

# PROVIDER Update



Health Net®

CONTRACTUAL | NOVEMBER 29, 2016 | UPDATE 16-768 | 2 PAGES

## Medical Policies – 3<sup>rd</sup> Quarter 2016

This provider update includes a listing of new and updated Health Net of Arizona, Inc. and Health Net Life Insurance Company (Health Net) medical policies approved by the Health Net National Medical Advisory Council (MAC) in the third quarter of 2016. For a complete description of new and updated medical policies, visit the Health Net provider website at [provider.healthnet.com](http://provider.healthnet.com) and select *Working with Health Net > Medical Policies*.

Please note that as Health Net integrates with Centene, Health Net medical policies are in the process of being replaced with Centene clinical policies, accessible via the website noted above.

### PURPOSE OF HEALTH NET MEDICAL POLICIES

Medical policies provide guidelines for determining medical necessity for specific procedures, equipment and services. All services must be medically necessary to be eligible for benefit coverage, unless otherwise defined in the member's benefits contract. The determination for coverage is also based on all of the terms of the individual member's benefits contract, including, but not limited to, eligibility at the time of service and description of covered benefits, limitations and exclusions. In some cases, legal or regulatory mandate requirements may be applicable and may prevail over medical policy. To the extent there are any conflicts between medical policy guidelines and applicable benefit contract language, the benefit contract language prevails. Medical policy is not intended to override the member *Evidence of Coverage* or the health insurance policy that defines the member's benefits, nor is it intended to provide medical advice or dictate to providers how to practice. If required, prior authorization must be obtained before services are rendered.

### New Policies

Medical Policy	Policy Statement
ULTRASOUND IN PREGNANCY	Outlines the medical necessity criteria for ultrasound use in pregnancy
DIAGNOSIS OF VAGINITIS	Defines medical necessity criteria for the diagnostic evaluation of vaginitis in members ages 13 and older
HOLTER MONITOR	Defines medical necessity criteria for adults and pediatric populations for 24 to 48 hours of Holter (cardiac) monitoring
HOMOCYSTEINE TESTING	Defines medical necessity requirements for testing levels of homocysteine

THIS UPDATE APPLIES TO ARIZONA PROVIDERS:

- Physicians
- Medical Groups/IPAs
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- Advantage Platinum (HMO)
- Advantage Platinum (PPO, POS)
- Medicare Advantage (HMO)

PROVIDER SERVICES

az\_internetproviderinquiries@healthnet.com  
HMO, PPO, POS, Medicare Advantage – 1-800-289-2818  
Health Insurance Marketplace – 1-888-926-1870  
[www.healthnet.com](http://www.healthnet.com)

NATIONAL PROVIDER COMMUNICATIONS

provider.communications@healthnet.com  
fax 1-800-937-6086

## New Policies, continued

Medical Policy	Policy Statement
<b>DISCOGRAPHY</b>	Defines medical necessity criteria for lumbar discography and notes that cervical and thoracic discography are considered investigational
<b>ADHD ASSESSMENT AND TESTING</b>	Defines services for the assessment and treatment of Attention Deficit Hyperactivity Disorder (ADHD) that are medically necessary, investigational or unproven

## Updated Policies

Medical Policy	Change
<b>TUMOR MARKERS FOR CANCER</b>	Added 4Kscore <sup>®</sup> as investigational
<b>DNA ANALYSIS OF STOOL TO SCREEN FOR COLORECTAL CANCER</b>	Policy revised to allow this test once every three years, as a screening option for colorectal cancer in asymptomatic, average risk individuals ages 50–85
<b>VARICOSE VEINS, SURGICAL INTERVENTIONS</b>	Revised policy to consider Varithena <sup>®</sup> as medically appropriate when criteria are met
<b>OBSTRUCTIVE SLEEP APNEA, SURGICAL TREATMENTS</b>	Added Inspire <sup>®</sup> Upper Airway Stimulation device as investigational
<b>CERVICAL TRACTION</b>	Revised policy to consider home traction therapy investigational subject to line of business and other coverage guidelines
<b>GENDER REASSIGNMENT SURGERY</b>	Replaced the section previously labeled as “Cosmetic Surgery” with “Medically Necessary and Reconstructive Surgery”. Removed references to categorical exclusions and limitations and describes requirements for case-by-case considerations
<b>TESTING FOR DRUGS OF ABUSE</b>	Revised language to reflect current terminology for presumptive and confirmatory/definitive testing

### ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at [AZ\\_InternetProviderInquiries@healthnet.com](mailto:AZ_InternetProviderInquiries@healthnet.com), through the Health Net provider website at [provider.healthnet.com](http://provider.healthnet.com), or by telephone as listed in the right-hand column on page 1.

## Take Advantage of Health Net’s Online Tools!

Visit Health Net’s provider portal directly at [provider.healthnet.com](http://provider.healthnet.com). Once logged in, quickly find and verify member eligibility, copayments, prior authorization requirements, and other plan details for a selected member under *Patient Information*. View his or her transaction status under *Patient History* to find what you need, when you need it.