

Medical Policies – July 2025

Review the most recent changes to procedures, services and clinical practice guidelines grid

The medical policies listed in this update were approved for July 2025. 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.

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.

New Policy

Policy number and title	Summary
HNCA.CP.MP.130 Fertility Preservation	On April 18,2025, the Department of Managed Health Care issued California Code of Regulations (CCR) t.28 §1300.74.551 to make specific requirements under SB 600, health care coverage for fertility preservation. The changes are effective July 2025.

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

Updated Policies

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Policy number and title	Summary of changes
CP.MP.93 Bone-Anchored Hearing Aids	Added criteria to I.B. “where the condition prevents restoration of hearing...” References reviewed and updated. Reviewed by external specialist.
CP.MP.81 NICU Discharge Guidelines	<ul style="list-style-type: none"> • Updated normal ambient temperature range in Criteria II.A. • Updated titles of policies in notes under Criteria III. and Criteria IV. with no impact to criteria.
CP.MP.49 Physical, Occupational and Speech Therapy	<ul style="list-style-type: none"> • Added new criteria I.B.8. regarding speech evaluation being conducted in member/enrollee’s dominant language. • Clarifying verbiage updates throughout with no impact on criteria. • In section I.G.3. removed later part of section; "and the member... (EPSDT) therapy." • Clarified verbiage in III. for discontinuation.
CP.MP.185 Skin and Soft Tissue Substitutes for Chronic Wounds	<ul style="list-style-type: none"> • Added the following codes to the “HCPCS codes that do not support medical necessity criteria” table: A2026, A2027, A2028, A2029, C8002, Q4280, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q4368, Q4369, Q4370, Q4371, Q4372, Q4373, Q4375, Q4376, Q4377, Q4378, Q4379, Q4380, Q4382.
CP.MP.97 Testing for Select Genitourinary Conditions	<ul style="list-style-type: none"> • In III.C., specified that targeted nucleic acid amplification testing (NAAT) panels of six pathogen targets or less are medically necessary and removed Xpert Xpress MVP and associated deleted code 0352U. • Modified V. to specify that it addresses expanded multiplex NAAT testing of seven targets or more, including Xpert Xpress MVP (CPT code 81515). • Updated background and description with no clinical significance. • Reviewed codes and descriptions. • Added CPT code 81515 to Table 3, CPT codes considered not medically necessary. • Removed deleted code 0352U from Table 1, CPT codes considered medically necessary when billed with a diagnosis code in Table • Corrected 6/24 revision log to say, “added CPT code 87480 and 87798 to new Table 4 (CPT codes considered not medically necessary...” and not, “added CPT code 87480 and 87798 to new Table 4 (CPT codes considered medically necessary...”

Clinical Practice Guidelines (CPG) updates

CPG Grid	Added: <ul style="list-style-type: none">• Behavioral Health Center of Excellence 201 Standards of Excellence in Applied Behavior Analysis Services.• Association for Behavior Analysis Internation Parent Guidelines to the Autism Spectrum Disorder section.
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Inactive policy

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

Policy number	Policy title
CP.MP.49	Acupuncture

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.