PROVIDER*Update*

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Updates to Clinical Policies – June 2026

Review updates, including a retired policy, effective June 2026

The medical policies listed in this update were approved for June 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**
HNCA.CP.MP.691 Testing for Drugs of Abuse	• Policy is for Commercial and Marketplace (Ambetter HMO/PPO) membership only. • Use HNCA.CP.MP.542 Testing for Drugs of Abuse Medi-Cal for Medi-Cal members. • Drug testing is a clinical tool used in the identification, assessment, treatment, monitoring, and support of recovery for individuals with or at risk for substance use disorders (SUD). In outpatient treatment settings, drug testing is intended to complement clinical assessment, patient self-report, and collateral information and should not be used as the sole determinant of diagnosis, level of care, or discharge decisions. Guidance from the American Society of Addiction Medicine (ASAM) emphasizes individualized, clinically driven use of drug testing.
CP.MP.181 Polymerase Chain Reaction Respiratory Viral Panel Testing	• Added 0563U and 0564U to CPT table 2. • Added ICD-10 codes D71.1, D71.8 and D71.9 to Table 5.
CP.MP.120 Pediatric Liver Transplant	• Removed criteria under I.A. Removed “is” under previous I.B. • Under previous I.B.4.c., added “radiological.” • For previous I.B.5.j., removed “complications” and added “pediatric acute liver failure ….” • For previous I.B.5.l., added “while receiving conventional ….” • For previous I.B.5.i., removed “conventional therapy.” • For previous I.B.5.iv., removed “despite conventional ….” • Under new I.B.14., added “irreversible” and “not attributable to the underlying organ disease ….”
CP.MP.129 Fetal Surgery in Utero for Prenatally Diagnosed Malformations	• Under I.C., added “with treatment including.” • Added additional criteria I.C.1.a. Hydropic fetus or at risk of developing hydrops, I.C.1.b. Failure of one round of maternal antenatal corticosteroid, unless contraindicated. • Added note under criteria I.D. to include “Note: May include fetal pleural aspiration ….” • Added additional criteria I.H.2. • Under I.G.6.a, added “fetal.” • Added CPT 59074.
CP.MP.164 Caudal or Interlaminar	• Removed informational note about discontinuing anti-platelet therapy.

Updated policies	
Epidural Steroid Injections	• Updated Criteria I.D.1 from two months to three months regarding relief and functional movement. • Removed Criteria I.D.2. regarding length of time since last ESI.
CP.MP.49 Physical, Occupational, and Speech Therapy Services	• Added Note under Criteria I.B.8. stating, “If a member/enrollee is exposed to more than one language, evaluation of speech and language abilities must be culturally and linguistically appropriate ….” • Background updated to support added Note after Criteria I.B.8.
CP.MP.54 Hospice Services	• Under the Policy Initial Request section, updated Criteria section II. to state the member/enrollee meets one of the disease specific guidelines or decline in clinical status criteria. • Criteria section II.E. updated from “Dementia” to “Dementia due to Alzheimer's Disease and Related Disorders.” • Criteria section II.K. updated from “Non-Disease Specific Decline in Clinical Status” to “Decline in Clinical Status,” and added Criteria section V. for Recertification of Hospice Services. • Verbiage and formatting updated in Criteria I.A. for clarity. • Added Criteria I.B. for plan of care (POC) requirements. • Updated title of Criteria II. From “Severity of Illness” to “Disease Specific Guidelines.” • Expanded Criteria II.B.3.b. to include specific examples of critical nutritional impairment related to rapid progression of amyotrophic lateral sclerosis (ALS). • Added clarifying language to Criteria II.B.3.c. and specified recurrent aspiration pneumonia and added recurrent fever after antibiotic therapy as examples of rapid progression of ALS with other life-threatening complications. • Added note regarding rapid progression of ALS after Criteria II.B.3.c. • Updated verbiage and formatting in Criteria II.C.3.a. and added criteria that member/enrollee is not a candidate for a surgical procedure or declines a procedure. • Removed Criteria for coronary artery disease under Criteria II.C.3. • Updated Criteria II.D.3.a. to specify disabling dyspnea. • Added additional examples of fatigue and cough to Criteria II.D.3.b. for diminished functional capacity for pulmonary disease. • Updated verbiage and formatting in Criteria II.D.4. for clarity, removed specific number of emergency room visits and hospitalizations and their specific time frames, and removed criteria that member/enrollee states they do not want to be intubated. • Reformatted and expanded Criteria II.D.5. to include hypoxemia at rest on room air and to include oxygen saturation measured by non-arterial methods.

Updated policies	
	• Updated title of Criteria II.E. from “Dementia” to “Dementia due to Alzheimer's Disease and Related Disorders.” • Updated Criteria II.E.2.f. from weight loss > 10% to weight loss of at least 10%. • Removed “refractory” from Criteria II.F.3.g. regarding cryptosporidium infection. • Removed requirement that member/enrollee is not on the transplant list under Criteria II.G.3. for liver disease. • Added requirement that the member/enrollee is not seeking a renal transplant in Criteria II.H.3. • Added clarifying language in Criteria II.H.3.a. • Added Note at the end of Criteria II.H.3.b. stating that member/enrollee may still qualify for hospice if receiving dialysis for a condition not related to the terminal illness. • Updated Karnofsky performance status (KPS) from < 40 to ≤ 40 under Criteria II.I.1. for stroke. • Updated Criteria II.I.2.c. to specify recurrent pulmonary aspiration unresponsive to speech-language pathology intervention. • Updated title of Criteria II.K. from Non-Disease Specific Decline in Clinical Status to “Decline in Clinical Status.” • Added decreasing cholesterol as an additional example of worsening clinical status in Criteria II.K.2.d.i. • Added venous, arterial or lymphatic obstruction due to local progression or metastatic disease, and weakness as additional examples of worsening signs in Criteria II.K.2.d.ii. • Added clarifying language to examples of worsening symptoms in Criteria II.K.2.d.iii. and expanded nausea example to include nausea or vomiting that is poorly responsive to treatment. • Updated Criteria II.K.2.d.iv. to specify when laboratory results are available and added calcium laboratory result. • Added Criteria II.K.2.f. for progressive decline in FAST for dementia not related to Alzheimer’s disease. • Under Criteria II.B. for continuous hospice home care, removed requirement that 24-hour time period begins and ends at midnight, removed up to 5 days of continuous home hospice care may be approved ..., and added “continuous home care is only furnished during brief periods of crisis ....” • Under Criteria III.D.2 for general inpatient, short term (non-respite) hospice care, specified that the treatment plan is not intended for curative treatment of the terminal illness and removed “up to 5 days of general inpatient, short term care may be approved ....” • Reformatted Criteria IV.E. and added Note at the end of criteria to expand on hospice discharge guidelines and when a new certification period is required ....

Updated policies	
	• Reformatted Criteria V. and updated title from “Subsequent Requests” to “Recertification of Hospice Services.” • Added Criteria V.A.1. regarding request for recertification within 180 days of beginning hospice services and submission of a renewed certification of terminal illness …. • Added Criteria V.A.2. regarding request for recertification beyond 180 days of hospice services and added Criteria V.A.2.a. for submission of a renewed certification of terminal illness …, added Criteria V.A.2.b. regarding documentation of a face-to-face encounter with the member/enrollee …, and added a Note under criteria regarding members/enrollees who stabilize or improve and regarding submission of the current hospice POC when requesting recertification. • Removed requirement that 24-hour time period begins and ends at midnight under Definition B. section for continuous hospice home care. • Appendix A: Palliative Performance Scale (PPS) revised to update the PPS 10% level of consciousness from “drowsy or coma” to “full or drowsy +/- confusion.”
CP.MP.186 Burn Surgery	• Description revised to exclude skin grafting. • Updated “Note” section. • Moved all of criteria section II to CP.MP.185 Skin and Soft Tissue Substitutes. • Removed CPT codes 15271 to 15278 from CPT code table.

Retired policy

Policy number	Policy title
CP.MP.51	Reduction Mammoplasty and Gynecomastia 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.