

PROVIDER Update



CONTRACTUAL | JUNE 18, 2025 | UPDATE 25-590m | 3 PAGES

Medical Policies – May 2025

Review the most recent changes to existing medical policies for procedures and services

The medical policies listed in this update were approved for May 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.

Additional information

Providers are encouraged to access the provider portal online at 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 CalViva Health at 888-893-1569. Behavioral Health providers can call at 844-966-0298.

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

New Policy

Policy number and name	Change
HNCA.CP.MP.65 Prolotherapy	<ul style="list-style-type: none"> It is the Plan’s policy that there is insufficient evidence to support the efficacy of prolotherapy for musculoskeletal pain or any other indication.

Updated Policies

Policy number and name	Change
CP.MP.244 Liposuction for Lipedema	<ul style="list-style-type: none"> Removed requirement for mandatory secondary review in policy statement I. Updated conservative treatment requirement in I.F. from six months to three months.
CP.MP.210 Repair of Nasal Valve Compromise	<ul style="list-style-type: none"> Under I.C. added (e.g., sinusitis, ...) and removed “including all of the following ...” Removed I.C.1.-I.C.4. Sinusitis...Under I.D. added (e.g., nasal cones, ...) and removed D.1.-D.4. “Eight week trial ...).
CP.MP.58 Intestinal and Multivisceral Transplant	<ul style="list-style-type: none"> Added clarifying language in Policy/Criteria section and in Criteria II.A.1. Updated Criteria II.A.1.a. to include TPN induced liver injury for clarity and changed “peristomal” to “stomal.” Added hospitalization requirement for clarity in Criteria II.A.1.c. Separated Criteria II.A.1.c. into two criteria points. Clarifying language added to Criteria II.A.1.d. Updated “post-mesenteric” to “portomesenteric” in Criteria II.A.2.5. Updated GFR from < 30 mL/min/1.73m² to < 40 mL/min/1.73m² in Criteria II.B.3. Removed information about heart transplant waiting list from Criteria II.B.4.b. Removed Criteria II.B.5. for other GI diseases. Removed Criteria II.B.6. for acute liver failure or cirrhosis. Removed Criteria II.B.12. contraindication regarding absence of an adequate support system.
CP.MP.87 Therapeutic Utilization of Inhaled Nitric Oxide	<ul style="list-style-type: none"> Merged changes and revision log entries from 11/24 and 7/24 policy versions. Under I.A.6., changed oxygen index (OI) > 20 to > 25. Moved I.A.7. to III.A.1. Removed criteria under III.A.1. Continues to require iNO as evidenced.
CP.MP.114 Disc Decompression Procedures	<ul style="list-style-type: none"> Updated language in Criteria I.C.1.b.ii. for clarity. Updated Criteria I.C.1.b.ii.a) regarding physical therapy.

	<ul style="list-style-type: none"> • Updated language in Criteria I.C.2. for clarity. • Updated Criteria I.C.2.a. regarding physical therapy. • Added Table 1 – Medical Research Council Manual Muscle Testing Scale.
CP.MP.132 Heart-Lung Transplant	<ul style="list-style-type: none"> • Updated criteria I.A.1.h.iv. and I.A.2.h.iv. from, “... could preclude heart failure in the future ...” to “... could preclude heart transplant in the future ...”
CP.MP.188 Pediatric Oral Function Therapy	<ul style="list-style-type: none"> • Updated “sensory issue” to “neurodevelopmental disability” in Criteria I.G. for clarity. • Added Criteria I.H. regarding limited food intake due to hypersensitivity.