

PROVIDER Update



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Medical Policies – March 2025

Review the most recent changes to existing medical policies for procedures and services and updates to the clinical practice guidelines

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 2025. 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.

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 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.

Inactive policy

The following policy is no longer active as of March 2025.

Policy number	Policy name
CP.MP.43	Functional MRI (magnetic resonance imaging).

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

Policy number and name	Change
CP.MP.55 Assisted Reproductive Technology	<p>Added criteria I.B.5.i.–I.B.5.l. to include: HIV or hepatitis-discordant couples; Need for preimplantation genetic testing for monogenic disorders (PGT-M) of embryos in settings requiring absence of extraneous DNA contamination from other sperm (i.e., members/enrollees with or carriers of cystic fibrosis, breast cancer gene (BRCA) mutations and congenital adrenal hyperplasia); Treatment of elected types of female infertility such as members/enrollees with morphologic anomalies of oocytes and/or anomalies of the zona pellucida.</p> <ul style="list-style-type: none"> • Removed “premature” in criteria I.B.6.c. • Removed criteria I.B.10. regarding cryopreservation of embryos.
CP.MP.37 Bariatric Surgery	<ul style="list-style-type: none"> • Updated verbiage in I.A.1.a.i. and I.A.1.a.ii. for clarity with no impact to criteria. • Added I.A.1.a.xvi. Atrial fibrillation and I.A.1.a.xvii. Heart failure. • Removed previous preoperative evaluation and medical clearance requirements in I.B. and I.C. and replaced with consolidated requirements I.B.1. through 3.
CP.MP.176 Cardiac Rehabilitation, Outpatient	<ul style="list-style-type: none"> • Removed I.A.2. History of unstable angina pectoria within last 12 months. • Removed I.D. If diabetic, documentation supports that it is adequately controlled. • Removed I.E.2. Uncontrolled hypertension-resting systolic blood pressure (SBP) > 180 mmHg and/or resting diastolic (DBP) > 110 mmHg. • Under I.D.3. replaced “Significant” with “Symptomatic severe.” • Added “with hemodynamic compromise” to I.D.4. • Removed previous I.D.6. and I.D.8. • Under new I.D.8. replaced “Recent” with “Active pulmonary” and added “pulmonary infarction or deep vein thrombosis.” • Removed I.D.13. Other metabolic conditions, such as acute thyroiditis, hypokalemia, hyperkalemia, or hypovolemia (until adequately treated). • Added I.D.13. Active endocarditis and I.D.14. Acute aortic dissection. • Under II.C. removed “a total of.”
CP.BH.201 Deep Transcranial Magnetic Stimulation for Obsessive Compulsive Disorder	<ul style="list-style-type: none"> • In I.E., changed the frequency of services from 30 to 36 approved sessions “Request is for up to 36 sessions. Note: Recommended schedule is for five days a week for six weeks, with an optional six sessions for tapering.” • In I.H. removed the following relative contraindications: history of seizures, severe dementia, severe cardiovascular disease, and active suicidal ideation with intent. • Deleted what was policy statement II. referencing tapering criteria. • In III. C. added statement indicating documented 6-month duration of response.

Updated Policies, continued

Policy number and name	Change
<p>CP.MP.132 Heart–Lung Transplant</p>	<ul style="list-style-type: none"> • Changed I.A.1. to ≥ 18. • I.A.1.a now reflects “severe” heart failure and I.A.1.b. now reflects “nonspecific idiopathic...” • In I.A.1.h., “non-complex congenital...standard surgery” was removed, and now reflects “Congenital heart disease...,” adding I.A.1.h.i–iv., followed by i. and j. • Age changed to < 18 in I.A.2 and in I.A.2.d, added “Pulmonary.” • Changes made to I.A.2.h in addition to adding h.i.–v. • Ages changed in I.B.1.a. “≥ 18” and I.B.1.b. “< 18.” • In I.C.1.a, added “for at least ...transplantation.” • Added I.C.1.d “Member/enrollee...severe malnutrition.” • In I.C.8., added “unless being...transplant.” • Reworded I.C.17.a. now reflecting “alcohol or illicit drug use.” • Table 2 has been changed to the American Heart Association (AHA) Heart Failure Stages, removing Heart Failure Stages in Pediatric Heart Disease.
<p>CP.MP.69 Intensity Modulated Radiotherapy</p>	<ul style="list-style-type: none"> • Removed I.B–G, leaving I.A. “Age ≤ 18 years.” • Added I.B. “Medically inoperable.....required.” • Added I.C. “Primary malignant....tumors.” • Added I.D. “Re-irradiation (where.....dose).” • Added I.E.1–8, all new indications by cancer site. • Added note “The above indications.....all-inclusive listing.”
<p>CP.MP.57 Lung Transplantation</p>	<ul style="list-style-type: none"> • Updated glomerular filtration rate from < 30 to < 40 mL/min/1.73m² in Criteria I.C.2. • Updated Criteria I.C.9.a. to include at least three months prior to transplantation. • Removed additional information regarding heart transplant waiting list in Criteria I.C.9.b. • Added Criteria I.C.9.d. regarding chronic wasting or severe malnutrition. • Expanded Criteria I.C.13. regarding active substance use or dependence and added Criteria I.C.14. regarding documentation of abstinence from substance use. • Minor grammatical changes to Criteria I.D.1.b.ii.b)5), Criteria I.D.1.c.i., Criteria I.D.2., Criteria I.D.2.a.ii.b)5), and Criteria I.D.2.d.i. with no clinical significance. • Added Criteria I.D.2.h., Criteria I.D.2.i, and Criteria I.D.2.j. regarding alveolar capillary dysplasia, pulmonary vein stenosis refractory to intervention, and pulmonary veno-occlusive disease.

Updated Policies, continued

Policy number and name	Change
<p>CP.MP.170</p> <p>Nerve Blocks and Neurolysis for Pain Management</p>	<ul style="list-style-type: none"> • Added note in Description to refer to CP.MP.171 Facet Joint Interventions for facet joint injections and radiofrequency neurotomy and added note for Medicare plans to refer to MC.CP.MP.170 Peripheral Nerve Blocks and Ablation of Peripheral Nerves for Pain Management. • Added clarifying verbiage regarding non-Medicare health plans in Policy/Criteria with no impact to criteria. • Added clarifying language to Criteria I.A.2. • Updated Criteria II.A.1.c. to include application of lidocaine and minor grammatical change made. • Grammatical update made in Criteria II.B.1. for clarity. • Grammatical update made in Criteria VI.B.2.b. for clarity.
<p>CP.BH.200</p> <p>Transcranial Magnetic Stimulation for Treatment Resistant Major Depression</p>	<ul style="list-style-type: none"> • Criteria restructuring in policy statements I and III which apply to adults ages ≥ 18 years only. • Added new policy statements II and IV, which apply to adolescents ages 15–17 years only. • In policy statements I and III, added deep transcranial magnetic stimulation (dTMS) as a form of TMS for adults ages ≥ 18 years. • In I.A. removed the psychosis exclusion from the diagnosis criteria. • In I.B. removed criteria statement “the major depressive disorder diagnosis is not part of a presentation with multiple psychiatric comorbidities and there is no evidence of psychosis or substance use” and replaced it with “The member/enrollee does not have a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder.” • In I.C.1. replaced the term “psychopharmacologic agents” with “antidepressants” and removed the statement “during the current depressive episode (and within if the current episode exceeds 24 months of duration).” • In I.C.2. combined subpoints for clarity. • In I.D. removed requirement for PHQ-9 scores to be documented throughout treatment and added a broader statement referencing evidenced based treatment, “The member/enrollee has participated in an adequate trial of evidence-based psychotherapy (such as cognitive behavioral therapy and/or interpersonal therapy) during the current episode of illness, without significant improvement”; in the note associated, replaced “medication trials” with “antidepressant trials.” • In I.F. added criteria statement “The member/enrollee is referred for TMS treatment by the provider treating the member/enrollee's major depressive disorder (MDD).”

Updated Policies, continued

Policy number and name	
<p>CP.BH.200 Transcranial Magnetic Stimulation for Treatment Resistant Major Depression, <i>continued</i></p>	<ul style="list-style-type: none"> • In I.G. added criteria indicating that a comprehensive psychiatric evaluation has been completed by a qualified licensed provider (MD, DO or MBBS). • In I.I added frequency of services “up to 36 sessions” and added a note indicating a schedule recommendation “Recommended schedule is for five days a week for six weeks, with an optional six sessions for tapering.” • In I.K. removed the following relative contraindications: “history of seizures, severe cardiovascular disease,” acute psychotic disorders in the current depressive episode, dementia, and active suicidal ideation with intent. • In I.L. added new criteria statement “Documentation of repetitive transcranial magnetic stimulation (rTMS), Theta Burst Stimulation (iTBS) or dTMS protocol used.” • In III. D. added the statement “with a documented 6-month duration of response.” • Added policy statement VI. which states that MRI guided theta burst is considered experimental and investigational.

Clinical Practice Guidelines updates

<p>CPG Grid</p>	<ul style="list-style-type: none"> • Added the following Physical Health guidelines: <ul style="list-style-type: none"> - Combined Coronary Artery Disease section and Congenital Disorders to Cardiovascular Disease; - Added the International Society on Thrombosis and Haemostasis (ISTH) – clinical practice guideline for treatment of congenital hemophilia A and B based on the Grading of Recommendations Assessment, Development, and Evaluation methodology; - Updated Hyperlipidemia section to Dyslipidemia and added Department of Veterans Affairs and Department of Defense (VA/DoD) Clinical Practice Guidelines Management of Dyslipidemia for Cardiovascular Risk Reduction (2020); - American Academy of Family Physicians (AAFP) – Blood Pressure Targets in Adults With Hypertension: A Clinical Practice Guideline From the AAFP (2022), VA/DoD – Clinical Practice Guidelines Diagnosis and Management of Hypertension (HTN) in Primary Care (2020); - American College of Obstetricians and Gynecologists (ACOG) Clinical Practice Guideline No. 2. Management of Postmenopausal Osteoporosis (April 2022); - Women’s Preventive Services Initiative (WPSI), ACOG- Recommendations for Well-Woman Care; - World Health Organization (WHO) clinical treatment guideline for tobacco cessation in adults; - National Comprehensive Cancer Network® (NCCN) Clinical Practice Guidelines in Oncology, Smoking Cessation, Version 3.2022;
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Clinical Practice Guidelines updates, continued

CPG Grid

- Pediatric Obesity-Assessment, Treatment, and Prevention: An Endocrine Society Clinical Practice Guideline;
- American Association of Clinical Endocrinologists (AACE), The Obesity Society, American Society of Metabolic and Bariatric Surgery, Obesity Medicine Association, and American Society of Anesthesiologists – Clinical Practice Guidelines For The Perioperative Nutrition, Metabolic, and Nonsurgical Support of Patients Undergoing Bariatric Procedures – 2019 Update;
- World Gastroenterology Organization and International Federation for the Surgery of Obesity and Metabolic Diseases: FSO – WGO GUIDELINES ON OBESITY (2023). Updated the following Physical Health guidelines with new publication revision dates: 2024 Global Initiative for Asthma (GINA) Report, Global Strategy for Asthma Management and Prevention;
- Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease (2025 Report);
- Infectious Disease Society of American (IDSA) Guidelines of the Treatment and Management of Patients with COVID-19 (Updated August 2024);
- United States Preventive Services Task Force (USPSTF) – Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis (2023); ACOG- Routine Human Immunodeficiency Virus Screening (2014 – reaffirmed 2024);
- Centers for Disease Control and Prevention (CDC) – Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) United States, 2024-2025 Influenza Season;
- CDC- Adult Immunization Schedule.
- Recommendations for Ages 19 years or older, United States, 2025:
 - CDC – Child and Adolescent Immunization Schedule. Recommendations for Ages 18 years or younger, United States, 2025;
 - Bright Futures/American Academy of Pediatrics – Periodicity Schedule: Recommendations for Preventive Pediatric Health Care (2024);
 - Final Recommendation Statement High Body Mass Index in Children and Adolescents: Interventions;
 - CDC – Clinical Testing and Diagnosis for Zika Virus Disease For Healthcare Providers: New Zika and Dengue Testing Guidance (May 15, 2024);
 - Removed the following guidelines: U.S. Department of Health and Human Services (HHS), National Institute of Health (NIH) and the National Heart, Lung and Blood Institute (NHLBI) Asthma Care Quick Reference: Diagnosing and Managing Asthma. Guidelines from the National Asthma Education and Prevention Program. Expert Panel Report 3. (Revised 2012);
 - Journal of Orthopaedic and Sports Physical Therapy – Low Back Pain: Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability, and Health (2012);

Clinical Practice Guidelines updates, continued

CPG Grid

- NIH- Coronavirus Disease 2019 Treatment Guidelines; NICE Managing Medicines for Adults Receiving Social Care in the Community (2017);
- General Evidence Based Medicine – Choosing Wisely;
- HHS/Health Resources and Services Administration (HRSA) – Guide for HIV/AIDS Program Clinical Care (2014);
- 2013 American Heart Association/American College of Cardiology/The Obesity Society (AHA/ACC/TOS) Guideline for the Management of Overweight and Obesity in Adults;
- U.S. Department of Health and Human Services, NIH, NHLBI – Managing Overweight and Obesity in Adults: Systematic Evidence Review from the Obesity Expert Panel (2013).
- Added the following Behavioral Health guidelines:
 - AAFP Generalized Anxiety disorder and Panic disorder in adults;
 - Added Borderline Personality Disorder section and included American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Borderline Personality Disorder, 2nd edition;
 - American Society of Addiction Medicine (ASAM) Clinical Practice Guideline on the Management of Stimulant Use Disorder;
 - ASAM Clinical Practice Guideline on Alcohol Withdrawal Management;
 - ACOG Committee Opinion Health Care for Transgender and Gender Diverse Individuals Number 823 (March 2021, reaffirmed 2024);
 - Updated the following Behavioral Health guidelines with new publication revision dates: The Council for Autism Service Providers (CASP) Applied Behavior Analysis Practice Guidelines for the Treatment of Autism Spectrum Disorder Third Edition (April 2024);
 - Federal Guidelines for Opioid Treatment Programs (2024);
 - VA Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide (2024). Removed the following guidelines: Anxiety and Depression Association of America (ADAA) Clinical Practice Review for Generalized Anxiety Disorder;
 - American Academy of Child and Adolescent Psychiatry (AACAP) Practice Parameter for the Assessment and Treatment of Children and Adolescents with Autism Spectrum Disorder (February 2014);
 - National Institute for Health and Care Excellence (NICE) Generalized Anxiety Disorder and Panic Disorder in Adults: Management (Updated June 2020), NICE – Eating Disorders: recognition and treatments (2017, updated December 2020) AACAP Practice Parameter for the Assessment and Treatment of Children and Adolescents with Posttraumatic Stress Disorder (April 2010);
 - AACAP Practice Parameter for the Assessment and Treatment of Children and Adolescents with Schizophrenia (2013).