

Prior Authorization Requirements



Health Net of California, Inc. and Health Net Life Insurance Company

- *Direct Network¹ HMO (including CommunityCare HMO), Point of Service (POS) Tier 1 and Medicare Advantage (MA) HMO*
- *EPO*
- *Health Care Service Plan (HSP)*
- *CommunityCare HMO participating physician groups (PPGs)*
- *POS Tiers 2 and 3 (Elect, Select and Open Access)*
- *PPO, out-of-state PPO², MA PPO, and Flex Net product*

The following services, procedures or equipment are subject to prior authorization requirements (unless noted as notification required only), as indicated by “X” under the applicable line of business. If “X” is not present, prior authorization may not be required, or the service, procedure or equipment may not be a covered benefit. When faxing a request, please attach pertinent medical records, treatment plans, test results, and evidence of conservative treatment to support the medical appropriateness of the request. All services are subject to benefit plan coverage limitations, members must be eligible, and medical necessity must exist for any plan benefit to be a covered service irrespective of whether or not prior authorization is required.

This prior authorization list contains services that require prior authorization only and is not intended to be a list of covered services. The member’s *Evidence of Coverage (EOC)* or *Certificate of Insurance (COI)* provides a complete list of covered services. *EOCs* and *COIs* are available to members on the member portal at www.healthnet.com or in hard copy on request. Providers may obtain a copy of a member’s *EOC* or *COI* by requesting it from **Health Net Provider Services**.

Unless noted differently, all services listed below require prior authorization from Health Net. Refer to **prior authorization contacts** on page 7 for submission information. Providers can refer to the member’s Health Net identification (ID) card to confirm product type.

For MA PPO plans, prior authorization is recommended, but not required, for in-network coverage only.

Select lines of business are abbreviated as follows: CommunityCare HMO is CC; CommunityCare HMO PPGs is CC PPGs; POS Tiers 1, 2 and 3 are POS T1, POS T2, POS T3; out-of-state PPO is OOS PPO.

INPATIENT SERVICES							
		Commercial				Medicare	
		HMO, CC, HSP, POS T1, EPO	CC PPGs	POS T2, POS T3	PPO, OOS PPO, Flex Net	MA HMO	MA PPO
Acute rehabilitation		X	X	X	X	X	X
Behavioral health or substance abuse facility	Authorized by MHN	X	X			X	X
	Authorized by Health Net			X	X		

INPATIENT SERVICES, CONTINUED

		Commercial				Medicare	
		HMO, CC, HSP, POS T1, EPO	CC PPGs	POS T2, POS T3	PPO, OOS PPO, Flex Net	MA HMO	MA PPO
Hospice	For MA HMO and MA PPO, covered under Original Medicare	X	X	X	X		
Hospital		X	X	X	X	X	X
Skilled nursing facility		X	X	X	X	X	X
Urgent/emergent admissions	<ul style="list-style-type: none"> • Notification required only, as soon as possible, but no later than 24 hours or by the next business day • Send notification to Hospital Notification Unit 	X	X	X	X	X	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT

Ambulance	Non-emergency air or ground transportation	X	X*	X	X	X	X
Applied behavioral analysis (ABA) and other forms of behavioral health treatment (BHT) for autism and pervasive developmental disorders	<ul style="list-style-type: none"> • Requires notification, certification of diagnosis and treatment plan for the first 6 months of treatment; after 6 months, prior authorization is required for determination of ongoing medical necessity • For HMO, CC, HSP, POS T1, EPO, CC PPGs – Contact MHN • For POS T2, POS T3, PPO, OOS PPO, Flex Net – Contact Health Net 	X	X	X	X		
Back surgery	Includes laminotomy, discectomy, vertebroplasty, and nucleoplasty	X	X*	X	X	X	X
Bariatric procedures	<ul style="list-style-type: none"> • Surgical procedure • CommunityCare PPGs – bariatric surgeries and transplants must be performed through Health Net's designated bariatric or transplantation specialty network, respectively 	X	X*	X	X	X	X
Behavioral health and substance abuse services	<ul style="list-style-type: none"> • Authorized by MHN • Includes neuropsych testing ordered by a psychiatrist • Prior authorization not required for office visits 	X	X			X	X
Blepharoplasty (includes brow ptosis)	Surgical procedure	X	X*	X	X	X	X
Breast reduction and augmentation	Surgical procedure	X	X*	X	X	X	X
Chiropractic care and acupuncture visits	<ul style="list-style-type: none"> • Prior authorization not required for initial evaluation • Contact ASH 	X	X	X		X	X
Chondrocyte implants		X	X*	X	X	X	X

*Subject to prior authorization from the Health Net CommunityCare PPG.

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Commercial				Medicare	
		HMO, CC, HSP, POS T1, EPO	CC PPGs	POS T2, POS T3	PPO, OOS PPO, Flex Net	MA HMO	MA PPO
Cleft palate reconstruction	<ul style="list-style-type: none"> • Surgical procedure • Includes dental and orthodontic services 	X	X*	X	X		
Clinical trials	<ul style="list-style-type: none"> • Authorized by Health Net for OOS PPO members • For MA HMO and MA PPO, covered under Original Medicare 	X	X	X	X		
Cochlear implants		X	X*	X	X	X	X
Custom orthotics		X	X*	X	X	X	X
Dermatology (in-office procedures)	<ul style="list-style-type: none"> • Includes: <ul style="list-style-type: none"> ○ chemical exfoliation, electrolysis (17360-17380) ○ dermabrasion/chemical peel (15780-15793) ○ laser treatment (17106-17108) ○ skin injections and implants (11900-11980) 	X	X*	X	X	X	X
Durable medical equipment	<ul style="list-style-type: none"> • Includes: <ul style="list-style-type: none"> ○ bone growth stimulator ○ continuous positive airway pressure (CPAP); refer members to Apria Healthcare ○ custom-made items ○ hospital beds ○ power wheelchairs ○ scooters 	X	X	X	X	X	X
Enhanced external counterpulsation (EECP)		X	X*	X	X	X	X
Excision, excessive skin and subcutaneous tissue (including lipectomy) of the abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas		X	X*	X	X	X	X
Experimental/investigational services and new technologies	<ul style="list-style-type: none"> • Includes, but is not limited to, those listed in the Investigational Procedures List located on the Health Net provider website at provider.healthnet.com > <i>View our Medical Policies > Investigational Procedure List</i> • Authorized by Health Net for OOS PPO members 	X	X	X	X	X	X
Genetic testing		X	X*	X	X	X	X
Liposuction		X	X*	X	X	X	X

*Subject to prior authorization from the Health Net CommunityCare PPG.

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Commercial				Medicare	
		HMO, CC, HSP, POS T1, EPO	CC PPGs	POS T2, POS T3	PPO, OOS PPO, Flex Net	MA HMO	MA PPO
Mastectomy for gynecomastia	Surgical procedure	X	X*	X	X	X	X
Maternity	Notification required only at time of first prenatal visit	X	X	X	X	X	X
Neuro and spinal cord stimulators		X	X*	X	X	X	X
Neuropsych testing					X		
Occupational and speech therapy	<ul style="list-style-type: none"> Includes home setting Authorized by Health Net for OOS PPO members 	X	X*	X	X	X	X
Orthognathic procedures	<ul style="list-style-type: none"> Includes TMJ treatment Surgical procedure 	X	X*	X	X	X	X
Otoplasty		X	X*	X	X	X	X
Outpatient diagnostic procedures^{3,4}	<ul style="list-style-type: none"> For HMO, CC, HSP, EPO, PPO, OOS PPO, Flex Net, MA HMO, MA PPO – authorized by eviCore healthcare; includes: <ul style="list-style-type: none"> computed tomography (CT) cardiac catheterization echocardiography magnetic resonance angiography (MRA) magnetic resonance imaging (MRI) nuclear cardiac imaging procedures positron-emission tomography (PET) sleep studies For POS T1, T2, T3 – authorized by Health Net; includes: <ul style="list-style-type: none"> CT MRA MRI PET single photon emission computed tomography (SPECT) 	X	X*	X	X	X	X
Outpatient physical therapy	<ul style="list-style-type: none"> Visits exceeding 12 Includes home setting Authorized by Health Net for OOS PPO members 	X	X*	X	X	X	X
Panniculectomy		X	X*	X	X	X	X
Prosthetics	Applies to items exceeding \$2,500 in billed charges	X	X	X	X	X	X

*Subject to prior authorization from the Health Net CommunityCare PPG.

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Commercial				Medicare	
		HMO, CC, HSP, POS T1, EPO	CC PPGs	POS T2, POS T3	PPO, OOS PPO, Flex Net	MA HMO	MA PPO
Radiation therapy	<ul style="list-style-type: none"> • Authorized by eviCore healthcare for EPO, HSP, PPO, OOS PPO, Flex Net, MA HMO, and MA PPO (Health Net will continue to review for HMO and CC until approval received from Department of Managed Healthcare (DMHC)) • For POS T1, T2, T3 only, limited to: <ul style="list-style-type: none"> ○ intensity modulated radiation therapy (IMRT) ○ proton beam therapy ○ stereotactic radiosurgery and stereotactic body radiotherapy (SBRT) • For POS T1, T2, T3 only, authorized by Health Net 	X	X*	X	X	X	X
Referrals to nonparticipating providers		X	X			X	
Rhinoplasty	Surgical procedure	X	X*	X	X	X	X
Septoplasty	Surgical procedure	X	X*	X	X	X	X
Total joint replacements	<ul style="list-style-type: none"> • Includes hip, knee and shoulder • Not covered by Medicare in outpatient setting 	X	X*	X	X		
Transgender services		X	X*	X		X	X
Transplant-related services	<ul style="list-style-type: none"> • Includes evaluation • Authorized by Health Net for OOS PPO members 	X	X	X	X	X	X
Treatment of varicose veins	Surgical procedure	X	X*	X	X	X	X
Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP	Surgical procedure	X	X*	X	X	X	X
Vermilionectomy (lip shave), with mucosal advancement		X	X*	X	X	X	X
Vestibuloplasty		X	X*	X	X	X	X
X-STOP		X	X*	X	X	X	X
OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT CLAIMS)							
Self-injectables⁵	Authorized by HNPS	X	X	X	X	X	X
Remodulin[®]	Authorized by HNPS					X	X
Hemophilia factors	<ul style="list-style-type: none"> • Authorized by Health Net • Coram is Health Net's preferred provider 	X	X	X	X	X	X

*Subject to prior authorization from the Health Net CommunityCare PPG.

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT CLAIMS), CONTINUED

		Commercial				Medicare		
		HMO, CC, HSP, POS T1, EPO	CC PPGs	POS T2, POS T3	PPO, OOS PPO, Flex Net	MA HMO	MA PPO	
<ul style="list-style-type: none"> • Aranesp[®] • Entyvio[™] • Lucentis[®] 	<ul style="list-style-type: none"> • Makena[™] • Synagis[®] 	Authorized by HNPS	X	X	X	X		
<ul style="list-style-type: none"> • Botox[®] • Dysport[®] • Ilaris[®] • Lemtrada[®] • Myobloc[®] • Nplate[®] • Prolastin[®] 	<ul style="list-style-type: none"> • Provenge[®] • Stelara[®] • Ventavis[®] • Xeomin[®] • Xiaflex[®] • Xolair[®] 	Authorized by HNPS	X	X	X	X	X	
<ul style="list-style-type: none"> • Mircera[®] 	<ul style="list-style-type: none"> • Cosentyx[®] 	Authorized by HNPS	X	X	X	X		
<ul style="list-style-type: none"> • Actemra[®] • Aldurazyme[®] • Aralast[®] • Benlysta[®] • Ceredase[®] • Cerezyme[®] • Cinryze[®] • Fabrazyme[®] • Glassia[™] • Immune globulin • Krystexxa[®] • Lumizyme[®] • Myozyme[®] 	<ul style="list-style-type: none"> • Naglazyme[®] • Orencia[®] • Radiesse[®] • Remicade[®] • Rituxan[®] (non-oncology only) • Sculptra[®] • Simponi[®] • Aria[™] • Soliris[®] • Tysabri[®] • Vpriv[™] • Zemaira[®] 	<ul style="list-style-type: none"> • Immune globulin requests – authorized by Health Net <ul style="list-style-type: none"> ○ Examples: Intravenous immunoglobulin (IVIG), Hizentra[®], HYQVIA • Services performed in all settings (except outpatient hospitals) – authorized by HNPS <ul style="list-style-type: none"> ○ Services performed in outpatient hospitals for commercial members – authorized by Health Net ○ Services performed in outpatient hospitals for Medicare members – authorized by HNPS • Coram is Health Net's preferred provider 	X	X	X	X	X	X

¹ Direct Network refers to Health Net's directly contracting network for HMO, CommunityCare HMO, HSP, POS Tier 1 and MA HMO products.

² Out-of-state PPO is administered by First Health, unless noted otherwise.

³ Not required for any services provided to Stanford students at Stanford Hospital and Clinics, Lucille Salter Packard Children's Hospital and Clinics, Lucille Packard Children's Hospital Medical Group, and University Healthcare Alliance (formerly Menlo Clinic). Radiology services listed that are performed at other locations are authorized by Health Net.

⁴ For Stanford dependents, authorizations must be sent to Health Net.

⁵ Self-injectables are not covered under Medicare Part B.

Prior Authorization Contacts

Listed below are contact numbers for requesting prior authorization via telephone and fax. Also included is contact information for commonly requested Health Net departments and Health Net preferred providers that may receive prior authorization requests. Select lines of business are abbreviated as follows: CommunityCare is CC; CommunityCare PPGs is CC PPGs; POS Tiers 1, 2 and 3 are POS T1, POS T2, POS T3; out-of-state PPO is OOS PPO.

CONTACTS								
		Commercial					Medicare	
		HMO, CC, HSP, EPO	CC PPGs	POS T1, POS T2, POS T3	PPO, Flex Net	OOS PPO	MA HMO	MA PPO
Prior authorization request	1-800-977-7282 fax: 1-800-793-4473 or 1-800-672-2135 Online submission: provider.healthnet.com	X	X	X	X		X	X
Fax line to submit additional clinical information	1-800-440-4425	X	X	X	X		X	X
Prior authorization request – administered by First Health	1-866-214-8701					X		
Fax line to submit additional clinical information – administered by First Health	(724) 741-7307					X		
Health Net Provider Services (for provider status, member eligibility and benefits, member EOC/COI inquiry)	provider.healthnet.com; 1-800-641-7761 email: provider_services@healthnet.com provider.healthnet.com; 1-800-929-9224	X	X	X	X	X		
Health Net Hospital Notification Unit	1-800-995-7890; fax: 1-800-676-7969	X	X	X	X	X	X	X
MHN (behavioral health provider)	1-888-426-0030	X	X	X			X	X
eviCore healthcare	Outpatient diagnostic procedures: 1-888-693-3211; fax: 1-888-693-3210 www.medsolutionsonline.com Radiation therapy: 1-888-693-3211 (faxed requests not accepted) or www.carecorenational.com	X			X	X	X	X
Health Net Pharmaceutical Services (HNPS)	1-800-548-5524; fax: 1-800-314-6223	X	X	X	X	X	X	X
Apria Healthcare (for continuous positive airway pressure (CPAP))	1-800-277-4288	X	X	X	X	X	X	X
Coram Specialty Infusion Services (preferred home infusion provider)	1-877-328-5724; fax: 1-866-776-6815	X	X	X	X	X	X	X
American Specialty Health (ASH) Plans	1-800-972-4226 1-800-678-9133	X	X	X	X		X	X