

PROVIDER Update



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Medical Policies – July 2024

Review the most recent 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 July 2024. 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.

Updated Policies

Policy number and name	Change
CP.MP. 93 – Bone Anchored Hearing Aids (BAHA)	<ul style="list-style-type: none">• Updated criteria in I.C. to specify “is consistent with the FDA indications for the requested device.”• Added “(provided that the nerve is functional)” to I.F.1.• Minor updates made to I.F.4. and the policy statements in II. and III.

THIS UPDATE APPLIES TO:

- Physicians
- 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

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

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

Updated Policies – continued

Policy number and name	Change
<p>CP.MP.171 – Facet Joint Interventions</p>	<ul style="list-style-type: none"> • Clarifying language added to Criteria I.A. to specify diagnostic facet joint injections. • Minor rewording in Criteria I.A.1.a. • Criteria 1.A.1.b.i. and ii, updated to include ≥ four weeks of physical therapy or prescribed home exercise program and ≥ four weeks activity modification. • Removed Criteria I.A.1.c. regarding ≥ six weeks chiropractic, physical therapy, or prescribed home exercise program. • Removed Criteria I.A.1.d. and added to Criteria I.A.1.b. • Removed Criteria I.A.1.e. regarding ≥ six weeks activity modification. • Criteria I.A.1.c. updated to replace disc herniation, radiculitis, discogenic or sacroiliac pain with fracture, tumor, infection, and extraspinal lesion and updated to include pain not associated with radiculopathy or myelopathy and removed pain worse at night. • Pain relief updated from > 75% to ≥ 80 % in Criteria I.A.1.e. • Note at end of Criteria I. updated to pain relief of < 80% instead of < 75% and updated to specify a second block at the same level is not medically necessary. • Criteria I.B.a. updated to specify neck or back pain present for ≥ three months. • Pain relief updated from > 75% to ≥ 80 % in Criteria I.B.1.b. and removed ability to perform prior painful movements without significant pain. • Criteria I.B.2.b. updated from at least four months to at least six months. • Criteria I.D. updated to include medical necessity for therapeutic facet joint injections when meeting criteria I.D.1 through I.D.4.
<p>CP.MP. 129 – Fetal Surgery in Utero for Prenatally Diagnosed Malformations</p>	<ul style="list-style-type: none"> • Added criteria to I.A.1.-I.A.2. to include: Correction via a minimally invasive approach; Sacrococcygeal teratoma (SCT) resection when meeting all of the following: Fetuses with high-risk SCT and hydrops developing at a gestational age earlier than appropriate for delivery and neonatal care (e.g., 28–32 weeks gestation); Does not have the following contraindications: Type III or IV Altman-type tumors; Severe placentomegaly; Maternal cervical shortening. • Removed indication “Normal fetal karyotype.” • Quantified criteria I.G.5.c. to include (≥ 30 degrees). • Added criteria I.H. Fetal endoscopic tracheal occlusion (FETO) for CDH when all of the following criteria are met: Severe left-sided CDH; Severe pulmonary hypoplasia defined as a quotient of the observed-to-expected lung-to-head ratios of less than 25%; Gestational age ≤ 30 weeks. • Removed III.A. Open or endoscopic fetal surgery for CDH, including temporary tracheal occlusion.

Updated Policies – continued

Policy number and name	Change
CP.MP. 54 – Hospice Services	<ul style="list-style-type: none"> • Revised criteria II.D.3.c. added “after bronchodilator (if able to obtain).” • Under II.E.2.b. added “or upper urinary tract infection.” • under II.E.2.f. removed “over” and updated with “during the previous.” • under II.G. removed “Failure” and replaced with “Disease.” • under II.I.2.a. removed “up to” and replaced with “the last.”
CP.MP. 48 Neuromuscular Electrical Stimulation	Removed contraindications under II.F. including uncontrolled cardiac arrhythmias, unstable angina, joint replacement in a location targeted by FES and seizure disorder.
CP.MP. 51 – Reduction Mammoplasty and Gynecomastia Surgery	<ul style="list-style-type: none"> • Verbiage updated in criteria I.A.4.b. • Removed criteria I.A.4.c. and d. • Criteria updated to include mammogram requirement for members/enrollees < 40 years of age with symptoms of breast cancer or high-risk factors for breast cancer in what is now I.A.4.c.i. through iii. • Clarifying language added to Criteria II.A.2. Criteria II.B.3. updated to include clarifying language and to include gynecomastia that persists for more than three months after unsuccessful medical treatment for pathological gynecomastia.

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 phone 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.