

PROVIDER Update



CONTRACTUAL | DECEMBER 6, 2018 | UPDATE 18-875 | 3 PAGES

Medical Policies – 3rd Quarter 2018

Stay informed by checking out the recently approved medical policy additions and changes

This provider update includes a listing of new and updated medical policies approved in the third 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 |
|----------------------------------|--|
| MONITORED ANESTHESIA CARE | Clinical criteria for administering conscious sedation with the additional assistance from an anesthesia team member for gastrointestinal (GI) endoscopic procedures |

Updated Policies

| Medical Policy | Change |
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| ARTICULAR CARTILAGE DEFECT REPAIRS | In I.A., changed criteria to state ages 18–55, or documented skeletal maturity if <18, instead of ages 15–55, or documented skeletal maturity if <18 |

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
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Updated Policies, continued

| Medical Policy | Change |
|--|--|
| BARIATRIC SURGERY | Replaced cardiac risk qualifiers with that from the reconstructed revised cardiac risk index (RCRI), in addition to significant arrhythmias and valvular heart disease. Reworded hypothyroidism screening criteria to require testing if signs/symptoms of hypothyroidism other than obesity. Removed requirement for screening for Helicobacter pylori (H. pylori) in high prevalence areas and treatment requirement |
| DNA ANALYSIS OF STOOL TO SCREEN FOR COLORECTAL CANCER | HCPCS code G0464 removed from the policy as the code is deleted in 2018 |
| ENDOMETRIAL ABLATION | Added “previous transmyometrial uterine surgery” in I.D |
| HYPERHIDROSIS TREATMENTS | Separated criteria for endoscopic thoracic sympathectomy (ETS) and removal of axillary sweat glands, and specified that they meet criteria for iontophoresis A-D. For ETS, added criteria that member heart rate is ≥ 55 beats per minute; symptoms started before age 16, and surgery is on a member less than age 25; that there be no significant comorbidities; that there is no night sweating, and body mass index (BMI) < 28 , per 2011 guidelines |
| INJECTIONS FOR PAIN MANAGEMENT | Policy has been separated into individual policies: <ul style="list-style-type: none"> • Trigger Point Injections (CP.MP.169) • Intradiscal Steroid Injections for Pain Management (CP.MP.167) • Selective Nerve Root Blocks and Transforaminal Epidural (CP.MP.165) • Caudal or Interlaminar Epidural Steroid Injections (CP.MP.164) |
| MICROVOLT T WAVE ALTERNANS TESTING | Added known or suspected long QT syndrome (LQTS) |
| NERVE BLOCKS FOR PAIN MANAGEMENT | Policy split from CP.MP.118 Injections for Pain Management. <ul style="list-style-type: none"> • Sympathetic nerve block for CRPS: reworded diagnostic criteria for complex regional pain syndrome (CRPS), retaining clinical meaning; added requirement of positive response to first or second block, if requesting additional • Added that blocks should be at least one week apart • Expanded criteria for sympathetic nerve block for pancreatic cancer a separate section and includes celiac plexus neurolysis |
| REDUCTION MAMMOPLASTY AND GYNECOMASTIA SURGERY | Added “chiropractic care or osteopathic manipulative treatment” under I.A.4 |
| SACROILIAC JOINT INTERVENTIONS | Clarified II. by adding “ $\geq 50\%$ ” to the statement |
| TESTING FOR DRUGS OF ABUSE | Modified criteria in I.A.1 that a presumptive test must be performed before a definitive test unless no reliable test is available. Added an indication for testing when the presumptive test is assumed to be positive based on patient history, but quantitative levels are required. Modified II.C. to state that screening in asymptomatic patients is medically unnecessary, unless otherwise stated in section I |

Updated Policies, continued

| Medical Policy | Change |
|--|--|
| TRANSCATHETER CLOSURE OF PATENT FORAMEN OVALE | Removed the phrase “to reduce the risk of ischemic stroke” from the medical necessity statement in II. Specified that the “stroke prevention” in section II is “primary stroke prevention” |

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.