

Updates to Clinical Policies – April 2026

Review updates including retired policies, effective April 2026

The medical policies listed in this update were approved for April 2026. 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 <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 physicians, practitioners and other providers how to practice. If required, physicians, practitioners and other 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 a medical policy.
- If there are any conflicts between medical policy guidelines and related member benefits contract language, the benefits contract will apply.

THIS UPDATE APPLIES TO:

- Physicians and Practitioners
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- 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

Updated policies

Policy number and title	Summary of changes
<p>CP.MP.185 Skin and Soft Tissue Substitutes</p>	<ul style="list-style-type: none"> • Changed policy name to “Skin and Soft Tissue Substitutes.” • In Notes section, added additional bullet points to refer to MC.CP.MP 185, CP.MP.186 and CP.MP.31, as applicable. • In policy statements I and II, noted that the medical necessity requirements are “specific to the wound for which the skin substitute/CTP is being requested” and added as the first criterion that the “request indicates the specific wound to which the skin substitute will be applied.” • Reworded I.D.5 to more clearly require that members/enrollees who smoke participate in smoking cessation therapy. • In criteria I.E., updated product list for DFUs/VLUs. In I.F.6. and II.B.6., deleted code Q4106 was replaced with code Q4431. • In the Note in I.H. and II.E., removed “16.” In II.B., updated product list for DFUs/VLUs. • Added criteria IV. regarding skin substitute use for burn treatment, with IV.B. thru IV.D. and IV.F. moved from CP.MP.186. • Added criteria V. regarding skin substitute use for breast reconstruction. • Added criteria VI. regarding skin substitute use for dystrophic epidermolysis bullosa. • Added criteria VII. regarding skin substitute use for post-reconstructive surgery of abdominal wall wounds. • Added criteria VIII. regarding indications considered not medically necessary. • Added criteria IX. regarding indications of which evidence that does not support. • Background section updated to include new sections on burns, breast reconstruction, dystrophic epidermolysis and post-reconstruction surgery of abdominal wall wounds. • Added HCPCS Code Table 1. To HCPCS Code Table 1, added codes G0681, G0682, G0683 and G0684. • Added Note under HCPCS Code Table 2. To HCPCS Code Table 2, added the following: A2012, A2043, A2044, A4100, C1781, C9363, C9399, Q4108, Q4116, Q4122, Q4130, Q4182, Q4431, Q4433. • From HCPCS Code Table 2, removed the following: Q4106, Q4110, Q4111, Q4115, Q4117, Q4118, Q4124, Q4137, Q4141, Q4146, Q4148, Q4151, Q4152, Q4154, Q4156, Q4159, Q4160, Q4166, Q4170, Q4175, Q4178, Q4187, Q4188, Q4195, Q4196, Q4197, Q4201, Q4203, Q4236, Q4253, Q4262. • For HCPCS Code Table 3, added the following codes: A2004, A2008, A2040, A2041, A2042, A2045, A4175, C9250 Q4111 Q4115 Q4117,

Updated policies

	<p>Q4118, Q4124, Q4137, Q4141, Q4146, Q4148, Q4151, Q4152, Q4154, Q4156, Q4159, Q4160, Q4166, Q4170, Q4175, Q4178, Q4187, Q4195, Q4196, Q4197, Q4201, Q4203, Q4236, Q4253, Q4262, Q4398, Q4399, Q4400, Q4401, Q4402, Q4403, Q4404, Q4405, Q4406, Q4407, Q4408, Q4409, Q4410, Q4411, Q4412, Q4413, Q4414, Q4415, Q4416, Q4417, Q4418, Q4419, Q4420, Q4421, Q4422, Q4423, Q4424, Q4425, Q4426, Q4427, Q4428, Q4429, Q4435, Q4436, Q4437, Q4438, Q4439, Q4440.</p> <ul style="list-style-type: none">• For HCPCS Code Table 3, removed the following codes: A2012, C9363, Q4100, Q4108, Q4116, Q4122, Q4130, Q4182, Q4210, Q4231, Q4244.
HNCA.CP.MP.55 Assisted Reproductive Technology	<ul style="list-style-type: none">• Updated definition of infertility.• Added section 11 for surrogacy.

Retired policies

Policy number	Policy title
HNCA.CP.MP.127	Ambulance, Non-emergent
HNCA.CP.MP.134	Voice Therapy
HNCA.CP.MP.391	Refractive Surgery

Need help? Contact us

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