

Effective: August 11, 2020

Prior Authorization Requirements



Health Net®

California

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

The following services, procedures and 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 10 for submission information. Providers can refer to the member’s Health Net identification (ID) card to confirm product type.

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.

To confirm whether a specific code requires authorization for Individual or Medicare plans go to provider.healthnet.com > *Working with Health Net* > *Services Requiring Prior Authorization* > *California*, select the product under *Online Prior Authorization Validation Tools* and follow the prompts.

Application of authorization requirement changes to EPO, PPO, OOS PPO and Flex Net are based on group renewal date. Contact Health Net to confirm whether specific services require prior authorization for Group plans.

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| | | Commercial | | | | Medicare |
|--|--|-------------------------|------------|-------------------|-----------------------------------|----------|
| | | HMO, CC, HSP, POS T1 | CC PPGs | POS T2, POS T3 | EPO, PPO, OOS PPO, Flex Net | MA HMO |
| INPATIENT SERVICES | | | | | | |
| Behavioral health or substance abuse facility | Authorized by MHN or Health Net check member's ID card for contact information | X | X | X | X | X |
| Hospice | For MA HMO: notification required only. Covered under Original Medicare | X | X | X | X | X |
| Hospital | <ul style="list-style-type: none"> Acute inpatient admission, inpatient rehabilitation, Long-Term Acute Care Hospital (LTAC) Commercial: Musculoskeletal procedures authorized by TurningPoint Healthcare Solutions, LLC Medicare: Authorized by Health Net | X | X | X | X | X |
| Skilled nursing facility | | X | X | X | X | X |
| Urgent/emergent admission | <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 |
| OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT | | | | | | |
| Ablative techniques for treating Barrett's esophagus and for treatment of primary and metastatic liver malignancies | | X | X | X | X | X |
| Abortion | | | | | | X |
| Ambulance | Non-emergency air transportation | X | X* | X | X | X |
| | Non-emergency ground transportation | X | X* | X | X | |
| Applied behavioral analysis (ABA) and other forms of behavioral health treatment (BHT) for autism and pervasive developmental disorders | Authorized by MHN or Health Net . Check member's ID card for contact information | X | X | X | | |
| Balloon sinuplasty | | X | X* | X | X | |
| Bariatric procedures | <ul style="list-style-type: none"> Surgical procedure Bariatric surgeries and transplants must be performed through Health Net's designated bariatric or transplantation specialty network, respectively | X | X* | X | X | X |

| | | Commercial | | | | Medicare |
|--|--|-------------------------|------------|-------------------|-----------------------------------|----------|
| | | HMO, CC, HSP, POS T1 | CC PPGs | POS T2, POS T3 | EPO, PPO, OOS PPO, Flex Net | MA HMO |
| OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED | | | | | | |
| Behavioral health and substance abuse | <ul style="list-style-type: none"> • Authorized by MHN • Includes, but not limited to, neuropsych testing ordered by a psychiatrist • Prior authorization not required for office visits | X | X | X | | X |
| Bronchial thermoplasty | | X | | X | X | X |
| Capsule endoscopy | | X | X* | X | X | X |
| Chiropractic care and acupuncture visits | <ul style="list-style-type: none"> • Prior authorization not required for initial evaluation • Contact American Specialty Health Plans, Inc. (ASH Plans) | X | X | X | | X |
| Clinical trials | For MA HMO, covered under Original Medicare; Notification required only | X | X | X | X | X |
| Cochlear implants | | 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 |
| Diagnostic procedures^{2,3} | Authorized by National Imaging Associates, Inc. (NIA) | X | X | X | X | |
| Advanced imaging: | Authorized by Health Net | | | | | X |
| <ul style="list-style-type: none"> • computed tomography (CT)/computed tomography angiography (CTA) • magnetic resonance imaging (MRI)/magnetic resonance angiography (MRA) • positron emission tomography (PET) scan | | | | | | |

*Subject to prior authorization from the Health Net Community Care PPG.

| | | Commercial | | | | Medicare |
|--|--|----------------------|---------|----------------|-----------------------------|----------|
| | | HMO, CC, HSP, POS T1 | CC PPGs | POS T2, POS T3 | EPO, PPO, OOS PPO, Flex Net | MA HMO |
| OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED | | | | | | |
| Diagnostic procedures^{2,3}, continued | Authorized by National Imaging Associates, Inc. (NIA) | X | X | X | X | |
| Cardiac imaging: | Authorized by Health Net | | | | | X |
| <ul style="list-style-type: none"> • coronary computed tomography angiography (CCTA) • myocardial perfusion imaging (MPI) • multigated acquisition (Muga) scan • stress echocardiography • transthoracic echocardiography (TTE) • transesophageal echocardiography (TEE) | | | | | | |
| Drug testing | Prior authorization required for all quantitative tests for drugs of abuse | X | | X | | X |
| Durable medical equipment (DME) | <ul style="list-style-type: none"> • Includes: <ul style="list-style-type: none"> - bilevel positive airway pressure (BiPAP); refer members to Apria Healthcare - bone growth stimulator - continuous positive airway pressure (CPAP); refer members to Apria Healthcare - custom-made items, including custom wheelchairs - hospital beds and mattresses - power wheelchairs and accessories - scooters - ventilators | X | X | X | X | X |
| | <ul style="list-style-type: none"> • Includes: <ul style="list-style-type: none"> - continuous glucose monitoring - infusion pumps - lift devices, including Hoyer - oxygen - TENS units - wound vacuum | | | | | X |
| Enhanced external counterpulsation (EECP) | | X | X* | X | X | X |

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| | | Commercial | | | | Medicare |
|---|--|----------------------|---------|----------------|-----------------------------|----------|
| | | HMO, CC, HSP, POS T1 | CC PPGs | POS T2, POS T3 | EPO, PPO, OOS PPO, Flex Net | MA HMO |
| OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED | | | | | | |
| Experimental/investigational services and new technologies | 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>Working with Health Net</i> > <i>Clinical</i> > <i>Medical Policies</i> > <i>Investigational Procedure List</i> | X | X | X | X | X |
| Gender reassignment services (Transgender services) | | X | X* | X | | X |
| Genetic testing | Includes counseling | X | X* | X | X | X |
| Home health services | Commercial members: Refer to Occupational and speech therapy and Physical therapy – Commercial sections | | | | | X |
| Hospice | Notification required only ; covered under Original Medicare | | | | | X |
| Hyperbaric oxygen therapy | | | | | | X |
| Implantable pain pumps | Authorized by TurningPoint Healthcare Solutions, LLC | | | | X | |
| Infertility | Includes drug therapy, testing and treatment | | | | | X |
| Joint surgeries | Commercial: Authorized by TurningPoint Healthcare Solutions, LLC Medicare: Authorized by Health Net | X | X* | X | X | X |
| Maternity | Notification required only at time of first prenatal visit | X | X | X | X | X |
| Neuro and spinal cord stimulators | Commercial: Authorized by TurningPoint Healthcare Solutions, LLC Medicare: Authorized by Health Net | X | X* | X | X | X |
| Neuropsych testing | Authorized by MHN or Health Net . Check member's ID card for contact information | X | X* | X | | X |
| Observation stay | Prior authorization required if over 48 hours | | | | | X |
| Occupational and speech therapy | Includes home setting | X | X* | X | X | X |
| Orthognathic procedures | <ul style="list-style-type: none"> Includes TMJ treatment Surgical procedure | X | X* | X | X | X |

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| | | Commercial | | | | Medicare |
|--|---|----------------------|---------|----------------|-----------------------------|----------|
| | | HMO, CC, HSP, POS T1 | CC PPGs | POS T2, POS T3 | EPO, PPO, OOS PPO, Flex Net | MA HMO |
| OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED | | | | | | |
| Orthotics | <ul style="list-style-type: none"> • Custom-made orthotics | X | X | X | X | |
| | <ul style="list-style-type: none"> • Design, construction, and attachment of artificial limbs or other systems | | | | | X |
| Pain management | <ul style="list-style-type: none"> • Includes: <ul style="list-style-type: none"> - epidural injections - facet injections - median branch block - radio frequency ablation • Also refer to trigger point and sacroiliac joint injection (SI) | | | | | X |
| Physical therapy – Commercial | <ul style="list-style-type: none"> • Visits exceeding 12 • Includes home setting | X | X* | X | X | |
| Physical therapy – Medicare | Includes home setting | | | | | X |
| Prosthetics | Applies to items exceeding \$2,500 in billed charges | X | X | X | X | |
| | Design, construction, and attachment of artificial limbs or other systems | | | | | X |
| Radiation therapy | <ul style="list-style-type: none"> • For HMO, CC, HSP, EPO, PPO, OOS PPO, Flex Net – Authorized by eviCore healthcare • For POS T1, T2, T3 and MA HMO – Authorized by Health Net; limited to: <ul style="list-style-type: none"> - intensity modulated radiation therapy (IMRT) - neutron beam therapy - proton beam therapy - stereotactic radiosurgery and stereotactic body radiotherapy (SBRT) | X | X* | X | X | X |

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| | | Commercial | | | | Medicare |
|---|--|-------------------------|------------|-------------------|-----------------------------------|----------|
| | | HMO, CC, HSP, POS T1 | CC PPGs | POS T2, POS T3 | EPO, PPO, OOS PPO, Flex Net | MA HMO |
| OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED | | | | | | |
| Reconstructive and cosmetic surgery, services and supplies – Commercial and Medicare | <p>Surgery, services, and supplies, including, but not limited to:</p> <ul style="list-style-type: none"> • Bone alteration or reshaping, such as osteoplasty • Breast reduction and augmentation except when following a mastectomy (includes for gynecomastia or macromastia) • Dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures. Cleft palate includes cleft palate, cleft lip or other craniofacial anomalies associated with cleft palate. • Excision, excessive skin and subcutaneous tissue (including lipectomy and panniculectomy) of the abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas. • Eye or brow procedures, such as blepharoplasty, brow ptosis or canthoplasty • Hair electrolysis, transplantation or laser removal • Lift, such as arm, body, face, neck, thigh • Liposuction • Nasal surgery, such as rhinoplasty or septoplasty • Otoplasty • Penile implant • Treatment of varicose veins | X | X* | X | X | X |
| Reconstructive and cosmetic surgery, services and supplies – Commercial | <p>Services, and supplies, including, but not limited to:</p> <ul style="list-style-type: none"> • Gynecologic or urology procedures, such as clitoroplasty, labioplasty, vaginal rejuvenation, scrotoplasty, testicular prosthesis, and vulvectomy • Vermilionectomy with mucosal advancement | X | X* | X | X | |
| Referrals to nonparticipating providers | Does not apply to POS T2, POS T3, PPO, OOS PPO, Flex Net | X | X | | X | X |

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| | | Commercial | | | | Medicare |
|--|---|----------------------|---------|----------------|-----------------------------|----------|
| | | HMO, CC, HSP, POS T1 | CC PPGs | POS T2, POS T3 | EPO, PPO, OOS PPO, Flex Net | MA HMO |
| OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED | | | | | | |
| Sleep studies | Commercial: Authorized by eviCore healthcare | X | X* | | | |
| | MA HMO: Authorized by Health Net | | | | | X |
| Spinal surgery | <ul style="list-style-type: none"> Includes, but is not limited to, laminotomy, fusion, discectomy, vertebroplasty, nucleoplasty, stabilization, and X-Stop Commercial: Authorized by TurningPoint Healthcare Solutions, LLC Medicare: Authorized by Health Net | X | X* | X | X | X |
| Transplant | <ul style="list-style-type: none"> All transplant evaluations and procedures, including, but not limited to, evaluation, transplant consult visits, donor search, and transplant procedure. Transplants must be performed through Health Net's designated transplantation specialty network | X | X | X | X | X |
| Trigger point and sacroiliac (SI) joint injections | Refer to Pain Management | X | X* | X | X | X |
| Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP | Surgical procedure | X | X* | X | X | X |
| Vestibuloplasty | Surgical procedure | X | X* | X | X | |
| OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT) | | | | | | |
| Hemophilia factors | <ul style="list-style-type: none"> Authorized by Health Net's pharmacy benefit manager (PBM) AcariaHealth™ is Health Net's preferred provider | X | X | X | X | X |
| Medications newly approved by the U.S. Food and Drug Administration (FDA) | Newly approved medications may require prior authorization. Contact Health Net's PBM to confirm whether a specific new medication requires prior authorization | X | X | X | X | X |
| Cimzia,® Quzyttir™ | Authorized by Health Net's PBM | | | | | X |
| Self-injectables⁴ | Authorized by Health Net's PBM | X | X | X | X | X |
| Testosterone therapy | Authorized by Health Net's PBM | X | X | X | X | |

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| | | | Commercial | | | | Medicare |
|--|--|--|-------------------------|------------|-------------------|-----------------------------------|----------|
| | | | HMO, CC, HSP, POS T1 | CC PPGs | POS T2, POS T3 | EPO, PPO, OOS PPO, Flex Net | MA HMO |
| OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT), CONTINUED | | | | | | | |
| <ul style="list-style-type: none"> • Aliqopa™ • Azedra® • Beovu® • Besponsa® • Blincyto® • Cosentyx® • Elelyso® • Erbitux® • Faslodex® • Foloty® • Kanuma® • Lutathera® • Mozobil® • Ozurdex® | <ul style="list-style-type: none"> • Panhematin® • Polivy™ • Retisert® • Revcovi™ • Sublocade™ • Sustol® • Synagis® • Synribo® • Triptodur® • Vectibix® • Vidaza® • Vyondys 53® • Yutiq™ • Zaltrap® | Authorized by Health Net's PBM | X | X | X | X | |
| <ul style="list-style-type: none"> • Actemra® • Adakveo® • Adcetris® • Aldurazyme® • Aralast® • Aranesp® • Asparlas™ • Bavencio® • BCG Intravesical • Belrapzo™ • Bendeka® • Benlysta® • Bevacizumab agents (non-ophthalmologist only) • Botox® • Brineura™ • CAR-T • Cerezyme® • Cinqair® • Cinryze® | <ul style="list-style-type: none"> • Crysvita® • Cyramza® • Darzalex® • Dupixent® • Durolane® • Dysport® • Elaprase® • Elzonris® • Empliciti® • Entyvio™ • Evenity® • Exondys 51™ • Eylea® • Fabrazyme® • Fasenra™ • Gamifant® • Gelsyn™ • Givlaari® • Glassia™ • H.P. Acthar® Gel • Hyalgan® | <ul style="list-style-type: none"> • Authorized by Health Net's PBM • Coram is Health Net's preferred infusion provider • Bevacizumab agents includes Avastin® • Biosimilars to listed drugs require authorization • Immune globulin examples include: intravenous immunoglobulin (IVIG), Hizentra®, HYQVIA • Remicade (includes all infliximab products) • Rituxan (includes all rituximab products) • Trastuzumab agents examples include Herceptin®, Herceptin Hylecta™, Kadcyla®, Kanjinti™, Ogivri™, Ontruzant®, Trazimera™, Herzuma® | X | X | X | X | X |

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| | Commercial | | | | Medicare |
|---|----------------------|---------|----------------|-----------------------------|----------|
| | HMO, CC, HSP, POS T1 | CC PPGs | POS T2, POS T3 | EPO, PPO, OOS PPO, Flex Net | MA HMO |
| OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT), CONTINUED | | | | | |
| <ul style="list-style-type: none"> • Iluvien® • Imfinzi® • Immune globulin • Inflectra™ • Keytruda® • Krystexxa® • Kymriah™ • Kyprolis® • Lemtrada® • Levoleucovorin (Fusilev®, Khapzory™) • Libtayo® • Lucentis® • Lumizyme® • Lumoxiti® • Lupron Depot-Ped® • Luxturna™ • Macugen® • Mepsevii™ • Mircera® • Mylotarg™ • Myobloc® • Myozyme® • Naglazyme® • Nplate® • Nucala® • Nuzyra® • Ocrevus™ • Oncaspar® • Onpattro™ • Opdivo® • Orencia® • Perjeta® • Poteligeo® • Prevymis™ • Probuphine® • Prolastin® • Prolia® • Provenge® • Radicava™ • Radiesse® • Remicade® • Remodulin® • Renflexis™ • Rituxan Hycela™ • Rituxan® (non-oncology only) • Sandostatin® LAR kit • Sculptra® • Sensipar® • Simponi® Aria™ • Sinuva® • Soliris® • Somatuline® Depot • Spinraza™ • Stelara® • Synjoynt™ • Takhzyro™ • Tecentriq® • trastuzumab agents • Triluron™ • TriVisc® • Trogarzo™ • Tysabri® • Ultomiris™ • Ventavis® • Vimizim® • viscosupplementation agents • Visudyne® • Vpriv™ | | | | | |

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| | Commercial | | | | Medicare |
|---|---|------------|-------------------|-----------------------------------|----------|
| | HMO, CC, HSP, POS T1 | CC PPGs | POS T2, POS T3 | EPO, PPO, OOS PPO, Flex Net | MA HMO |
| OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT), CONTINUED | | | | | |
| <ul style="list-style-type: none"> • Xeomin[®] • Xgeva[®] • Xiaflex[®] • Xolair[®] • Yescarta[™] | <ul style="list-style-type: none"> • Zemaira[®] • Zemdri[™] • Zilretta[™] • Zinplava[™] • Zolgensma[®] | X | X | X | X |

*Subject to prior authorization from the Health Net Community Care PPG.

Prior Authorization Contacts

If members have questions regarding the prior authorization list or requirements, refer to the member services number listed on their identification card. Listed below are contact numbers for requesting prior authorization. Also included is contact information for commonly requested Health Net departments and Health Net preferred providers that may receive prior authorization requests. Requests should be submitted to Health Net via fax. The Health Net Request for Prior Authorization form must be completed in its entirety and include sufficient clinical information or notes to support medical necessity for services that are requested.

| | | Commercial | | | | | Medicare |
|------------------------------------|--|-------------------|---------|------------------------|---------------|---------|----------|
| | | HMO, CC, HSP, EPO | CC PPGs | POS T1, POS T2, POS T3 | PPO, Flex Net | OOS PPO | MA HMO |
| CONTACTS | | | | | | | |
| Prior authorization request | 1-800-977-7282; fax: 1-800-793-4473 Online submission: provider.healthnet.com <ul style="list-style-type: none"> Employer group MA HMO Employer group HMO, PPO, EPO Point of Service (POS) | X | X | X | X | X | X |
| | Fax: 1-844-501-5713 Online submission: provider.healthnetcalifornia.com <ul style="list-style-type: none"> Individual MA HMO and Special Needs Plan (SNP) (does not apply to MA HMO employer groups) | | | | | | X |
| | Fax: 1-844-694-9165 Online submission: provider.healthnetcalifornia.com <ul style="list-style-type: none"> IFP CommunityCare HMO IFP PureCare HSP PPO Individual and Family IFP EnhancedCare PPO IFP PureCare One EPO | X | | | X | | |
| Hospital Notification Unit | 1-800-995-7890; fax: 1-800-676-7969 <ul style="list-style-type: none"> Employer group MA HMO Employer group HMO, PPO, EPO Point of Service (POS) | X | X | X | X | X | X |
| | Fax: 844-825-8045 <ul style="list-style-type: none"> Individual MA HMO and Special Needs Plan (SNP) (does not apply to MA HMO employer groups) | | | | | | X |
| | Fax: 844-760-8992 <ul style="list-style-type: none"> IFP CommunityCare HMO IFP PureCare HSP PPO Individual and Family IFP EnhancedCare PPO IFP PureCare One EPO | X | | | X | | |

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| | | Commercial | | | | | Medicare |
|--|---|-------------------|---------|------------------------|---------------|---------|----------|
| | | HMO, CC, HSP, EPO | CC PPGs | POS T1, POS T2, POS T3 | PPO, Flex Net | OOS PPO | MA HMO |
| 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 | X | X | X | X | X | |
| | provider.healthnet.com; 1-800-929-9224 | | | | | | X |
| MHN (behavioral health provider) eviCore healthcare | 1-888-426-0030 Sleep studies (Does not apply to EPO, PPO, Flex Net): 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 | X |
| National Imaging Associates, Inc. (NIA) (for advanced imaging requests) | 1-800-424-4802 Online submission: www.radMD.com | X | X | X | X | X | |
| Health Net's pharmacy benefit manager (PBM) | 1-800-548-5524; fax: 1-800-314-6223 | X | X | X | X | X | X |
| Apria Healthcare (CPAP and BiPAP) | 1-800-277-4288 | X | X | X | X | X | X |
| AcariaHealth (preferred hemophilia provider) | 1-844-538-4661 (Commercial) 1-844-515-0163 (Medicare) fax: 1-844-750-0827 | 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 |
| American Specialty Health Plans, Inc. (ASH Plans) | 1-800-972-4226 | X | X | X | | | |
| | 1-800-678-9133 | | | | | | X |
| TurningPoint Healthcare Solutions, LLC (for musculoskeletal requests) | 1-855-332-5898 fax: (949) 774-2254 www.myturningpoint-healthcare.com. email: centenecaum@turningpoint-healthcare.com | 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 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.

³ For Stanford dependents, authorizations must be sent to Health Net.

⁴ Self-injectables are not covered under Medicare Part B.