

PROVIDER Update



Health Net®

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Medical Policies – 4th Quarter 2017

This provider update includes a listing of updated Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company (Health Net) medical policies approved by Centene's Corporate Clinical Policy Committee and/or Health Net's Medical Advisory Council (MAC) in the fourth quarter of 2017. For a complete description of the updated medical policies, visit the Health Net provider website at provider.healthnet.com and select *Working with Health Net > Clinical > Medical Policies*.

As Health Net integrates with Centene, Health Net medical policies are in the process of being replaced with Centene clinical policies, which are accessible via the website noted above.

PURPOSE OF HEALTH NET MEDICAL POLICIES

Medical policies provide guidelines for determining medical necessity for specific procedures, equipment and services. For Medicare Advantage plans, apply the Medicare national and local policies for primary coverage guidance. All services must be medically necessary to be eligible for benefit coverage, unless otherwise defined in the member's individual benefits contract. The *Evidence of Coverage (EOC) or Certificate of Insurance (COI)* is the portion of the benefits contract that delineates the member's benefits in addition to eligibility requirements, and coverage exclusions and limitations. In some cases, legal or regulatory mandates may be applicable and may prevail over medical policy. To the extent there are any conflicts between medical policy guidelines and applicable benefits contract language, the benefits contract language prevails. Medical policy is not intended to override the member benefits contract that defines the member's benefits, nor is it intended to provide medical advice or dictate to providers how to practice. If required, prior authorization must be obtained before services are rendered.

Updated Policies

| Medical Policy | Change |
|--|---|
| ACUPUNCTURE | Removed statement that continued treatment after the initial two months is not medically necessary |
| ALLOGENIC HEMATOPOIETIC CELL TRANSPLANT FOR SICKLE CELL ANEMIA | Changed age restriction for sickle cell and for beta thalassemia to age 45 or younger. Under the Policy/Criteria section, revised I.B.3 to require transfusion dependence due to thalassemia and removed deterioration with conventional treatments |

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com

EnhancedCare PPO (IFP)

1-844-463-8188

provider.healthnetcalifornia.com

EnhancedCare PPO (SBG)

1-844-463-8188

provider.healthnet.com

Health Net Employer Group HMO, POS, HSP, PPO, & EPO

1-800-641-7761

provider.healthnet.com

Individual Family Plan

1-888-926-2164

provider.healthnetcalifornia.com

Medicare (individual)

1-800-929-9224

provider.healthnetcalifornia.com

Medicare (employer group)

1-800-929-9224

provider.healthnet.com

Medi-Cal – 1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

healthnet.com

fax 1-800-937-6086

Updated Policies, continued

| Medical Policy | Change |
|---|--|
| BALLOON SINUPLASTY FOR TREATMENT OF CHRONIC SINUSITIS | Changed criteria to apply to recurrent acute rhinosinusitis (RARS) as well as chronic rhinosinusitis (CRS), and allowed endoscopic diagnosis of CRS/RARS. Modified the American Academy of Otolaryngology (AAO) statement under the background section. Added that allergic or immune etiologies should be ruled out or treated appropriately |
| BREAST TOMOSYNTHESIS | The revised policy for digital breast tomosynthesis (DBT) allows for coverage effective January 2018 |
| COCHLEAR IMPLANT REPLACEMENTS | Clarified in section II that replacements are not medically necessary when requested only for convenience or to upgrade to a newer technology |
| DME | Under the background section for medical devices, added information on the use of mobile devices as speech generating devices |
| FETAL SURGERY IN UTERO FOR PRENATALLY DIAGNOSED MALFORMATIONS | Removed gestational age requirements from sections I.A.1 treatment of sacrococcygeal teratoma and I.A.3 congenital pulmonary airway malformation or bronchopulmonary sequestration |
| GASTRIC ELECTRICAL STIMULATION | Added criteria that gastroparesis should be confirmed by scintigraphy. Modified criteria in I.B to show that vomiting should happen at least once daily on most days of the week for at least one year |
| GENDER REASSIGNMENT SURGERY | Added exception to II.A. that chest surgery may be considered after one year of testosterone treatment for adolescent female to male patients younger than age 18. Revised II.B. to reiterate that cross-sex hormone in mastectomy for female to male is required for those younger than age 18 |
| INJECTIONS FOR PAIN MANAGEMENT | Added recommendations regarding anticoagulation therapy to sections on interlaminar and transforaminal epidural steroid injections (ESI). Under section III facet joint injections, added criteria that a second block is not medically necessary if the first controlled medial branch block/facet joint injection is negative. Revised III.B. facet joint medial branch conventional radiofrequency neurotomy to require two positive facet joint injections prior to radiofrequency ablation (RFA). Changed positive response from 80 percent to 75 percent pain relief as per the American Society of Interventional Pain Physicians (ASIPP) recommendations. Revised section VII to consider occipital nerve block as medically necessary when criteria is met. Modified local injections for cervicogenic and occipital neuralgia intervention background to contain more information on occipital neuralgia |
| INTRAPERITONEAL HYPERTHERMIC CHEMOTHERAPY FOR ABDOMINOPELVIC CANCERS | Added indication for peritoneal carcinomatosis from colon, rectal or small bowel cancers when there are no extra-abdominal metastases |
| LUNG TRANSPLANTATION | Added Eisenmenger syndrome as a qualifying condition for adult transplant. Added that the list of qualifying conditions for transplant is not all-inclusive. Added primary lung graft failure and bronchiolitis obliterans as an indication for adult and pediatric transplant since the International Society for Heart & Lung Transplantation (ISHLT) guidelines recommend retransplant in certain cases |

Updated Policies, continued

| Medical Policy | Change |
|---|---|
| NEONATAL ABSTINENCE SYNDROME GUIDELINES | Changed minimum days of observation to 4 in 1.A to reflect the half-life of common drugs contributing to neonatal abstinence syndrome (NAS) |
| OPTIC NERVE DECOMPRESSION SURGERY | Reclassified traumatic optic neuropathy (TON) as medically necessary with certain criteria. Added facial fibrous dysplasia as a medically necessary indication |
| REDUCTION MAMMOPLASTY AND GYNECOMASTIA SURGERY | Reworded I.A.2. for clarity. Added I.A.3.h. significant discomfort resulting in severe restriction of physical activities |
| TESTING SELECT GU CONDITIONS | Replaces Diagnosis of Vaginitis policy. Added CPT 87798 as not medically necessary when performed for indications listed in the policy related to genitourinary (GU) conditions, asymptomatic women and asymptomatic women during pregnancy |
| URODYNAMIC TESTING | Added ICD-10-CM diagnosis codes E10.69, E11.69, and S34.0 – S34.9XXS |
| VAGUS NERVE STIMULATION | Changed section II to apply to the listed conditions as well as others that were not mentioned |

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days at:

| Line of Business | Telephone Number | Provider Portal | Email Address |
|--|------------------|----------------------------------|---------------------------------|
| ENHANCED CARE PPO (IFP) | 1-844-463-8188 | provider.healthnetcalifornia.com | provider_services@healthnet.com |
| ENHANCEDCARE PPO (SBG) | 1-844-463-8188 | provider.healthnet.com | |
| HEALTH NET EMPLOYER GROUP HMO, POS, HSP, PPO, & EPO | 1-800-641-7761 | provider.healthnet.com | |
| INDIVIDUAL FAMILY PLAN | 1-888-926-2164 | provider.healthnetcalifornia.com | |
| MEDICARE (INDIVIDUAL) | 1-800-929-9224 | provider.healthnetcalifornia.com | |
| MEDICARE (EMPLOYER GROUP) | 1-800-929-9224 | provider.healthnet.com | |
| MEDI-CAL | 1-800-675-6110 | provider.healthnet.com | N/A |