

# PROVIDER Update



Health Net®

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## Medical Policies – 4th Quarter 2018

### Recently approved medical policy changes listed in this update

This provider update includes a listing of updated 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 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. 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.

### Updated Policies

Medical Policy	Change
<b>BALLOON SINUPLASTY FOR TREATMENT OF CHRONIC SINUSITIS</b>	Removed option for adults to qualify for balloon sinus dilation by endoscopic findings, as CT findings are required before surgery in the 2018 guidelines
<b>BIOFEEDBACK</b>	Removed information note that improvement of fecal/urinary incontinence should be noted in four sessions
<b>BONE ANCHORED HEARING AID (BAHA)</b>	<ul style="list-style-type: none"> <li>Added criteria in III stating that BAHA or its components may be replaced if no longer functioning or if a change in the member's condition necessitates it</li> </ul>

### 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](mailto:provider_services@healthnet.com)

#### EnhancedCare PPO (IFP)

1-844-463-8188

[provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com)

#### EnhancedCare PPO (SBG)

1-844-463-8188

[provider.healthnet.com](http://provider.healthnet.com)

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

1-800-641-7761

[provider.healthnet.com](http://provider.healthnet.com)

#### IFP – CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO

1-888-926-2164

[provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com)

#### Medicare (individual)

1-800-929-9224

[provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com)

#### Medicare (employer group)

1-800-929-9224

[provider.healthnet.com](http://provider.healthnet.com)

#### Medi-Cal – 1-800-675-6110

[provider.healthnet.com](http://provider.healthnet.com)

### PROVIDER COMMUNICATIONS

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

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**Updated Policies, continued**

Medical Policy	Change
<b>BONE ANCHORED HEARING AID (BAHA), continued</b>	<ul style="list-style-type: none"> <li>Added criteria in IV that a replacement or upgrade simply for convenience or to upgrade to a newer technology is not medically necessary</li> <li>Added indication for “Air-conduction hearing aid ineffective owing to large conductive hearing loss”</li> <li>Added specific decibel (dB) threshold criteria for BAHA for single-sided deafness and bilateral hearing loss, per 2011 guidelines</li> <li>Added criteria for sound processor replacement if it is over five years old</li> </ul>
<b>CARDIAC RISK ASSESSMENT – LABORATORY TESTS</b>	Added secretory phospholipase A2 (sPLA2-IIA) and carotid intima-media thickness (CIMT) to investigational section
<b>COCHLEAR IMPLANT REPLACEMENTS</b>	Added criteria for sound processor replacement if it is over five years old
<b>DONOR LYMPHOCYTE INFUSION</b>	Removed “who has not relapsed” from I.B
<b>FECAL BACTERIOTHERAPY</b>	Simplified criteria by removing treatment parameters according to different episodes
<b>FECAL INCONTINENCE TREATMENTS</b>	Added that all other treatments are contraindicated in I.C.4. Added age at least four years and previously achieved bowel control. References reviewed and updated
<b>FERTILITY PRESERVATION</b>	<ul style="list-style-type: none"> <li>Clarified I.B. that cryopreservation is medically necessary for “mature” oocytes</li> <li>Under III, added A. Cryopreservation of immature oocytes, as investigational</li> </ul>
<b>FETAL SURGERY IN UTERO FOR PRENATALLY DIAGNOSED MALFORMATIONS</b>	Myelomeningocele repair: clarified that “no history of previous hysterotomy in the active uterine segment” should be “history of previous hysterotomy in the active uterine segment”
<b>GASTRIC ELECTRICAL STIMULATION</b>	<ul style="list-style-type: none"> <li>Added “gastric emptying” to scintigraphy in I.A. for clarification</li> <li>Modified III. to state that gastric electrical stimulation (GES) is investigational for all other indications, including, but not limited to, the treatment of obesity</li> </ul>
<b>HEART-LUNG TRANSPLANT</b>	Reworded contraindications regarding retransplantation with no change of meaning
<b>HYPERBARIC OXYGEN THERAPY</b>	<ul style="list-style-type: none"> <li>Added that contraindication to bleomycin should consider risks and benefits. Removed contraindication regarding mafenide acetate (Sulfamylon®)</li> <li>For problematic wounds: removed requirement of transcutaneous oximetry; changed initial approval from 30 sessions to 20 sessions, and added option for an additional 10 up to 40 total. Specified that documentation must include measurements before and after hyperbaric oxygen therapy (HBOT)</li> </ul>
<b>INHALED NITRIC OXIDE THERAPY</b>	Added indication for pediatric post-op management of pulmonary hypertension associated with heart or lung surgery
<b>INTRAPERITONEAL HYPERTHERMIC CHEMOTHERAPY</b>	Added disseminated mucin-producing adenocarcinomas
<b>PEDIATRIC LIVER TRANSPLANT</b>	Under fatty acid oxidation defects, changed recurrent episodes to “recurrent episodes of complications”

**Updated Policies, continued**

Medical Policy	Change
<b>RADIAL HEAD IMPLANT</b>	<ul style="list-style-type: none"> <li>• Reorganized without clinical impact: moved “history of previous elbow sepsis,” “Previous fascial or other interpositional arthroplasty...,” and “Excessive bone loss...” from the not medically necessary statement to contraindications section in I</li> <li>• Clarified that any of the previous arthroplasties alone are contraindications, and that extensive bone loss or poor flexion or extension mechanisms are contraindications</li> </ul>
<b>SPINAL CORD STIMULATION</b>	Added Failed Neck Surgery Syndrome to indications under limited evidence criteria (I.D.1.k)
<b>TRANSCATHETER CLOSURE OF PATENT FORAMEN OVALE</b>	<ul style="list-style-type: none"> <li>• Added “but not limited to” to criteria regarding absence of other risk factors for ischemic stroke</li> <li>• Added hypercoagulation, arterial dissection and atrial fibrillation as conditions that must be ruled out</li> <li>• Added contraindications per instruction manual</li> </ul>
<b>WHEELCHAIR SEATING</b>	<ul style="list-style-type: none"> <li>• Added E0953 as medically necessary to C. as per local coverage determination (LCD) L33312</li> <li>• Added E0953 to code section, “Positioning Accessories”. Added ICD-10 codes per LCD</li> </ul>

**ADDITIONAL INFORMATION**

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at [provider\\_services@healthnet.com](mailto:provider_services@healthnet.com) within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column on page 1.