PROVIDER *Update*

california health & wellness

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Medical Policies – 3rd Quarter 2022

Review new policies, latest changes to existing policies and an update to the clinical practice guidelines grid

The medical policies listed in this update were approved by Centene's Corporate Clinical Policy Committee in the third quarter of 2022. A complete description of the medical policies is on the California Health & Wellness Plan (CHWP) website at www.cahealthwellness.com/providers/resources/clinical-payment-policies.html. Then click on Clinical Policies.

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. This 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 Policies

Medical policy	Policy statement
CP.BH.500 – Behavioral Health Treatment Documentation Requirements	It is the policy of health plans affiliated with Centene Corporation® that behavioral health treatment records must contain at a minimum all of the following elements, in addition to any state required components:

THIS UPDATE APPLIES TO:

- ● Physicians
- ● Independent Practice Associations
- ● Hospitals
- ● Ancillary Providers
- ○ Community Supports (CS) Providers
- ○ Enhanced Care Management (ECM) Providers

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Prior Authorizations: 866-724-5057
Concurrent Review: 855-556-7910
Admissions: 855-556-7907
Appeals: 855-460-1009
Case Management: 855-556-7909

Pharmacy

Medi-Cal Rx – Self-administered drugs and supplies obtained under the pharmacy benefit

- Prior auth fax: 800-869-4325
- Help Desk: 800-977-2273

AcariaHealth – Specialty Pharmacy

- Prior auth fax: 855-217-0926
- Phone: 855-535-1815

CHWP Pharmacy Dept – Provider-administered drugs requiring prior auth

- Prior auth fax: 877-259-6961
- Phone: 877-658-0305

Medication Prior Authorization Form is available at www.CAHealthWellness.com.

New Policies, continued

Medical policy	Policy statement
CP.BH.500 – Behavioral Health Treatment Documentation Requirements, *continued*	• All entries in the treatment record are legible to another person other than the writer, dated and signed/authenticated (including licensure and/or certification) by the rendering provider prior to submission of the claim; • Patient name documented on each page; • Date of service (DOS) documented at the top of each note and no less frequently than on each page; • Current Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD-10) diagnosis is documented, consistent with the presenting problems, history, mental status examination, and/or other assessment data; • Type of service documented; • Exact start and stop times of the service; • Reason for service (problem statement); • Support for medical necessity that clearly outlines justification for frequency/intensity of requested services; • Clear clinical/therapeutic interventions and member/enrollee response to the interventions; • Interventions are clearly linked to the member/enrollee's goals, behavioral health needs and diagnosis; • Interventions are related to evidence-based treatment; • Summary of progress or lack thereof toward identified goals, with care plan changed accordingly; • Plan for ongoing treatment, i.e. the plan for the next session; • Treatment plans meet all of the following: - Are consistent with member/enrollee diagnoses; - Have objective, measurable goals and estimated timeframes for goal attainment or problem resolution; - Include a preliminary discharge plan, if applicable; - Documentation is individualized to the specific member/enrollee, service and DOS.
CP.MP.242 – Pulmonary Function Test	This policy was initially implemented as a payment edit in March 2022 but new to the clinical policy process. Changes since March include: • Added to the medical necessity statement in Criterion I that pulmonary function tests (PFTs) are medically necessary for members/enrollees ages 3 years and above; • Removed demarcation of spirometry indications as diagnostic or for monitoring purposes. • In B.2, noted that the indication also includes assessing for concurrent restrictive and obstructive disease; • Added multiple additional codes as medically necessary in the ICD-10 Table 1; • Added 96417–96419 and 96421 as applicable above the ICD-10 Table 1;

New Policies, continued

Medical policy	Policy statement
CP.MP.242 – Pulmonary Function Test, *continued*	• Changed order of ICD-10 Tables 2 and 3 so that Table 3 now applies to 94070; • Removed codes duplicative with ICD-10 Table 1 in ICD-10 Table 2; • Removed R06.83 in Table 2.

Updated Policies

Policy number and name	Change
CP.MP.37 – Bariatric Surgery	Added indication for sleeve gastrectomy (SG) to roux-en-y gastric bypass (RYGB) or biliopancreatic diversion with duodenal switch (BPD-DS) with DS as a bridging procedure for body mass index (BMI) ≥ 50 kg/m² in III.A.4.
CP.MP.107 – Durable Medical Equipment and Orthotics and Prosthetic Guidelines	Durable medical equipment (DME) – • Removed cardiac event monitor (E0616) criteria from cardiac equipment section of the policy and moved it to CP.MP.243 Implantable Loop Recorder. • Removed invasive home ventilator criteria (E0465) and moved it to CP.MP.184 Home Ventilators. • Added statement that current evidence does not support the effectiveness of intrapulmonary percussive ventilation (E1399) in the Respiratory Equipment Table.
CP.MP.117 – Fecal Incontinence Treatments	• In Section I.B. changed "member" to "member/enrollee." • Added "sacral neuromodulation" to Section I.C.1.
CP.MP.184 – Home Ventilators	• Changed policy title from "Noninvasive Home Ventilators" to "Home Ventilators." • Changed ≥ 45 to > 45 in I.A.1.a.i. • Added pediatric criteria in I.A.1.a.ii. • Removed (-) before 60 in I.A.1.b. • Changed I.A.1.b.i to apply to those over age 18 and added "1.A.1.b.ii. "For those < 18 years of age, documentation of Type 1 (hypoxemic) and/or Type 2 (hypercapneic) respiratory failure or inability to maintain airflow." • Replaced "tachypnea (respirations >24)" with "including tachypnea, increased work of breathing, hypoxemia, hypercapnia and/or respiratory acidosis (e.g., pH <7.35)" in I.A.2.c.; I.B.3.c.; I.C.3.c.; and I.D.1.c. • Added "Baseline" to all "FIO_2 requirement > 0.40." • Moved invasive ventilator criterion from CP.MP.107 DME and placed in criteria IV. • Combined invasive and noninvasive backup or second home ventilator into section V. • Added E0465 to the HCPCS Codes table.

Updated Policies, continued

Policy number and name	Change
CP.MP.85 – Neonatal Sepsis Management Guidelines	• Added verbiage about procalcitonin in Background II.G. • In Background III.B, changed 48 hours to 36-48 hours.
CP.MP.82 – NICU Apnea Bradycardia Guidelines	Neonatal Intensive Care Unit (NICU) – • Expanded criteria I.A.3.c. into two criterion points by adding criteria I.A.3.d. • Changed "child's" to "infant's" in criteria I.B. • Removed conditional caffeine criteria I.D. Reworded criteria former criteria I.E, now I.D., for clarity. • Moved criterion I.E. and I.F. to notes section.
CP.MP.213 – Post-Acute Care	• Added criteria line I.F.2. • Added "in the community" and "moderate/maximum/total" to I.F.4. • Added "(i.e., ROM, donning/doffing bracing for contracture prevention)" to Section II.C. • Updated I.H.3. from 3 hours of skilled therapy per day to "at least" 3 hours of skilled therapy per day. • Added criteria IV.F. Replaced numbered headings with "Note" and ending citation for Section V.B., C. and E. and minor rewording in C. for clarity. • Added note recommending a rehab psychologist as part of the interdisciplinary team in V.E. • Added verbiage and rearranged sentences for clarity in VII.A. Revised VIII.A. and B. for clarity. • Corrected formatting for VIII.D.7. and 8., now VIII.D.6.a. and b.
CP.MP.51 – Reduction Mammoplasty and Gynecomastia Surgery	• Added I.B.5. to Gigantomastia of Pregnancy criteria. • Language references in the criteria, description and background sections changed from "male" and/or "female" to "those with a male reproductive system" and/or "those with a female reproductive system."
CP.MP.126 – Sacroiliac Joint Fusion	• Added "at least 4-6 weeks" to II.A.3. and added option for inability to tolerate exercise program. • Section II.F.1 updated to include "fracture, traumatic SIJ instability."
CP.MP.206 – Skilled Nursing Facility Leveling	• Added "in the community" and "moderate/maximum/total" to Section I.A.4. and II.A.4. • Updated II.C.4. from 3 hours of skilled therapy per day to "at least" 3 hours of skilled therapy per day.

Updated Policies, continued

Policy number and name	Change
CP.BH.100 – Substance Use Disorders Treatment and Services	• Title of policy changed from "Substance Use Disorders" to "Substance Use Disorders Treatment and Services." • Replaced "The ASAM Criteria with "The basic six principles of this care, which aligns with relevant" in Background. • Added "available to the member and when these options are" to Background number 5. • Added "and safe housing including" and "other" in ASAM Criteria Level of Care Guidelines. • Added "adults and" to "Level 3.7 is appropriate for adults and adolescents with co-occurring psychiatric disorders or symptoms that hinder their ability to successfully engage in SUD treatment in other settings." • Under ASAM Level 3.7: Medically Monitored Inpatient Programs (Intensive for adults; High Intensity for adolescents). • Under Observation, replaced "falls between ASAM Criteria Level of Care Guidelines" with "is not described as a discreet level of care in the ASAM criteria, however, the Criteria does recognize that some inpatient providers offer this service." • Added "for Adults" to "This level of care is also referred to as clinically managed high (for Adults) or medium (for Adolescents) intensity residential services and is considered ASAM Level 3.5." • Added "Clinical" to "Clinical Services are provided 24 hours/day, 7 days/week in a facility licensed for residential SUD treatment." • And added bullet points "The intensity of nursing care and observation is sufficient to meet the patient's needs." And "Biomedical enhanced services are delivered by appropriately credentialed medical staff, who are available to assess and treat co-occurring biomedical disorders." • Under ASAM Level 3.5: Clinically Managed Residential Programs (High Intensity for adults, Medium Intensity for adolescents). • Added "structured recovery residence environment, staffed 24 hours a day, which provides sufficient stability to prevent or minimize relapse or continued use." Removed "supervised living residence" to/from sentence 1 of ASAM Level 3.1: Clinically Managed Low-Intensity Residential Programs.
CP.MP.97 – Testing Select Genitourinary Conditions	Added 0330U to the not medically necessary CPT code table 3.

Updated Policies, continued

Policy number and name	Change
CP.BH.200 – Transcranial Magnetic Stimulation for Treatment of Resistant Major Depression	• Revisions made to Policy/Criteria Section I. E to reflect the elimination of point 1 completely. • The former point 2 and 3 will now be combined as the new point 1. The original point 4 has now changed to become the new point 2. • Replaced terminology in Policy/Criteria I: H.5, II: B.5, III: V.5 from "Substance abuse at time of treatment" to "a minimum of 3 month substantiated early remission from substance use disorder." • In Policy/Criteria Section I, changed the initial number of sessions from 20 to 30 authorizations reviewed on a case-by-case basis; and • Section II.A was changed from an additional 10 to additional 6 sessions of TMS reviewed on a case-by-case basis.
CP.MP.169 – Trigger Point Injections for Pain Management	• Updated criteria in I.B. from 2 additional injections to 4. • In I.B.1 added pain relief with functional improvement. • In I.B.2. added "≥" 6 weeks. • In I.B.4 added "from initial injection" and changed maximum of 4 total sessions to 6.
CP.MP.12 – Vagus Nerve Stimulation	Added opposition to surgery as a possibility and removed "resective" in I.C.

Clinical Practice Guidelines

Clinical Practice Guidelines Grid	Added Practice Parameters for Telehealth-Implementation of Applied Behavior Analysis, Second Edition.

Additional information

If you have questions regarding the information contained in this update, contact CHWP at 877-658-0305.