PROVIDER*Update*

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Medical Policies – 1st Quarter 2022

Review the latest changes to medical policies for procedures and services

The medical policies listed in this update were approved in the first quarter of 2022. These policies may apply to CalViva Health members if there are no available medical policies from the California Department of Health Care Services. For a complete description of the background, criteria, references, and coding implications for the medical policies, go to www.healthnet.com/content/healthnet/en_us/providers/working-with-hn/medical_policies.html.

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 benefit plan coverage document states otherwise. The CalViva Health Member Handbook/Evidence of Coverage defines member 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
CP.BH.100 – Substance Use Disorder	This clinical policy replaces the Clinical Practice Guidelines for Substance Use Disorder and outlines the utilization management of authorization requests for substance use disorder treatment within the Centene Corporation.

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

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New Policies, continued

Genetic testing –

Policy number	Policy name	Policy number	Policy name	Policy number	Policy name
CP.MP.215	Aortopathies and Connective Tissue Disorders	CP.MP.224	Hematological Disorders	CP.MP.233	Preimplantation Genetic Testing
CP.MP.216	Cardiac Disorders	CP.MP.225	Hereditary Disorders	CP.MP.234	Prenatal and Preconception Carrier Screening
CP.MP.217	Dermatological Conditions	CP.MP.226	Immune Autoimmune Rheumatoid Disorders	CP.MP.235	Prenatal Diagnosis and Pregnancy Loss
CP.MP.218	Epilepsy, Neurodegenerative Disorders	CP.MP.227	Kidney Disorders	CP.MP.236	Skeletal Dysplasia and Rare Bone Disorders
CP.MP.219	Exome and Genome Sequencing	CP.MP.228	Lung Disorders	CP.MP.237	Oncology Algorithmic Testing
CP.MP.220	Eye Disorders	CP.MP.229	Metabolic Endocrine Mitochondrial Disorders	CP.MP.238	Genetic Testing for Oncology Cancer Screening
CP.MP.221	GI Disorders (non cancerous)	CP.MP.230	Multi system Inherited Disorders	CP.MP.239	Genetic Testing for Oncology Circulating Tumor DNA (liquid biopsy)
CP.MP.222	Genetic Testing	CP.MP.231	Noninvasive Prenatal Screening (NIPS)	CP.MP.240	Oncology Cytogenetic Testing
CP.MP.215	Hearing Loss	CP.MP.232	Pharmacogenetics	CP.MP.241	Oncology Molecular Analysis of Solid Tumor and Hematologic Malignancies

Updated Policies

Policy number and name	Change
CP.BH.104 – Applied Behavioral Analysis (ABA)	Section 1.B.2.d.i.c., Edit of verbiage for caregiver training goals – changed to "Caregiver training is performance based and parent driven. Identifies measurable outcomes for every goal and objective"; and formatted to standard Clinical Policy format.
CP.MP. 186 – Burn Surgery	Removed criteria III. stating burn surgery was, "not medically necessary when duplicating another provider's procedure, product, or service."
CP.MP. 107– Durable Medical Equipment and Orthotics and Prosthetic Guidelines	• Added to Burn garments table, HCPCS codes A6502, A6503, A6504, A6505, A6506, A6508, A6509, A6510, A6512 and A6513 to policy. • Made note for HCPCS code K0108 to refer to CP.MP.99 for wheelchair seating in Specialized supply or equipment section.

Updated Policies, continued

Policy number and name	Change
CP.MP.89 – Genetic Testing and Pharmacogenetic Testing	• Under Note, added “clinical policies” to bullet point 1 and updated bullet point 3 to state “Requests for genetic panels will be reviewed to determine if all included gene analyses are medically necessary.” • In I.A. added “having inherited” and “or genetic disorder.” • In I.E., removed requirement for technical performance verification in the literature…”
CP.MP.113 – Holter Monitor	Under Description, added "This policy provides medical necessity guidelines for Holter monitoring up to 48 hours. For Holter monitoring beyond 48 hours, see clinical decision support criteria."
CP.MP.136 – Home Birth	• Section I.A.2.d., edited language regarding emergency facility access for physician-overseen care to match midwife-overseen care. • Reformatted I.B and clarified that at least one provider is certified in the Neonatal Resuscitation Program.
CP.MP.54 – Hospice Services	Under Criteria: • Revised forced vital capacity (FVC) in II.B.3.a. from < 40% to < 30%. • Revised II.F.b.3 from “> 33% lean body mass,” to “loss of at least 10% lean body mass.”
CP.MP.173 – Implantable Intrathecal or Epidural Pain Pump	• Updated “Refer to” note under Description. Section I, added “epidural or” intrathecal administration... • In I.A.1., added Inadequate response “to or intolerable side effects from.” • II.A, added when “the above criteria for” the preliminary trial are met “and all the following under 2–4: Body size is sufficient to support the weight and bulk of the device; No other implanted programmable devices for which the interaction between devices may inadvertently change the prescription; No known allergy or hypersensitivity to the drug being used.” • II.B added “when the above criteria for the preliminary trial is met and all of the following.” Removed duplicate criteria from II.B “no active infection.” • Under II.B. added “Note: The trial requirement for a percutaneous intrathecal or epidural drug delivery system for pain of malignant origin may be reviewed on a case-by-case basis for instances of advanced disease, when survival time is limited, or considered high risk for procedures.” • Updated policy title from "Implantable Intrathecal Pain Pump" to “Implantable Intrathecal or Epidural Pain Pump."
CP.MP.58 – Intestinal and Multivisceral Transplant	Edited contraindications. See Policy for details.

Updated Policies, continued

Policy number and name	Change
CP.MP.57 – Lung Transplantation	• Added "or surgical therapy" to Section I and noted that maximal medical therapy includes pulmonary rehab when applicable. • Updated the following based on the International Society for Heart and Lung Transplantation (ISHLT) 2021 guidelines; removed criteria "High (> 80%) likelihood of surviving at least 90 days after lung transplantation." • Clarified nicotine and tobacco abstinence contraindication. • Added CPT codes 32850, 32855 and 32856.
CP.MP.86 – Neonatal Abstinence Syndrome Guidelines	• Added cocaine and Selective Reuptake Inhibitors (SSRIs) to the neonatal abstinence syndrome (NAS) symptom onset table. • In I.B, replaced a portion of the note reflecting a six hour dosing interval with a four hour morphine dosing interval. • Added requirement in I.C.2 discharge criteria that infant is consolable with appropriate measures 24–48 hours after the last dose of morphine prior to discharge. • Updated Background section. See policy for details. • In nonpharmacologic treatment section under Background, D.1.a., changed recommendation from frequent feedings of calorie dense formula or fortified breastmilk to "breastfeeding or formula feeding as indicated." • Under Background, D.2, added c under pharmacologic treatment regarding ESC assessment categories. • Added details regarding morphine, clonidine and phenobarbital weaning.
CP.MP.170 – Nerve Blocks and Neurolysis for Pain Management	• In I.A.1. added Inadequate response "to or intolerable side effects from." • II.A added when "the above criteria for" the preliminary trial is met "and the following: Body size is sufficient to support the weight and bulk of the device; No other implanted programmable devices for which the interaction between devices may inadvertently change the prescription; No known allergy or hypersensitivity to the drug being used." II.A. added "Note: The trial requirement for a percutaneous intrathecal or epidural drug delivery system for pain of malignant origin may be reviewed on a case-by-case basis for instances of advanced disease, when survival time is limited, or considered high risk for procedures." • II.B added "when the above criteria for the preliminary trial is met and all of the following." Removed duplicate criteria from II.B "no active infection." Updated policy title from "Implantable Intrathecal Pain Pump" to "Implantable Intrathecal or Epidural Pain Pump."

Updated Policies, continued

Policy number and name	Change
CP.MP.141 – Non-myeloablative Allogeneic Transplant	• Rephrased I.A.3. from "aplastic anemia" to "acquired bone marrow failure such as severe aplastic anemia;" • Added new indication I.A.4., "Familial bone marrow failure syndromes such as…" • Removed "molecular remissions induced by Gleevec" from I.A.8." • Added criteria points 13. and 14. to I.A. • In I.C., combined and rephrased contraindications 2. and 3. and updated verbiage regarding substance abuse and/or dependence in 4. • Sorted list of non-supported indications in Section II. • Removed ICD-10 codes D57.00–D57.819 for sickle-cell disorders from ICD-10 table of codes to support coverage.
CP.MP.91 – Obstetrical Home Health Programs	• Added info in Background regarding the American College of Obstetricians and Gynecologists (ACOG's) statement on the U.S. Food and Drug Administration's (FDA's) proposal to withdraw 17p Hydroxyprogesterone Caproate. • Note added to HCPCS S9123 regarding CPT usage.
CP.MP.138 – Pediatric Heart Transplantation	• Moved criterion "All reversible causes of heart failure have been ruled out…" to I.C, and moved contraindications to I.D. • Edited contraindications. See Policy for details related to cancer.
CP.MP.120 – Pediatric Liver Transplant	Edited contraindications. See policy for details.
CP.MP.187 – Radiofrequency Ablation of Uterine Fibroids	• Policy updated with medical necessity criteria for laparoscopic radiofrequency ablation (RFA) (the Acessa™ System). • Insufficient evidence statement now only applies to transcervical radiofrequency ablation (the Sonata® System).
HNCA.CP.MP.391 – Refractive Surgery	Added photoastigmatic keratectomy (PARK or PRK-A) to Section I.
CP.MP.117 – Spinal Cord, Peripheral Nerve and Percutaneous Electrical Stimulation	• Changed policy title to include peripheral nerve and percutaneous electrical nerve stimulation. • At the end of the Description, added note referring to other policies with criteria for specific types of peripheral nerve stimulation. • Added information on peripheral nerve field stimulation in Section I and percutaneous electrical nerve stimulation (PENS) in Section II. • Added "chronic back pain" to criteria III.D.1.
CP.MP.22 – Stereotactic Body Radiation Therapy	Removed "SBRT" from the note about proximity to cranial nerves in II.F.

Updated Policies, continued

Policy number and name	Change
CP.MP.162 – Tandem Transplant	Replaced contraindications. See policy for details for Section I.B.5, "Inadequate cardiac, renal, pulmonary…"
CP.BH.200 – Transcranial Magnetic Stimulation	• Policy/Criteria Section I, initial sessions revised from 30 to 20. • Section II, additional sessions revised from 20 to 10.
CP.MP.46 – Ventricular Assist Devices	Section 1.B.3.a.iv., added "Cardiac Index (CI) <2.2 L/min/m2, while not on inotropes and meet one of the following criteria: 1) No response to optimal medical management (including beta-blockers and ACE inhibitors, if tolerated, for at least 45 out of the last 60 days; 2) Presence of advanced heart failure for at least 14 days with dependence on an intra-aortic balloon pump (IABP) or similar temporary mechanical circulatory support for at least 7 days" to reflect update to National Coverage Determination (NCD) Ventricular Assist Devices 20.9.1 per Centers for Medicare & Medicaid Services.

Clinical Practice Guidelines

Clinical Practice Guidelines Grid	Updated the 2016 Surviving Sepsis Guidelines with the 2021 Surviving Sepsis guidelines under Critical Care.

Inactive policies

The following policies have been retired.

Policy number	Policy name
CP.MP.211	Electromyography and Nerve Conduction Studies.

Additional information

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