

PROVIDER Update



Health Net®

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Medical Policies – 3rd Quarter 2018

Stay informed by checking out the recently approved medical policy additions and changes

This provider update includes a listing of new and 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 third quarter of 2018. 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. For Medi-Cal plans, apply the appropriate coverage guidelines. 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.

New Policies

| Medical Policy | Policy Statement |
|---------------------------------------|---|
| CORNEAL COLLAGEN CROSS-LINKING | Policy notes that epithelium-off collagen cross-linking may be considered as an option for the treatment of keratoconus and keratectasia, and includes other treatments that are considered investigational |

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

IFP – CommunityCare HMO, PPO,

PureCare HSP, PureCare One EPO

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@](mailto:provider.communications@healthnet.com)

healthnet.com

fax 1-800-937-6086

New Policies, continued

| Medical Policy | Policy Statement |
|----------------------------------|--|
| MONITORED ANESTHESIA CARE | Clinical criteria for administering conscious sedation with the additional assistance from an anesthesia team member for gastrointestinal (GI) endoscopic procedures |
| TANDEM TRANSPLANT | Indications, clinical criteria and contraindications for tandem autologous transplantation and tandem allogeneic transplantation |

Updated Policies

| Medical Policy | Change |
|--|--|
| ARTICULAR CARTILAGE DEFECT REPAIRS | In I.A., changed criteria to state ages 18–55, or documented skeletal maturity if <18, instead of ages 15–55, or documented skeletal maturity if <18 |
| ASSISTED REPRODUCTIVE TECHNOLOGY | Removed from I.A.2 the statement: “Or, for females without male partners....using normal quality sperm;” as it is duplicative in this criteria point. 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 total motile sperm (TMS) <10 million |
| BARIATRIC SURGERY | Replaced cardiac risk qualifiers with that from the reconstructed revised cardiac risk index (RCRI), in addition to significant arrhythmias and valvular heart disease. Reworded hypothyroidism screening criteria to require testing if signs/symptoms of hypothyroidism other than obesity. Removed requirement for screening for Helicobacter pylori (H. pylori) in high prevalence areas and treatment requirement |
| DISCOGRAPHY | Policy change to indicate lumbar discography is now considered not medically necessary |
| DNA ANALYSIS OF STOOL TO SCREEN FOR COLORECTAL CANCER | HCPCS code G0464 removed from the policy as the code is deleted in 2018 |
| DURABLE MEDICAL EQUIPMENT (DME) | Revised section on Orthotic Care Equipment, Hip/Knee/Ankle/Foot Orthotics (HCPCS codes L2050, L2060, L2090) noting that when requested, they would be reviewed on a case by case basis. Added HCPCS code E0770, Peroneal nerve stimulation as investigational and not medically necessary to section on Stimulator Equipment |
| ENDOMETRIAL ABLATION | Added “previous transmyometrial uterine surgery” in I.D |
| HYPERHIDROSIS TREATMENTS | Separated criteria for endoscopic thoracic sympathectomy (ETS) and removal of axillary sweat glands, and specified that they meet criteria for iontophoresis A-D. For ETS; added criteria that member heart rate is ≥ 55 beats per minute; symptoms started before age 16, and surgery is on a member less than age 25; that there be no significant comorbidities; that there is no night sweating, and body mass index (BMI) <28, per 2011 guidelines |

Updated Policies, continued

| Medical Policy | Change |
|---|---|
| INJECTIONS FOR PAIN MANAGEMENT | <p>Policy has been separated into individual policies:</p> <ul style="list-style-type: none"> • Trigger Point Injections (CP.MP.169) • Intradiscal Steroid Injections for Pain Management (CP.MP.167) • Selective Nerve Root Blocks and Transforaminal Epidural (CP.MP.165) • Caudal or Interlaminar Epidural Steroid Injections (CP.MP.164) |
| LUNG TRANSPLANTATION | <p>In criteria pertaining to substance use, removed the statement that serial blood and urine testing may be required. In the adult chronic obstructive pulmonary disease (COPD) criteria, changed “one severe exacerbation” to “at least one severe exacerbation”</p> |
| MICROVOLT T WAVE ALTERNANS TESTING | <p>Added known or suspected long QT syndrome (LQTS)</p> |
| NERVE BLOCKS FOR PAIN MANAGEMENT | <p>Policy split from CP.MP.118 Injections for Pain Management.</p> <ul style="list-style-type: none"> • Sympathetic nerve block for CRPS: reworded diagnostic criteria for complex regional pain syndrome (CRPS), retaining clinical meaning; added requirement of positive response to first or second block, if requesting additional • Added that blocks should be at least one week apart • Expanded criteria for sympathetic nerve block for pancreatic cancer a separate section and includes celiac plexus neurolysis |
| REDUCTION MAMMOPLASTY AND GYNECOMASTIA SURGERY | <p>Added “chiropractic care or osteopathic manipulative treatment” under I.A.4</p> |
| SACROILIAC JOINT INTERVENTIONS | <p>Clarified II. by adding “≥50%” to the statement</p> |
| TESTING FOR DRUGS OF ABUSE | <p>Modified criteria in I.A.1 that a presumptive test must be performed before a definitive test unless no reliable test is available. Added an indication for testing when the presumptive test is assumed to be positive based on patient history, but quantitative levels are required. Modified II.C. to state that screening in asymptomatic patients is medically unnecessary, unless otherwise stated in section I</p> |
| TRANSCATHETER CLOSURE OF PATENT FORAMEN OVALE | <p>Removed the phrase “to reduce the risk of ischemic stroke” from the medical necessity statement in II. Specified that the “stroke prevention” in section II is “primary stroke prevention”</p> |
| ULTRASOUND IN PREGNANCY | <p>Added ICD-10-CM code range O30.801–O30.899 to Table 4</p> |
| VAGUS NERVE STIMULATION | <p>Changed “partial onset” to “focal onset” throughout to reflect seizure classification changes made by the International League Against Epilepsy in 2017</p> |

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.