., vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

97606 ; total wound(s) surface area greater than 50 square centimeters

HCPCS CODES

G0281 Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care

G0282 Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281

G0295 Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses

G0329 Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care

Key References

1. Agency for Health Care Research and Quality (AHRQ). Treatment of pressure ulcers. Clinical guide, No.15. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research (AHCPR), publication no. 95-0652, 1994.
2. *American Physical Therapy Association. Guide to Physical Therapist Practice. 2nd ed.* Phys Ther, 2001; 81:9-744.
3. Stillman RM, Daley BJ, Talavera et al. Wound Care. Updated April 6, 2010. Available: http://emedicine.medscape.com/article/194018-treatment. Date Accessed: November 16, 2010.
4. Vittal, B. (2010). A Growing Market: Wound Care Management. Hospital Management. Updated: October 6, 2010. Available: http://www.hospitalmanagement.net/features/feature97878/. Date Accessed: November 20, 2010.

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