

# PROVIDER Update



CONTRACTUAL | MARCH 26, 2025 | UPDATE 25-267m | 4 PAGES

## Updates to Medical Policies – February 2025

### Review the most recent 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 February 2025. 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.

Refer to pages 2-4 for the updated medical policies and procedures.

#### Additional information

Providers are encouraged to access the provider portal online at [provider.healthnetcalifornia.com](https://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.

#### 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)

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## Inactive policy

The following policy is no longer active as of February 2025.

Policy number	Policy name
CP.MP.26	Articular Cartilage Defect Repairs

## Updated Policies

Policy number and name	Change
CA.CP.BH.105 ABA Documentation	<ul style="list-style-type: none"><li>Based off the Medically Necessary Behavioral Health Treatment (BHT) services for members/enrollees under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, as outlined in APL 23-005 or any superseding APL, and in accordance with mental health parity requirements.</li></ul>
CG2025.1 Concert Genetic Testing: Hereditary Cancer Susceptibility	<ul style="list-style-type: none"><li>In the "Definition" section: corrected the definition of high-risk breast cancer (applicable to criteria sections for BRCA1 and BRCA2 Sequencing and/or Deletion/Duplication Analysis AND PALB2 Sequencing and/or Deletion/Duplication Analysis) to the following:<ol style="list-style-type: none"><li>Triple negative breast cancer treated with either:<ol style="list-style-type: none"><li>Adjuvant chemotherapy with axillary node-positive disease or an invasive primary tumor greater than or equal to 2 cm on pathology analysis, OR</li><li>Neoadjuvant chemotherapy with residual invasive breast cancer in the breast or resected lymph nodes, OR</li></ol></li><li>Hormone receptor positive disease treated with either:<ol style="list-style-type: none"><li>Adjuvant chemotherapy with four or more positive pathologically confirmed lymph nodes, OR</li><li>Neoadjuvant chemotherapy which did not have a complete pathologic response, with a CPS+CG score [pre-treatment clinical (CS) and post-treatment pathological stage (PS), estrogen-receptor status (E) and grade (G)] of 3 or higher.</li></ol></li></ol></li><li>The previous definition was: "those with <math>\geq 4</math> positive lymph nodes (confirmed preoperatively and/or at surgery), or 1–3 positive lymph nodes with either grade 3 disease or tumor size <math>\geq 5</math> cm (on pre-operative imaging and/ or at surgery)" (p. BINV-K).</li></ul>

**Updated Policies, *continued***

Policy number and name	Change
<p>CP.BH.104 Applied Behavior Analysis</p>	<ul style="list-style-type: none"> <li>• Policy reorganized to remove redundant information and provide clarity.</li> <li>• In criteria I.B. removed the “Krug Aspergers Disorder Index (KADI)”, added the following new screening tools: EarliPoint, The Survey of Well-Being of Young Children (SWYC): Parent's Observations of Social Interactions (POSI), Rapid Interactive Screening Test for Autism in Toddlers (RITA-T) and Communication and Symbolic Behavior Scales Developmental Profile – Infant/Toddler Checklist (CSBS-ITC).”</li> <li>• In I.C: removed specific titles for specialist and added broader verbiage to allow for a variation of state allowances “ABA is recommended by a qualified licensed health care provider working within their scope of practice and who is qualified to diagnose ASD and recommend ABA.”</li> <li>• Removed former I.E. “The member/enrollee is medically stable and does not require 24 hour medical/nursing monitoring or procedures provided in a hospital level of care.” Removed I.F.</li> <li>• “The member/enrollee exhibits behavior that presents as a clinically significant threat to self or others, such as but not limited to, one of the following: self-injury, aggression toward others, destruction of property, elopement, severe disruptive behavior, significant interference with daily living.”</li> <li>• In I.D. added the statement “as specified according to state-defined ABA criteria” to allow for a variation of state requirements for a comprehensive diagnosis evaluation.</li> <li>• In I.E added the behavior assessment under requested service.</li> <li>• In I.E.,2. b, added that the behavior assessment must be completed by a “Board Certified Behavior Analyst (BCBA), or other duly certified, licensed or registered equivalent provider (as defined by state law).”</li> </ul>
<p>CP.MP.102 Pancreas Transplantation</p>	<ul style="list-style-type: none"> <li>• In I.B.3. changed "myocardial infarction within 30 days" to "myocardial (within 6 months)" and reworded the information about "stroke or acute coronary syndrome.”</li> <li>• Added I.C.1.a.ii "Recurring severe hypoglycemic attacks.”</li> <li>• Added CPT code 50328.</li> </ul>
<p>CP.MP.162 Tandem Transplant</p>	<ul style="list-style-type: none"> <li>• Updated I.A.3.b., c. and d. to reflect months of age instead of days.</li> <li>• Replaced all previous contraindications, I.B.1. through 15 with new contraindication list, I.B.1. through 6.</li> </ul>

**Updated Policies, *continued***

Policy number and name	Change
<p>CP.MP.163 Total Parenteral Nutrition and Intradialytic Parenteral Nutrition</p>	<ul style="list-style-type: none"> <li>• Updated criteria I.A.1.a. regarding low body weight to include details by age group and expanded to I.A.1.a. through c.</li> <li>• Removed previous criteria I.A.1.b. and c. regarding total protein and serum albumin. Removed previous criteria I.A.4.d. Central nervous system disorders from list of conditions that make oral or tube feedings inappropriate.</li> <li>• Updated criteria I.A.1.2.h. to include children with paralytic ileus and added I.A.4.m and n. to list conditions that make oral or tube feedings inappropriate.</li> </ul>
<p>CP.MP.40 Gastric Electrical Stimulation</p>	<ul style="list-style-type: none"> <li>• Changed I.C. to “Chronic intractable (drug refractory) nausea and vomiting.”</li> <li>• Revised verbiage in note at the end of policy/criteria.</li> <li>• Added L8685, L8686, and L8687 and their respective descriptions to HCPCS code table.</li> </ul>
<p>CP.MP.81 NICU Discharge Guidelines</p>	<ul style="list-style-type: none"> <li>• Updated Authorization protocol A.5. Apnea or bradycardia monitoring with last dose of caffeine at least seven days prior to discharge.</li> <li>• Updated NICU DC recommended practices B.4.</li> <li>• An assessment of cardiorespiratory stability in a car seat or car bed is recommended prior to discharge for infants born at &lt; 37 weeks gestation or for infants with other risk factors for cardiorespiratory compromise (e.g. neuromuscular, orthopedic problems).</li> <li>• Updated E.1. to reflect car bed recommendations.</li> </ul>
<p>CP.MP.82 NICU Apnea Bradycardia Guidelines</p>	<ul style="list-style-type: none"> <li>• Replaced “Guidelines” section title with “Policy/Criteria” title and added verbiage regarding health plans affiliated with Centene Corporation®.</li> <li>• Updated Criteria I.A.1. to include desaturation as a clinically significant cardiorespiratory event and updated criteria verbiage for clarity.</li> <li>• Removed notation in Criteria I.A.1.b. regarding consideration of using heart rate decrease &gt; 33.3% below baseline for older, more mature infants or those with a lower baseline heart rate.</li> <li>• Updated Criteria I.A.1.d. from bradycardia to isolated bradycardia and updated from &lt; 70 beats per minute to &lt; 80 beats per minute.</li> <li>• Updated Note at end of criteria section to state caffeine levels may be therapeutic in preterm infants for as long as ten days after discontinuation.</li> <li>• Removed statement in Note section regarding “caffeine countdown.”</li> <li>• Added car bed and added clarifying language to Note section regarding assessment of cardiorespiratory stability in a car seat.</li> </ul>