PROVIDER *Update*

CalViva HEALTH

Health Net COMMUNITY SOLUTIONS

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Medical Policies – 1st Quarter 2018

This provider update includes a listing of new and updated medical policies approved in the first quarter of 2018. 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.

New Policies

Medical Policy	Policy Statement
AMBULATORY SURGERY CENTER OPTIMIZATION	This policy provides guidance for medically appropriate surgical procedures that can be provided in an ambulatory surgery center (ASC) instead of an inpatient or outpatient hospital setting
CARDIAC BIOMARKER TESTING IN ACUTE MI	Troponin I or T testing is medically necessary for suspected acute myocardial infarctions (AMI). Creatine kinase myocardial isoenzyme (CK-MB) and myoglobin testing are considered not medically necessary for suspected AMI
EEG FOR HEADACHE	An electroencephalogram (EEG) is considered not medically necessary for the routine evaluation of a headache
H. PYLORI SEROLOGY TESTING	H. pylori serology testing is not medically necessary for diagnosing infection or evaluating treatment effectiveness

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

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New Policies, continued

Medical Policy	Policy Statement
HOME PHOTOTHERAPY FOR NEONATAL HYPERBILIRUBINEMIA	This policy notes the guidelines when conventional phototherapy, applied by a single light source in the blue-green spectrum, is medically appropriate in a home setting for the treatment of physiologic hyperbilirubinemia in term (≥ 38 weeks gestation) stable infants. Refer to the policy for additional details
THYROID AND INSULIN TESTING IN PEDIATRICS	Thyroid and insulin testing in healthy, or in obese but otherwise healthy, children (ages 1 to 18) are not considered medically necessary
TRANSCATHETER CLOSURE OF PATENT FORAMEN OVALE	Percutaneous transcatheter closure of patent foramen ovale (PFO) with a U.S. Food and Drug Administration- (FDA-) approved device is considered medically necessary to reduce the risk of recurrent ischemic stroke when the indications in the policy are met. It is considered experimental/investigational for migraine prophylaxis, stroke prevention or unexplained oxygen desaturation
VITAMIN D TESTING IN PEDIATRIC POPULATION	This policy states that 25-hydroxyvitamin D testing in healthy, including obese but otherwise healthy, children (ages 1 to 18) is considered not medically necessary

Updated Policies

Medical Policy	Change
APPLIED BEHAVIORAL ANALYSIS (ABA)	Revised I.C.2 to state that lead poisoning rather than heavy metal poisoning has been ruled out per the American Academy of Neurology
AUTOMATED AMBULATORY BLOOD PRESSURE MONITORING	Revised blood pressure (BP) thresholds from greater than 140/90 to greater than 130/80 based on pending publication of the American College of Cardiology recommendations
DOUBLE BALLOON ENTEROSCOPY	Per the American Society for Gastrointestinal Endoscopy, added medically appropriate diagnoses when diseases of the small bowel are suspected and conventional diagnostic tests are negative
DME	Added criteria for prolonged and intermittent infusions under Ambulatory infusion pump, section D
FECAL INCONTINENCE TREATMENT	Added II.E. Vaginal bowel control (such as Eclipse system) as investigational
HYPERBARIC OXYGEN THERAPY	Added idiopathic sudden sensorineural hearing loss and central retinal artery occlusion as indications, expanded antimycotic brain abscess to intracranial abscess and added criteria per Undersea and Hyperbaric Medicine Society (UHMS).
HYPEREMESIS GRAVIDARUM TREATMENT	Per the American College of Obstetricians and Gynecologists (ACOG), revised dosage of dimenhydrinate in table 1 for initial therapy, added trimethobenzamide IM to table 1 for initial therapy. Added dimenhydrinate IV to step 2 in table 1

Updated Policies, continued

Medical Policy	Change
NONMYELOABLATIVE ALLOGENIC TRANSPLANT	Clarified under Policy/Criteria I. that policy statements apply to reduced-intensity conditioning and non-myeloablative regimens. Added paroxysmal nocturnal hemoglobinuria and myelofibrosis as indications. Changed chronic lymphoblastic leukemia to chronic lymphocytic leukemia. Added criteria to multiple myeloma requiring that it be responsive to primary treatment. For myelodysplastic syndromes, restricted indication to adults. Removed contraindication in II.A. of ineligibility for conventional high-dose chemotherapy/myeloablation, as well as restriction for members under age 3
OBSTETRICAL HOME HEALTH PROGRAMS	Premature replaced by prelabor rupture of membranes per ACOG revitalize obstetric data definitions. Replaced Makena® with hydroxyprogesterone caproate
PANCREAS TRANSPLANT	Removed islet cell transplantation from III
PEDIATRIC HEART TRANSPLANTATION	Added AL amyloidosis as a contraindication
REFRACTIVE SURGERY (LASIK, LESEK, PRK, PARK AND PRK-A)	Added that epikeratoplasty is considered medically necessary for acquired or congenital aphakia
VITAMIN D, MEASUREMENT OF SERUM	This policy addresses when the measurement of 1,25(OH)2D is appropriate and medically necessary for monitoring certain conditions, such as acquired and inherited disorders of vitamin D and phosphate metabolism

ADDITIONAL INFORMATION

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