

# PROVIDER Update



CONTRACTUAL | JUNE 20, 2024 | UPDATE 24-637m | 6 PAGES

## Medical Policies – May 2024

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

The medical policies listed in this update were approved by Centene’s Corporate Clinical Policy Committee and/or Health Net’s\* Medical Advisory Council (MAC) for May 2024. 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. 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.

#### Updated Policies

Policy number and name	Change
CP.MP.176 – Cardiac Rehabilitation, Outpatient	<ul style="list-style-type: none"><li>• Edited I.A.7. to indicate Classes as New York Heart Association (NYHA).</li><li>• Changed I.E.7. from uncompensated to decompensated.</li><li>• Added I.E.13. "Unstable or life-threatening...psychological issues."</li></ul>

#### THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Behavioral Health Providers

#### PROVIDER SERVICES

**CHPIV Medi-Cal (including ECM and CS providers) –**  
833-236-4141

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

#### PROVIDER PORTAL

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

## Updated Policies – continued

Policy number and name	Change
CP.MP.145 – Electric Tumor Treatment Fields	<ul style="list-style-type: none"> <li>• Updated wording in description with no impact to criteria.</li> <li>• In I.A.1.a.iii. added “and/or.”</li> <li>• in I.A.b.ii. changed wording to “chemotherapy, surgery, and/or radiation.”</li> </ul>
CP.MP.106 – Endometrial Ablation	<ul style="list-style-type: none"> <li>• Updated criteria under I.A.1. by removing “at least three months of.”</li> <li>• Expanded criteria under I.D. to include fibroids greater than 3cm in diameter.</li> <li>• Added additional contraindications under I.G.5.–I.G.8. to include active pelvic infection or recent uterine infection, endometrial hyperplasia or uterine cancer, recent pregnancy, and post-menopausal.</li> </ul>
CP.MP.209 Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing	<ul style="list-style-type: none"> <li>• Specified in policy statement that this criteria applies to non-Medicare plans.</li> <li>• Added note referring to Medicare-specific policy.</li> <li>• Updated Criteria II. from greater than six targets to greater than five targets.</li> <li>• Minor rewording in Background.</li> <li>• Table 6 codes removed, and descriptors for CPT Table 2 changed accordingly.</li> </ul>
CP.MP.121 – Homocysteine Testing	<ul style="list-style-type: none"> <li>• Expanded Criteria I.A. to include First-degree relative with homocystinuria; I.B. Markedly elevated serum and urine homocysteine; I.C. Characteristic physical findings including one of the following: I.C.1. Developmental delay; I.C.2. Marfanoid appearance; I.C.3. Osteoporosis; I.C.4. Ocular abnormalities (ectopia lentis); I.C.5. Thromboembolic disease; I.C.6. Severe premature atherosclerosis.</li> <li>• Criteria II.C. Added dementia as a not medically necessary indication.</li> <li>• Removed table of Medically Necessary ICD-10 codes and replaced with a table of Not Medically Necessary ICD-10 codes.</li> </ul>
CP.MP.180 – Implantable Hypoglossal Nerve Stimulation	<ul style="list-style-type: none"> <li>• Edits were made to Criteria A to align with the FDA updates issued June 8, 2023, for the Inspire Upper Airway Stimulation System.</li> <li>• Updated Criteria B. from "Age &gt; 22 years" to "BMI ≤ 40 kg/m2."</li> <li>• Changed Criteria C. from "BMI &lt; 35 kg/m2" to "One of the following:" adding C.1 to C.3, indicating the updated age ranges and associated criteria.</li> <li>• Contraindications were updated for Criteria I.D.a to I.D.g.</li> <li>• The original criteria points I.E to I.I were removed.</li> </ul>
CP.MP.69 – Intensity Modulated Radiotherapy	<ul style="list-style-type: none"> <li>• Removed I.G.8.a.i-iii regarding “maximum dose volume,” “volume of breast tissue,” and “hot spots in inframammary fold,” leaving I.G.8.a. regarding “homogeneity of dose.”</li> <li>• Changed I.G.8.b. to “Left-sided breast cancers when treating the internal mammary lymph nodes,” and I.G.8.c. to “When using external beam accelerated partial breast irradiation (APBI).”</li> <li>• Added additional indications to criteria I.G.12 Esophageal cancer; I.G.13. Mediastinal tumors (e.g., lymphomas and thymomas); I.G.14. Endometrial cancer; I.G.15. Select rectal cancer cases where there is lymph node involvement or require treatment of the inguinal lymph nodes; I.G.16. Soft tissue sarcoma when organ at risk dose constraints cannot be met.</li> </ul>

## Updated Policies – continued

Policy number and name	Change
CP.MP.57 – Lung Transplantation	<ul style="list-style-type: none"> <li>• Updated I.C.2. from glomerular filtration rate (GFR) &lt; 40 mL/min/1.73m<sup>2</sup> to GFR &lt; 30 mL/min/1.73m<sup>2</sup>.</li> <li>• Expanded I.C.9. with qualifying criteria for members who are HIV positive.</li> </ul> <p>Updated I.D.2.a.1. from FEV<sub>1</sub> &lt; 25% to FEV<sub>1</sub> &lt; 30%.</p>
CP.MP.246 – Pediatric Kidney Transplant	Updated contraindication I.B.2, adding a. through c.
CP.MP.146 – Sclerotherapy and Chemical Endovenous Ablation for Varicose Veins	<ul style="list-style-type: none"> <li>• Updated reflux from ≥ 500 milliseconds to &gt; 500 milliseconds in Criteria I.B.1.a. and in Criteria I.B.2.a.</li> <li>• Updated perforating vein diameter from ≥ 3.5 mm to &gt; 3.5 mm in Criteria I.B.1.b. and Criteria I.B.2.b.</li> <li>• Updated axial reflux from ≥ 500 milliseconds to &gt; 500 milliseconds in Criteria I.B.3.a.i. and updated reflux from ≥ 500 milliseconds to &gt; 500 milliseconds in Criteria I.B.3.a.ii.</li> </ul>

## Clinical practice guidelines (CPG) update

Policy Name	Change
CPG Grid	<ul style="list-style-type: none"> <li>• Combined “Adult Preventive Care” section with “Preventive Care (Adult)” section.</li> <li>• Updated link and title for USPSTF Adult Preventive Service Recommendations under Preventive Care (Adults).</li> <li>• Added USPSTF Adolescents and Pediatric Preventive Service Recommendations under Preventive Care (Pediatrics).</li> </ul> <p><b>Added the following Physical Health guidelines:</b></p> <ul style="list-style-type: none"> <li>• VA/DoD Clinical Practice Guideline: The Primary Care Management of Asthma (2019).</li> <li>• IDSA Guidelines of the Treatment and Management of Patients with COVID-19 (2021, updated June 2023), Clinical Management of COVID-19: Living Guideline (August 2023).</li> <li>• 2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines.</li> <li>• VA/DoD Clinical Practice Guidelines Management of Type 2 Diabetes Mellitus (2023).</li> <li>• VA/DoD Clinical Practice Guidelines Use of Opioids in the Management of Chronic Pain (2022).</li> <li>• Pharmacological Management of Osteoporosis in Postmenopausal Women: An Endocrine Society Guideline Update (2020).</li> <li>• VA/DoD Clinical Practice Guideline Management of Adult Overweight and Obesity (OBE) (2020).</li> <li>• For Healthcare Providers: New Zika and Dengue Testing Guidance (November 2019).</li> </ul>

## Clinical practice guidelines (CPG) update

Policy Name	Change
CPG Grid, <i>continued</i>	<p data-bbox="358 296 1360 327"><b>Updated the following Physical Health guidelines with new publication revision dates:</b></p> <ul data-bbox="358 348 1503 951" style="list-style-type: none"><li data-bbox="358 348 1503 447">• 2023 GINA Report, Global Strategy for Asthma Management and Prevention, Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease (2024 Report).</li><li data-bbox="358 468 1211 499">• Standards of Care in Diabetes- 2024 (Volume 47, Issue Supplement 1).</li><li data-bbox="358 520 1463 583">• American Geriatrics Society 2023 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults.</li><li data-bbox="358 604 1143 636">• WFH Guidelines for the Management of Hemophilia 3rd Edition.</li><li data-bbox="358 657 1487 720">• Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the ACIP — United States, 2023-2024 Influenza Season.</li><li data-bbox="358 741 1455 804">• Adult Immunization Schedule. Recommendations for Ages 19 years or older, United States, 2024.</li><li data-bbox="358 825 1503 888">• Child and Adolescent Immunization Schedule. Recommendations for Ages 18 years or younger, United States, 2024.</li><li data-bbox="358 909 1425 940">• Removed individual ACC/AHA Clinical Practice Guidelines and added link to all ACC CPGs.</li></ul> <p data-bbox="358 972 764 1003"><b>Removed the following guidelines:</b></p> <ul data-bbox="358 1024 1503 1213" style="list-style-type: none"><li data-bbox="358 1024 1377 1087">• ACC/AHA Prevention Guideline: 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults.</li><li data-bbox="358 1108 1503 1213">• The Management of Community- Acquired Pneumonia in Infants and Children Older Than 3 Months of Age: Clinical Practice Guidelines by the Pediatric Infectious Diseases Society and the Infectious Diseases Society of America (2011).</li></ul> <p data-bbox="358 1234 943 1266"><b>Added the following Behavioral Health guidelines:</b></p> <ul data-bbox="358 1287 1503 1877" style="list-style-type: none"><li data-bbox="358 1287 1438 1392">• Under Anxiety Disorders, added Anxiety and Depression Association of American (ADAA) Clinical Practice Review for Social Anxiety Disorder (2015) and Clinical Practice Review for Generalized Anxiety Disorder (2015).</li><li data-bbox="358 1413 1487 1476">• Added section for Bipolar Disorder and included Management of Bipolar Disorder (BD) (2023) VA/DoD guideline.</li><li data-bbox="358 1497 1503 1602">• Added section for Dementia and included APA Practice Guideline on the Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia (2016) and APA Evaluation of Dementia and Age-Related Cognitive Change (2021).</li><li data-bbox="358 1623 1487 1759">• Under Depressive Disorder, added American College of Physicians (ACP) Nonpharmacologic Treatments of Adults in the Acute Phase of Major Depressive Disorder: A Living Clinical Guideline and Anxiety and Depression Association of America (ADAA) Clinical Practice Review for Major Depressive Disorder (MDD) (2020).</li><li data-bbox="358 1780 1503 1877">• Retitled Adolescent Eating Disorders section to Eating Disorders and included APA Practice Guideline for the Treatment of Patients with Eating Disorders, Fourth Edition (2023) and NICE Eating Disorders: recognition and treatments (2017, updated December 2020).</li></ul>

## Clinical practice guidelines (CPG) update

Policy Name	Change
CPG Grid, <i>continued</i>	<p><b>Added the following Behavioral Health guidelines, <i>continued</i>:</b></p> <ul style="list-style-type: none"> <li>• Combined Opioid Use and Management of Substance Use Disorders sections and retitled to Opioid and Substance Use Disorders and Treatment.</li> <li>• Added APA Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder (2018), SAMHSA Evidence based Practices Resource Center, and ACOG Opioid Use Disorder in Pregnancy Committee Opinion Number 711 (2012, reaffirmed 2021).</li> <li>• Updated ASAM Criteria to Fourth Edition (2023) and VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders (2021).</li> <li>• Under Post Traumatic Stress Disorder and Acute Stress Disorder, added APA Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults (2017) and updated VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder (2023).</li> <li>• Under Schizophrenia, added VA/DoD Management of First-Episode Psychosis and Schizophrenia (2023).</li> <li>• Retitled Gender Reassignment and Transgender Issues section to Transsexual, Transgender, and Gender Nonconforming People, added Endocrine Treatment of Gender-Dysphoria/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline and WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People..</li> <li>• Added Zero Suicide Consensus Guide for Emergency Departments under Suicidal Behavior.</li> </ul>

## Genetic testing policies

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

Genetic Testing for Aortopathies Connective Tissue Disorders	Genetic Testing for Cardiac Disorders	Genetic Testing for Dermatologic Conditions
Genetic Testing for Epilepsy, Neurodegenerative Disorders	Genetic Testing for Exome and Genome Sequencing	Genetic Testing for Eye Disorders
Genetic Testing for General Approach to Genetic Testing	Genetic Testing for GI Disorders (non cancerous)	Genetic Testing for Hearing Loss
Genetic Testing for Hematological Disorders	Genetic Testing for Hereditary Cancer Susceptibility	Genetic Testing for Immune, Autoimmune, Rheumatoid Disorders
Genetic Testing for Kidney Disorders	Genetic Testing for Lung Disorders	Genetic Testing for Metabolic, Endocrine, Mitochondrial Disorders

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**Genetic testing policies, *continued***

Genetic Testing for Multisystem Inherited Disorders	Genetic Testing for Noninvasive Prenatal Screening	Genetic Testing for Oncology Algorithmic Testing
Genetic Testing for Oncology Cancer Screening	Genetic Testing for Oncology Circulating Tumor DNA Liquid Biopsy	Genetic Testing for Oncology Cytogenetic Testing
Genetic Testing for Oncology Molecular Analysis of Solid Tumor and Hem Malignancies	Genetic Testing for Pharmacogenetics	Genetic Testing for Preimplantation Genetic Testing
Genetic Testing for Prenatal and Preconception Carrier Screening	Genetic Testing for Skeletal Dysplasia and Rare Bone Disorders	

**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 Community Health Plan of Imperial Valley at 833-236-4141. Behavioral Health providers can call 844-966-0298.