

## Medical Policies – February 2024

### Check out the new policies and the latest changes to existing medical policies for procedures and services

The medical policies listed in this update were approved for February 2024. 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](http://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. That 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

Providers are encouraged to access the provider portal online at [provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com) for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 888-893-1569. Behavioral Health providers can call at 844-966-0298.

#### THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Behavioral Health Providers

#### PROVIDER SERVICES

**CalViva Health Medi-Cal  
(including ECM and CS providers) –**  
888-893-1569

**Behavioral health providers –**  
844-966-0298

#### PROVIDER PORTAL

[provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com)

## New Policies

Policy number and name	Change
BH.CP.105 – ABA Documentation Requirements	<ul style="list-style-type: none"> <li>Applied Behavior Analysis (ABA) services must meet specific documentation requirements and adhere to applicable regulations, accreditation standards, and professional practice standards. This policy provides documentation requirements</li> </ul>

The codes in the below tables refer to HCPCS codes and ICD-10-CM diagnosis codes.

## Updated Policies

Policy number and name	Change
CP.MP.22 – Stereotactic Body Radiation Therapy	<ul style="list-style-type: none"> <li>Updated cancer staging in Criteria I.A. to align with National Comprehensive Cancer Network (NCCN) guidelines.</li> <li>Criteria II.C. updated to include details regarding positive clinical indications regarding stable systemic disease, Karnofsky Performance Score, survival expectations, and Eastern Cooperative Oncology Group (ECOG) Performance Status to align with ASTRO 2022 Model Policy for SRS.</li> <li>Criteria II.J. added to include trigeminal neuralgia and select cases of medically refractory epilepsy, movement disorders such as Parkinson’s disease and essential tremor, and hypothalamic hamartomas to align with 2022 ASTRO Model Policy for SRS.</li> </ul>
CP.MP.55 – Assisted Reproductive Technology	<ul style="list-style-type: none"> <li>Added Frozen Embryo Transfer (FET) under Description with no impact to criteria.</li> <li>Added criteria I.B.5.h. to include "and oocytes that have undergone in vitro maturation;" added criteria I.B.6.h.</li> <li>Hypergonadotropic hypogonadism.</li> <li>Added criteria I.B.8.b. Partner with male reproductive system has ejaculatory dysfunction; expanded criteria I.B.8.c.to include severe oligozoospermia, or other significant sperm or seminal fluid abnormalities.</li> </ul>
CP.MP.62 – Hyperhidrosis Treatments	<ul style="list-style-type: none"> <li>Added criteria point III.I. regarding counseling on risks.</li> <li>Removed CPT codes 64802 through 64823.</li> </ul>
CP.MP.82 – NICU Apnea Bradycardia Guidelines	<ul style="list-style-type: none"> <li>Minor rewording throughout criteria with no impact on criteria.</li> <li>Added clarifying language to Criteria I.A.1.c. and updated oxygen saturation percentage from &lt; 85% to ≤ 85%.</li> <li>Updated wording in Criteria I.A.2.a. for clarity and flow.</li> <li>Updated Criteria I.A.2.b. to include verbiage for significantly reducing the severity and duration of bradycardia or apnea events.</li> <li>Updated Criteria I.A.3.d. to include that parents or caregivers agree with the plan of care.</li> <li>Added Criteria I.A.3.e. regarding the home situation being assessed and deemed adequate.</li> <li>Expanded information on CPR requirement in Note section at end of Criteria.</li> </ul>

Policy number and name	Change
	<ul style="list-style-type: none"> <li>Updated Note section at end of Criteria to include when additional observation days may be needed.</li> <li>Criteria I.A.1.c., Criteria I.A.2.a., and Criteria I.A.2.b. reviewed by internal specialist.</li> </ul>
CP.MP.85 – Neonatal Sepsis Management	<ul style="list-style-type: none"> <li>Reworded criteria under I.A.2. "when meeting all of the following criteria" with no impact to criteria.</li> <li>Expanded criteria under I.A.2.a. and I.B.2.a. "Signs of neonatal sepsis (e.g.: hypotonia, lethargy, poor oral feeding, tachycardia, bradycardia, grunting, nasal flaring, cyanosis)."</li> <li>Reworded criteria under II.D.1., II.D.3. and II.E. with no impact to criteria.</li> <li>Updated criteria I.G.6. to maternal body mass index of <math>\geq 40</math> and added supportive references.</li> </ul>
CP.MP.129 – Fetal Surgery in Utero for Prenatally Diagnosed Malformations	<ul style="list-style-type: none"> <li>Updated criteria I.G.6. to maternal body mass index of <math>\geq 40</math> and added supportive references.</li> </ul>
CP.MP.173 – Implantable Intrathecal or Epidural Pain Pump	<ul style="list-style-type: none"> <li>Restructured and reformatted criteria section.</li> <li>In I.B. and II.B. added contraindications to include known allergies to materials in the implant; active alcohol or drug abuse, including but not limited to opioid addiction and intravenous drug abuse, diagnosis of dementia or psychosis; active systemic infection, active infection at the site of implantation.</li> </ul>
CP.MP.190 – Outpatient Oxygen Use	<ul style="list-style-type: none"> <li>Updated all criteria instances of "blood gas study" to include "or pulse oximetry measurement" and all instances of "arterial oxygen saturation" to include "(or pulse oximetry)".</li> <li>Changed age requirements in I. and III. from <math>\geq 21</math> to <math>\geq 18</math> years of age.</li> <li>Changed age requirements in II and IV from <math>&lt; 21</math> to <math>&lt; 18</math> years of age.</li> <li>Minor rewording in Criteria I.</li> <li>Added clarifying language to Criteria I.B.1.a. regarding breathing room air. In I. B.1.b., I.B.1.c., and I.B.2.a., removed the requirement that the measurement is taken after 5 minutes of sleep vs. during sleep.</li> <li>Criteria I.D.2. updated to reflect condition requirements for blood gas study not performed during an inpatient hospital stay.</li> <li>Removed I.E. regarding alternative treatments.</li> <li>Added clarifying language to Criteria II.A.2. for cystic fibrosis complicated by severe chronic hypoxemia.</li> <li>Updated Criteria II.A.4. to state Bronchopulmonary dysplasia (BPD) complicated by chronic hypoxemia.</li> <li>Added Criteria II.A.9. to include pulmonary hypertension without congenital heart disease complicated by chronic hypoxemia.</li> <li>Added Criteria II.A.10. to include interstitial lung disease complicated by severe chronic hypoxemia.</li> </ul>

Policy number and name	Change
	<ul style="list-style-type: none"> <li>• Updated Criteria II.B.1. and Criteria II.B.2. to include requirements for SpO2 measurements for children younger than one year old and for children aged one year or older.</li> <li>• Minor rewording in Criteria III.A.3.a. and Criteria III.A.3.b.</li> <li>• Minor rewording to Criteria IV.B.1.</li> <li>• Clarifying language added to Criteria V.C. regarding the absence of systemic hypoxemia.</li> <li>• Added Criteria V.E. to include terminal illnesses that do not affect the ability to breathe.</li> <li>• Minor rewording in Criteria VI.</li> <li>• Added Criteria VI.A.3. to include frequency of headache attacks.</li> </ul>
CP.MP.243 – Implantable Loop Recorder	<ul style="list-style-type: none"> <li>• Added criteria III. to include requests for replacement implantable loop recorders.</li> </ul>
CP.MP.248 – Facility-based Sleep Studies for Obstructive Sleep Apnea	<ul style="list-style-type: none"> <li>• Updated I.B.8.a.i. to "Moderate to severe, chronic pulmonary disease."</li> <li>• Removed criteria I.B.8.a.i.a) and b).</li> <li>• Updated I.B.8.a.ii. to "Congestive heart failure..." Updated I.B.8.a.v. to "Concern for significant non-respiratory sleep disorder(s)..."</li> <li>• Added I.B.8.a.vi "Hypoventilation syndrome."</li> <li>• Updated I.B.8.b.ii to "Daytime sleepiness..."</li> <li>• Added I.B.8.b.ii.a "Habitual loud snoring."</li> <li>• Removed I.B.8.b.iv. "Significant oxygen desaturation..."</li> <li>• Updated III.A. to "Meets criteria in section I..."</li> <li>• Removed III.C and D. for central sleep apnea.</li> </ul>
CP.MP.99 – Wheelchair Seating	<ul style="list-style-type: none"> <li>• Added ICD-10 codes E75.27, E75.28, G20.A1, G20.A2, G20.B1, G20.B2, G20.C, G31.80, G31.86, G37.81, G37.89 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, E2625; and E2609.</li> <li>• Added Z87.2 to ICD-10 tables with the following HCPCS codes: E2607, E2608, E2624, and E2625, as well as to the list of pressure ulcer codes before the ICD-10 table.</li> <li>• Added Z87.2 to the ICD-10 table for HCPCS E2609.</li> <li>• Removed ICD-10 codes G20 and G37.8 from 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, E2625; and E2609.</li> </ul>
CP.MP.105 – Digital EEG Analysis	<ul style="list-style-type: none"> <li>• Added new for 2024 ICD-10 codes G40.C11 and G40.C19 to ICD-10 coding table.</li> </ul>
CP.BH.104 –	<ul style="list-style-type: none"> <li>• Replaced all instances of "DSM-5" with "DSM-5 TR."</li> </ul>

Policy number and name	Change
Applied Behavioral Analysis	<ul style="list-style-type: none"> <li>• Added requirement for a comprehensive diagnostic evaluation to have been conducted within the past five years in I.A.1.</li> <li>• Added Social Skills Improvement System (SSIS) as an additional skill assessment option in I.E.1.b.ii.e. In I.E.,2.b. deleted “comprehensive.” Deleted I.E.,2.b.ii.e). and replaced it as a “note” under I.2.b.ii.d). In I.E.2.c.vi. deleted “in the home or community activities.”</li> <li>• Added I.E.2.f.i. “Behavioral health outpatient services” to the list.</li> <li>• Added statement to I.E.3.b. “Assessments are performed consistent with criteria in I.E.1. b.” Rearranged criteria point in I.E.3 for clarity.</li> <li>• In II.A. added statement “... and generally involve a gradual step-down in services.” In II.C.</li> <li>• Removed the statements “Services may be appropriate for discontinuation and/or transfer to alternative or less intrusive levels of care.”</li> <li>• Replaced all instances of “DSM-5” with “DSM-5 TR.”</li> <li>• Added requirement for a comprehensive diagnostic evaluation to have been conducted within the past five years in I.A.1.</li> <li>• Added Social Skills Improvement System (SSIS) as an additional skill assessment option in I.E.1.b.ii.e. In I.E.,2.b. deleted “comprehensive.”</li> <li>• Deleted I.E.,2.b.ii.e). and replaced it as a “note” under I.2.b.ii.d). In I.E.2.c.vi. deleted “in the home or community activities.”</li> <li>• Added I.E.2.f.i. “Behavioral health outpatient services” to the list.</li> <li>• Added statement to I.E.3.b. “Assessments are performed consistent with criteria in I.E.1. b.” Rearranged criteria point in I.E.3 for clarity.</li> <li>• In II.A. added statement “... and generally involve a gradual step-down in services.”</li> <li>• In II.C. Removed the statements “Services may be appropriate for discontinuation and/or transfer to alternative or less intrusive levels of care.”</li> </ul>
HNCA.CP.MP.61 – Dental Anesthesia	<ul style="list-style-type: none"> <li>• Minor criteria updates to reflect the changes in APL-028.</li> <li>• Revised the wording to include “intravenous moderate sedation and deep sedation/general anesthesia.”</li> </ul>

## Genetic Testing Policy Updates

Policy number and name	Policy change
V1.2024 – CG Hereditary Cancer Susceptibility	<ul style="list-style-type: none"> <li>In hereditary breast cancer susceptibility panel criteria, changed the “or” after I.B.2. to “and.” In PTCH1 and SUFU Sequencing and/or Deletion/Duplication Analysis criteria, moved indication I.1.f)1)- 9) to I.A.2.a)-i); after criteria newly numbered as I.A.3)e), changed the “or” to “and”; moved indications previously listed as I.A.3.f)1)-9) to new number I.A.4.a)-i).</li> </ul>
V1.2024 – CG Metabolic, Endocrine, and Mitochondrial Disorders	<ul style="list-style-type: none"> <li>Updated table, criteria section labels, and background for maturity-onset diabetes of the young to state “Monogenic diabetes of the young (including maturity-onset diabetes of the young (MODY)).”</li> <li>Updated monogenic diabetes of the young criteria: In I.A., changed from requiring the diabetes diagnosis within the first six months of life to the first 12 months of life; in I.B., changed requirement for the member to have the diagnosis before age 35 years to age 30 years; reworded option for autoantibodies; reworded C-peptide criteria to remove specific values and the requirement for hypoglycemia; replaced criteria for specific features of atypical type 2 diabetes with “diagnosis of diabetes not characteristic of type 1 or type 2 diabetes”; removed requirement for inclusion of specific genes in the panel.</li> <li>Background for monogenic diabetes updated.</li> </ul>
V1.2024 – CG Prenatal and Preconception Carrier Screening	<ul style="list-style-type: none"> <li>In the criteria for CFTR Sequencing, Deletion/Duplication Analysis, or Mutation Panel, changed the number of tested variants from 23 to 100 and updated background accordingly, consistent with the 2023 ACMG statement on CFTR variant testing.</li> </ul>

**The following Genetic Testing Policies were updated (v1.2024); please refer to the revision log in the clinical policy for a complete summary of updates.**

Concert Genetics Genetic Testing: Prenatal Diagnosis (via Amniocentesis, CVS, or PUBS) and Pregnancy Loss	Concert Genetics Genetic Testing: Hematologic Conditions (Non-Cancerous)	Concert Genetics Oncology: Algorithmic Testing
Concert Genetics Genetic Testing: Aortopathies and Connective Tissue Disorders	Concert Genetics Genetic Testing: Hereditary Cancer Susceptibility	Concert Genetics Oncology: Cancer Screening
Concert Genetics Genetic Testing: Cardiac Disorders	Concert Genetics Genetic Testing: Immune, Autoimmune, and Rheumatoid Disorders	Concert Genetics Oncology: Cytogenetic Testing
Concert Genetics Genetic Testing: Dermatologic Conditions	Concert Genetics Genetic Testing: Kidney Disorders	Concert Genetics Genetic Testing: Pharmacogenetics
Concert Genetics Genetic Testing: Epilepsy, Neurodegenerative, and Neuromuscular Disorders	Concert Genetics Genetic Testing: Lung Disorders	Concert Genetics Genetic Testing: Preimplantation Genetic Testing
Concert Genetics Genetic Testing: Exome and Genome Sequencing for the Diagnosis of Genetic Disorders	Concert Genetics Genetic Testing: Metabolic, Endocrine, and Mitochondrial Disorders	Concert Genetics Genetic Testing: Prenatal and Preconception Carrier Screening
Concert Genetics Genetic Testing: Eye Disorders	Concert Genetics Genetic Testing: Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay	Concert Genetics Genetic Testing: Skeletal Dysplasia and Rare Bone Disorders
Concert Genetics Genetic Testing: Gastroenterologic Disorders (Non-Cancerous)	Concert Genetics Genetic Testing: Non-Invasive Prenatal Screening (NIPS)	Concert Genetics Genetic Testing: General Approach to Genetic and Molecular Testing
Concert Genetics Genetic Testing: Hearing Loss	Concert Genetics Oncology: Molecular Analysis of Solid Tumors and Hematologic Malignancies	Concert Genetics Oncology: Circulating Tumor DNA and Circulating Tumor Cells (Liquid Biopsy)

### Inactive policies

The following policies have been retired:

Policy number	Policy name
HNCA.CP.MP.436	Intraperitoneal Hyperthermic Chemotherapy for Abdominopelvic Cancers
HNCA.CP.519	Fecal Bacteriotherapy