

FIVE EPISODES OF CARE FOR WEST VIRGINIA

In accordance with West Virginia House Bill 2351, Highmark is introducing five (5) Episodes of Care, available to Commercial, Medigap, and Medifil Highmark West Virginia members receiving services in West Virginia, effective 1/1/2020.

An Episode of Care is a grouping of services requiring prior authorization that generally follow a pre-identified trigger code. By requesting an Episode of Care, services which would typically require separate authorization requests will be included (approved) if the initial trigger procedure is approved. Authorization review for benefit availability and criteria for medical necessity and appropriateness will be done on the trigger code identified for each episode.

The Episodes of Care include:

- Hip Replacement
- Knee Replacement
- Knee Arthroscopy
- Lumbar Laminectomy
- Shoulder Replacement

To request an episode of care, please call the Utilization Management MSK Team at 1-800-452-8507 and select option 4.

Authorization review for benefit availability and criteria for medical necessity and appropriateness will be done on the trigger code identified for each episode. By requesting an Episode of Care, services which would typically require a new authorization request will be included if the initial procedure is approved.

These episodes are not designed to be a one-size fits all approach to care. Treatment plans for any service must be individualized to the patient. Utilization of an episode of care must be supported and the necessity for each component of the episode clearly documented in the patient's medical record. If any component of your treatment plan falls outside of the defined episode of care, the standard authorization process must be utilized.

HIP REPLACEMENT EPISODE OF CARE

When requesting a Hip Replacement Episode of Care, you will automatically be approved for the following:

- One (1) week Home Health,
 - One (1) Skilled Nursing Visit
 - Two (2) Physical Therapy (PT) Visits
 - One (1) Occupational Therapy (OT) Visit, and
- Eight (8) Physical Therapy visits under our Physical Medicine Management Program with our partner, WholeHealth Networks, Inc.

To receive approvals for the services above, you must first receive prior authorization for one of the following trigger procedure codes:

Procedure Code	Description
27125	HEMIARTHROPLASTY, HIP, PARTIAL (E.G., FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT

KNEE REPLACEMENT EPISODE OF CARE

When requesting a Knee Replacement Episode of Care, you will automatically be approved for the following:

- One (1) week Home Health,
 - One (1) Skilled Nursing Visit
 - Two (2) Physical Therapy (PT) Visits
 - One (1) Occupational Therapy (OT) Visit, and
- Eight (8) Physical Therapy visits under our Physical Medicine Management Program with our partner, WholeHealth Networks, Inc.

To receive approvals for the services above, you must first receive prior authorization for one of the following trigger procedure codes:

Procedure Code	Description
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; 1 COMPONENT
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT

KNEE ARTHROSCOPY EPISODE OF CARE

When requesting Knee Arthroscopy Episode of Care, you will automatically be approved for the following:

- One (1) week Home Health,
 - One (1) Skilled Nursing Visit
 - Two (2) Physical Therapy (PT) Visits
 - One (1) Occupational Therapy (OT) Visit, and
- Eight (8) Physical Therapy visits under our Physical Medicine Management Program with our partner, WholeHealth Networks, Inc.

To receive approvals for the services above, you must first receive prior authorization for one of the following trigger procedure codes:

Procedure Code	Description
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (E.G., MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT[S])
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (E.G., MOSAICPLASTY)
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION), MEDIAL OR LATERAL
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (E.G., OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)

29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (E.G., PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, 2 OR MORE COMPARTMENTS (E.G., MEDIAL OR LATERAL)
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING OR MICROFRACTURE
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S), WHEN PERFORMED
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S), WHEN PERFORMED
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION

LUMBAR LAMINECTOMY EPISODE OF CARE

When requesting Lumbar Laminectomy Episode of Care, you will automatically be approved for the following:

- One (1) week Home Health,
 - One (1) Skilled Nursing Visit
 - Two (2) Physical Therapy (PT) Visits
 - One (1) Occupational Therapy (OT) Visit, and
- Eight (8) Physical Therapy visits under our Physical Medicine Management Program with our partner, WholeHealth Networks, Inc.

To receive approvals for the services above, you must first receive prior authorization for one of the following trigger procedure codes:

Procedure Code	Description
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (E.G., SPINAL STENOSIS), 1 OR 2 VERTEBRAL SEGMENTS; LUMBAR, EXCEPT FOR SPONDYLOLISTHESIS
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDA EQUINA AND NERVE ROOTS FOR SPONDYLOLISTHESIS, LUMBAR (GILL TYPE PROCEDURE)
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (E.G., SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; LUMBAR
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; LUMBAR
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; EACH ADDITIONAL LUMBAR INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (E.G., HERNIATED INTERVERTEBRAL DISC), SINGLE SEGMENT; EACH ADDITIONAL SEGMENT, THORACIC OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (E.G., HERNIATED INTERVERTEBRAL DISC), SINGLE SEGMENT; EACH ADDITIONAL SEGMENT, THORACIC OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

SHOULDER REPLACEMENT EPISODE OF CARE

When requesting a Shoulder Replacement Episode of Care, you will automatically be approved for the following:

- One (1) week Home Health,
 - One (1) Skilled Nursing Visit
 - Two (2) Physical Therapy (PT) Visits
 - One (1) Occupational Therapy (OT) Visit, and
- Eight (8) Physical Therapy visits under our Physical Medicine Management Program with our partner, WholeHealth Networks, Inc.

To receive approvals for the services above, you must first receive prior authorization for one of the following trigger procedure codes:

Procedure Code	Description
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (E.G., TOTAL SHOULDER))
23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT
23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT