

# PROVIDER Update



CONTRACTUAL | JANUARY 27, 2025 | UPDATE 25-083m | 3 PAGES

## Medical Policies – December 2024

### Review the most recent changes to existing medical policies for procedures and services plus one retired policy

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 2024. 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.

#### 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. Behavioral health providers can call 844-966-0298.

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

#### PROVIDER COMMUNICATIONS

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

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## Updated Policy

Policy number and name	Change
CP.MP.97 Testing for Select Genitourinary Conditions	<ul style="list-style-type: none"> <li>• In I.C., removed requirement for amplified or direct probe testing for Candida or Gardnerella, and instead specified that testing is for microorganisms likely to cause vaginitis.</li> <li>• Added applicable CPT codes to policy statement III.</li> <li>• In III.B., added direct probe testing for candida in addition to the already-listed amplified probe candida testing.</li> <li>• Added direct and amplified probe testing for Candida to policy statement IV.</li> <li>• Removed section IV.A. criteria related to unspecified amplified probe testing for acute vaginitis and vulvitis.</li> <li>• Removed “for members/enrollees ≥ 16 of age” from description and policy statements I., III., and IV.</li> <li>• Added ICD-10 codes that support medical necessity for CPT codes in Table 1.</li> <li>• Added ICD-10 codes N94.10, N94.11, N94.19, and R30.0 to Table 2.</li> <li>• Deleted tables previously noted as IV and V.</li> <li>• Added CPT code 87480 and 87798 to new Table 4 (CPT codes considered medically necessary when billed with ICD-10-CM code listed in Table 5) and in the description of Table 5 (ICD-10-CM diagnosis codes considered not medically necessary when billed with CPT codes 87480, 87481 and 87798 per this policy).</li> </ul>

### Concert Genetics policy updates

Refer to policy revision log for complete list of updates

Aortopathies and Connective Tissue Disorders	General Approach to Genetic Testing	Metabolic, Endocrine and Mitochondrial Disorders	Oncology Molecular Analysis of Solid Tumor and Hematologic Malignancies
Cardiac Disorders	Hearing Loss	Multisystem Inherited Disorders	Pharmacogenetics
Dermatologic Conditions	Hematologic Disorders	Non-Invasive Prenatal Screening	Preimplantation Genetic Testing
Epilepsy, Neurodegenerative Disorders	Hereditary Cancer Susceptibility	Oncology Algorithmic Testing	Prenatal and Preconception Carrier Screening
Exome and Genome Sequencing	Immune, Autoimmune, and Rheumatoid Disorders	Oncology Cancer Screening	Prenatal Diagnosis and Pregnancy Loss

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Eye Disorders	Kidney Disorders	Oncology Circulating Tumor DNA Tumor Cells (liquid biopsy)	Skeletal Dysplasia and Rare Bone Disorders
GI Disorders Non-Cancerous	Lung Disorders	Oncology Cytogenetic Testing	