

PROVIDER Update



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Medical Policies – 4th Quarter 2017

This provider update includes a listing of updated medical policies approved in the fourth quarter of 2017. These policies may apply to CalViva Health Medi-Cal members if, upon research and review, there are no available medical policies from the California Department of Health Care Services (DHCS). For a complete description of the updated medical policies, visit the provider website at provider.healthnet.com and select *Working with Health Net > Clinical > Medical Policies*.

PURPOSE OF MEDICAL POLICIES

Medical policies provide guidelines for determining medical necessity for specific procedures, equipment and services. All services must be medically necessary to be eligible for benefit coverage, unless otherwise defined in the member's benefits contract. The determination for coverage is also based on all of the terms of the individual member's benefits contract, including, but not limited to, eligibility at the time of service and description of covered benefits, limitations and exclusions. In some cases, legal or regulatory mandates may be applicable and may prevail over medical policy. To the extent there are any conflicts between medical policy guidelines and applicable benefit contract language, the benefit contract language prevails. Medical policy is not intended to override the contract policy that defines the member's benefits, nor is it intended to provide medical advice or dictate to providers how to practice. If required, prior authorization must be obtained before services are rendered.

THIS UPDATE APPLIES TO
MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
www.healthnet.com

Updated Policies

Medical Policy	Change
ACUPUNCTURE	Removed statement that continued treatment after the initial two months is not medically necessary
ALLOGENIC HEMATOPOIETIC CELL TRANSPLANT FOR SICKLE CELL ANEMIA	Changed age restriction for sickle cell and for beta thalassemia to age 45 or younger. Under the Policy/Criteria section, revised I.B.3 to require transfusion dependence due to thalassemia and removed deterioration with conventional treatments
BALLOON SINUPLASTY FOR TREATMENT OF CHRONIC SINUSITIS	Changed criteria to apply to recurrent acute rhinosinusitis (RARS) as well as chronic rhinosinusitis (CRS), and allowed endoscopic diagnosis of CRS/RARS. Modified the American Academy of Otolaryngology (AAO) statement under the background section. Added that allergic or immune etiologies should be ruled out or treated appropriately

Updated Policies, continued

Medical Policy	Change
BREAST TOMOSYNTHESIS	The revised policy for digital breast tomosynthesis (DBT) allows for coverage effective January 2018
COCHLEAR IMPLANT REPLACEMENTS	Clarified in section II that replacements are not medically necessary when requested only for convenience or to upgrade to a newer technology
DME	Under the background section for medical devices, added information on the use of mobile devices as speech generating devices
FETAL SURGERY IN UTERO FOR PRENATALLY DIAGNOSED MALFORMATIONS	Removed gestational age requirements from sections I.A.1 treatment of sacrococcygeal teratoma and I.A.3 congenital pulmonary airway malformation or bronchopulmonary sequestration
GASTRIC ELECTRICAL STIMULATION	Added criteria that gastroparesis should be confirmed by scintigraphy. Modified criteria in I.B to show that vomiting should happen at least once daily on most days of the week for at least one year
GENDER REASSIGNMENT SURGERY	Added exception to II.A. that chest surgery may be considered after one year of testosterone treatment for adolescent female to male patients younger than age 18. Revised II.B. to reiterate that cross-sex hormone in mastectomy for female to male is required for those younger than age 18
INJECTIONS FOR PAIN MANAGEMENT	Added recommendations regarding anticoagulation therapy to sections on interlaminar and transforaminal epidural steroid injections (ESI). Under section III facet joint injections, added criteria that a second block is not medically necessary if the first controlled medial branch block/facet joint injection is negative. Revised III.B. facet joint medial branch conventional radiofrequency neurotomy to require two positive facet joint injections prior to radiofrequency ablation (RFA). Changed positive response from 80 percent to 75 percent pain relief as per the American Society of Interventional Pain Physicians (ASIPP) recommendations. Revised section VII to consider occipital nerve block as medically necessary when criteria is met. Modified local injections for cervicogenic and occipital neuralgia intervention background to contain more information on occipital neuralgia
INTRAPERITONEAL HYPERTHERMIC CHEMOTHERAPY FOR ABDOMINOPELVIC CANCERS	Added indication for peritoneal carcinomatosis from colon, rectal or small bowel cancers when there are no extra-abdominal metastases
LUNG TRANSPLANTATION	Added Eisenmenger syndrome as a qualifying condition for adult transplant. Added that the list of qualifying conditions for transplant is not all-inclusive. Added primary lung graft failure and bronchiolitis obliterans as an indication for adult and pediatric transplant since the International Society for Heart & Lung Transplantation (ISHLT) guidelines recommend retransplant in certain cases
NEONATAL ABSTINENCE SYNDROME GUIDELINES	Changed minimum days of observation to 4 in 1.A, to reflect the half-life of common drugs contributing to neonatal abstinence syndrome (NAS)
OPTIC NERVE DECOMPRESSION SURGERY	Reclassified traumatic optic neuropathy (TON) as medically necessary with certain criteria. Added facial fibrous dysplasia as a medically necessary indication

Updated Policies, continued

Medical Policy	Change
REDUCTION MAMMOPLASTY AND GYNECOMASTIA SURGERY	Reworded I.A.2. for clarity. Added I.A.3.h. significant discomfort resulting in severe restriction of physical activities
TESTING SELECT GU CONDITIONS	Replaces Diagnosis of Vaginitis policy. Added CPT 87798 as not medically necessary when performed for indications listed in the policy related to genitourinary (GU) conditions, asymptomatic women and asymptomatic women during pregnancy
URODYNAMIC TESTING	Added ICD-10-CM diagnosis codes E10.69, E11.69, and S34.0 – S34.9XXS
VAGUS NERVE STIMULATION	Changed section II to apply to the listed conditions as well as others that were not mentioned

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.