

# PROVIDER Update



CONTRACTUAL | MAY 28, 2026 | UPDATE 26-713m | 4 PAGES

## Updates to Medicare Clinical Policies – April 2026

### Review changes to policies and clinical practice guidelines

The medical policies listed in this update were approved by Centene's National Medicare Quality Improvement Utilization Management Committee and are effective as of April 2026.

For a complete description of the background, criteria, references and coding implications for these Medicare medical policies, go to the Medicare Prior Authorization Medical Clinical Policies page at [https://bit.ly/MA\\_ClinicalPolicies](https://bit.ly/MA_ClinicalPolicies).

Apply the Medicare National Coverage Decisions and applicable Local Coverage Decisions local policies for primary coverage guidance.

### Changes to medical policies, effective April 2026

The following are Medicare clinical policies that have been approved for use. The listed policies are effective April 2026.

### 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
- Hospitals
- Ancillary Providers
- Behavioral Health Providers

#### LINES OF BUSINESS:

- Wellcare By Health Net
  - Medicare Advantage (HMO)

#### PROVIDER SERVICES

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

**Medicare (individual & employer group)**  
**(Wellcare By Health Net) – 800-929-9224**

**Medicare Supplement – 800-641-7761**

**Behavioral Health providers –**  
**844-966-0298**

#### PROVIDER PORTAL

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

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## Updated policies

Policy number and title	Summary of changes
MC.CP.MP.249 Allogeneic Hematopoietic Progenitor Cell Therapy	<ul style="list-style-type: none"> <li>• Description updated to include study information for the treatment of severe aplastic anemia with Omisirge®.</li> <li>• Updated Criteria I. to include severe aplastic anemia as a medically necessary indication for Omisirge.</li> </ul>
MC.CP.MP.249 Donor Lymphocyte Infusion	<ul style="list-style-type: none"> <li>• Annual review.</li> <li>• Coding and descriptions reviewed.</li> <li>• References reviewed and updated.</li> </ul>
MC.CP.MP.170 Nerve Blocks and Ablation of Peripheral Nerves for Pain Management	<ul style="list-style-type: none"> <li>• Annual review.</li> <li>• Description updated with no clinical significance.</li> <li>• Updated formatting of criteria.</li> <li>• Background updated with no clinical significance.</li> <li>• Coding reviewed and updated.</li> <li>• References reviewed and updated.</li> </ul>
MC.CP.CPC.05 Medical Necessity Criteria	<ul style="list-style-type: none"> <li>• Added that the information considered for case-by-case review includes the medical history, physician recommendations and clinical notes.</li> <li>• References updated.</li> </ul>
MC.CP.MP.184 Home Ventilators	<ul style="list-style-type: none"> <li>• Annual review.</li> <li>• Added note under Description to state that chronic obstructive pulmonary disease (COPD) is out of scope for this policy.</li> <li>• Reformatted entire criteria I. to support removal of previous criteria I.B. regarding chronic respiratory failure due to COPD.</li> <li>• Removed example of chronic respiratory failure following COPD from Criteria IV.</li> <li>• Coding and descriptions reviewed.</li> <li>• References reviewed and updated.</li> </ul>
MC.CP.MP.246 Pediatric Kidney Transplant	<ul style="list-style-type: none"> <li>• Annual review.</li> <li>• Background updated with no clinical significance.</li> <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> <li>• References reviewed and updated.</li> </ul>
MC.CP.MP.57 Lung Transplantation	<ul style="list-style-type: none"> <li>• Annual review.</li> <li>• Reviewed codes and descriptions.</li> <li>• References reviewed and updated.</li> </ul>
MC.CP.MP.69 Intensity-Modulated Radiotherapy	<ul style="list-style-type: none"> <li>• Annual revision.</li> <li>• I.E.6.c. changed from “endometrial cancer” to “extremity sarcoma.”</li> <li>• Reviewed codes and descriptions.</li> </ul>

**Updated policies**

Policy number and title	Summary of changes
	<ul style="list-style-type: none"> <li>References reviewed and updated.</li> </ul>
MC.CP.MP.107 Durable Medical Equipment	<ul style="list-style-type: none"> <li>Policy description updated to note that the applicable National Coverage Determination (NCDs), the Medicare Benefit Policy Manual, and the Medicare Claims Processing Manual do not provide sufficient coverage criteria to consistently determine medical necessity, and noted why the applicable criteria offered by the Centers for Medicare &amp; Medicaid Services (CMS) and Medicare benefit policy and claims processing manuals were supplemented with this policy.</li> </ul>
CP.CPC.03 Preventative Health And CPG	<ul style="list-style-type: none"> <li>Annual review.</li> <li>Minor wording updates throughout with no impact to process.</li> <li>Updated Centene Advanced Behavioral Health to Behavioral Health Services throughout policy.</li> <li>Reviewed and updated Clinical Practice Guidelines Grid, including Behavioral Health Guidelines.</li> <li>Added new plan addendum for AZ Complete Health and updated plan addenda for Meridian MI, Meridian IL, HI Quest, and WellCare KY.</li> </ul>
MC.CP.MP.185 Skin and Soft Tissue Substitutes	<ul style="list-style-type: none"> <li>Annual review.</li> <li>Changed policy name to “Skin and Soft Tissue Substitutes.”</li> <li>Description section updated to include criteria sources for new indications.</li> <li>In Notes section, added additional bullet points to refer to CP.MP.186 and MC.CP.MP.31, as applicable.</li> <li>In I.H.1.d.vi., I.H.2.d.iii., II.B.1.f. and II.B.2.c., deleted code Q4106 was replaced with code Q4431.</li> <li>In Note in I.H. and II.D., removed “16.” Added criteria IV. regarding skin substitute use for burn treatment, with IV.B. through IV.D. and IV.F. moved from CP.MP.186.</li> <li>Added criteria V. regarding skin substitute use for breast reconstruction.</li> <li>Added criteria VI. regarding skin substitute use for dystrophic epidermolysis bullosa.</li> <li>Added criteria VII. regarding skin substitute use for post-reconstructive surgery of abdominal wall wounds.</li> <li>Added criteria VIII. regarding indications considered not medically necessary.</li> <li>Added criteria IX. regarding indications not supported by current evidence.</li> <li>Throughout criteria section, replaced all skin substitute verbiage to “skin and soft tissue substitute/CTP”.</li> <li>Minor wording updates throughout without clinical significance.</li> <li>Background section updated and includes new sections on burns, breast reconstruction, dystrophic epidermolysis and post-reconstruction surgery of abdominal wall wounds.</li> </ul>

## Updated policies

Policy number and title	Summary of changes
	<ul style="list-style-type: none"> <li>• Updated titles of coding tables.</li> <li>• Coding reviewed and updated.</li> <li>• Added HCPCS Code Table 1. To HCPCS Code Table 1, added codes G0681, G0682, G0683 and G0684.</li> <li>• Added Note under HCPCS Code Table 2.</li> <li>• Combined previous Table 2 and Table 3 into HCPCS Code Table 2. To HCPCS Code Table 2, added the following: A2012, A2043, A2044, A4100, C1781, C9363, C9399, Q4104, Q4108, Q4116, Q4130, Q4182, Q4431, Q4433.</li> <li>• From HCPCS Code Table 2, removed Q4106. To HCPCS Code Table 3, added the following codes: A2026, A2028 to A2039, A2040, A2041, A2042, A2045, C8002, C9250, Q4135, Q4175, Q4310 to Q4373, Q4375 to Q4380, Q4382 to Q4417, Q4418, Q4419, Q4420, Q4421, Q4422, Q4423, Q4424, Q4425, Q4426, Q4427, Q4428, Q4429, Q4435, Q4436, Q4437, Q4438, Q4439, Q4440.</li> <li>• To HCPCS Code Table 3, removed the following codes: A2012, C9363, Q4104, Q4108, Q4116, Q4130, Q4182, Q4210, Q4231, Q4244.</li> <li>• References reviewed and updated.</li> </ul>

### Concert Genetic (CG) policies, effective April 2026

- CG Testing for Prenatal Diagnosis
- CG Cancer Screening and Surveillance
- CG General Approach to Genetic and Molecular Testing
- CG Identity and Forensics
- CG Immunology and Rheumatology
- CG Oncology Hematologic Malignancy Molecular Diagnosis
- CG Oncology Hereditary Cancer
- CG Preimplantation Genetic Test
- CG Prenatal and Preconception Carrier Screening
- CG Solid Tumor Molecular Diagnosis
- CG Testing Nephrology
- CG Testing Neurology
- CG Testing Nutrition and Metabolism
- CG Testing Oncology Algorithmic Assay
- CG Testing Ophthalmology
- CG Testing Cardiovascular
- CG Testing Dermatology
- CG Testing Endocrinology
- CG Testing Gastroenterology
- CG Testing Hematology
- CG Testing Otolaryngology
- CG Testing Prenatal Screening
- CG Testing Orthopedics
- CG Testing Respiratory
- CG Testing Toxicology and Pharmacogenetics Testing
- CG Testing Transplant
- CG Multisystem Genetic Condition