

PROVIDER Update



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Medical Policies – 2nd Quarter 2022

Review new policies and the latest changes to existing medical policies for procedures and services

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 2022. For a complete description of the background, criteria, references, and coding implications for the medical policies, go to www.healthnet.com/content/healthnet/en_us/providers/working-with-hn/medical_policies.html.

Purpose of medical policies

Medical policies offer guidelines to help determine 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 benefit plan coverage document states otherwise. This document 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.

For Cal MediConnect plans, Medicare and Medicaid national and local policies must be applied first for primary coverage guidance.

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

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Community Supports (CS) Providers
- Enhanced Care Management (ECM) Providers

LINES OF BUSINESS:

- IFP
 - Ambetter HMO
 - Ambetter EPO
 - Ambetter HSP
- Employer Group
 - HMO/POS/HSP
 - EPO
 - PPO
- Medicare Advantage (HMO/PPO) (Wellcare By Health Net)
- Cal MediConnect (Los Angeles/San Diego)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com

Ambetter from Health Net IFP
EnhancedCare PPO – 844-463-8188
Health Net Employer Group HMO, POS, HSP, PPO, & EPO – 800-641-7761
Ambetter from Health Net IFP
CommunityCare HMO, PPO, PureCare HSP, & PureCare One EPO – 888-926-2164
Medicare (individual & employer group) (Wellcare By Health Net) – 800-929-9224
Cal MediConnect
Los Angeles County – 855-464-3571
San Diego County – 855-464-3572
Medi-Cal (including CS and ECM providers)
– 800-675-6110

PROVIDER PORTAL

provider.healthnetcalifornia.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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New Policies

Medical policy	Policy statement
CP.MP.243 – Implantable Loop Recorder	This policy addresses the medical necessity criteria for an implantable loop recorder (ILR), also referred to as an insertable or implantable cardiac monitor (ICM) which is a subcutaneous monitoring device for the detection of cardiac arrhythmias.
CP.MP.244 – Liposuction for Lipedema	This policy addresses the medical necessity criteria for liposuction treatment for lipedema.

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Updated Policies

Policy number and name	Change
CP.MP.100 – Allergy Testing and Therapy	<ul style="list-style-type: none"> • Removed codes 86160, 86161 and 86162 (complement antigen) from the not medically necessary table and added ICD-10 Table 7 with codes that do not support medical necessity for 86160–86162. • Added the following ICD-10 codes as medically necessary in ICD-10 codes table 1: L20.0, L20.81-L20.83 (within code range L20-L20.9), L24.9, L30.2.
CP.MP. 176 – Cardiac Rehabilitation, Outpatient	Section I.A.12, added “Surgical septal myectomy via thoracotomy within last 12 months.”
CP.BH.201 – Deep Transcranial Magnetic Stimulation for Obsessive Compulsive Disorder	Added Centers for Medicare & Medicaid Services (CMS) Local Coverage Determination (LCD L33398, Transcranial Magnetic Stimulation, effective 10/1/20, published indications and limitations for Deep TMS (d-TMS) to the background section and reference section.
CP.MP.114 – Disc Decompression Procedures – Percutaneous and Laser	Added code S2348 (percutaneous radiofrequency disc decompression) to table of HCPCS codes that do not support coverage criteria.
CP.MP. 106 – Endometrial Ablation	<ul style="list-style-type: none"> • Changed criterion I.D. to “no structural anomalies, such as fibroids or polyps that require transmural surgery or represent a contraindication to an ablation procedure.” • Added contraindication criterion I.F.6. “Previous classical cesarean or other transmural surgery.”
CP.MP.130 – Fertility Preservation	<ul style="list-style-type: none"> • Replaced all instances of female and male with descriptive, gender-neutral verbiage. • Added code 89398 (unlisted code) to table of CPT codes considered investigational.
CP.MP.132 – Heart-Lung Transplant	<ul style="list-style-type: none"> • Added specific congenital heart disease criterion to Section I.A.2.i. • Removed contraindication regarding specific congenital heart disease lesion.
CP.MP.24 – Multiple Sleep Latency Testing	Section II, added criteria for repeat multiple sleep latency testing (MSLT).

Updated Policies, continued

Policy number and name	Change
CP.MP.188 – Pediatric Oral Function Therapy	Expanded criterion I.D. to I.D.1.–3 and included parenteral nutrition and/or gastrostomy feedings as options for nutritional support.
CP.MP.147 – Percutaneous Left Atrial Appendage Closure Device for Stroke Prevention	<ul style="list-style-type: none"> • Updated criteria I and criteria II to include all FDA-approved percutaneous devices for occlusion of the left atrial appendage (LAA) (WATCHMAN™, WATCHMAN FLX™, Amplatzer™ Amulet™) and removed verbiage that the WATCHMAN is the only FDA-approved device. • Updated background to include information on WATCHMAN FLX and Amplatzer Amulet devices with updated notation that both devices are FDA-approved and removed verbiage that the WATCHMAN is the only FDA-approved device. • Updated American College of Cardiology/American Heart Association/Heart Rhythm Society (ACC/AHA/HRS) Guideline for the Management of Patients with Atrial Fibrillation recommendation in background.
CP.MP.210 – Repair of Nasal Valve Compromise	Updated criterion I.B. to include nasal dilators such as Max-Air Nose Cones® and Sinus Cones®.
CP.MP.146 – Sclerotherapy and Chemical Endovenous Ablation for Varicose Veins	<ul style="list-style-type: none"> • Added I.C, that if cyanoacrylate adhesive (VenaSeal™) is requested, it is for the small saphenous vein only. • Removed section III stating that cyanoacrylate adhesive is not medically necessary. • Removed table of codes that do not support medical necessity and added codes 36482 and 36483 to table of codes that support medical necessity.
CP.MP.185 – Skin Substitutes for Chronic Wounds	<ul style="list-style-type: none"> • Added “type 2 diabetes” to I.A. Reworded some extraneous language with no clinical significance. • Added to I.F.2. “unless Integra® is used per FDA guidelines.” • Removed I.J.3. “Concurrent treatment with hyperbaric oxygen therapy.” • Added the following HCPCS codes: A2001–A2010, Q4199, Q4201, Q4232 and Q4254. Added reference CMS A56696.
CP.MP.97 – Testing for Select GU Conditions	GU – Genitourinary: Moved code 87481 (candida) from Table 3, “CPT codes considered not medically necessary” to Table 6 and added Table 7, ICD-10 codes considered not medically necessary when billed with code 87481.
CP.BH.200 – Transcranial Magnetic Stimulation for Treatment Resistant Major Depression	Revised Policy/Criteria Section I.B. to reflect that oversight of treatment is provided by a licensed psychiatrist except where state scope of practice acts allow otherwise.
CP.MP.99 – Wheelchair Seating	Per 2022 annual ICD-10-CM code updates, added ICD-10 code G04.82 to tables with the following HCPCS codes: E2603, E2604, E2622, and E2623; E0953, E0956, E0957, E0960, E2605, E2606, E2613–E2617, E2620 and E2621; and E2609.

Clinical Practice Guidelines

Clinical Practice Guidelines Grid

Added the following guidelines:

- Low Back Pain: Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability, and Health (2012), Journal of Orthopaedic and Sports Physical Therapy.
- Pharmacologic Management of Chronic Obstructive Pulmonary Disease. An Official American Thoracic Society Clinical Practice Guideline (2020).
- COVID-19 Treatment Guidelines Panel. Coronavirus Disease 2019 (COVID-19) Treatment Guidelines (March 2022), National Institutes of Health (NIH).
- 2021 ACC/AHA/SCAI Guideline for Coronary Artery Revascularization: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines.
- 2020 International Society of Hypertension Global Hypertension Practice Guidelines, American Heart Association.
- Diagnosis and Treatment of Adults with Community-acquired Pneumonia, American Thoracic Society, Infectious Diseases Society of America.
- Adult Preventive Screenings, United States Preventive Services Task Force (USPSTF).
- Removed archived guideline, American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin No.129 Osteoporosis and replaced with ACOG Clinical Practice Bulletin No. 1. Osteoporosis Prevention, Screening, and Diagnosis (2021).
- Removed outdated guidelines: Lipid Management in Adults, Institute for Clinical Systems Improvement (ICSI).
- Recommendations for Blood Lead Screening of Medicaid Eligible Children Aged 1-5 Years: an Updated approach to Targeting a Group at High Risk, Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP).
- Diagnosis and Treatment of Respiratory Illness in Children and Adults, ICSI.
- VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain (2017).

Updated the following guidelines with new publication revision dates:

- 2021 GINA Report, Global Strategy for Asthma Management and Prevention.
- Final Recommendation Statement Gonorrhea and Chlamydia: Screening. (September 2021), USPSTF.
- Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease (2021 Report).
- Clinical Practice Guideline for the Management of Chronic Obstructive Pulmonary Disease (2021).
- Overview of Testing for SARS-CoV-2 (COVID-19) (Updated January 2022).
- Professional Practice Committee: Standards of Medical Care in Diabetes-2022.
- HIV/AIDS Clinical Care Guidelines and Resources U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA).
- Diagnosis and Management of Acute HIV Infection (2021) AIDS Institute.

Clinical Practice Guidelines, continued

Clinical Practice Guidelines Grid	<p>Updated the following guidelines with new publication revision dates – continued:</p> <ul style="list-style-type: none"> • Adult Immunization Schedule. Recommendations for Ages 19 years or older, United States, 2022. • Child and Adolescent Immunization Schedule. Recommendations for Ages 18 years or younger, United States, 2022. • Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the ACIP, United States, 2021-22 Influenza Season. • Clinical Practice Guidelines for Quality Palliative Care 4th Edition. • 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis; Sickle Cell Disease, Recommendations (2021). • Management and Rehabilitation of Post-Acute Mild Traumatic Brain Injury (mTBI) (2021). • VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders (2021). BH guidelines approved by the BH Clinical Policy Subcommittee in May 2022.
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Inactive or replaced policies

The following policies have been retired.

Policy number	Policy name
CP.MP.96	Ambulatory EEG
CP.MP.149	Testing for Rupture of Fetal Membranes
CP.MP.177	Video EEG
CP.MP.189	Thymus Transplant

The following policies have been retired and replaced with a new version(s).

Policy number	Policy name	New policy number	New policy name
CP.MP.89	Genetic and Pharmacogenetic Testing	CP.MP.232	Genetic Testing: Pharmacogenetics
		CP.MP.222	Genetic Testing: General Approach to Genetic Testing
CP.MP.84	Cell Free DNA Testing	CP.MP.231	Genetic Testing for Noninvasive Prenatal Screening