

# PROVIDER Update



Health Net®  
COMMUNITY SOLUTIONS

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## Medical Policies – 2nd Quarter 2018

This provider update includes a listing of new and updated Health Net Community Solutions, Inc. (Health Net) medical policies, including an updated clinical practice guideline approved by Centene's Corporate Clinical Policy Committee and/or Health Net's Medical Advisory Council (MAC) in the second quarter of 2018. For a complete description of the updated medical policies, visit the Health Net provider website at [provider.healthnet.com](http://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 *Cal MediConnect Member Handbook* 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.

### New Policies

Medical Policy	Policy Statement
<b>IMPLANTABLE WIRELESS PAP MONITORING</b>	Implantable wireless pulmonary artery pressure monitoring (PAP) (for example, CardioMEMS™) is considered not medically necessary for all indications, including management of heart failure
<b>PEDIATRIC LIVER TRANSPLANT</b>	Clinical indications and contraindications are included

THIS UPDATE APPLIES TO  
**CAL MEDICCONNECT**  
PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

### PROVIDER SERVICES

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## Updated Policies

Medical Policy	Change
<b>ADHD ASSESSMENT AND TREATMENT</b>	Added evaluation of iron status (for example, measurement of serum iron and ferritin levels) as not medically necessary. Codes reviewed and updated
<b>APPLIED BEHAVIORAL ANALYSIS</b>	Specified which Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV and DSM-5 diagnoses apply, and broke these into separate criteria points. Added pediatric psychiatrist, neurologist or developmental pediatrician as clinicians that can validate the autism spectrum disorder (ASD) diagnosis
<b>ARTICULAR CARTILAGE DEFECT REPAIRS</b>	Osteochondral implants: added requirement for absent or minimal changes in surrounding articular cartilage
<b>ASSISTED REPRODUCTIVE TECHNOLOGY</b>	Numerous changes to several sections that are listed in the policy under Reviews, Revisions and Approvals. Reworded criteria for clarity in intrauterine insemination (IUI) conversion to in vitro fertilization (IVF) section, and combined with IVF criteria. Corrected definition of severe male factor infertility in IVF section to say sperm concentration <10 million/mL instead of TMS <10 million. Clarified in donor sperm section which indications apply to the male partner. Removed redundant statement in donor egg cycle that the female has an approved ART cycle
<b>BALLOON SINUS OSTIAL DILATION</b>	Clarified in >18 chronic rhinosinusitis (CRS) section that computed tomography (CT) findings of opacification should be in the sinuses, and removed statement that CT findings should be radiographic
<b>CARDIAC BIOMARKER TESTING</b>	Deleted Table 2, diagnosis code list. Clarified in criteria point II that creatine kinase myocardial isoenzyme CK-MB and myoglobin are not medically necessary when billed with CPT code 84484 for troponin
<b>CELL-FREE FETAL DNA TESTING</b>	Added III. Cell-free fetal DNA testing for additional chromosomal abnormalities other than trisomy 21, 18 or 13 are considered not medically necessary, including, but not limited to, other trisomies, aneuploidies or microdeletions. Background information updated
<b>DISC DECOMPRESSION PROCEDURES</b>	Revised I.C.1.a. from a score of <2 on the Medical Research Council 0 to 5 muscle strength scale to a score of <3 per 2017 IQ criteria. Codes updated
<b>GENETIC TESTING</b>	References reviewed and updated. Added I.D: member has not previously undergone genetic testing for the disorder. Added statement that direct-to-consumer genetic testing is not medically necessary
<b>HER2 NEU</b>	Revised policy to include link to recent American Society of Clinical Oncology (ASCO) recommendations for the human epidermal growth factor receptor 2 (HER2) testing algorithm for breast cancer, updated to address the recommended workup for less common clinical scenarios (approximately 5% of cases) observed when using a dual-probe in situ hybridization (ISH) assay
<b>HOSPICE</b>	Removed requirement of documentation that member must no longer be seeking curative treatment, with the possible exception of Children's Health Insurance Program (CHIP). Intensity of Service (Initial): removed redundant language regarding requirement for authorization of each request. Added section for subsequent requests

**Updated Policies, continued**

Medical Policy	Change
<b>HYPEREMESIS GRAVIDARUM TREATMENT</b>	Removed step therapy approach in I.C because it is redundant. Removed information about symptoms, food intake, urinary ketones, urine specific gravity, and daily weights
<b>INJECTIONS FOR PAIN MANAGEMENT</b>	Removed criteria addressing selective nerve root block (SNRB) from section I. Renamed section I, Cervical/Thoracic/Lumbar/Caudal, Interlaminar ESI. Added section II, Selective Nerve Root Blocks/Transforaminal Epidural Steroid Injections (TFESI) that includes criteria for SNRB/TFESI. C. Added medically necessary criteria to section III, Transforaminal Epidural Steroid Injections, regarding initial injections
<b>NICU APNEA BRADYCARDIA DISCHARGE GUIDELINES</b>	Revised statement in section I, clarifying possibly longer to up to 7 days. Changed <28 weeks gestation to <32 weeks gestation. References reviewed and updated. Replaced in background, "A target level of 10-20ug/ml is sought" with "The therapeutic trough serum concentration is 5 to 25 mg/L" as per UpToDate. Clarified statement under II. Caffeine, that discontinuation of caffeine often occurs before discharge
<b>PANNICULECTOMY</b>	Changed wording in I.D for clarification that weight should be stable after bariatric surgery
<b>PEDIATRIC HEART TRANSPLANT</b>	Specified for each indication the stage of heart failure required, and removed general criteria stating that patient is in stage C or D heart failure. Removed severely limited functional status with poor rehab potential
<b>PERCUTANEOUS LEFT ATRIAL APPENDAGE (WATCHMAN)</b>	Percutaneous Left Atrial Appendage Closure Device (LAAC) for Stroke Prevention: Clarified in I.A and I.B that the anticoagulation therapy recommended is for long-term use. Updated background information to include possible complication associated with the device.
<b>VENTRICULAR ASSIST DEVICES</b>	Clarified in section I.B.3.a. that the phrase "failure to respond to" only applied to optimal medical management, and not balloon or inotrope dependence. Specified that balloon pump and inotrope requirements are ≥, and not exact. Changed cardiac transplantation to heart transplant for consistency
<b>ZIKA VIRUS TESTING</b>	Simplified definition of possible Zika exposure. Numerous changes that are noted in the policy under Reviews, Revisions and Approvals

**Clinical Practice Guideline**

Guideline	New Guideline Links
<b>GUIDELINES FOR TREATMENT OF LOW BACK PAIN</b>	Links to treatment recommendations are at <a href="http://provider.healthnet.com">provider.healthnet.com</a> under <i>Working with Health Net &gt; Clinical &gt; Clinical Practice Guidelines</i> and select <i>American Association of Family Physicians: Low Back Pain</i> or <i>Annals of Internal Medicine: Diagnosis and Treatment of Low Back Pain</i>

**ADDITIONAL INFORMATION**

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column on page 1.