

## Updates to Clinical Policies – December 2025

### Review upcoming changes, effective December 2025

The medical policies listed in this update were approved for December 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 <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, they 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.

#### 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.

#### THIS UPDATE APPLIES TO:

- Physicians and Practitioners
- 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](http://provider.healthnetcalifornia.com)

### Updated Policies

Policy number and title	Summary of change(s)
CP.MP.100 Allergy Testing & Therapy	<ul style="list-style-type: none"> <li>• Deleted “and units allowed per year” in I.C.</li> <li>• Added “pulmonologist” to examples and updated wording in II.E.</li> <li>• Updated wording in III.A.10. and III.B. with no clinical significance.</li> </ul>
CP.MP.168 Biofeedback	Added “with dyssynergic defecation” to I.B.4.
CP.MP.105 Digital EEG Spike Analysis	<ul style="list-style-type: none"> <li>• Noted in criteria statements I and II that CPT code in question is 95957.</li> <li>• Removed video electroencephalogram (EEG) codes from Table 1 and added them to the label for Table 1, specifying that 95957 is medically necessary when billed in conjunction with a video EEG code and a diagnosis code in table 2.</li> <li>• Added the following codes to Table 2: G40.843 and G40.844.</li> </ul>
CP.MP.106 Endometrial Ablation	<ul style="list-style-type: none"> <li>• Updated contraindication in Criterion I.G.4. regarding intrauterine device for clarity.</li> <li>• Removed contraindication of recent pregnancy in Criterion I.G.7.</li> </ul>
CP.MP.62 Hyperhidrosis Treatments	<ul style="list-style-type: none"> <li>• Removed “in response to heat exposure or exercise” in description.</li> <li>• Removed Criterion I.C. regarding being unresponsive or unable to tolerate at least one of the pharmacotherapies ...</li> <li>• Removed six-month time frame requirement for trial of conservative management in Criterion I.D.</li> <li>• Removed note under Criterion III. regarding standard line of medical therapy.</li> </ul>
CP.MP.180 Implantable Hypoglossal Nerve Stimulation	<ul style="list-style-type: none"> <li>• Added note under Description regarding criteria for titration polysomnography (PSG) following implantation of hypoglossal nerve stimulator ...</li> <li>• Updated verbiage in Criterion I.A. to specify that criteria is for the Inspire® Upper Airway Stimulation system.</li> <li>• Added Criterion I.A.2. regarding PSG performed within 24 months of first consultation ...</li> <li>• Removed Criterion I.A.3.b.ii. and I.A.3.c.ii. regarding absence of complete concentric collapse at the soft palate level since this is addressed in Criterion I.A.4.b.</li> <li>• Changed Criterion I.A.3.c.i. from apnea-hypopnea index (AHI) ≥ 10 and ≤ 50 to AHI &gt; 10 and &lt; 50.</li> <li>• Added Criterion I.B. for criteria for the Genio® System.</li> <li>• Background updated to include information on Genio system.</li> </ul>

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CP.MP.91 Obstetrical Home Care Programs	<ul style="list-style-type: none"> <li>• Reworded criteria under I.D.1.a. without impact on criteria.</li> <li>• Under I.E.1.a.i., removed “or unstable.”</li> <li>• Under I.E.2.a.ii.b., removed “(used only if other quantitative methods not available).”</li> <li>• Removed previous Criterion II.E. “Gestational diabetes clinical ...”</li> </ul>
CP.MP.202 Orthognathic Surgery	Changed I.A.2.c. to “with impingement or irritation of buccal or lingual soft tissues of the opposing arch.”
CP.MP.190 Outpatient Oxygen Use	<ul style="list-style-type: none"> <li>• Updated policy statements in I. and III. to specify that the criteria applies to severe lung disease and hypoxemia-related symptoms and removed parenthetical note regarding cluster headaches in policy statements I. and III. with no impact to criteria.</li> <li>• Updated verbiage in Criterion I.B. regarding Group I and Group II hypoxemia for clarity.</li> <li>• Updated verbiage in Criterion I.B.1.c. regarding symptoms and signs and examples for clarity.</li> <li>• Updated verbiage to include “supplemental” oxygen in Criterion I.B.1.d. for clarity.</li> <li>• Updated formatting in Criterion I.D.2. to include a note with no impact to criteria.</li> <li>• Removed parenthetical note in Criteria II. and IV. regarding medically fragile members/enrollees and those covered under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).</li> <li>• Updated Criterion III.A.3.a. to no longer include information regarding home oxygen companies being permitted to coordinate with an independent diagnostic testing facility ...</li> <li>• Updated formatting in Criterion III.B.2. to include a note with no impact to criteria.</li> <li>• Criterion IV.A. updated from 30 days to 90 days prior to the date of recertification.</li> <li>• Rearranged the order of criteria in Criteria IV.B.1. regarding letter of medical necessity with no impact to criteria.</li> <li>• Updated verbiage in Criteria IV.B.2.b. regarding oxygen levels obtained by durable medical equipment (DME) providers.</li> </ul>
CP.MP.70 Proton and Neutron Beam Therapy	Added Criterion I.W. Arteriovenous Malformations (AVM).
CP.MP.174 Selective Dorsal Rhizotomy for Spasticity in Cerebral Palsy	Under I.D., replaced “No significant muscle weakness” with “Good trunk control ...”

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Policy number and title	Summary of change(s)
CP.MP.185 Skin and Soft Tissue Substitutes for Diabetic Foot Ulcers and Venous Leg Ulcers	Changed policy title to “Skin and Soft Tissue Substitutes for Diabetic Foot Ulcers and Venous Leg Ulcers” and specified that policy statement III. applies to diabetic foot ulcers (DFU) and venous leg ulcers (VLU).
CP.MP.117 Spinal Cord, Peripheral Nerve, and Percutaneous Electrical Stimulation	<ul style="list-style-type: none"> <li>• Added percutaneous electrical nerve stimulation (PENS) to Criterion I. for insufficient evidence to support efficacy.</li> <li>• Removed “for a minimum of 60 days prior to request, as confirmed by lab testing” in Criteria IV.A.7., IV.B.7., IV.C.5., IV.D.7. and IV.E.9.</li> </ul>
HNCA.CP.MP.542 Testing for Drugs of Abuse	<ul style="list-style-type: none"> <li>• Reminder: Reinstating policy for Medi-Cal use only.</li> <li>• Changes effective April 1, 2026.</li> <li>• Added codes G0482 and G0483 as non-covered HCPCS codes.</li> </ul>
CP.MP.55 Ultrasound in Pregnancy	<ul style="list-style-type: none"> <li>• Removed I. through V. list under Policy/Criteria for clarity.</li> <li>• Added medical necessity in Criterion II. for an additional standard second or third trimester ultrasound if transferring to a new physician, practitioner and other provider.</li> <li>• Added clarification in Criterion IV. regarding transvaginal ultrasounds performed in an office setting.</li> <li>• Updated title of Table 1.; and Table 1. updated to include standardized criteria for all prior preterm birth and for a short cervix ... Updated exam time period to between 18 0/7 weeks and 22 6/7 weeks for no prior preterm birth.</li> <li>• Criterion V. updated to include abnormally trending human chorionic gonadotropin (HCG) levels regarding a follow-up ultrasound in the first trimester ...</li> <li>• Updated Table 4. (Diagnosis Codes that Support Medical Necessity for First Detailed Fetal Ultrasound) to include the following codes: A93.0, O35.0XX1, O35.0XX2, O35.0XX3, O35.0XX4, O35.0XX5, O35.0XX9, O35.1XX0, O35.1XX1, O35.1XX2, O35.1XX3, O35.1XX4, O35.1XX5, O35.1XX9.</li> </ul>
CP.MP.99 Wheelchair Seating	Added ICD-10 codes G70.00, G70.01, G72.41, M62.85. Q03.0, Q03.1, Q03.8, Q03.9 to ICD-10 Tables 1–3.