

PROVIDER Update



CONTRACTUAL | APRIL 30, 2021 | UPDATE 21-322 | 3 PAGES

Medical Policies – 1st Quarter 2021

Review new and updated policies to stay current on clinical criteria for procedures and services

The medical policies listed in this update were approved in the first quarter of 2021. 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). For a complete description of the background, criteria, references, and coding implications for the medical policies, log on to the provider website at provider.healthnet.com and select *Medical Policies* under *Resources for you*. Or, go directly to the Provider Library at providerlibrary.healthnetcalifornia.com.

Purpose of medical policies

Medical policies offer guidelines to help determine 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.

New Policies

Medical policy	Policy statement
Diaphragmatic/ Phrenic Nerve Stimulation	<ul style="list-style-type: none">• Integrated diaphragmatic pacing criteria from CP.MP.107 DME• Removed ICD-10-PCS codes and replaced with ICD-10-CM codes• Added medical necessity criteria for amyotrophic lateral sclerosis (ALS)
Skilled Nursing Facility Leveling	Recategorized into four levels of care; removed the list of high cost drugs; removed Centers for Medicare & Medicaid Services (CMS) billing requirements and exclusions from background

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

888-893-1569
www.healthnet.com

Updated Policies

Medical policy	Change
Ambulatory Surgery Center Optimization	<ul style="list-style-type: none"> • Added additional verbiage to Criteria II. noting that inpatient or outpatient hospital setting requests will not be considered appropriate “when the requesting physician has privileges at a qualified ambulatory surgery center (ASC) capable of providing the requested procedure” • CPT codes removed due to the lack of InterQual™ criteria that can be utilized for medical necessity determination: 11603, 21501, 21552, 23430, 26418, 27328, 28119, 28485, 28615, 28740, 43264, 51102, 52260, 52276, 52310, 52317, 65820
Assisted Reproductive Technologies and Infertility	<ul style="list-style-type: none"> • Under Description of policy, added reference to CP.PHAR 131 • Under basic criteria, added reproductive endocrinologist as an acceptable provider for males • Under treatment specific criteria for females, I.B.2 IVF (in vitro fertilization), added “unexplained infertility” for clarification; changed age criteria in ii.a from < 39 to < 38; changed requirement of gonadotropic stimulation to oral agents (i.e., clomiphene or letrozole) • Changed age criteria in ii.b from 40–42 to 38–42; changed requirement of failure of 1-2 cycles of intra-uterine insemination (IUI) with gonadotropic stimulation to failure of at least 1 cycle of IUI with oral agents (i.e., clomiphene or letrozole) • Under treatment specific criteria for I.B.4 GIFT/ZIFT (gamete intrafallopian transfer/zygote intrafallopian transfer), added “unexplained infertility” to 4b for clarification; made the same criteria changes as noted for IVF
Cardiac Biomarker Testing in Acute MI	Added “or myocardial injury due to other mechanisms” in addition to acute myocardial infarction (MI) for approval in Criteria I
Double Balloon Enteroscopy	<ul style="list-style-type: none"> • Added E, For removing large polyps of the small bowel in persons with Peutz-Jeghers syndrome
Durable Medical Equipment and Orthotics and Prosthetic Guidelines	<ul style="list-style-type: none"> • Added a note to the description stating that if a lower-cost, medically necessary item exists and will meet the member’s needs, the lower cost item will be approved • Updated policy to remove diaphragmatic nerve stimulation criteria, which was transferred to CP.MP.203 Diaphragmatic Phrenic Nerve Stimulation • Respiratory Equipment table for Nebulizer, ultrasonic, changed to not medically necessary with supporting statement • Diabetes Care Equipment table for blood glucose monitor with integrated voice synthesizer, revised language from diabetics to member/enrollee with diabetes • Table for Pumps – Implantable infusion pumps, added contraindications. Gastric suction pump, added requirement of inability to empty gastric secretions through normal gastrointestinal functions • Wheelchair criteria added to its own table. Criteria for manual added and coding updated • Direction added to use nationally recognized criteria for upper extremities and myoelectric prosthetics • Removed codes from shoulder, elbow, wrist, hand, finger orthotics that were duplicated in IQ, L3720, L3730, L3740, L3760, L3900, L3901, L3960, L3962 and L3999
Hyperemesis Gravidarum Treatment	Removed criteria for total parenteral nutrition (TPN) and codes S9364, S9365, S9366, S9367 and S9368
Hyperhidrosis Treatments	Combined criteria points in II.H and III.C to read “failed one of the following: 1. Iontophoresis or 2. Trial of botulinum toxin...”
Obstetrical Home Health Programs	<ul style="list-style-type: none"> • Removed reference to OptionCare in description • Under C. Hydration therapy, changed initial course and additional course of up to 14 visits to up to seven visits at a time

Updated Policies, continued

Medical policy	Change
Obstetrical Home Health Programs, <i>continued</i>	<ul style="list-style-type: none"> • Under D. Diabetes in pregnancy, removed the word “program” from the title and criteria; deleted all criteria except the requirement for diagnosis of Type 2 diabetes mellitus (DM), or gestational diabetes, and specified that both are non-insulin dependent • Deleted reference to case rate, and added that one visit is medically necessary • Combined criteria in E for insulin injections and F for insulin pump into E; removed criteria except for being pregnant and requiring insulin administration; changed number of medically necessary visits from 14 to up to seven days for the initial and additional courses • For hypertensive disorders in pregnancy, replaced “program” in the title with “management”; changed number of medically necessary visits from “up to 14 days” with “an additional seven days if needed” to one visit. For preeclampsia in pregnancy, replaced “program” with “visits for management”; changed the number of initial and additional medically necessary visits from “up to seven” to “an additional home visit with phone follow-up as needed” • For preterm labor management, changed number of medically necessary visits from three in one week to one home visit in a week, with additional phone follow-up as needed
Pancreas Transplant	Under contraindication I.C, removed “malignancy metastasized to or extending beyond the margins of the kidney and/or pancreas” as this is inclusive to contraindication #1
Skilled Nursing Facility Leveling	Added negative pressure wound therapy to I.B
Testing Select GU Conditions	<ul style="list-style-type: none"> • Added Criteria V. Multiplex PCR panel testing as investigational and updated background accordingly • Added 2021 CPT codes 81513 and 81514 codes to Table 3 as not medically necessary
Ventricular Assist Devices	<ul style="list-style-type: none"> • Removed ICD-10 code Z94.1 and added Z76.82 • Removed mention of Berlin Heart EXCOR Pediatric ventricular assist device (VAD) under II.A as other pediatric VADs are being approved • Added "if FDA approved or approved under the FDA Humanitarian Device Exemption (HDE) guidelines and used in accordance with the device specific inclusion/exclusion criteria, including body size" to II • Added "or age specific to FDA approved guidelines" to II.A.1 • Changed II.A.3 from "Is a candidate for heart transplant" to "As a bridge to heart transplant"

Adult Preventive Health Guidelines based on U.S. Preventive Services Task Force (USPSTF) recommendations

Category	Change
Hepatitis C	Broadened who should be tested to screen all adults ages 18–79
Lung Cancer	The USPSTF has changed the age range and pack-year eligibility criteria. It recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults ages 50 to 80 who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years
Unhealthy Drug Use: Screening	The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 or older. Screening should be implemented when services for accurate diagnosis, effective treatment and appropriate care can be offered or referred

Additional information

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