

PROVIDER Update



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Medical Policies – 1st Quarter 2019

Review recently approved new and updated medical policy changes

The medical policies listed in this update were approved in the first quarter of 2019. These policies may apply to CalViva Health Medi-Cal members if there are no available medical policies from the California Department of Health Care Services (DHCS). A complete description of the updated medical policies is on the provider website at provider.healthnet.com. Then, select *Working with Health Net > Clinical > Medical Policies*.

Purpose of medical policies

Medical policies offer guidelines to help decide medical necessity for certain procedures, equipment and services. They are not intended to give medical advice or tell providers how to practice. If required, providers must get prior authorization before services are given.

Medical policies vs member contract

All services must be medically needed, unless the member's individual benefits contract states otherwise. The member's benefits contract defines benefits in addition to eligibility requirements, and coverage exclusions and limits.

- If legal or regulatory mandates apply, they may override medical policy.
- If there are any conflicts between medical policy guidelines and related member benefits contract language, the benefits contract will apply.

For Medi-Cal plans, appropriate coverage guidelines take precedence over these plan policies and must be applied first.

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

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New Policies

Medical policy	Policy statement
Implantable Intrathecal Pain Pump	Criteria for a preliminary trial and permanent placement for the administration of opioid drugs singly or in combination with other non-opioid drugs
Neurofeedback	Policy provides medical necessity criteria for the initiation, continuation and discharge from therapy for specific behavioral health related diagnoses

Updated Policies

Medical policy	Change
Allergy Testing	Added to III.A, testing of the following antigens as not medically necessary: cornstarch, cotton, formaldehyde, and smog. References reviewed and updated. Added CPT code 86008 and relevant ICD-10 codes
Allogeneic Hematopoietic Cell Transplants for Sickle Cell Disease	<ul style="list-style-type: none"> Sickle cell: specified that donor should be a first-degree relative, and that the conditioning regimen should be myeloablative Beta thalassemia: added that cord blood is allowed if donated by a first-degree relative, added bone marrow or peripheral blood are acceptable sources
Applied Behavioral Analysis (ABA)	<ul style="list-style-type: none"> Updated description to include definition types of ABA treatment Added primary care physician (PCP) to group of providers qualified to make diagnosis of autism spectrum disorder (ASD) Added updated versions of various screening/diagnostic tests noted in I.B and #12 Removed requirement that neurological disorder, lead poisonings, and primary speech or hearing disorder has been ruled out as this is implied Added I.C., description of categories that justify ABA treatment and added I.D treatment plan criteria for focused and comprehensive ABA Under continuation of services, section II, removed requirement that treatment plan be reviewed on a monthly basis; revised review from 12 to 6 months in D & E
Assisted Reproductive Technologies and Infertility	<ul style="list-style-type: none"> Under policy/criteria, removed benefit limitations of 6 cycles for any procedure to refer to benefit plan contract for coverage limitations Under basic criteria, A.3, changed age requiring documentation of adequate ovarian reserve from > 35 to > 40 Under treatment specific criteria B.7.e., removed age limit of 42
DME	Deleted section for enteral pumps and supplies because other criteria exists. Added reference to CP.MP.117, Spinal Cord Stimulation in section on Implantable neurostimulator
Ferriscan	Changed “thalassemia major and thalassemia intermedia” to “thalassemia major or thalassemia intermedia.” Changed “hepatitis C and B” to “hepatitis C or B”
Gender Reassignment Surgery	Added criteria for Voice Modification Surgery for voice deepening and for voice feminization
Hyperbaric Oxygen Therapy	Added that contraindication to bleomycin should consider risks and benefits. Removed contraindication regarding mafenide acetate (Sulfamylon®)
Hyperemesis Gravidarum Treatment	Added pyridoxine and doxylamine dosing options
Hyperhidrosis Treatments	Added topical glycopyrronium to normal line of medical therapy for axillary hyperhidrosis
NICU Apnea Bradycardia Discharge Guidelines	<ul style="list-style-type: none"> In discharge criteria added that the infant has no other conditions requiring inpatient care Combined caffeine criteria section into the “discharge for significant cardiorespiratory events” section

Updated Policies, continued

Medical policy	Change
Nonmyeloablative Allogeneic Transplants	<ul style="list-style-type: none"> • Moved beta thalassemia and sickle cell anemia from the list of approved indications to the list of experimental/investigational (E/I) indications • Removed age restriction from myelodysplastic syndromes • Added to the multiple myeloma indication that a reduced-intensity conditioning/ nonmyeloablative (RIC/NMA) approach is appropriate post-autologous or fully myeloablative stem cell transplant • Removed diffuse large b-cell lymphoma from E/I list • Clarified that diffuse large cell lymphoma is diffuse large b-cell lymphoma • Added requirement that the patient is in remission following second-line therapy for relapsed or refractory disease
Obstetrical Home Health Programs	Specified that only preeclampsia without severe features is appropriate
Pancreas Transplant	<ul style="list-style-type: none"> • Added “early prostate cancer with a low Gleason score” as an exception to contraindication, I.C.1.b • Removed “and/or islet cell” from IV.A
Pediatric Liver Transplant	Added to the valproate-associated liver failure contraindication applies to those under age 10
Physical, Occupational and Speech Therapy	Removed duplicative statements in several areas and removed statement from “initial request” section that up to 6 months of treatment may be authorized at a time
Tandem Transplant	Specified that contraindications in section I.B. also apply to types of tandem transplants listed in sections II and III
Total Artificial Heart	Revised I.G to allow for consideration for either body measurement, not both
Ventricular Assist Devices	Removed HeartAssist® Pediatric ventricular assist devices (VAD) as this device is no longer available
Voice Therapy	Added gender reassignment as an indication

Preventive Health and Clinical Practice Guidelines

Guideline	New Guideline Links
Preventive Health Guidelines	<ul style="list-style-type: none"> • Combined the Adult Female and Adult Male Guidelines into a single document • Added link to 2019 Advisory Committee of Immunization Practices (ACIP) Guidelines for Childhood and Adolescent, and Adult Immunizations • Added link to 2019 version of the American Academy of Pediatrics (AAP) Bright Futures Guideline
Clinical Practice Guidelines	Updated links to Institute for Clinical Systems Improvement (ICSI) links for lipid management: Low back pain; and Respiratory illness.