

# PROVIDER Update



Health Net®

CONTRACTUAL | JULY 12, 2019 | UPDATE 19-525 | 3 PAGES

## Medical Policies – 1st Quarter 2019

### Review recently approved new and updated medical policy changes

The medical policies listed in this update were approved by Centene's Corporate Clinical Policy Committee and/or Health Net's Medical Advisory Council (MAC) in the first quarter of 2019. A complete description of the updated medical policies is on the provider website at [provider.healthnet.com](http://provider.healthnet.com). Then, select *Working with Health Net > Clinical > Medical Policies*. Policies will have either the Centene or Health Net logo.

#### Purpose of medical policies

Medical policies offer guidelines to help decide 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 individual benefits contract states otherwise. The *Evidence of Coverage (EOC)* or *Certificate of Insurance (COI)* defines member benefits in addition to eligibility requirements, and coverage exclusions and limits.

- 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.

For Medicare Advantage plans, apply the Medicare national and local policies for primary coverage guidance. For Medi-Cal plans, appropriate coverage guidelines take precedence over these plan policies and must be applied first.

#### New Policies

Medical policy	Policy statement
<b>Implantable Intrathecal Pain Pump</b>	Criteria for a preliminary trial and permanent placement for the administration of opioid drugs singly or in combination with other non-opioid drugs
<b>Neurofeedback</b>	Policy provides medical necessity criteria for the initiation, continuation and discharge from therapy for specific behavioral health related diagnoses

#### 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

Medical policy	Change
<b>Allergy Testing</b>	Added to III.A, testing of the following antigens as not medically necessary: cornstarch, cotton, formaldehyde, and smog. References reviewed and updated. Added CPT code 86008 and relevant ICD-10 codes
<b>Allogeneic Hematopoietic Cell Transplants for Sickle Cell Disease</b>	<ul style="list-style-type: none"> <li>Sickle cell: specified that donor should be a first-degree relative, and that the conditioning regimen should be myeloablative</li> <li>Beta thalassemia: added that cord blood is allowed if donated by a first-degree relative, added bone marrow or peripheral blood are acceptable sources</li> </ul>
<b>Applied Behavioral Analysis (ABA)</b>	<ul style="list-style-type: none"> <li>Updated description to include definition types of ABA treatment</li> <li>Added primary care physician (PCP) to group of providers qualified to make diagnosis of autism spectrum disorder (ASD)</li> <li>Added updated versions of various screening/diagnostic tests noted in I.B and #12</li> <li>Removed requirement that neurological disorder, lead poisonings and primary speech or hearing disorder has been ruled out as this is implied</li> <li>Added I.C., description of categories that justify ABA treatment and added I.D treatment plan criteria for focused and comprehensive ABA</li> <li>Under continuation of services, section II, removed requirement that treatment plan be reviewed on a monthly basis; revised review from 12 to 6 months in D &amp; E</li> </ul>
<b>Assisted Reproductive Technologies and Infertility</b>	<ul style="list-style-type: none"> <li>Under policy/criteria, removed benefit limitations of 6 cycles for any procedure to refer to benefit plan contract for coverage limitations</li> <li>Under basic criteria, A.3, changed age requiring documentation of adequate ovarian reserve from &gt; 35 to &gt; 40</li> <li>Under treatment specific criteria B.7.e., removed age limit of 42</li> </ul>
<b>DME</b>	Deleted section for enteral pumps and supplies because other criteria exists. Added reference to CP.MP.117, Spinal Cord Stimulation in section on Implantable neurostimulator
<b>Ferriscan</b>	Changed “thalassemia major and thalassemia intermedia” to “thalassemia major or thalassemia intermedia.” Changed “hepatitis C and B” to “hepatitis C or B”
<b>Gender Reassignment Surgery</b>	Added criteria for Voice Modification Surgery for voice deepening and for voice feminization
<b>Hyperbaric Oxygen Therapy</b>	Added that contraindication to bleomycin should consider risks and benefits. Removed contraindication regarding mafenide acetate (Sulfamylon®)
<b>Hyperemesis Gravidarum Treatment</b>	Added pyridoxine and doxylamine dosing options
<b>Hyperhidrosis Treatments</b>	Added topical glycopyrronium to normal line of medical therapy for axillary hyperhidrosis
<b>NICU Apnea Bradycardia Discharge Guidelines</b>	<ul style="list-style-type: none"> <li>In discharge criteria added that the infant has no other conditions requiring inpatient care</li> <li>Combined caffeine criteria section into the “discharge for significant cardiorespiratory events” section</li> </ul>

## Updated Policies, continued

Medical policy	Change
<b>Nonmyeloablative Allogeneic Transplants</b>	<ul style="list-style-type: none"> <li>• Moved beta thalassemia and sickle cell anemia from the list of approved indications to the list of experimental/investigational (E/I) indications</li> <li>• Removed age restriction from myelodysplastic syndromes</li> <li>• Added to the multiple myeloma indication that a reduced-intensity conditioning/ nonmyeloablative (RIC/NMA) approach is appropriate post-autologous or fully myeloablative stem cell transplant</li> <li>• Removed diffuse large b-cell lymphoma from E/I list</li> <li>• Clarified that diffuse large cell lymphoma is diffuse large b-cell lymphoma</li> <li>• Added requirement that the patient is in remission following second-line therapy for relapsed or refractory disease</li> </ul>
<b>Obstetrical Home Health Programs</b>	Specified that only preeclampsia without severe features is appropriate
<b>Pancreas Transplant</b>	<ul style="list-style-type: none"> <li>• Added “early prostate cancer with a low Gleason score” as an exception to contraindication, I.C.1.b</li> <li>• Removed “and/or islet cell” from IV.A</li> </ul>
<b>Pediatric Liver Transplant</b>	Added to the valproate-associated liver failure contraindication applies to those under age 10
<b>Physical, Occupational and Speech Therapy</b>	Removed duplicative statements in several areas and removed statement from “initial request” section that up to 6 months of treatment may be authorized at a time
<b>Tandem Transplant</b>	Specified that contraindications in section I.B. also apply to types of tandem transplants listed in sections II and III
<b>Total Artificial Heart</b>	Revised I.G to allow for consideration for either body measurement, not both
<b>Ventricular Assist Devices</b>	Removed HeartAssist® Pediatric ventricular assist devices (VAD) as this device is no longer available
<b>Voice Therapy</b>	Added gender reassignment as an indication

## Preventive Health and Clinical Practice Guidelines

Guideline	New Guideline Links
<b>Preventive Health Guidelines</b>	<ul style="list-style-type: none"> <li>• Combined the Adult Female and Adult Male Guidelines into a single document</li> <li>• Added link to 2019 Advisory Committee of Immunization Practices (ACIP) Guidelines for Childhood and Adolescent, and Adult Immunizations</li> <li>• Added link to 2019 version of the American Academy of Pediatrics (AAP) Bright Futures Guideline</li> </ul>
<b>Clinical Practice Guidelines</b>	Updated links to Institute for Clinical Systems Improvement (ICSI) links for lipid management: Low back pain; and Respiratory illness.