

Medical Policies – 2nd Quarter 2023

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

The medical policies listed in this update were approved in the second quarter of 2023. 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.]

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.

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

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Updated Policies

Policy number and name	Change
<p>CP.BH.124 – ADHD Assessment Testing</p>	<p>ADHD – Attention Deficit Hyperactivity Disorder:</p> <ul style="list-style-type: none"> • Annual Review. Changed reference number for the policy from “CP.MP.124” to “CP.BH.124.” • Added the following statement to section I and II: “It is the policy of Centene Advanced Behavioral Health and health plans affiliated with Centene Corporation.” • In criteria point II. A. 1., replaced “Actometer” with “Actigraphy.” In criteria point I.A. 2., added “Acoustic reflex testing.” • In criteria point I.A.12., removed magnetic resonance imaging (MRI), brain functional MRI as it is already captured in I.A.16 under MRI. • Removed I.A.14. “Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping.” • In criteria point I.A.16., added “brain mapping” to the brain imaging section. • In Criteria point I.A. 24., removed “Triiodothyronine T3 levels in the blood” and reworded as “Measures of thyroid hormones.” • Removed II.A.18. “neuropsychological testing from the insufficient evidence list,” with corresponding codes also removed. • In criteria point II. B.2., added “Application of modality (e.g., hot or cold packs, traction, mechanical, electrical stimulation (unattended), vasopneumatic devices, paraffin bath, whirlpool, diathermy (e.g., microwave), infrared, ultraviolet, electrical stimulation (manual), iontophoresis, contrast baths, ultrasound, hubbard tank).” • Removed education interventions from criteria point II.B.19. and added policy statement III: “It is the policy of Centene Advanced Behavioral Health and health plans affiliated with Centene Corporation that interventions that are strictly educational in nature (e.g., classroom environmental manipulation, academic skills training) are not medically necessary as they are not considered medical interventions.” • Added criteria point II.B.19. “EndeavorRx®.” • Added the following codes and related indications as not medically necessary when billed with a sole diagnosis of ADHD: 70496, 70554, 70555, 78610, 84436, 84437, 84439, 84442, 84443, 84445, 84478, 84479, 84481, 92568, 92569, 92570, 95954, 96020, 96902, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036.
<p>CP.MP.37 – Bariatric Surgery</p>	<ul style="list-style-type: none"> • Updated policy statement in I, I.A.1, and I.A.1.a. In I.A.1.a.i., updated policy statement and body mass index (BMI) threshold to ≥ 35 or ≥ 32.5 kg/m² for South Asian, Southeast Asian, and East Asian adults. • In I.A.1.a.ii, BMI threshold was updated to “BMI ≥ 30 and < 35 kg/m², or < 27.5 kg/m² and < 32.5 kg/m² for South Asian, Southeast Asian, and East Asian adults and policy statements in I.A.1.a.ii, I.A.1.a.ii.a), and c). Moved Type 2 diabetes mellitus (DM) to I.A.1.a.ii.b) as an absolute co-morbidity. • Added “pseudotumor cerebri” and “disqualification from other surgeries...” to I.A.1.a.ii.c). • Updated policy statement in I.A.1.b.ii.

	<ul style="list-style-type: none"> • Updated I.B.2 to "Glycemic control evaluation to include A1c and fasting blood glucose." • Removed criteria I.B.5.c. requiring prescribed exercise program as part of nutritional counseling. • Moved IV. Contraindications to I.C and added "severe cardiac disease with prohibitive anesthetic risks," "uncontrolled and untreated eating disorders (e.g., bulimia)," "inability on the part of the patient or parent/guardian to comprehend the risks and benefits of the surgical procedure," and "a medical, psychiatric, psychosocial, or cognitive condition that prevents adherence to postoperative dietary and medication regimens or impairs decisional capacity." • Removed deleted CPT codes 0312T-0317T and added CPT codes 43290, 43291, and 43632 to not medically necessary table.
<p>CP.BH.201 – Deep Transcranial Magnetic Stimulation for Obsessive Compulsive Disorder</p>	<ul style="list-style-type: none"> • Policy restructured and reformatted with no impact to meaning. • Added the following statement to the description section: "obsessive compulsive disorder (OCD) treatment with transcranial magnetic stimulation (TMS) delivers magnetic stimulation to the frontal brain structures and networks, targeting previously unreachable areas of the brain." • In policy statement I., changed the initial request of sessions from "20" to "30" sessions. • In criteria point I.A., added the statement "per DSM-5-TR Criteria." • Added criteria point I.B. "Administered using and Food and Drug Administration (FDA) cleared device and utilized in accordance with the FDA labeled indications such as but not limited to the following" and added a list of FDA approved devices. • In criteria point I.F.4., Added the following statement "such as but not limited to the following." • Removed the following statement from criteria point I.F.11. "previously categorized as 'Axis I' psychiatric disorders." • Added the following contraindication to I.F.12.: "No active suicidal ideation with intent." • In policy statement II, replaced "request for an additional 10 sessions" with "request for taper of six final sessions." • Added to criteria point II.A.: "Criteria for initial dTMS treatment guidelines continues to be met." • In criteria point II.B., replaced "25% reduction of OCD symptom severity" with "30% reduction of OCD symptom severity." • In criteria point II.C., replaced "25% reduction in baseline severity scores" with "30% reduction in baseline severity scores." • Added to criteria point IV.A.: "Criteria for initial dTMS treatment guidelines continues to be met." • In criteria point IV.C., changed the responses percentage baseline drop from "50% drop from the baseline OCD scores" to "30% drop from the baseline OCD scores." • Deleted criteria point IV. D.1-9. as this information is captured in IV.A.
<p>CP.MP.106 – Endometrial Ablation</p>	<ul style="list-style-type: none"> • Added requirement in I.F. that thyroid disorders have been treated or ruled out.

	<ul style="list-style-type: none"> Removed contraindication “previous classic cesarean or other transmural surgery” from I.G. Background and Table 1 updated.
CP.MP.134 – Evoked Potential Testing	Added new 2023 ICD-10 codes to S06 code range.
CP.MP.248 – Facility-Based Sleep Studies for Obstructive Sleep Apnea	<ul style="list-style-type: none"> Changed title to “Facility-Based Sleep Studies for Obstructive Sleep Apnea.” Updated description to include facility-based polysomnography (PSG), split-night studies and titration. Changed “sleep center” studies to “facility-based” studies throughout policy. Expanded scope of policy statement I. to include split-night studies. Clarified in I.B.3. that the titration was autotitration of positive airway pressure (APAP). In I.B.5, added note about decreased sensitivity of home sleep apnea testing (HSAT) in the presence of low probability of obstructive sleep apnea (OSA). Added I.B.6. and I.B.7. as factors indicating that facility testing: mission-critical workers and BMI >50. Removed indication in I.B. for sleep center PSG performed simultaneously with continuous positive airway pressure (CPAP) titration in split-night study as the criteria now applies to split-night studies. Specified in I.B.8.a.i.a)1) that the nocturnal oxygen use is chronic and continuous. In I.B.8.a.ii.a), specified that pulmonary congestion has associated limiting dyspnea symptoms. In I.B.8.a.ii.b), removed option for left ventricular EF and instead referred to New York Heart Association (NYHA) heart failure classification table. In I.B.8.a.iv., specified that the residual effects from stroke must be significant. In I.B.8.a.v., added parasomnia as an example of a complex sleep disorder. In B.8.b.ii.c), changed “resistant hypertension” to “refractory hypertension.” In B.8.b.v., changed desaturation value to 88% from 90%. Added criteria sections II. and III. for repeat facility-based PSG/split-night studies and facility-based titration. Added code 95811. Edited revision log entry from 1/23 to state “specialist reviewed” instead of “internal specialist reviewed.” Changed title to “Facility-Based Sleep Studies for Obstructive Sleep Apnea.” Updated description to include facility-based PSG, split-night studies and titration. Changed “sleep center” studies to “facility-based” studies throughout policy. Expanded scope of policy statement I. to include split-night studies. Clarified in I.B.3. that the titration was APAP. In I.B.5, added note about decreased sensitivity of HSAT in the presence of low probability of OSA. Added I.B.6. and I.B.7. as factors indicating that facility testing, mission-critical workers and BMI > 50. Removed indication in I.B. for sleep center PSG performed simultaneously with CPAP titration in split-night study as the criteria now applies to split-night studies. Specified in I.B.8.a.i.a)1) that the nocturnal oxygen use is chronic and continuous.

	<ul style="list-style-type: none"> • In I.B.8.a.ii.a), specified that pulmonary congestion has associated limiting dyspnea symptoms. • In I.B.8.a.ii.b), removed option for left ventricular EF and instead referred to NYHA heart failure classification table. • In I.B.8.a.iv.), specified that the residual effects from stroke must be significant. • In I.B.8.a.v.), added parasomnia as an example of a complex sleep disorder. • In B.8.b.ii.c), changed “resistant hypertension” to “refractory hypertension.” • In B.8.b.v.), changed desaturation value to 88% from 90%. • Added criteria sections II. and III. for repeat facility-based PSG/split-night studies and facility-based titration. • Added code 95811.
<p>CP.MP.130 – Fertility Preservation</p>	<ul style="list-style-type: none"> • Specified in sections I. and III. that the treatment causing risk to fertility was medically necessary. • Removed references to cryopreservation (embryo, oocytes, sperm, testicular tissue) and related codes as these are found in the Assisted Reproductive Technology policy (CP.MP.55). • Removed "conservative gynecologic surgery (radical trachelectomy and ovarian cystectomy)" and "radiation (gonadal) shielding" from section I. • Added "ovarian stimulation and retrieval of oocytes" and "ovarian tissue retrieval" to section I. • Included "Note: For those with female reproductive systems > age 40..." to criteria and background sections. • Added "sperm extraction procedures and retrieval procedures" to section III and removed "cryopreservation of sperm" and radiation (gonadal) shielding." • Removed "testicular tissue or spermatogonial cryopreservation" from section IV. • Added CPT codes 00922, 53899, 55899, and 55870. • Added HCPCS codes S4028. • Added CPT code 53899 and 55899 and removed 89335 from the "does not support" table. • References reviewed and updated. Internal specialist review.
<p>CP.MP.209 – Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing</p>	<ul style="list-style-type: none"> • Replaced previous criteria with current in sections I. and II. and removed section III. • Moved code 87506 from Table 1 to Table 2. • Added Place of Service Code 19 in Table 3. Added Table 4, Table 5, and Table 6 to include ICD-10 diagnosis codes which support medical necessity.
<p>CP.MP.496 – Gender Affirming Procedures</p>	<p>Criteria updated to incorporate World Professional Association for Transgender Health (WPATH) Standards of Care version 8 (SOC-8). Noted that intersex individuals are not subject to this criteria I. Background updated to reflect updates in WPATH SOC-8. Reference list updated to replace WPATH SOC-7 to SOC-8. Changes in new SOC-8 include:</p> <ul style="list-style-type: none"> • One letter from a qualified provider is required for genital surgery. • For those ≥18, 6 months of hormone therapy (unless not desired is contraindicated) is the minimum requirement prior to surgery (5.a.iii)

	<ul style="list-style-type: none"> • There is now a section for those under 18 (5.b and C.1) including criteria for surgery including facial procedures, 12 months of hormone therapy unless not desired or is contraindicated. • Section I.C.2 for over 18, minimum of 6 months of hormone therapy (unless not desired or is contraindicated) is noted and the requirement to live 12 months in the desired gender has been removed. • Section II, Gender affirming facial surgeries moved to this section. • Section II.B.4., the elements under Hair Removal have been removed to simply state “Hair removal/electrolysis.” • Section II.B.13, Voice Modification Surgery criteria has been moved here without changes. • Section III added to address when revision surgery is considered medically necessary. • Section IV – Medically Necessary Reconstructive Surgery section moved here. • Section V added to addresses detransitioning. • Under Background, provider qualifications for < and ≥18 are more detailed than in the SOC7.
CP.MP.113 – Holter Monitors	Added new ICD-10 codes I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762 and I25.792 to policy.
CP.MP.58 – Intestinal and Multivisceral Transplant	Updated verbiage in II.B.13. to “Active substance use or dependence including current tobacco use, vaping, marijuana use (unless prescribed by a licensed practitioner), or IV drug use without convincing evidence of risk reduction behaviors (unless urgent transplant timelines are present, in which case a commitment to reducing behaviors is acceptable).”
CP.MP.123 – Laser Therapy for Skin Conditions	<ul style="list-style-type: none"> • Added medically necessary indications I.C. atopic dermatitis and I.D. cutaneous T-cell lymphoma. • Removed II.B. atopic dermatitis from insufficient evidence section. • Added codes L20.81, L20.82, L20.89, C84.00 through C84.09, and C84.10 through C84.19 to table of ICD-10-CM diagnosis codes that support coverage criteria.
CP.MP.244 – Liposuction for Lipedema	Added clarifying language to Criteria I.I
CP.MP.91 – Obstetrical Home Health Programs	<ul style="list-style-type: none"> • Removed references to CP.MP.34 Hyperemesis Gravidarum Treatment in I.B. and modified statement to reflect that home visits are medically necessary for the ondansetron/metoclopramide infusion administration period. • Removed criteria J. for hydroxyprogesterone caproate (Makena) administration nursing visits.
CP.MP.188 – Pediatric Oral Function Therapy	<ul style="list-style-type: none"> • Updated Criteria I.A. to include anatomic conditions and removed “severe” and “complex” verbiage. • Listed disorders and impairments in Criteria I.B. for clarity. • Added Criteria I.H. to include complex medical conditions with concern for feeding difficulty.

<p>CP.MP.181 – Polymerase Chain Reaction Respiratory Viral Panel Testing</p>	<ul style="list-style-type: none"> • Replaced prior criteria in sections I. and II. with current criteria. • Removed policy statement III. • Updated verbiage in Table 2 description to include new diagnosis code requirements. • Added Place of Service Code 19 in Table 3. • Added Table 4, Table 5, and Table 6 which include ICD-10 diagnosis codes.
<p>CP.MP.210 – Repair of Nasal Valve Compromise</p>	<ul style="list-style-type: none"> • Updated Criteria I.C.3. to include nonallergic rhinitis with examples. • CPT Code 30469 added to Codes That Do Not Support Coverage table.
<p>CP.MP.146 – Sclerotherapy and Chemical Endovenous Ablation for Varicose Veins</p>	<ul style="list-style-type: none"> • Policy title updated to include other symptomatic venous disorders. • Minor rewording in policy description with no impact on criteria. • Added Criteria I.A. for documentation of symptomatic CEAP (Clinical Class, Etiology, Anatomy, Pathology) Class 2s or greater. • Added Criteria I.B. regarding ultrasound documentation requirements. • Updated Criteria C. to reflect current guidelines. • Removed recent deep vein thrombosis from Criteria I.D.9. • Changed “Inability to ambulate” to “prolonged immobility” in I.D.10. • Added I.D.13. regarding potential requirement of the great or small saphenous vein for an arterial or coronary bypass. • Updated E.2. to include the great saphenous vein in a member/enrollee with a documented lidocaine allergy. • Added note at the end of section I. regarding potential requests for photographic documentation and/or ultrasound images to support written documentation. • Added table 1., CEAP classification system. • Background updated to include 2022 clinical practice guidelines by the Society for Vascular Surgery, the American Venous Form, and the American Vein and Lymphatic Society regarding best practice recommendations for performing and interpreting duplex ultrasound scanning for venous reflux.
<p>CP.MP.185 – Skin Substitutes for Chronic Wounds</p>	<ul style="list-style-type: none"> • Changed policy title and statements in I. and II. to reflect the inclusion of soft tissue substitutes for chronic wounds. • Added note specifying that requests for skin and soft tissue substitutes other than for the indications noted in the policy is outside of the scope of the policy. • Updated policy statement I. to include full thickness skin-loss ulcers. • Revised criteria I.G. In I.H clarified that the request complies with FDA-approved indications and application limits. • Removed criteria II.A. • Reworded extraneous language and background updated with no clinical significance. • Removed deleted HCPCS code A2003. • Labeled HCPCS Table 1 to note support of medical necessity. • Added HCPCS Table 2 of codes that do not support medical necessity. • Moved the following codes from the previous code reference table to table 2, HCPCS codes that do not support medical necessity: A2002, A2005, A2006, A2007, A2009, A2010, Q4184, Q4199, Q4237, Q4238, Q4239, Q4262, Q4263, and Q4264 Added new codes Q4253, Q4262, Q4263 and Q4264 to HCPCS table 1. Added additional codes to not medically necessary table, Table 2.

<p>CP.MP.97 – Testing for Select Genitourinary Conditions</p>	<ul style="list-style-type: none"> • Reworded some extraneous language; gender-neutral language added where appropriate with no clinical significance. • Updated policy statement V to include multiplex amplified DNA-probe testing as not medically necessary.
<p>CP.MP.87 – Therapeutic Utilization of Inhaled Nitric Oxide</p>	<ul style="list-style-type: none"> • Policy title updated from “Inhaled Nitric Oxide” to “Therapeutic Utilization of Inhaled Nitric Oxide.” • Minor rewording in Description, criteria I.B.1., I.B.1.a., I.B.1.b., and I.B.1.c. • Added recommended iNO dose in criteria I.B.1.e. • Minor rewording in criteria I.B.2.b. • Minor rewording in criteria II., II.B.1.a., II.B.1.c., and II.B.1.d. • Removed response requirement of “within two hours” in criteria II.B.1.e. and added recommended iNO dose in criteria II.B.1.e. • Minor rewording in criteria II.B.2.b. and in criteria III. • Added clarifying language to criteria III.A.1. and minor rewording to criteria III.A.2. • Updated notation in criteria III. from 48 hours to 72 hours. • Minor rewording in criteria IV. and in criteria Treatment Regimen section.
<p>CP.BH.200 – Transcranial Magnetic Stimulation for Treatment Resistant Major Depressive Disorder</p>	<ul style="list-style-type: none"> • In criteria statement I, added “the frequency of sessions to (five days a week, for six weeks).” • In policy statement I. replaced “transcranial magnetic stimulation (TMS)” with “repetitive transcranial magnetic stimulation (rTMS).” • In policy statement I, added the statement “and up to a total of 30 sessions of Theta Burst Stimulation (TBS).” • Added to criteria point I.B. the statement regarding FDA cleared devices and included examples of current FDA approved devices. • Added criteria point I.D. “Planned use of standardized rating scale by TMS provider to monitor response during treatment.” • Removed the statement regarding augmentation from I.H.1: “At least two different trials of pharmacological classes were administered as an adequate course of antidepressants with a recognized standard therapeutic dose of at least six weeks duration during the current depressive episode (and within the last 24 months if the current episode exceeds 24 months of duration).” • Added the statement to criteria point I.H.2.b. “... (and discontinuation).” • Added contraindication to criteria point I.K.10. “Not experiencing acute active suicidal ideation with intent.” • Added a new policy statement II “It is the policy of Centene Advanced Behavioral Health and health plans affiliated with Centene Corporation that there is insufficient evidence to support the safety and efficacy of more than 30 sessions of TBS.”
<p>CP.MP.38 – Ultrasound in Pregnancy</p>	<ul style="list-style-type: none"> • Minor rewording in Description, in Table 1 under Criteria IV., and in Criteria V. • Verbiage added to indicate list is not all inclusive under Classifications of fetal ultrasounds Section I. and Section II. • Updated Table 4 Coding description. • The following retired code ranges were removed: O35.0XX0 through O35.0XX9 and O35.1XX0 through O35.1XX9. • The following code ranges were added: O35.00X0 through O35.00X9, O35.01X0 through O35.01X9, O35.02X0 through O35.02X9, O35.03X0

	through O35.03X9, O35.04X0 through O35.04X9, O35.05X0 through O35.05X9, O35.06X0 through O35.06X9, O35.07X0 through O35.07X9, O35.08X0 through O35.08X9, O35.09X0 through O35.09X9, O35.10X0 through O35.10X9, O35.11X0 through O35.11X9, O35.12X0 through O35.12X9, O35.13X0 through O35.13X9, O35.14X0 through O35.14X9, O35.15X0 through O35.15X9, O35.19X0 through O35.19X9, O35.AXX0 through O35.AXX9 , O35.BXX0 through O35.BXX9, O35.CXX0 through O35.CXX9, O35.DXX0 through O35.DXX9, O35.EXX0 through O35.EXX9, O35.FXX0 through O35.FXX9, O35.GXX0 through O35.GXX9, O35.HXX0 through O35.HXX9.
CP.MP.98 – Urodynamic Testing	<ul style="list-style-type: none"> Added criteria I.D.5. for 4.5. Prostate nodule, asymmetry or other suspicion of prostate cancer. Moved N40.3 from ICD-10 Table 2 to ICD-10 Table 1.
CP.MP.46 – Ventricular Assist Devices	Removed criteria I.B.1. for post-cardiotomy for support of blood circulation and replaced it with bridge to recovery criteria I.B.1.a. through d.
CP.MP.99 – Wheelchair Seating	<ul style="list-style-type: none"> Added "dementia" and "hereditary motor and sensory neuropathy" to I.B.2. Added "congenital absence of thigh and/or lower limb" to I.C.2. Added ICD-10 codes F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, G31.83, G60.0, Q79.60, Q79.61, Q79.62, Q79.63, Q79.69, Q90.0, Q90.1, Q90.2, Q90.9, G71.031, G71.032, G71.033, G71.0340, G71.0341, G71.0342, G71.0349, G71.035, G71.038, and G71.039 to tables with the following HCPCS codes: E2603, E2604, E2622, and E2623; E0953, E0956, E0957, E0960, E2605, E2606, E2613, E2614, E2615, E2616, E2617, E2620, and E2621; E2607, E2608, E2624, and E2625; and E2609. Added Q72.01, Q72.02, Q72.03, Q72.11, Q72.12, and Q72.13 to tables with the following HCPCS codes: E2607, E2608, E2624, and E2625; and E0953, E0956, E0957, E0960, E2605, E2606, E2613, E2614, E2615, E2616, E2617, E2620, and E2621; and E2609. References reviewed and updated.

Clinical practice guidelines (CPG) update

Policy Name	Change
CPG Grid	<p>Annual review –</p> <p>Reviewed and updated all links and guideline versions as appropriate. Added the following guidelines:</p> <ul style="list-style-type: none"> ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults; WHO Guideline for clinical management of exposure to lead (2021); ASH Clinical Practice Guidelines on Sickle Cell Disease (2016); Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity (2023) AAP;

- American Association of Clinical Endocrinologists and American College of Endocrinology Comprehensive Clinical Practice Guidelines For Medical Care of Patients with Obesity;
- 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol.

Updated the following guidelines with new publication revision dates:

- VA/DoD Clinical Practice Guideline for the Diagnosis and Treatment of Low Back Pain. (2022);
- 2022 GINA Report, Global Strategy for Asthma Management and Prevention; Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease (2023 Report);
- Overview of Testing for SARS- CoV-2 (COVID-19) (Updated September 2022);
- American Diabetes Association (ADA) Standards of Care in Diabetes- 2023 (Volume 46, Issue Supplement 1); American Association of Clinical Endocrinology Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan— 2022 Update;
- 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines;
- Adult Immunization Schedule. Recommendations for Ages 19 years or older, United States, 2023;
- Child and Adolescent Immunization Schedule. Recommendations for Ages 18 years or younger, United States, 2023;
- Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents;
- Periodicity Schedule: Recommendations for Preventive Pediatric Health Care.

Removed the following guidelines:

- Institute for Clinical Systems Improvement (ICSI), Low Back Pain, Adult Acute and Subacute (Updated March 2018);
- Diagnosis and Management of Acute HIV Infection. (Reviewed and updated 2021);

Added BH policy subcommittee-approved guidelines:

- Updated Generalized Anxiety Disorder and Panic Disorder in Adults: Management to the 2020 version.
- Added Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders.
- Changed the title of “Management of Major Depressive Disorder” to “VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder.”
- Added Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents with Major and Persistent Depressive Disorders.

Inactive or replaced policies

The following policies have been retired:

Policy number	Policy name
HNCA.CP.MP.349/CA.MP.MP.349	Artificial Retina

