PROVIDER *Update*

CalViva

Health Net® COMMUNITY SOLUTIONS

CONTRACTUAL | FEBRUARY 15, 2019 | UPDATE 19-129 | 3 PAGES

Medical Policies – 4th Quarter 2018

Recently approved medical policy changes listed in this update

This provider update includes a listing of updated medical policies approved in the fourth 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.

Updated Policies

Medical Policy	Change
BALLOON SINUPLASTY FOR TREATMENT OF CHRONIC SINUSITIS	Removed option for adults to qualify for balloon sinus dilation by endoscopic findings, as CT findings are required before surgery in the 2018 guidelines
BIOFEEDBACK	Removed information note that improvement of fecal/urinary incontinence should be noted in four sessions
BONE ANCHORED HEARING AID (BAHA)	• Added criteria in III stating that BAHA or its components may be replaced if no longer functioning or if a change in the member's condition necessitates it • Added criteria in IV that a replacement or upgrade simply for convenience or to upgrade to a newer technology is not medically necessary

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, continued

Medical Policy	Change
BONE ANCHORED HEARING AID (BAHA), continued	• Added indication for "Air-conduction hearing aid ineffective owing to large conductive hearing loss" • Added specific decibel (dB) threshold criteria for BAHA for single-sided deafness and bilateral hearing loss, per 2011 guidelines • Added criteria for sound processor replacement if it is over five years old
CARDIAC RISK ASSESSMENT – LABORATORY TESTS	Added secretory phospholipase A2 (sPLA2-IIA) and carotid intima-media thickness (CIMT) to investigational section
COCHLEAR IMPLANT REPLACEMENTS	Added criteria for sound processor replacement if it is over five years old
DONOR LYMPHOCYTE INFUSION	Removed "who has not relapsed" from I.B
FECAL BACTERIOTHERAPY	Simplified criteria by removing treatment parameters according to different episodes
FECAL INCONTINENCE TREATMENTS	Added that all other treatments are contraindicated in I.C.4. Added age at least four years and previously achieved bowel control. References reviewed and updated
FERTILITY PRESERVATION	• Clarified I.B. that cryopreservation is medically necessary for "mature" oocytes • Under III, added A. Cryopreservation of immature oocytes, as investigational
FETAL SURGERY IN UTERO FOR PRENATALLY DIAGNOSED MALFORMATIONS	Myelomeningocele repair: clarified that "no history of previous hysterotomy in the active uterine segment" should be "history of previous hysterotomy in the active uterine segment"
GASTRIC ELECTRICAL STIMULATION	• Added "gastric emptying" to scintigraphy in I.A. for clarification • Modified III. to state that gastric electrical stimulation (GES) is investigational for all other indications, including, but not limited to, the treatment of obesity
HEART-LUNG TRANSPLANT	Reworded contraindications regarding retransplantation with no change of meaning
HYPERBARIC OXYGEN THERAPY	• Added that contraindication to bleomycin should consider risks and benefits. Removed contraindication regarding mafenide acetate (Sulfamylon®) • For problematic wounds: removed requirement of transcutaneous oximetry; changed initial approval from 30 sessions to 20 sessions, and added option for an additional 10 up to 40 total. Specified that documentation must include measurements before and after hyperbaric oxygen therapy (HBOT)
INHALED NITRIC OXIDE THERAPY	Added indication for pediatric post-op management of pulmonary hypertension associated with heart or lung surgery
INTRAPERITONEAL HYPERTHERMIC CHEMOTHERAPY	Added disseminated mucin-producing adenocarcinomas
PEDIATRIC LIVER TRANSPLANT	Under fatty acid oxidation defects, changed recurrent episodes to "recurrent episodes of complications"
RADIAL HEAD IMPLANT	• Reorganized without clinical impact: moved "history of previous elbow sepsis," "Previous fascial or other interpositional arthroplasty…," and "Excessive bone loss…" from the not medically necessary statement to contraindications section in I • Clarified that any of the previous arthroplasties alone are contraindications, and that extensive bone loss or poor flexion or extension mechanisms are contraindications

Updated Policies, continued

Medical Policy	Change
SPINAL CORD STIMULATION	Added Failed Neck Surgery Syndrome to indications under limited evidence criteria (I.D.1.k)
TRANSCATHETER CLOSURE OF PATENT FORAMEN OVALE	• Added “but not limited to” to criteria regarding absence of other risk factors for ischemic stroke • Added hypercoagulation, arterial dissection and atrial fibrillation as conditions that must be ruled out • Added contraindications per instruction manual
WHEELCHAIR SEATING	• Added E0953 as medically necessary to C. as per local coverage determination (LCD) L33312 • Added E0953 to code section, “Positioning Accessories”. Added ICD-10 codes per LCD

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.