

## Medical Policies – 3rd Quarter for July and August 2023

### Review the new policy and the latest changes to existing medical policies for procedures and services

The medical policies listed in this update were approved in the third quarter of 2023 for July and August. 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 [bit.ly/MedicalPolicies](https://bit.ly/MedicalPolicies).

#### 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. This document defines member benefits in addition to eligibility requirements, and coverage exclusions and limits.

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

#### New Policy

Medical policy	Policy statement
CP.MP.249 – Omisirge (omidubicel)	This policy describes the medical necessity criteria for Omisirge (omidubicel), a nicotinamide-modified allogeneic hematopoietic progenitor cell therapy, to be delivered following myeloablative conditioning for hematologic malignancies.

#### THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

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### Updated Policies

Policy number and name	Change
CP.MP.92 – Acupuncture	<ul style="list-style-type: none"> <li>• Criteria I.B.4. updated to headaches occurring <math>\geq</math> 15 days per month for more than three months.</li> <li>• Criteria I.B.5. updated to include osteoarthritis of the hip.</li> </ul>
CP.MP.93 – Bone Anchored Hearing Aids (BAHA)	<ul style="list-style-type: none"> <li>• Removed Criteria II. stating "BAHAs for any other indication are considered not medically necessary."</li> <li>• Added new CPT codes 69728, 69729, and 69730 and removed ICD-10 codes from policy.</li> </ul>
CP. MP.14 – Cochlear Implant Replacements	Changed verbiage in I.C. from "A sound processor replacement if the current processor is at least five years old" to "C. The existing component has reached the limit of its reasonable useful life. The reasonable useful life of a sound processor is not less than five years."
CP.MP.248 – Facility Based Sleep Studies for Obstructive Sleep Apnea	Revised criteria III.B. by removing requirement to meet criteria for facility-based sleep study and rewording failed autotitration of positive airway pressure (APAP) trial statement.
CP.MP.137 – Fecal Incontinence Treatments	<ul style="list-style-type: none"> <li>• Removed "<math>\geq</math> 4 years age" criteria and added "in a member/enrollee that has previously achieved bowel control" to I.A.</li> <li>• Also removed "more than 12 months after vaginal childbirth" from definition of severe, chronic fecal incontinence in I.A.</li> </ul>
CP.MP.129 – Fetal Surgery in Utero for Prenatally Diagnosed Malformations	<ul style="list-style-type: none"> <li>• Criteria I.G.3. updated to include confirmation on fetal magnetic resonance imaging (MRI).</li> <li>• Added clarifying language to Criteria I.G.4.</li> <li>• Added CPT code 59072.</li> </ul>
CP.MP. 48 – Neuromuscular Electrical Stimulation	<ul style="list-style-type: none"> <li>• Combined criteria applicable to lower extremity units into section II.G.</li> <li>• Additional contraindications added to Section F.</li> </ul>
CP.MP.49 – Physical, Occupational, and Speech Therapy	<ul style="list-style-type: none"> <li>• Removed Criteria I.F.6.a. and added as a notation.</li> <li>• Added Criteria I.F.8. that member/enrollee agrees to participation and plan of care.</li> <li>• Added Criteria I.H. and Criteria II.B. regarding treatment to be performed in the home.</li> <li>• Removed Criteria V. and Criteria VI.</li> </ul>
CP.MP.51 – Reduction Mammoplasty and Gynecomastia Surgery	<ul style="list-style-type: none"> <li>• Criteria I.A.1. updated for criteria for members/enrollees <math>\geq</math> 18 years of age and members/enrollees <math>&lt;</math> 18 years of age.</li> <li>• Criteria I.A.2. updated to include note regarding medical director review on case-by-case basis when weight of tissue to be resected is less than the 22nd percentile minimum based on the Schnur Sliding Scale.</li> <li>• Criteria I.A.3.b. updated to include pain in arm.</li> </ul>

	<ul style="list-style-type: none"> <li>Criteria II.A.1. updated to align with American Society of Plastic Surgeons (ASPS) guidance regarding length of time gynecomastia persists in adolescents &lt; 18 years.</li> <li>Criteria II.B.3. updated to align with ASPS guidance for length of time gynecomastia persists in adults ≥ 18 years.</li> <li>Removed Criteria II.B.6. regarding malignancy being ruled out.</li> </ul>
CP.MP.126 – Sacroiliac Joint Fusion	<ul style="list-style-type: none"> <li>Added Criteria II.I. describing procedure approach.</li> <li>Added criteria IV. to address sacroiliac fusion using implants other than those which are placed across the joint (transfixing) to promote fusion.</li> <li>Created tables to convey codes that do/do not support coverage criteria.</li> <li>Added new CPT code 0775T to table that does not support coverage criteria.</li> </ul>
CP.MP.542 – Testing for Drugs of Abuse	Removed deleted codes 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, 0150U from table of CPT codes that do not support coverage criteria.

### Clinical practice guidelines (CPG) update

Policy Name	Change
CPG Grid	<ul style="list-style-type: none"> <li>Updated links for added behavioral health policy subcommittee-approved guidelines: <ul style="list-style-type: none"> <li>Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders (May 2020).</li> <li>Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents with Major and Persistent Depressive Disorders (May 2023).</li> <li>Practice Parameter for the Assessment and Treatment of Children and Adolescents with Posttraumatic Stress Disorder (Updated April 2010).</li> <li>American Society of Addiction Medicine, ASAM Criteria 3rd Edition (2013).</li> <li>Suicide Prevention (2022); Suicide Prevention (February 2023).</li> </ul> </li> <li>Updated link for ACOG Clinical Practice Bulletin No. 1. Osteoporosis Prevention, Screening, and Diagnosis (2021).</li> </ul>

### Inactive or replaced policies

The following policies have been retired:

Policy number	Policy name
CP.MP.148	Radial Head Implant.
HNCA.CP.MP.502/ CA.CP.MP.502	Non Medically Indicated Elective (Early) Delivery Before 39 Weeks.

### Additional information

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