

# PROVIDER Update



Health Net®

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## Medical Policies – 2nd Quarter 2019

### Stay current on 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 second 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>Cardiac Rehabilitation, Outpatient</b> | <ul style="list-style-type: none"><li>• Provides clinical criteria for the initiation and continuation of medically supervised phased II outpatient cardiac rehab, including number of visits, types of therapy and contraindications</li><li>• Notes about phase III or IV cardiac rehabilitation (rehab) programs are not medically necessary as they are primarily educational or training programs</li><li>• Intensive cardiac rehab programs are considered investigational</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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## New Policies, continued

| Medical policy   | Policy statement  |
|--|---|
| <b>Fixed Wing Air Transportation</b>                               | Provides medical necessity criteria for fixed wing air ambulance coverage, subject to area provider contracts   |
| <b>Selective Dorsal Rhizotomy for Spasticity in Cerebral Palsy</b> | Provides criteria for medical necessity including age, failure or inability to tolerate conservative treatment; contraindications and when considered not medically necessary |

## Updated Policies

| Medical policy                           | Change  |
|--|---|
| <b>ADHD Assessment and Treatment</b>     | <p>Attention Deficit Hyperactivity Disorder Assessment and Treatment –</p> <ul style="list-style-type: none"> <li>Added AFF2 gene testing and measurement of peripheral brain-derived neurotrophic factor as investigational to II.A</li> <li>Added that patients identified with ADHD and treated by pediatricians, family physicians or primary care physicians, and who appear to have a poor or partial response to treatment, should be referred for a complete psychiatric evaluation and/or other services provided by a psychiatrist, psychologist or other behavioral health professional</li> </ul> |
| <b>Applied Behavioral Analysis (ABA)</b> | <ul style="list-style-type: none"> <li>Removed examples of physician types under I.A and added “qualified licensed professional”</li> <li>Removed four year old requirement from I.A.4</li> <li>Added clarification of “not for the sole purpose” to I.H</li> </ul>   |
| <b>Biofeedback</b>                       | Removed criteria point under I.A stating including being responsive to care plan requirements and the condition can be appropriately treated with biofeedback   |
| <b>Carrier Screening in Pregnancy</b>    | Revised I.B to state Pregnancy < 23 weeks gestation rather than < 22  |
| <b>Disc Decompression Procedures</b>     | Added Minimally Invasive (MILD®) to investigational section   |
| <b>DME</b>                               | <p>Durable Medical Equipment and Orthotics and Prosthetics Guidelines –</p> <ul style="list-style-type: none"> <li>Changed criteria from TPN use only to uninterrupted medication administration, per code description</li> <li>In implantable infusion pump, replaced chronic non-malignant pain criteria with a reference to CP.MP.173 intrathecal pain pumps</li> </ul>  |
| <b>Electric Tumor Treatment Fields</b>   | <ul style="list-style-type: none"> <li>Added contraindications per product operating instructions</li> <li>Added that treatment is for 90 days initially, or for an additional 90 days at a time and there was no evidence of disease progression in last 90 days on tumor treatment fields (TTF) therapy</li> </ul>  |
| <b>EpiFix Wound Treatment</b>            | Revised I.I transcutaneous oxygen test (TcPO <sub>2</sub> ) ≥ 30mmHg  |
| <b>Heart-Lung Transplant</b>             | Added contraindication of “Active peptic ulcer disease”   |
| <b>Hospice Care</b>                      | <p>Hospice Services –</p> <ul style="list-style-type: none"> <li>Section I.E Dementia: Removed “Inability to ambulate” from criteria as this is included in the Reisberg Functional Assessment STaging (FAST) stage 7 criteria</li> <li>Added septicemia to list of medical complications (E.2.C)</li> </ul>  |

## Updated Policies, continued

| Medical policy   | Change  |
|--|---|
| <b>Inhaled Nitric Oxide Therapy</b>                                      | Fractional Exhaled Nitric Oxide – Numerous changes that are noted in the policy ‘Review History’ section  |
| <b>Mechanical Stretching Devices for Joint Stiffness and Contracture</b> | <ul style="list-style-type: none"> <li>• Removed the following codes from being not medically necessary: E1800, E1801, E1802, E1805, E1810, E1812</li> <li>• Clarified in policy/criteria the joints for which devices are not medically necessary</li> </ul>   |
| <b>Neonatal Abstinence Syndrome Guidelines</b>                           | Moved statement that infants with particular Finnegan scores may be managed appropriately at home from criteria to a note   |
| <b>NICU Apnea Bradycardia Guidelines</b>                                 | <ul style="list-style-type: none"> <li>• Removed option in I.A. for preterm infants to be free of clinically significant events for seven days versus five days</li> <li>• Moved section III on home cardiorespiratory monitoring to background, except for requirement that a caregiver attends cardiopulmonary resuscitation (CPR) class, which was moved to criteria in I.3</li> </ul>   |
| <b>Radial Head Implant</b>   | <ul style="list-style-type: none"> <li>• Added in I.A.1 “or fracture is considered irreparable intraoperatively”</li> <li>• In I.B.1 changed history of sepsis to untreated or unresolved sepsis in past 12 months</li> </ul>   |
| <b>Sclerotherapy for Varicose Veins</b>                                  | <ul style="list-style-type: none"> <li>• Updated description to include mention of glue irritants</li> <li>• Added contraindication for previous administration of sclerotherapy and syndrome/ congenital abnormalities</li> <li>• In “I.” added stipulation that liquid or foam agents to be used in sclerotherapy</li> <li>• Added statement that cyanoacrylate adhesive is investigational with supporting background information</li> <li>• In I.A.2.d. removed failure of &gt; 3 weeks prescription dose analgesic medications for pain and added failure of &gt; 3 months of conservative treatment including compression therapy unless contraindicated</li> </ul> |
| <b>Urinary Incontinence Devices and Treatments</b>                       | <ul style="list-style-type: none"> <li>• Added frequency/urgency as an acceptable symptom in I.B</li> <li>• Added overactive bladder as an indication in I.A</li> <li>• Added pharmacotherapy and self-catheterization, if tolerated, as required conservative measures for urinary retention in I.D</li> <li>• Added to I.E. that urgency/frequency, or retention symptoms should be reduced by a trial of sacral neuromodulation (SNM) by 50% if present</li> </ul>   |

### Clinical Practice Guidelines

The following information was added to the *Clinical Practice Guidelines Grid* which includes links to treatment recommendations. It can be found at [provider.healthnet.com](http://provider.healthnet.com) under *Working with Health Net > Clinical > Clinical Practice Guidelines*.

- American Academy of Pediatrics (AAP) – Preventing obesity and eating disorders in adolescents; and developmental disorders and early childhood emotional and behavioral problems.
- American Academy of Child and Adolescent Psychiatry (AACAP) – Eating disorders and reactive attachment/ disinhibited social engagement disorders.
- American Heart Association (AHA) – Routine assessment and promotion of physical activity in healthcare settings; and primary prevention of cardiovascular disease.
- American Psychological Association (APA) – Guidelines for behavioral treatment of obesity and overweight in children and adolescents; and alcohol use disorder, antipsychotics for dementia, PTSD, and psychiatric evaluation of adults.
- National Heart, Lung, and Blood Institute (NHLBI) – Evidence-based management of sickle cell disease.