

## Medical Policies – June 2024

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

The medical policies listed in this update were approved for June 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](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.114 – Disc Decompression Procedures – Percutaneous and Laser	<ul style="list-style-type: none"><li>• Removed “unilateral” for radiculopathy in Criteria I.C.1.</li><li>• Updated muscle strength score in Criteria I.C.1.a. from &lt; 3 to ≤ 3.</li><li>• Updated muscle strength score in Criteria I.C.1.b. from 3 or 4 to 4.</li><li>• Added “within the last year” for conservative therapy in Criteria I.C.1.b.ii.</li><li>• Updated physical therapy from ≥ six weeks to ≥ four weeks in Criteria I.C.1.b.ii.a).</li></ul>

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

## Updated Policies – continued

Policy number and name	Change
CP.MP.114 – Disc Decompression Procedures – Percutaneous and Laser, <i>continued</i>	<ul style="list-style-type: none"> <li>• Updated activity modification from ≥ six weeks to ≥ four weeks in Criteria I.C.1.b.ii.b).</li> <li>• Updated Criteria I.C.1.b.ii.c) to specify one of the following: 1) nonsteroidal anti-inflammatory drug (NSAID) or acetaminophen ≥ three weeks unless contraindicated or not tolerated 2) Epidural steroid injection.</li> <li>• Removed “unilateral” for radiculopathy in Criteria I.C.2.</li> <li>• Updated physical therapy from ≥ six weeks to ≥ four weeks in Criteria I.C.2.a.</li> <li>• Updated activity modification from ≥ six weeks to ≥ four weeks in Criteria I.C.2.b.</li> <li>• Updated Criteria I.C.2.c. to specify one of the following: i. NSAID or acetaminophen ≥ three weeks unless contraindicated or not tolerated ii. Epidural steroid injection.</li> </ul>
CP.MP. 107 – Durable Medical Equipment and Orthotics and Prosthetics Guidelines	<ul style="list-style-type: none"> <li>• Updated verbiage in Newborn Care Equipment, Breast Pumps for inclusivity.</li> <li>• Added new criteria section titled Lumbar-Sacral Orthotics (LSO) and included codes L0450, L0452, L0454, L0456, L0457, L0458, L0460, L0462, L0464, L0466, L0467, L0468, L0469, L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490, L0491, L0492, L0621, L0622, L0623, L0624, L0625, L0626, L0627, L0628, L0629, L0630, L0631, L0632, L0633, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0643, L0648, L0649, L0650, L0651, L0700, L0710, L0999, L1000, L1001, L1005.</li> <li>• Renamed original “Spinal Orthotics” criteria “Other Spinal Orthotics.”</li> <li>• Updated manual wheelchair initial request criteria A., A.2. and 4., B.1. and 2., and removed C.</li> <li>• Reformatted and updated manual wheelchair replacement request criteria.</li> <li>• Deleted codes E1091 and K0009.</li> </ul>
CP.MP. 184 – Home Ventilators	<ul style="list-style-type: none"> <li>• Updated all policy statements to indicate "non-Medicare" health plans.</li> <li>• In I.A.1 changed "both" to "one" of the following and added "taken while member/enrollee was stable (not in acute respiratory failure)."</li> <li>• Removed criteria for bilevel positive airway pressure (BiPAP) failure and contraindications in sections I and II, and replaced with criteria requiring documentation that "member/enrollee could not be appropriately treated with a respiratory assist device (RAD)" and "non-invasive home ventilator will not be used to provide RAD or continuous positive airway pressure (CPAP) therapy..."</li> <li>• Removed criteria in I.A.1.a. and b. for members/enrollees &lt; 18 years.</li> <li>• In 1.A.1a. updated partial pressure of carbon dioxide (PaCO<sub>2</sub>) &gt; to greater than or equal to.</li> <li>• In I.C.1 updated body mass index (BMI) &gt; than 30 to greater than or equal to 30.</li> <li>• In 1.C.2 added "at baseline."</li> <li>• Added criteria I.C.3. "Hypoventilation has been documented by polysomnography and other conditions are not considered the primary cause of hypoventilation..."</li> <li>• Removed medical necessity criteria I.D. for home ventilators for treatment failure of BiPAP.</li> <li>• In II.B. replaced "medical records document improvement..." with II.B.1. and 2. "Documentation supports: Ongoing benefits..." and "non-invasive home ventilator will not be used to provide RAD or CPAP therapy..."</li> </ul>

## Updated Policies – continued

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Policy number and name	Change
CP.MP. 58 Intestinal and Multivisceral Transplant	<ul style="list-style-type: none"> <li>• Expanded criteria under II.A.4. to include (e.g., opioid dependency, or pseudo-obstruction).</li> <li>• Updated contraindication under II.B.3.</li> <li>• Glomerular filtration rate &lt; 40 mL/min/1.73m<sup>2</sup> to &lt; 30mL/min/1.73m<sup>2</sup>.</li> <li>• Expanded contraindication under II.B.4.a – II.B.4.c. to include CD4 cell count &gt; 200 cells/mm<sup>3</sup>; Absence of active acquired immunodeficiency syndrome (AIDS)-defining opportunistic infection (unless treated efficaciously or prevented, can be included on the heart transplant waiting list) or malignancy.</li> </ul>
CP.MP. 91 – Obstetrical Home Health Programs	<ul style="list-style-type: none"> <li>• Reconfigured criteria I.B. for clarity.</li> <li>• Revised and reformatted Section E, Management of Hypertensive Disorders in Pregnancy, clarified in section title that visits also apply to the postpartum period.</li> <li>• In E.1.b. and E.2.b., added criteria concerning postpartum visits for member/enrollees less than 14 days postpartum.</li> </ul>
CP.MP.120 – Pediatric Liver Transplant	<ul style="list-style-type: none"> <li>• Added HIV points a. – c., under I.C.2.</li> </ul>
CP.MP.126 – Sacroiliac Joint Fusion	<ul style="list-style-type: none"> <li>• Minor rewording in Criteria I.B. and Criteria I.D.</li> <li>• Removed osteopathic or chiropractic manipulation from Criteria II.A.3.</li> <li>• Added (sacral sulcus) to criteria II.C.</li> <li>• Added clarifying verbiage to Criteria II.B.</li> <li>• Updated Criteria II.D. to include a positive response to at least three provocative tests.</li> <li>• Added clarifying language to Criteria II.F.2.</li> <li>• Removed “at least two weeks apart” in Criteria II.G. regarding image guided, contrast-enhanced intra-articular (diagnostic) sacroiliac joint injection (SIJ) on two separate occasions.</li> <li>• Added CPT code 27278 to table of codes that do not support coverage.</li> </ul>
CP.MP.117 – Spinal Cord, Peripheral Nerve and Percutaneous Electrical Nerve Stimulation	<ul style="list-style-type: none"> <li>• Added Criteria III. stating that there is insufficient evidence to support the efficacy of percutaneous electrical nerve field stimulation (PENFS) for any indication, including irritable bowel syndrome (IBS).</li> <li>• Background updated with information to support updated criteria regarding PENFS.</li> <li>• Added CPT code 0720T as not covered.</li> </ul>

### Additional information

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.