PROVIDER *Update*

CONTRACTUAL | MAY 11, 2023 | UPDATE 23-424 | 7 PAGES

# Medical Policies – 1st Quarter 2023

## 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 first quarter of 2023. For a complete description of the background, criteria, references, and coding implications for the medical policies, go to https://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.

### 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:**

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

**LINES OF BUSINESS:**

- 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**

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**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

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**New Policies**

| Medical policy | Policy statement |
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| CP.MP.247 – Transplant Service Documentation Requirements | The pre-transplant evaluation provides the opportunity to identify conditions that can affect an individual's ability to have a successful transplant. Identifying those who may benefit from a transplant involves many factors; overall health and disease stage are all extremely important considerations in the evaluation process. The pre-transplant evaluation phase includes covered diagnostic tests and consultations performed by a provider that are necessary to assess and evaluate transplant candidacy for acceptance into a transplant program.<br><br>The determination of medical necessity for transplant procedures is based on a combination of clinical data and the presence of indicators that would complicate surgery and affect postoperative recovery. This policy outlines clinical documentation required for review of all solid organ and stem cell/bone marrow transplant requests. |
| CP.MP.248 – Sleep Center Polysomnography for Obstructive Sleep Apnea | Polysomnography (PSG) is the continuous and concurrent monitoring and recording of various physiological and pathophysiological parameters of sleep that includes physician evaluation, interpretation and dissemination. PSG is performed to diagnose various sleep disorders and evaluate the response to treatments such as continuous positive airway pressure (CPAP). This policy establishes the medical necessity requirements for polysomnography (PSG) in a sleep center for suspected obstructive sleep apnea.<br><br>It is the policy of health plans affiliated with Centene Corporation that there is insufficient evidence to support the use of actigraphy testing alone for diagnosis of obstructive sleep apnea as its effectiveness has not been established. |



**Updated Policies**

| Policy number and name | Change |
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| CP.BH.104 – Applied Behavioral Analysis | • Updated the description section to incorporate changes to the level of intensity hours for Comprehensive ABA from "25-40 hours" to "30-40 hours." |
| CP.BH.200 – Transcranial Magnetic Stimulation for Treatment Resistant Major Depression | • Deleted criteria point I.D as the information was redundant to I.B. In criteria subsection I.I. (5), clarified that three months or less of remission constitutes a contraindication.<br>• Added the statement "requests for six tapered final sessions of TMS (over a three-week period)" to the revised criteria point II.<br>• Added criteria point II.A to indicate that "all initial criteria must be met prior to request for additional sessions."<br>• Deleted what was criteria III as the information was redundant to criteria II. In criteria section III, replaced "maintenance treatment with TMS is not medically necessary, as there is insufficient evidence in the published peer reviewed literature to support it" with "It is the policy of health plans affiliated with Centene Corporation that maintenance treatment with TMS is not medically necessary, as there is insufficient evidence in the published peer reviewed literature to support it." |

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| | • Added criteria point IV.A to indicate that "criteria for initial TMS treatment guidelines continues to be met." |
| CP.BH.300 – Biofeedback for Behavioral Health Disorders | • Removed description paragraph pertaining to NCD biofeedback verbiage and FDA approval.<br>• Incorporated treatment plan information into section I. I-K. In section III.B, replaced the word "admission" with "initiation or continuation criteria."<br>• Removed verbiage pertaining to state criteria for biofeedback.<br>• Removed references related to ADHD severity scales as ADHD is not an included indication.<br>• Updated coding implications verbiage to reflect 2021 AMA copyright. |
| CP.MP.91 – Obstetrical Home Care Program | • Added "without proteinuria" to I. F.1.<br>• Added "demonstrated by one or more of the following" to I.G.2. for clarity.<br>• Added "≥" to I.G.2.c. |
| CP.MP.107 – DME | • Updated policy statement in I. and added general criteria I.A.1. and I.A.2.<br>• Removed ambulatory assist products and updated I.B. policy table.<br>• Retired gait trainers and standing frame criteria, defer to standard IQ criteria.<br>• Updated pneumatic compression device criteria and added non-pneumatic compression device criteria.<br>• Added "one month's rental for a standard manual wheelchair is considered medically necessary if a member/enrollee owned wheelchair is being repaired" to wheelchair repair.<br>• Added foot orthotics, custom criteria and codes.<br>• Added criteria section for walkers. |
| CP.MP.203 – Diaphragmatic Phrenic Nerve Stimulation | • Criteria II.A.1.c. and Criteria II.A.2.b. updated to include "or by other radiographic techniques such as ultrasound" in addition to fluoroscopy.<br>• Background updated to include U.S. Food and Drug Administration premarket approval information regarding the Avery Spirit Diaphragm Pacing Transmitter. |
| CP.MP.190 – Outpatient Oxygen Use | • Updated title from Oxygen Use and Concentrators to Outpatient Oxygen Use.<br>• Added "Note: If a medically necessary, lesser cost item exists and will suit the member/enrollee's medical needs, a higher cost item will be denied," under the Description section.<br>• In I.A. updated "hypoxia" to "hypoxemia."<br>• Updated statement and included reference (based on CMS NCD 240.2)8 to I.B.1. and I.B.2 for clarity.<br>• In II.A. updated "hypoxia" to "hypoxemia."<br>• In III.A.2. added "criteria" to (as defined in criteria section I) statement for clarity. In IV.B.2. changed Chronic hypoxemia is not expected to "improve" to "resolve."<br>• In VI. added "(i.e., cylinder of liquid or gaseous oxygen)" and related "delivery equipment"... for clarity and removed age criteria "≥ 21."<br>• Reformatted criteria in VI.A.1. and 2 for clarity.<br>• Removed VI.B. "Enrolled in clinical trial." |
| CP.MP.22 – Stereotactic Body Radiation Therapy | • Added I.F. "Recurrent malignant disease requiring palliation and/or as palliative treatment for liver-related symptoms."<br>• Added I.J. "Extracranial oligometastatic disease:<br>1. One to three metastatic lesions involving the lungs, liver or bone; |

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| | 2. Primary tumor is breast, colorectal, melanoma, non-small cell lung, prostate, renal cell, or sarcoma;<br>3. Primary tumor is controlled;<br>4. No prior history of metastatic disease."<br>• ICD-10 Code table removed. |
| CP.MP.62 – Hyperhidrosis Treatments | • Updated Criteria II.B. to greater than 55 beats per minute.<br>• Removed "is relatively healthy" in criteria II.F. |
| CP.MP.55 – Assisted Reproductive Technology | • Description updated to include additional coverage information, updated age limits, and updates to reproductive system sections.<br>• Added criteria I.A.2., revised verbiage in I.A.3., and replaced clomiphene citrate challenge test in criteria I.A.4. with provider evaluation verbiage.<br>• Added "factor" to male reproductive system infertility in I.B.1.a.i.<br>• Removed "mild" from I.B.1.a.v.<br>• Added "with embryo transfer" to I.B.2. Updated I.B.2.a.i.b) for clarity.<br>• Added criteria I.B.2.a.i.d).<br>• Revised requirements in criteria I.B.2.a.ii.a) and b).<br>• Added new criteria I.B.2.a.iv., note and Table 1 for guidance on number of embryos to transfer.<br>• Updated policy statement in I.B.3., added criteria I.B.3.a. "number of embryos to transfer..." and removed this reference from the "Note" under I.B.3.<br>• Added it to I.B.3.b.i and I.B.3.b.ii.<br>• Added new indication I.B.3.a.iii.<br>• Added indication to I.B.4.b. and reformatted criteria.<br>• Removed "must be provided" from I.B.4.c.<br>• Removed I.B.5.h., "selected types of female reproductive system infertility…" and added I.B.5.i., "utilization of cryopreserved sperm and/or oocyte…."<br>• Criteria I.B.5.j. regarding HIV discordant couples removed.<br>• Previous Criteria I.B.6. regarding assisted hatching removed.<br>• Criteria I.B.6.c. updated to remove CCCT and FSH criteria.<br>• Criteria I.B.7. removed "applies only if the partner with male reproductive system is a covered member/enrollee and meets the following."<br>• Criteria II.F. updated to include, "unless mandated by benefits."<br>• Criteria II.G. updated to state, "those with a female reproductive system who are ≤ 54 years of age and are menopausal (unless using a donor egg for premature diminished ovarian reserve or premature ovarian failure)."<br>• Criteria II.H. added regarding those with a female reproductive system who are > 55 years of age.<br>• CPT code 89253 removed from table of CPT Codes that Support Medical Necessity. |
| CP.MP.102 – Pancreas Transplant | • Removed criterion I.A. stating that medical treatment does not exist or has failed.<br>• Removed C-peptide values and BMI requirements from Criteria I.B.1 and I.B.2.<br>• Noted in I.B.1. that member/enrollees with requirements for insulin over one unit/kg should be closely evaluated as they may be less likely to benefit from pancreas transplant compared to those with lower insulin doses.<br>• Added indication in I.B.2 for exocrine pancreatic insufficiency.<br>• Added indication I.B.3. for requirement for the procurement or transplantation of a pancreas as part of a multiple organ transplant for technical reasons; |

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| | • Changed “chronic” to “active” in infection contraindication in I.C.7. Removed acute renal failure contraindication.<br>• Criteria I.C.12. updated 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.<br>• Added chronic, non-healing wounds as contraindication in Criteria I.C.13.<br>• Added contraindication of significant comorbidities in Criteria I.C.14.<br>• Clarified in I.C.1.b that problems with insulin could be clinical or clinical and emotional.<br>• Added in I.C.2.c. that the GFR does not have to be the most recent value.<br>• Added Criteria I.D.1.c. requirement for being medically managed by an endocrinologist for at least 12 months for pancreas transplant alone.<br>• Added requirements for SPK and PAK that PTA criteria also needs to be met for those procedures. |
| CP.MP.117 – Spinal Cord Stimulation | • Criteria II.A. updated verbiage to include “diagnosis of” neuropathic pain.<br>• Added Criteria II.D. regarding PENS not being used to treat low back pain.<br>• Updated Criteria III.A.3. to state, “Not a suitable candidate for or opposes additional surgery.”<br>• Criteria III.D.1.j. added “peripheral.”<br>• Criteria III.D.1.l. updated to say “Chronic, intractable back pain and/or lumbar radiculopathy.”<br>• Added Criteria III.D.3. Criteria III.D.4. updated to include examples of conservative therapy.<br>• Criteria III.F.4. updated to include “…same brand and model…”<br>• Added criteria IV. Regarding insufficient evidence to support dorsal root ganglion (DRG) stimulation.<br>• Background updated to include information regarding DRG stimulation for complex regional pain syndrome. |
| CP.MP.120 – Pediatric Liver Transplant | • Criteria I.B.1.a.ii. updated to remove “beyond 3 months from procedure” and added a) Total bilirubin > 6 mg/dL beyond three months from hepatoportoenterostomy b) Total bilirubin remains between 2 to 6 mg/dL.<br>• Updated Criteria I.B.1.b. to add “if partial external biliary diversion or ileal exclusion failed or could not be performed.”<br>• Removed “acute liver failure associated with encephalopathy” in Criteria I.B.3.a. and added I.B.3.a.i. and ii.<br>• Added Criteria I.B.3.c. Budd-Chiari Syndrome.<br>• Added, “At the time of diagnosis…” to I.B.4.a.ii.<br>• Updated Criteria I.B.4.d. to infantile hemangioma as well as verbiage in I.B.4.d.i. and ii.<br>• Removed “that is not responsive to medical therapy” in criteria I.B.5.h. and added I.B.5.h.i. through iv.<br>• Criteria I.B.5.m.ii. changed from “hyper-ammonia” to “hyperammonemia.”<br>• Criteria I.B.7.b. updated to Factor VII and updated to state, “with complications from or failure of medical management.”<br>• Removed “that has failed medical therapy” from Criteria I.B.7.c. and added sub criteria i. and ii.<br>• Removed “Budd-Chiari Syndrome” from I.B.7.d. Added Hepatopulmonary syndrome (HPS) as I.B.7.d. and added sub criteria i. and ii.<br>• Criteria I.C.1. updated from “chronic” to “active” infection.<br>• Criteria I.C.3. updated and added note for exclusion of malignancies that transplant could sufficiently address. |

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| | • Criteria I.C.8. updated to remove age requirement. Criteria I.C.18. updated 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.132 – Heart-Lung Transplant | • Removed pediatric indication of Alpha- 1 antitrypsin deficiency.<br>• Added "Lung transplantation alone will restore right ventricular function" to I.C.<br>• Updated I.C.10. to include "unless being considered for multi-organ transplant."<br>• Criteria I.C.16. updated 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.141 – Non-Myeloablative Allogeneic Stem Cell Transplants | • Criteria I.C.4. updated 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.26 – Articular Cartilage Defect Repairs | • Removed "AND arthroscopic or other repair" from I.E. and added separate criteria I.F. as well as new criteria I.I regarding no previous articular cartilage transfer to treat the defect.<br>• Added age and BMI requirements as II.A and B.<br>• Updated verbiage in criteria II.D.<br>• Added examples to III.D. and BMI criteria to III.F.2. |
| CP.MP.36 – Experimental Technologies | • Policy statement updated to require both of the following, A. and B.<br>• Criteria describing technology for experimental or investigational, originally under A-C, is now I.A.1 and 2.<br>• Statement "It does not have final clearance…and credible evaluation." was removed.<br>• Medical necessity for technology has been restructured and indicated under I.B.1 through 10.<br>• Removed "the technology should be used…. life-threatening condition."<br>• Added criteria points B.8.-10.<br>• Added note regarding severity of condition being considered as part of request. |
| CP.MP.40 – Gastric Electrical Stimulation | • "Dietary modifications" added to I.C. and "FDA specifications" added as I.E.<br>• Updated verbiage in note at the end of criteria I. and added additional note about humanitarian device exemptions. |
| CP.MP.43 – Functional MRI | • Criteria I.A. updated to include vascular malformations.<br>• Criteria I.C. updated to include assessment of language lateralization.<br>• Criteria I.E. added per ACR-ASNR-SPR practice parameters and states, "Assessment of cerebral vascular reactivity for consideration of revascularization procedures." |
| CP.MP.57 – Lung Transplantation | • Criteria I.C.14. updated 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.<br>• Added pediatric indication for end-stage emphysema due to alpha-1 trypsin deficiency. |

**Inactive or replaced policies**

The following policies have been retired.

| Policy number | Policy name |
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| HNCA.CP.MP.131 | Double Balloon Enteroscopy |

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| CP.MP.187 | Radiofrequency Ablation of Uterine Fibroids |
| CP.MP.34 | Hyperemesis Gravidarum Treatment |
| HNCA.CP.MP.391 | Photopheresis |

## 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.