

# PROVIDER Update



CONTRACTUAL | APRIL 17, 2026 | UPDATE 26-531m | 5 PAGES

## Updates to Clinical Policies – March 2026

### Review new and upcoming changes and clinical practice guidelines, effective March 2026

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 March 2026. For a complete description of the background, criteria, references and coding implications for the medical policies, go to <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 physicians, practitioners and other providers how to practice. If required, physicians, practitioners and other 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 a medical policy.
- If there are any conflicts between medical policy guidelines and related member benefits contract language, the benefits contract will apply.

#### Need help? Contact us

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 phone or through the Health Net provider portal as listed in the right-hand column. Behavioral health providers can call 844-966-0298.

#### THIS UPDATE APPLIES TO:

- Physicians and Practitioners
- Participating Physician Groups
- Behavioral Health Providers

#### LINES OF BUSINESS:

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

#### PROVIDER SERVICES

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

**Ambetter from Health Net IFP**

**Ambetter HMO – 888-926-2164**

**Ambetter from Health Net IFP**

**Ambetter PPO – 844-463-8188**

**Health Net Employer Group**

**HMO, POS & PPO – 800-641-7761**

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

– 800-675-6110

**Behavioral Health providers –**

844-966-0298

#### PROVIDER PORTAL

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

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## New Policy

Policy number and title	Summary
<p>CP.MP.252</p> <p>Immobilized Lipase Cartridges (Relizorb)</p>	<ul style="list-style-type: none"> <li>• Policy developed.</li> <li>• Reviewed by internal and external specialist.</li> </ul> <p>Policy/Criteria</p> <p style="padding-left: 20px;">I. It is the policy of health plans affiliated with Centene Corporation® that requests for immobilized lipase cartridges (RELIZORB®) are medically necessary when meeting all the following:</p> <p style="padding-left: 40px;">A. Member/enrollee requires enteral feeding and one of the following:</p> <ol style="list-style-type: none"> <li>1. Documented failure to achieve or maintain enteral nutrition goals despite optimization of oral pancreatic enzyme replacement therapy (PERT) and nutritional support;</li> <li>2. Documented contraindication to or intolerance of oral PERT during enteral feeding;</li> </ol> <p style="padding-left: 40px;">B. Member/enrollee has an established diagnosis of exocrine pancreatic insufficiency (EPI) confirmed by fecal elastase;</p> <p style="padding-left: 40px;">C. Request is for one of the following:</p> <ol style="list-style-type: none"> <li>1. Up to two cartridges per day for member/enrollees ≤ six months of age;</li> <li>2. Up to six cartridges per day for members/enrollees &gt; six months of age.</li> </ol>

## Updated Policies

Policy number and title	Summary of change(s)
<p>CP.MP.37</p> <p>Bariatric Surgery</p>	<p>Removed Criterion III.F. regarding Lap-Band when body mass index (BMI) is 30 to 35 with or without comorbid conditions.</p>
<p>CP.MP.201</p> <p>Deep Transcranial Magnetic Stimulation for Obsessive Compulsive Disorder</p>	<ul style="list-style-type: none"> <li>• Added I.E., " Member/enrollee is referred for transcranial magnetic stimulation (TMS) ..."</li> <li>• Added I.F., "Planned use of Yale-Brown Obsessive Compulsive Scale ..."</li> <li>• Added I.H.5., "Apollo TMS Therapy System."</li> <li>• Added I.J.1.g., Vagus nerve stimulators lead "in the carotid sheath."</li> </ul>
<p>CP.MP.132</p> <p>Heart-Lung Transplant</p>	<ul style="list-style-type: none"> <li>• Removed indication I.A.2.d., pulmonary alveolar proteinosis.</li> <li>• Removed serial blood and urine testing details in Criterion I.C.16.</li> <li>• Updated Table 2 regarding heart failure stages for clarity.</li> </ul>
<p>CP.MP.184</p> <p>Home Ventilators</p>	<ul style="list-style-type: none"> <li>• Revised a section of I.B. including rewording of I.B.1. and 2. with no impact on criteria.</li> <li>• Addition of new I.B.3.a.-c. regarding ventilation requirements and restructuring with previous I.B.3.a.-b. becoming I.B.4.a.-b.</li> <li>• Removed three-month specification in Criterion II.</li> </ul>

## Updated Policies, continued

Policy number and title	Summary of change(s)
CP.MP.69 Intensity-Modulated Radiotherapy	I.E.6.c., changed from “endometrial cancer” to “extremity sarcomas.”
HNCA.CP.MP.57 Lung Transplantation	Updated adult and pediatric interstitial lung disease criteria to include end-stage or refractory pulmonary alveolar proteinosis as criteria I.D.1.vii.a)-b) and I.D.2.c.vii.a)-b) respectively.
CP.MP.246 Pediatric Kidney Transplant	<ul style="list-style-type: none"> <li>• Updated contraindications I.B.4 and I.B.5 to be in line with each specific body system.</li> <li>• Removed contraindication I.B.9 for acute pancreatitis contraindication.</li> </ul>
CP.MP.200 TMS for Major Depression	<ul style="list-style-type: none"> <li>• In I.C., added current course of "psychopharmacologic and psychotherapeutic" treatment.</li> <li>• In I.C.1. and I.C.2., added trials of "evidenced based" antidepressants.</li> <li>• In I.D., added ... (such as "weekly" cognitive behavioral therapy...)." <ul style="list-style-type: none"> <li>• Removed former I.E., “The member/enrollee has failed a trial of electroconvulsive therapy (ECT) ....”</li> </ul> </li> <li>• In I.F.2., clarified Psychiatric "Mental Health" Nurse Practitioner (PMHNP).</li> <li>• Removed "concomitant esketamine intranasal, ketamine infusion or other infusion therapy" from the contraindication list in I.J.</li> <li>• Added I.K., "No changes to psychotropic treatment during the course of TMS treatment unless clinical documentation justifies the change ..."</li> <li>• In II.D., added throughout the current course of "psychopharmacologic and psychotherapeutic" treatment. <ul style="list-style-type: none"> <li>• In II.D.1. and II.D.2., added trials of "evidenced-based" antidepressants.</li> <li>• Removed former II.E., “The member/enrollee has failed a trial of electroconvulsive therapy (ECT) ...”</li> <li>• In II.E., added ... (such as "weekly" cognitive behavioral therapy ...).</li> </ul> </li> <li>• In II.G.2., clarified Psychiatric "Mental Health" Nurse Practitioner (PMHNP).</li> <li>• In II.J. 4. removed "concomitant esketamine intranasal, ketamine infusion or other infusion therapy" from the contraindication list.</li> <li>• Added II.K. "No changes to psychotropic treatment during the course of TMS treatment unless clinical documentation justifies the change (such as administration of concomitant ketamine, esketamine or other infusion therapy)."</li> <li>• In III.F.2 added "Psychiatric Mental Health."</li> <li>• In III.G added "(such as weekly cognitive behavioral therapy ...)."</li> <li>• In III.K., removed "concomitant esketamine intranasal, ketamine infusion or other infusion therapy."</li> <li>• Added III.L, “No changes to psychotropic treatment during the course of TMS ..."</li> <li>• In IV.G.2., added "Psychiatric Mental Health."</li> <li>• In IV.H., added "(such as weekly cognitive behavioral therapy ...)."</li> </ul>

## Updated Policies, continued

Policy number and title	Summary of change(s)
CP.MP.200 TMS for Major Depression, <i>continued</i>	<ul style="list-style-type: none"> <li>• In IV.K., removed "concomitant esketamine intranasal, ketamine infusion or other infusion therapy."</li> <li>• In IV.L, added "No changes to psychotropic treatment during the course of TMS ..."</li> </ul>

### Updates to Clinical policies grid (CPG)

- Annual review: Reviewed and updated all links and guideline versions as appropriate.
- Added the following Physical Health guidelines:
  - Back Pain – Use of corticosteroids for adult chronic pain interventions: sympathetic and peripheral nerve blocks, trigger point injections – guidelines from the American Society of Regional Anesthesia and Pain Medicine, the American Academy of Pain Medicine, the American Society of Interventional Pain Physicians, and the International Pain and Spine Intervention Society.
  - Chronic Obstructive Pulmonary Disease – Long-Term Noninvasive Ventilation in Chronic Stable Hypercapnic Chronic Obstructive Pulmonary Disease: An Official American Thoracic Society (ATS) Clinical Practice Guideline.
  - Immunizations – American Academy of Family Physicians (AAFP), Recommended Adult Immunization Schedule by Age Group, United States, 2025; American Academy of Pediatrics (AAP) Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger; American College of Obstetricians and Gynecologists (ACOG) Immunization Schedules by Age for 2025.
- Updated the following Physical Health guidelines with new publication revision dates:
  - 2025 GINA Report, Global Strategy for Asthma Management and Prevention, Department of Veterans Affairs and the Department of Defense (VA/DoD) Clinical Practice Guideline: The Primary Care Management of Asthma (2025).
  - World Health Organization (WHO) Clinical Management of COVID-19: Living Guideline June 2025.
  - American Diabetes Association (ADA) Standards of Care in Diabetes, 2025 (Volume 48, Issue Supplement 1).
  - VA/DoD Clinical Practice Guidelines Management of Dyslipidemia for Cardiovascular Risk Reduction (2025), 2025.
  - American Heart Association/American College of Cardiology/American Academy of Nurse Practitioners/American Academy of Physician Associates/Association of Black Cardiologists/American College of Clinical Pharmacy/American College of Preventive Medicine/American Geriatrics Society/American Medical Association/American Society of Preventive Cardiology/National Medical Association/Preventive Cardiovascular Nurses Association/Society of General Internal Medicine (AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM) Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines.
  - Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) United States, 2025-26 Influenza Season.

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- ACOG Clinical Practice Guideline No. 1. Osteoporosis Prevention, Screening, and Diagnosis (September 2021– reaffirmed 2025).
  - ACOG Clinical Practice Guideline No. 2. Management of Postmenopausal Osteoporosis (April 2022 – reaffirmed 2026).
  - ATS Diagnosis and Management of Community-acquired Pneumonia. An Official American Thoracic Society Clinical Practice Guideline (Published 2025).
  - Bright Futures/American Academy of Pediatrics Periodicity Schedule: Recommendations for Preventive Pediatric Health Care (2025).
  - VA/DoD Clinical Practice Guideline Management of Adult Overweight and Obesity (OBE) (2025).
  - Removed the following guidelines:
    - Non-invasive Treatments for Acute, Subacute and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians (April 2017).
    - Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents. The Report of the Expert Panel (October 2012).
    - Centers for Disease Control and Prevention (CDC) ACIP Adult Immunization Schedule. Recommendations for Ages 19 years or Older, United States, 2025 and Child and Adolescent Immunization Schedule. Recommendations for Ages 18 years or Younger, United States, 2025.
  - Added the following Behavioral Health guidelines:
    - Agency for Healthcare Research and Quality (AHRQ) Attention-Deficit/Hyperactivity Disorder (ADHD) Diagnosis and Treatment in Children and Adolescents (March 2024).
    - Practice Guidelines, Delirium section and American Psychiatric Association (APA) Practice Guideline for the Prevention and Treatment of Delirium, Second Edition.
    - AAP Identification and Management of Eating Disorders in Children and Adolescents.
    - Mental Health Conditions in Pregnancy and Post Partum ACOG. Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum.
  - Updated the following Behavioral Health guidelines with new publication revision dates:
    - APA Clinical Practice Guideline for the Treatment of Depression Across Three Age Cohorts (2025).
    - APA Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults (2025).
    - National Institute of Mental Health (NIMH) Suicide Prevention (August 2025).
  - Removed the following guidelines:
    - Anxiety and Depression Association of America (ADAA) Clinical Practice Review for Social Anxiety Disorder (2015).
    - ADAA Clinical Practice review for Obsessive-Compulsive Disorder (OCD) (2015), Federal Guidelines for Opioid Treatment Programs (2024).