

# PROVIDER Update



CONTRACTUAL | JANUARY 26, 2024 | UPDATE 24-090m | 3 PAGES

## Medical Policies – December 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 December 2023. For a complete description of the background, criteria, references, and coding implications for the medical policies, go to [bit.ly/MedicalPolicies](https://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.

#### Updated Policies

Policy number and name	Change
CP.MP.186 – Burn Surgery	<ul style="list-style-type: none"><li>• Added criteria II.C. that burn must be deep partial-thickness or full-thickness.</li><li>• Added '...used according to FDA indications' to II.D.3.</li></ul>
CP.MP.145 – Electric Tumor Treating Fields	<ul style="list-style-type: none"><li>• In I.A.1.a.iii. added "and/or."</li><li>• In I.A.b.ii. changed wording to "chemotherapy, surgery, and/or radiation."</li></ul>

#### THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Behavioral Health Providers

#### LINES OF BUSINESS:

- IFP
  - Ambetter HMO
  - Ambetter PPO
- Employer/Group
  - HMO/POS
  - PPO
- Medi-Cal
  - Amador
  - Calaveras
  - Inyo
  - Los Angeles
  - Mono
  - Sacramento
  - San Joaquin
  - Stanislaus
  - Tulare
  - Tuolumne

#### PROVIDER SERVICES

[provider\\_services@healthnet.com](mailto: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

#### Medi-Cal (including CS and ECM providers)

– 800-675-6110

#### Behavioral Health providers –

844-966-0298

#### PROVIDER PORTAL

[provider.healthnetcalifornia.com](https://provider.healthnetcalifornia.com)

#### PROVIDER COMMUNICATIONS

[provider.communications@healthnet.com](mailto:provider.communications@healthnet.com)

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

### Updated Policies, continued

Policy number and name	Change
CP. MP.180 – Implantable Hypoglossal Nerve Stimulation	<ul style="list-style-type: none"> <li>• Edits were made to criteria to align with the FDA updates issued June 8, 2023, for the Inspire Upper Airway Stimulation System.</li> <li>• Updated criteria B. from "Age &gt; 22 years" to "BMI ≤ 40 kg/m2."</li> <li>• Changed C. from "BMI &lt; 35 kg/m2" to "One of the following:"</li> <li>• Adding C.1 to C.3, indicating the updated age ranges and associated criteria.</li> <li>• Contraindications were updated to I.D.a to I.D.g.</li> <li>• The original criteria points I.E to I.I were removed.</li> </ul>
CP.MP.144 – Mechanical Stretching Devices for Joint Stiffness and Contracture	<ul style="list-style-type: none"> <li>• Added ankle to Criteria I.</li> <li>• Rearranged Criteria I.A. for clarification.</li> <li>• Added Criteria I.A.1.c. stating that low-load prolonged-duration stretch (LLPS) device/dynamic stretch device is provided with or without adjunctive physical therapy.</li> <li>• Specified in I.B. that criteria is for a rental.</li> <li>• Removed code E1815 from HCPCS codes that do not support coverage and added to HCPCS codes that do support coverage.</li> </ul>
CP.MP.181 – Polymerase Chain Reaction Respiratory Viral Panel Testing	<ul style="list-style-type: none"> <li>• Updated description of Table 2 as Table 6 was removed.</li> <li>• Added ICD-10 codes J15.61 and J15.69 to Table 4.</li> <li>• Added ICD-10 codes J44.81 and J44.89 to Table 5.</li> <li>• Deleted Table 6 from policy.</li> </ul>
CP.MP.70 – Proton and Neutron Beam Therapy	<ul style="list-style-type: none"> <li>• Updated criteria I.G. to, unresectable benign or malignant central nervous system tumors to include but not limited to primary and variant forms of astrocytoma, glioblastoma, medulloblastoma, acoustic neuroma, craniopharyngioma, benign and atypical meningiomas, pineal gland tumors, and arteriovenous malformations.</li> <li>• Added criteria I.H., Pituitary neoplasms.</li> <li>• Restructured and added section A. and B. to criteria II.</li> </ul>
CP.MP.247 – Transplant Service Documentation Requirements	<ul style="list-style-type: none"> <li>• Criteria I.B.2. and Criteria I.B.3. updated to say “provider” instead of “physician.”</li> <li>• Criteria I.B.5. updated to include documentation.</li> <li>• C-peptide removed from Criteria I.B.5.e.</li> <li>• Criteria I.B.5.f. updated to remove “no specific additional testing” and added documentation of failed total parenteral nutrition.</li> <li>• Criteria I.B.10.g. updated to say rapid plasma reagin.</li> </ul>

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### Updated Policies, continued

Policy number and name	Change
CP.MP.142 – Urinary Incontinence Devices and Treatments	<ul style="list-style-type: none"><li>• Added note under Description to refer to CP.MP.133 Posterior Tibial Nerve Stimulation for Voiding Dysfunction for posterior tibial nerve stimulation treatment for urinary incontinence.</li><li>• Updated criteria I.B. from, ‘...present for at least 12 months...’ to, ‘...present for at least 6 months...’</li></ul>

### Inactive policies

The following policies have been retired:

Policy number	Policy name
HNCA.CP.MP.517	Implantable Miniature Telescope Screening for Age Related Macular Degeneration

### 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](mailto:provider_services@healthnet.com), by telephone or through the Health Net provider portal as listed in the right-hand column on page 1. Behavioral health providers can call 844-966-0298.