

PROVIDER Update



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COMMUNITY SOLUTIONS

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Medical Policies – 3rd Quarter 2019

Review the new medical policy and latest 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 third quarter of 2019. A complete description of the updated medical policies is on the provider website at 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 *Cal MediConnect Member Handbook* 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 plans, apply the Medicare national and local policies for primary coverage guidance.

New Policy

Medical policy	Policy statement
Radiation Therapy for Dupuytren's Contracture	May be considered as a potential treatment in early stages

Additional information

Providers are encouraged to access Health Net's provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

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 within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column.

THIS UPDATE APPLIES TO
CAL MEDICCONNECT
PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

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PROVIDER COMMUNICATIONS

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Updated Policies

Medical policy	Change
Ambulatory EEG, continued	<ul style="list-style-type: none"> • Added last sentence, “Ambulatory EEG monitoring....” to the description. Within criteria, removed “for classification of seizure type” from “B.” and updated “D.” with “To characterize seizure type.....”, also removed “To adjust antiepileptic medication levels” • Removed “F. To identify and medicate absence seizures” • Removed “G. To differentiate between epileptic and sleep disorder related episodes” • Removed paragraph in Background section on psychogenic nonepileptic spells and the paragraph on analysis
Balloon Sinuplasty for Treatment of Chronic Sinusitis	Added CPT 31298
Bariatric Surgery	<ul style="list-style-type: none"> • Revised and reorganized section I.A.1. by BMI and type of procedures considered medically necessary • I.A.1.c., added medically necessary BMI category of ≥ 30 and < 35 kg/m² when criteria is met • Revised I.A.2, a. and b., clarifying weight parameters to reflect current terminology • I.A.2.a., removed requirement for co-morbidities, I.A.2.b, added comorbidities to this section • Removed II.D, requirement that Tanner stage, or bone age should be completed • Section V, added single anastomosis duodenoileal bypass (SADI); gastric plication/endoluminal vertical gastropasty; and endoscopic gastrointestinal bypass devices (EGIBD) (barrier devices) as investigational
Benign Skin Lesion Removal	Removed molluscum contagiosum as medically necessary because excision is not usually needed for this self-limiting condition
Caudal or Interlaminar Epidural Steroid Injections	<ul style="list-style-type: none"> • In section D regarding second or subsequent epidural steroid injection (ESI) for chronic pain that improved from the diagnostic injections • Changed requirement for 3 months having passed from the previous injection to 2 months • Anticoagulation indication moved to policy/criteria section as it is applicable to all injections in this policy
Cell-free Fetal DNA Testing	<ul style="list-style-type: none"> • Moved 81422 and 81479 to a table for codes that do not support medical necessity • Clarified that between “10 and 22 weeks gestation” is ≥ 10 weeks and < 23 weeks gestation
Disc Decompression Procedures	Specified that CPT 0275T is a code that does not support coverage criteria
DME	<ul style="list-style-type: none"> • Added E1399 miscellaneous component code criteria under Gait Trainers • Added E1399, K0108, and K0739 as miscellaneous equipment codes requiring physician or therapy advisor review under Specialized Supply or Equipment • Removed E1811, E1815, and E1818 for flexion/extension devices, as they are included in CP.MP.144 Mechanical Stretch devices
Endometrial Ablation	Added additional FDA approved devices (i.e., Mara™, Minerva®) to table 1
Fetal Surgery in Utero for Prenatally Diagnosed Malformation	Sacroccocygeal teratoma (SCT) under I.A.: removed requirement for hydrops and included option for minimally invasive approach
Genetic Testing	Added note that this policy should only be used if there is no specific clinical decision support criteria available

Updated Policies, continued

Medical policy	Change
Implantable Intrathecal Pain Pump	Added CPT codes: 62320, 62321, 62351, 62361
Mechanical Stretching Devices for Joint Stiffness and Contracture	Added code E1399 (miscellaneous DME) as not medically necessary
Nerve Blocks for Pain Management	<ul style="list-style-type: none"> • Removed CPT 64508 as code was inactive 1/1/2019. • Added CPT 64620 for intercostal neurolysis • Specified that the following codes DO NOT support medical necessity: 64400, 64402, 64408, 64410, 64413, 64415, 64417, 64418, 64425, 64430, 64435, 64445, 64447, 64450, 64505
NICU Discharge Guidelines	<ul style="list-style-type: none"> • Removed “support and training” criteria in nutrition section as it is contained in general discharge guidelines • Changed informational note that home nursing support will usually be needed for home ventilation to criteria requiring its arrangement • Added to home nutrition and home respiratory needs sections that caregiver and provider agree to home management and removed “may be considered” language • Moved home antibiotic infusion criteria from authorization protocol to physiologic competency section • Added the following general discharge recommendations: follow-up care planned, medication reconciled, transportation needs identified and addressed
Posterior Nerve Stimulation for Voiding Dysfunction	Revised I.B, examples of pharmacotherapy, to include oral anti-muscarinics or β 3-adrenoceptor agonists
Prostatic Urethral Lift	Revised age to 45, clarified symptoms of urinary tract outflow symptoms
Selective Nerve Root Blocks	<ul style="list-style-type: none"> • Revised frequency interval of transforaminal epidural steroid injections (TFESI) in II.D.3 to at least 2 months apart • Anticoagulation indication moved to policy/criteria section as it is applicable to all injections in this policy
Testing Select GU Conditions	<ul style="list-style-type: none"> • Removed direct probe for trichomonas vaginalis from the policy (CPT 87660) to allow trichomonas testing to be performed without symptoms • Added ICD-10 N89.8 as medically necessary for testing
Vagus Nerve Stimulation	<ul style="list-style-type: none"> • Added CPT code 61888 (revision or removal of cranial neurostimulator..) • Added ICD-10 code, G40.311 (..epilepsy..)