

PROVIDER Update



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Medical Policies – November 2023

Check out the 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) for November 2023. For a complete description of the background, criteria, references, and coding implications for the medical policies, go to bit.ly/MedicalPolicies.

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. That document defines member benefits in addition to eligibility requirements, and coverage exclusions and limits.

- For Medi-Cal plans, appropriate coverage guidelines take precedence over these plan policies and must be applied first.
- 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.

Updated Policies

Policy number	Policy name
CP.MP.108 – Allogeneic Hematopoietic Cell Transplant for Sickle Cell Disease	<ul style="list-style-type: none">• Added note at end of Description regarding criteria related to Zynteglo®.• Criterion I.C.3. removed related to lack of adequate support system.• Expanded Criteria II.A. and Criteria II.B. to specify not in the context of gene therapy.

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

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

PROVIDER SERVICES

provider_services@healthnet.com

Ambetter from Health Net IFP

Ambetter PPO – 844-463-8188

Ambetter HMO – 888-926-2164

Health Net Employer Group HMO, POS,

HSP, PPO, & EPO – 800-641-7761

Medicare (individual & employer group)

(Wellcare By Health Net) – 800-929-9224

Medi-Cal (including CS and ECM providers)

– 800-675-6110

PROVIDER PORTAL

provider.healthnetcalifornia.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

The codes in the below tables refer to ICD-10-CM diagnosis codes.

Updated Policies, continued

Policy number and name	Change
CP.MP.101 – Donor Lymphocyte Infusion	Criteria II.B. updated to state grade 2 or higher acute graft versus host disease (GvHD).
CP. MP.107 – Durable Medical Equipment and Orthotics and Prosthetic Guidelines	<ul style="list-style-type: none"> • Changed Orthopedic Care Equipment to Prosthetics and Orthotics Equipment. • Retired pneumatic compression device criteria (E0675) for InterQual® (IQ). • Updated "Cabinet style..." note under Ultraviolet panel lights. • Under "Other Equipment" added code E0240 to "Specialized supply or equipment" section and added section, criteria, and coding (E1399, A9900) for "ROMTech device." • Reformatted Foot orthotics, custom criteria in "Prosthetics and Orthotics Equipment" section. • Added criteria for Prosthetics and additions: Upper Extremity and Myoelectric in "Prosthetics and Orthotics Equipment" section. • Added section, criteria, and coding (L8701, L8702) for "MyoPro Orthosis" under "Prosthetics and Orthotics Equipment." • Removed code L8035 from "other surgical supplies" and added section and criteria for "Breast Prosthetics" (L8030, L8035). • Removed pediatric wheelchair codes (E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1037) from manual wheelchair section.
CP.MP.53 – Ferriscan R2-MRI	<ul style="list-style-type: none"> • Added criterion I.B.6. Hematopoietic stem cell transplantation as an iron-loading anemia indication. • Added criterion I.D.6., "Suspicion of rare genetic variants affecting iron absorption or distribution."
CP.MP.138 – Pediatric Heart Transplantation	<ul style="list-style-type: none"> • Added additional criteria I.A.1.b.vi.a., pulmonary hypertension and a potential risk of developing fixed, irreversible elevation of pulmonary vascular resistance that could preclude orthotopic heart transplantation in the future. • Updated I.D.1. from GFR < 40 mL/min/1.73m² to GFR < 30 mL/min/1.73m². • Expanded I.D.2. with qualifying criteria for members who are HIV positive. • Updated I.D.21. to exclude marijuana use when prescribed by a licensed practitioner and include required commitment to reducing substance use behaviors if urgent transplant timelines are present.
CP.MP.38 – Ultrasound in Pregnancy	<ul style="list-style-type: none"> • Updated Table 4 (Diagnosis Codes that Support Medical Necessity for First Detailed Fetal Ultrasound) to include the following codes and code ranges: A92.5, D56.0 through D56.9, D57.00 through D57.819 (thalassemia), M32.0 through M32.9, M33.00 through M33.99, M34.0 through M34.9, M35.00 through M35.09, M35.1, M35.5, M35.8 through M35.9, M36.0, M36.8 (systemic Connective Tissue Disorders) N18.9. • The following are disorders related to pregnancy, childbirth and puerperium: O00.01, O00.111 through O00.119, O00.211 through O00.219, O00.81, O00.91,

Updated Policies, continued

Policy number and name	Change
CP.MP.38 – Ultrasound in Pregnancy (continued)	O09.892 through O09.93, O10.012 through O10.019, O10.112 through O10.119, O10.212 through O10.219, O10.312 through O10.319, O10.412 through O10.419, O10.912 through O10.919, O11.2 through O11.3, O12.00, O12.02 through O12.03, O12.10, O12.12 through O12.13, O12.20, O12.22 through O12.23, O13.2 through O13.3, O13.5 through O13.9, O14.00, O14.02 through O14.03, O14.10, O14.12 through O14.13, O14.20, O14.22 through O14.23, O14.90, O14.92 through O14.93, O15.00, O15.02 through O15.03, O15.9, O16.2 through O16.3, O16.9, O22.50, O22.52 through O22.53, O23.00, O23.02 through O23.03, O24.414 through O24.415, O26.20, O26.22 through O26.23, O26.30, O26.32 through O26.33, O26.40, O26.42 through O26.43, O26.612 through O26.619, O26.832 through O26.839, O26.843 through O26.849, O26.852 through O26.859, O26.872 through O26.879, O28.5, O28.8 through O28.9, O29.012 through O29.019, O29.022 through O29.029, O29.112 through O29.119, O29.122 through O29.129, O29.212 through O29.219, O29.292 through O29.299, O30.90, O30.92 through O30.93, O31.30X1 through O31.30X9, O31.32X0 through O31.32X9, O31.33X0 through O31.33X9, O31.8X20 through O31.8X29, O31.8X30 through O31.8X39, O31.8X90 through O31.8X99, O32.0XX3 through O32.0XX9, O32.1XX1, O32.2XX1, O32.3XX1, O32.6XX1, O32.8XX1, O32.9XX1, O34.02 through O34.03, O34.30, O34.32 through O34.33, O36.20X0 through O36.20X9, O36.22X0 through O36.22X9, O36.23X0 through O36.23X9, O36.4XX0 through O36.4XX9, O36.60X0 through O36.60X9, O36.62X0 through O36.62X9, O36.63X0 through O36.63X9, O36.70X0 through O36.70X9, O36.72X0 through O36.72X9, O36.73X0 through O36.73X9, O36.80X0 through O36.80X9, O36.8130 through O36.8139, O36.8190 through O36.8199, O36.8220 through O36.8229, O36.8230 through O36.8239, O36.8290 through O36.8299, O36.8320 through O36.8329, O36.8330 through O36.8339, O36.8390 through O36.8399, O41.8X20 through O41.8X29, O41.8X30 through O41.8X39, O42.00, O42.012 through O42.02, O42.10, O42.112 through O42.119, O42.912 through O42.919, O43.012 through O43.019, O43.022 through O43.029, O43.112 through O43.119, O43.122 through O43.129, O43.212 through O43.219, O43.222 through O43.229, O43.232 through O43.239, O43.812 through O43.819, O44.00, O44.02 through O44.03, O44.10, O44.12 through O44.13, O44.20, O44.22 through O44.23, O44.30, O44.32 through O44.33, O44.40, O44.42 through O44.43, O44.50, O44.52 through O44.53, O45.002 through O45.009, O45.012 through O45.019, O45.022 through O45.029, O45.092 through O45.099, O46.002 through O46.009, O46.012 through O46.019, O46.022 through O46.029, O46.092 through O46.099, O46.8X2 through O46.8X9, O46.90, O46.92 through O46.93, O48.0 through O48.1, O60.00, O60.02 through O60.03, O60.10X0 through O60.10X9, O60.12X0 through O60.12X9, O60.13X0 through O60.13X9, O60.14X0 through O60.14X9, O98.012 through O98.019, O98.112 through O98.119, O98.919, O99.280, O99.282 through O99.283, O99.330, O99.332 through O99.333, O99.512 through O99.519, O9A.112 through O9A.119, U07.1, Z20.821, Z20.822, and Z21.

Inactive policies

The following policies have been retired:

Policy number	Policy name
HNCA.CP.MP.517	Cardiac Risk Lab Tests
HNCA.CP.MP.432	Occipital Nerve Stimulation for Headache

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, by telephone or through the Health Net provider portal as listed in the right-hand column on page 1.