

Movement Disorder Analysis

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Effective Date 2/2019
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Coverage Policy Medical 298
Version 4

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses the medical necessity of movement disorder analysis.

Description & Definitions:

Movement disorder analysis is a continuous 24-hour monitoring and recording used with wearable mobile technology to detect involuntary movements and aid in the diagnosis of various movement disorders.

Criteria:

Movement disorder analysis is considered **not medically necessary** for uses other than those listed in the clinical criteria.

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
	None
533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report – deletes 1/1/2024 refer to 95999

0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor
0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days: data upload analysis and initial report configuration
0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report
95999	Unlisted neurological or neuromuscular diagnostic procedure

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

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- N/A

Reviewed Dates:

- 2023: March
- 2022: April
- 2021: May
- 2020: June

Effective Date:

- February 1992

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved Jan 31, 2023, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2023). Retrieved Jan 31, 2023, from Hayes:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522movement%2520disorder%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:1,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%>

(2023). Retrieved Jan 31, 2023, from UpToDate:

https://www.uptodate.com/contents/search?search=recording%20of%20movement%20disorder&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&searchOffset=1&autoComplete=false&language=en&max=10&index=&autoCompleteTerm=

(2023). Retrieved Jan 31, 2023, from CMS: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=movement+disorder&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

(2023). Retrieved Jan 31, 2023, from DMAS: <https://www.dmas.virginia.gov/>

Movement disorders. (2023). Retrieved Feb 1, 2023, from Mayo Clinic: <https://www.mayoclinic.org/diseases-conditions/movement-disorders/care-at-mayo-clinic/mac-20363925>

Movement Disorders Clinical Practice, an official Journal. (2023). Retrieved Feb 1, 2023, from International Parkinson and Movement Disorder Society (MDS): <https://movementdisorders.onlinelibrary.wiley.com/hub/subjects-test#dt>

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

SHP Movement Disorder Analysis, SHP Medical 298, involuntary movement, Parkinson's Disease, Accelerometry, the Kinesia, Tremometer, Personal KinetiGraph System, actometry, actigraphy, Actiwatch, AW-64, Emfit