PROVIDER *Update*

CalViva HEALTH | health net

CONTRACTUAL | MARCH 9, 2023 | UPDATE 23-191 | 4 PAGES

Medical Policies – 4th Quarter 2022

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

The medical policies listed in this update were approved in the 4th 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 bit.ly/40fYFbN.

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 policies.
- 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.

Additional information

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

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

888-893-1569
www.healthnet.com

PROVIDER PORTAL

provider.healthnetcalifornia.com

New Policies

Medical policy	Policy statement
CP.MP.246 – Pediatric Kidney Transplant	It is the policy of health plans affiliated with Centene Corporation® that pediatric kidney transplantation for pediatric members/enrollees (age < 18) is medically necessary when all of the following conditions are met: A. Advanced renal disease including one of the following: 1. End stage renal disease (stage 5) with glomerular filtration rate (GFR) ≤ 15 mL/min/1.73m^2; 2. Chronic kidney disease (CKD) (stage 4) with GFR ≤ 30 mL/min/1.73m^2 or GFR > 30 mL/min/1.73m^2 with rapid progression toward end-stage renal disease (ESRD), and all of the following: a. Irreversible renal disease; b. Symptoms are refractory to medical management (e.g., uremic neuropathy, pericarditis, mental status changes, severe fatigue, pruritus, nausea, muscle cramps, unintentional weight loss). ** Note: Patients with a GFR above 30 mL/min/1.73^2 who are rapidly progressing toward ESRD should be referred for kidney transplant evaluation. *See the policy for additional information including CONTRAINDICATIONS

Updated Policies

Policy number and name	Change
CP.MP.100 – Allergy Testing and Therapy	• Updated criteria in II. E. to "Antigens are prepared by the clinical staff directly overseen by the physician who examined the patient and who has training and expertise in allergen immunotherapy (i.e., allergist, immunologist or otolaryngologist. Other specialties must provide evidence of expertise and training consistent with the AAAI Allergen Immunotherapy Extract Preparation Instructional Guide)." • Added note to reference new information in background for information on training requirements for immunotherapy preparation and administration. • Separated criteria from III. B. 42. into 43. In "Limitations" section for retesting added "Exceptions include children and adolescents with documented food allergy requiring follow up." • Updated background with information on training requirements for immunotherapy preparation and administration.
CP.MP.168 – Biofeedback	• In I.B.1. changed "female" to "members/enrollees who have or previously had a female reproductive system" and reworded "cognitively intact" to "no cognitive impairments that would limit participation."
CP.MP.106 – Endometrial Ablation	• In I.A.2, reworded portion pertaining to abnormal bleeding in transgender members from "female to male transgender person" to "member/enrollee with a female reproductive system undergoing treatment for gender affirmation."
CP.MP.145 – Electric Tumor Treating Fields	• Added Criteria I.A.3. and Criteria I.B.2. to include that the member/enrollee agrees to wear the device 18 hours per day, and for continuation of therapy, has also been compliant with the wearing the device in the prior authorization period.
CP.MP.113 – Holter Monitors	• Added the following criteria to I.M. "Evaluation of recurrent chronic heart failure, when arrhythmia is suspected" and I.N. "Evaluation of possible arrhythmias post ablation procedures."

CP.MP.180 – Implantable Hypoglossal Nerve	• I.C. Changed BMI to 35 kg/m2. • I.E. Adjusted AHI to ≥15 to ≤ 65 events per hour. • I.F.1. Adjusted 20 to 15. • Added criteria I.I.5. and I.I.8. through 14. • Added CPT codes 64582, 64583, and 64584.
CP.MP.202 – Orthognathic Surgery	• Reformatted criteria II. and added II.B." When the member/enrollee is still developing and the deformity could be corrected with less intrusive treatment (e.g., expander or head gear)." as additional non-medically necessary indication.
CP.MP.194 – Osteogenic Stimulation	• Added "electrical" to I. and II. • Replaced "smoking habit" with "tobacco use" in criteria I.E.7., II.E.7., and III.B.7. • Removed criteria point III.6.c. "The patient has failed more than one surgery and other medical therapies (e.g. immobilization and non-weight bearing status)."
CP.MP.150 – Phototherapy for Neonatal Hyperbilirubinemia	• Changed title from "Home phototherapy…" to "Phototherapy…" • Updated criteria I.D. from 24-48 hours to 12-24 hours. • Updated criteria to include the following: I.E. ≥48 hours old; I.F. An LED-based phototherapy device will be available in the home without delay; I.G. No previous phototherapy; I.H. TSB will be measured daily. • Criteria I.I. #1 updated to include example of positive direct antiglobulin test for isoimmune hemolytic disease and to include glucose-6-phosphate dehydrogenase (G6PD) and other hemolytic disease. • Criteria I.I. #2 updated to include hypoxic ischemia encephalopathy (HIE). • Significant lethargy removed from Criteria I.I. Criteria I.I. updated to include the following: #13 Significant clinical instability in the previous 24 hours; #14 Clinical history of a parent or sibling requiring phototherapy or exchange transfusion; #15 Exclusive breastfeeding with suboptimal intake (≥ 10% weight loss); #16 Down syndrome; #17 Macrosomic infant of a diabetic mother. • Added note below Table 1 that explains the values are conservative TSB values based on lower age range thresholds in inpatient criteria. • Added clarification to II that extenuating circumstances can include lack of expected compliance with therapy at home. • Added note below policy statement II stating: that infants should be admitted for inpatient phototherapy if the TSB concentration is more than 1 mg/dL above the AAP guidelines phototherapy treatment threshold per the bili risk tool, and that table 1 is consistent with AAP guidelines allowing treatment at lower levels per provider discretion; and that clinical decision support tools provider further criteria for inpatient phototherapy treatment.
CP.MP.97 – Testing for Select GU Conditions	• Split code B37.3 for candidiasis of vulva and vagina into new for 2023 acute and chronic codes in tables 2 and 7: B37.31 and B37.32. • Added CPT 0352U to Table 3 (not med nec CPT codes). • Added CPT 0353U to Table 6, codes considered not medically necessary when billed with ICD-10 codes in Table 7.
CP.MP.151 – Transcatheter Closure of Patent Foramen Ovale	• Updated description to include newest FDA-approved device: Amplatzer™ Talisman™ PFO Occluder. • Clarified in I.B. that age requirements are in years. • Updated Criteria I.B.2. to state that cryptogenic stroke caused by a presumed paradoxical embolism, and a possible, probable, or definite likelihood that the stroke was causally related to PFO based on the PFO-associated stroke causal likelihood (PASCAL) classification system with a Risk of Paradoxical Embolism (RoPE) score > 6, and/or there is a large shunt or atrial septal aneurysm.

	• Updated Criteria to include Criteria C. Device is FDA-approved for percutaneous transcatheter closure of PFO (e.g., AmplatzerTM PFO Occluder, Amplatzer™ Talisman™ PFO Occluder, and the Gore® Cardioform Septal Occluder). • Background updated and includes information on PASCAL classification system and RoPE score.

Inactive or replaced policies

The following policies have been retired.

Policy number	Policy name
HNCA.CP.MP.274	Autism Diagnosis and Treatment
CP.MP.131	Essure Removal
CP.MP.213	Post-Acute Care