

# PROVIDER Update



Health Net®

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## Medical Policies – 4th 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 Centene's Corporate Clinical Policy Committee and/or Health Net's Medical Advisory Council (MAC) in the fourth 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*.

As Health Net integrates with Centene, please note that Health Net medical policies are in the process of being replaced with Centene clinical policies, and that they are 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. For Medicare Advantage plans, apply the Medicare national and local policies for primary coverage guidance. All services must be medically necessary to be eligible for benefit coverage, unless otherwise defined in the member's individual benefits contract. The *Evidence of Coverage (EOC) or Certificate of Insurance (COI)* is the portion of the benefits contract that delineates the member's benefits in addition to eligibility requirements, and coverage exclusions and limitations. In some cases, legal or regulatory mandates may be applicable and may prevail over medical policy. To the extent there are any conflicts between medical policy guidelines and applicable benefits contract language, the benefits contract language prevails. Medical policy is not intended to override the member benefits contract 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
COCHLEAR IMPLANT REPLACEMENT	Outlines the medically necessary criteria for cochlear implant replacement and related components
FUNCTIONAL MAGNETIC RESONANCE IMAGING (fMRI)	Describes the medically necessary indications for functional magnetic resonance imaging (fMRI)
NEONATAL ABSTINENCE (NAS) SYNDROME	Describes the level of care for the management of neonatal abstinence syndrome
NEONATAL INTENSIVE CARE UNIT (NICU) DISCHARGE GUIDELINES	Describes the comprehensive discharge planning for an infant from a neonatal intensive care unit (NICU), as applicable

THIS UPDATE APPLIES TO ARIZONA PROVIDERS:

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

LINES OF BUSINESS:

- HMO
- PPO
- CommunityCare HMO
- Centene Corporation Employee Self-Insured PPO Plan
- Medicare Advantage (HMO)
- Ambetter from Health Net (Health Insurance Marketplace)

PROVIDER SERVICES

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

NATIONAL PROVIDER COMMUNICATIONS

[provider.communications@healthnet.com](mailto:provider.communications@healthnet.com)  
fax 1-800-937-6086

**New Policies, continued**

Medical Policy	Policy Statement
<b>NEONATAL SEPSIS MANAGEMENT GUIDELINES</b>	Outlines the inpatient levels of care for the management of neonatal sepsis
<b>OBSTETRICAL (OB) HOME HEALTH PROGRAMS</b>	Describes the criteria considered medically necessary for obstetrical (OB) home health programs offered by vendors such as Alere Women's and Children's Health, LLC (Alere), as applicable
<b>SICKLE CELL DISEASE OBSERVATION</b>	Defines medical necessity for sickle cell disease observation status
<b>URODYNAMIC TESTING</b>	Defines the medical necessity criteria for commonly used urodynamic studies
<b>WHEELCHAIR SEATING</b>	Outlines the indications for special wheelchair seating cushions

**Updated Policy**

Medical Policy	Change
<b>NEOVASCULAR (WET) MACULAR DEGENERATION TREATMENT</b>	Revised policy to reflect the recommendations by the American Academy of Ophthalmology to note that in current practice, patterns support the use of anti-vascular endothelial growth factor (anti-VEGF) monotherapy for patients with newly diagnosed neovascular (wet) age-related macular degeneration (AMD), and suggest that these alternative therapies are rarely needed, yet may be used in unresponsive cases

**Clinical Practice Guidelines**

Medical Policy	Change
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) IN CHILDREN</b>	No major changes. Updated references

**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.

**Discover Helpful Tools to Support Your Office!**

The Provider Library online at [provider.healthnet.com](http://provider.healthnet.com) allows participating providers to quickly access pertinent information to assist in their everyday interaction with Health Net. The Provider Library includes operations manuals, communications (updates and letters), Online News articles, forms, Health Net contact information, and more.