

PROVIDER Update



Health Net®

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Two New Payment Policies

Use these new policies effective February 1, 2020, to ensure correct claims billing and avoid denials

Effective February 1, 2020, Health Net* is implementing the payment policies described below. Health Net will customize the application of these payment policies to accommodate specific provider contract language.

Refer to the table on pages 2 and 3 of this update to learn more about the policies.

Health Net's reimbursement to contracted providers for covered services is based on specific negotiated contract provisions supplemented by the contents of disclosed and consistent fee schedules, payment policies and coding methodologies.

View the policies in four steps or less

The chart below lists web paths for viewing policies by line of business or product.

If you are serving members enrolled in...	Go to...
<ul style="list-style-type: none">Individual Family Plan (IFP)	<ol style="list-style-type: none">1 provider.healthnetcalifornia.com2 Select product type3 On the Home screen, under Welcome, select <i>Resources > Contractual > Go to the Provider Library</i>4 Once in the Provider Library, go to <i>Operations Manuals > Claims Coding Policies > Payment Integrity Policies</i>
<ul style="list-style-type: none">Employer group HMO, Point of Service (POS), HSP, PPO, and EPO	<ol style="list-style-type: none">1 provider.healthnet.com2 Select <i>Working with Health Net > Contractual > Policy Library > Go to the Provider Library</i>3 Once in the Provider Library, go to <i>Operations Manuals > Claims Coding Policies > Payment Integrity Policies</i>

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

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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Policy chart

The following chart lists the policy number, policy name, a description of the policy, applicable providers, and applicable lines of business.

Policy number	Policy name	Description of policy	Providers	Lines of business
CC.PP.500	Payment Policy: 3-Day Payment Window	<p>The health plan is adopting a reimbursement policy that is based, in large part, on the Medicare requirements for payment of outpatient diagnostic and related non-diagnostic services within the three-day (or, with respect to non-Inpatient Prospective Payment System [non-IPPS] hospitals, the one-day) window prior to and including the date of member's inpatient admission.</p> <p>All hospitals, other than non-IPPS hospitals, are subject to a three-day bundling requirement when they furnish preadmission diagnostic services to a member on the date of the inpatient admission or within the three calendar days prior to the date of the inpatient admission, or when they furnish preadmission non-diagnostic services that are related to the member's inpatient admission, on the date of the inpatient admission or within three calendar days prior to the date of the inpatient admission.</p> <p>All non-IPPS hospitals are subject to the one-day bundling requirement when they furnish preadmission diagnostic services to a member on the day of the inpatient admission or within the one calendar day prior to the date of the inpatient admission, or when they furnish preadmission non-diagnostic services that are related to the member's inpatient admission, on the date of the inpatient admission or within one calendar day prior to the date of the inpatient admission.</p> <p>Outpatient diagnostic services and related non-diagnostic services provided to a member by a hospital on the date of an inpatient admission or within three days (or with respect to a non-IPPS hospital, one day) prior to the date of the inpatient admission are deemed to be inpatient services and must be bundled on the admitting hospital's claim for the member's inpatient stay at the admitting hospital. Diagnostic services and related non-diagnostic services billed on outpatient bill types will be denied when the line-item date of service (LIDOS) falls on the day of admission or any of the three days (or with respect to a non-IPPS hospital, the one day) immediately prior to the date of the admission.</p> <p>The application of this policy will be customized for provider contract language.</p>	Physicians, participating physician groups, hospitals, and ancillary providers	Commercial*
CC.PP.055	Payment Policy: Physician's Office Lab Testing	<p>To ensure higher quality laboratory tests are performed in the correct setting, the health plan will limit the performance of in-office laboratory testing to the CPT and HCPCS codes listed in the Short Turnaround Time (STAT) laboratory (lab) code list included in this policy.</p> <p>The purpose of this policy is to define payment criteria for in-office laboratory procedures to be used in making payment decisions and administering benefits. It also serves to encourage the specialization of independent labs to ensure higher quality laboratory tests are performed in the appropriate setting.</p> <p>During the course of a physician or other qualified health</p>	Physicians	Commercial*

Policy number	Policy name	Description of policy	Providers	Lines of business
		<p>professional's face-to-face encounter with a patient, the provider may determine that diagnostic lab testing is necessary to establish a diagnosis and/or to select the best treatment option to manage the patient's care. These are tests that are needed immediately in order to manage medical emergencies or urgent conditions. To this end, specific clinical laboratory tests have been designated as appropriate to be performed in the office setting.</p> <p>Reimbursement for in-office laboratory procedures is limited to those codes listed in the STAT laboratory procedure code list (see the Coding and Modifier Information section in the policy). Laboratory procedures not included on the STAT lab list may not be performed in the office and should be referred to an independent, contracted lab provider.</p> <p>Sensitive services testing can continue to be performed in the physician's office.</p> <p>The application of this policy will be customized for provider contract language and regulatory exclusions.</p>		

*Commercial includes HMO, POS, HSP, PPO, EPO, and products offered through Covered California

Additional information

Relevant sections of Health Net's provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on Health Net's provider website as listed in the table below.

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days at:

Line of Business	Telephone Number	Provider Portal	Email Address
EnhancedCare PPO (IFP)	1-844-463-8188	provider.healthnetcalifornia.com	provider_services@healthnet.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	