PROVIDER *Update*

CalViva HEALTH

Health Net COMMUNITY SOLUTIONS

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# Medical Policies – 2nd Quarter 2018

This provider update includes a listing of new and updated medical policies, including an updated clinical practice guideline approved in the second 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 |
|---|---|
| **IMPLANTABLE WIRELESS PAP MONITORING** | Implantable wireless pulmonary artery pressure monitoring (PAP) (for example, CardioMEMS™) is considered not medically necessary for all indications, including management of heart failure |
| **PEDIATRIC LIVER TRANSPLANT** | Clinical indications and contraindications are included |

### Updated Policies

| Medical Policy | Change |
|---|---|
| **ADHD ASSESSMENT AND TREATMENT** | Added evaluation of iron status (for example, measurement of serum iron and ferritin levels) as not medically necessary. Codes reviewed and updated |

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

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## **Updated Policies,** continued

| Medical Policy | Change |
|---|---|
| **APPLIED BEHAVIORAL ANALYSIS** | Specified which Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV and DSM-5 diagnoses apply, and broke these into separate criteria points. Added pediatric psychiatrist, neurologist or developmental pediatrician as clinicians that can validate the autism spectrum disorder (ASD) diagnosis |
| **ARTICULAR CARTILAGE DEFECT REPAIRS** | Osteochondral implants: added requirement for absent or minimal changes in surrounding articular cartilage |
| **ASSISTED REPRODUCTIVE TECHNOLOGY** | Numerous changes to several sections that are listed in the policy under Reviews, Revisions and Approvals. Reworded criteria for clarity in intrauterine insemination (IUI) conversion to in vitro fertilization (IVF) section, and combined with IVF criteria. Corrected definition of severe male factor infertility in IVF section to say sperm concentration <10 million/mL instead of TMS <10 million. Clarified in donor sperm section which indications apply to the male partner. Removed redundant statement in donor egg cycle that the female has an approved ART cycle |
| **BALLOON SINUS OSTIAL DILATION** | Clarified in >18 chronic rhinosinusitis (CRS) section that computed tomography (CT) findings of opacification should be in the sinuses, and removed statement that CT findings should be radiographic |
| **CARDIAC BIOMARKER TESTING** | Deleted Table 2, diagnosis code list. Clarified in criteria point II that creatine kinase myocardial isoenzyme CK-MB and myoglobin are not medically necessary when billed with CPT code 84484 for troponin |
| **CELL-FREE FETAL DNA TESTING** | Added III. Cell-free fetal DNA testing for additional chromosomal abnormalities other than trisomy 21, 18 or 13 are considered not medically necessary, including, but not limited to, other trisomies, aneuploidies or microdeletions. Background information updated |
| **DISC DECOMPRESSION PROCEDURES** | Revised I.C.1.a. from a score of <2 on the Medical Research Council 0 to 5 muscle strength scale to a score of <3 per 2017 IQ criteria. Codes updated |
| **GENETIC TESTING** | References reviewed and updated. Added I.D: member has not previously undergone genetic testing for the disorder. Added statement that direct-to-consumer genetic testing is not medically necessary |
| **HER2 NEU** | Revised policy to include link to recent American Society of Clinical Oncology (ASCO) recommendations for the human epidermal growth factor receptor 2 (HER2) testing algorithm for breast cancer, updated to address the recommended workup for less common clinical scenarios (approximately 5% of cases) observed when using a dual-probe in situ hybridization (ISH) assay |
| **HOSPICE** | Removed requirement of documentation that member must no longer be seeking curative treatment, with the possible exception of Children's Health Insurance Program (CHIP). Intensity of Service (Initial): removed redundant language regarding requirement for authorization of each request. Added section for subsequent requests |
| **HYPEREMESIS GRAVIDARUM TREATMENT** | Removed step therapy approach in I.C because it is redundant. Removed information about symptoms, food intake, urinary ketones, urine specific gravity, and daily weights |

## Updated Policies, continued

| Medical Policy | Change |
|---|---|
| **INJECTIONS FOR PAIN MANAGEMENT** | Removed criteria addressing selective nerve root block (SNRB) from section I. Renamed section I, Cervical/Thoracic/Lumbar/Caudal, Interlaminar ESI. Added section II, Selective Nerve Root Blocks/Transforaminal Epidural Steroid Injections (TFESI) that includes criteria for SNRB/TFESI. C. Added medically necessary criteria to section III, Transforaminal Epidural Steroid Injections, regarding initial injections |
| **NICU APNEA BRADYCARDIA DISCHARGE GUIDELINES** | Revised statement in section I, clarifying possibly longer to up to 7 days. Changed <28 weeks gestation to <32 weeks gestation. References reviewed and updated. Replaced in background, "A target level of 10-20ug/ml is sought" with "The therapeutic trough serum concentration is 5 to 25 mg/L" as per UpToDate. Clarified statement under II. Caffeine, that discontinuation of caffeine often occurs before discharge |
| **PANNICULECTOMY** | Changed wording in I.D for clarification that weight should be stable after bariatric surgery |
| **PEDIATRIC HEART TRANSPLANT** | Specified for each indication the stage of heart failure required, and removed general criteria stating that patient is in stage C or D heart failure. Removed severely limited functional status with poor rehab potential |
| **PERCUTANEOUS LEFT ATRIAL APPENDAGE (WATCHMAN)** | Percutaneous Left Atrial Appendage Closure Device (LAAC) for Stroke Prevention: Clarified in I.A and I.B that the anticoagulation therapy recommended is for long-term use. Updated background information to include possible complication associated with the device. |
| **VENTRICULAR ASSIST DEVICES** | Clarified in section I.B.3.a. that the phrase "failure to respond to" only applied to optimal medical management, and not balloon or inotrope dependence. Specified that balloon pump and inotrope requirements are ≥, and not exact. Changed cardiac transplantation to heart transplant for consistency |
| **ZIKA VIRUS TESTING** | Simplified definition of possible Zika exposure. Numerous changes that are noted in the policy under Reviews, Revisions and Approvals |

## Clinical Practice Guideline

| Guideline | New Guideline Links |
|---|---|
| **GUIDELINES FOR TREATMENT OF LOW BACK PAIN** | Links to treatment recommendations are at provider.healthnet.com under *Working with Health Net > Clinical > Clinical Practice Guidelines* and select *American Association of Family Physicians: Low Back Pain* or *Annals of Internal Medicine: Diagnosis and Treatment of Low Back Pain* |

## ADDITIONAL INFORMATION

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569 or TTY: 711.