

Effective: August 11, 2020

Prior Authorization Requirements



Health Net[®]
COMMUNITY SOLUTIONS

California

Medi-Cal Los Angeles County Department of Health Services (LA-DHS) Participating Physician Groups

The following services, procedures and equipment are subject to prior authorization requirements (unless noted as notification required only). 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.

The procedures, services and equipment listed apply to pediatric members under age 21, and adult members ages 21 and over. Providers should also refer to **Limitations and Exclusions** on page 5, in addition to **sensitive, confidential or other services that do not require prior authorization** for Medi-Cal members on page 6. Refer to **Prior Authorization Contacts** on page 4 for submission information.

INPATIENT SERVICES¹

All elective admissions to skilled nursing facilities (SNFs)

Long-term care nursing facility admissions

- Applies to Los Angeles residents under the Medi-Cal benefit program
- Contact the **Health Net* Long-Term Care Intake Line**

Elective medical or surgical admissions to non-LA-DHS hospitals²

Includes:

- acute care facilities
- acute or sub-acute rehabilitation

Emergency hospitalizations and continuing stays at non-LA-DHS hospitals once emergency stabilization is complete

Contact the **Health Net Hospital Notification Unit**

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT

All referrals to out-of-network providers (non-LA-DHS clinics or hospitals)

Prior authorization not required for self-referred services allowed under the Medi-Cal plan for family planning, pregnancy termination, HIV counseling and testing, immunizations at the local health department (LHD), and sexually transmitted infections (STIs)

¹ Medically necessary procedures performed during acute inpatient hospitalization are included under the inpatient prior authorization (excluding experimental and investigational procedures).

² Medically necessary procedures performed in emergency situations do not require prior authorization.

² Non-LA-DHS hospitals include hospitals and clinics in Antelope Valley.

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OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

Ambulance	Non-emergency air transportation
Acupuncture	Contact American Specialty Health Plans, Inc. (ASH Plans)
Behavioral health (outpatient services)	<ul style="list-style-type: none"> • Authorized by MHN • Prior authorization not required for office visits or initial assessments
Bronchial thermoplasty	
Durable medical equipment (DME) – Pediatric	Members under age 21: All DME requires prior authorization
DME – Adult	Members ages 21 and older: The following DME requires prior authorization: <ul style="list-style-type: none"> • bone growth stimulators • bilevel positive airway pressure (BiPAP) • continuous glucose monitoring • continuous positive airway pressure (CPAP) • custom-made items (including orthotics) • hospital beds and mattresses • items with a total Medi-Cal purchase price greater than \$1,500 • oxygen • power wheelchairs and scooters including repairs and accessories • ventilators
Gender reassignment services (transgender services)	Authorized by Health Net when provided outside of an LA-DHS facility
Genetic testing	
Neuro and spinal cord stimulators, including procedures	Authorized by Health Net when provided outside of an LA-DHS facility
Orthotics and prosthetics	
OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT)	
Medications newly approved by the U.S. Food and Drug Administration (FDA)	May require prior authorization – Contact Health Net’s pharmacy benefit manager (PBM) to confirm
Self-injectables	Authorized by Health Net’s PBM when provided outside of an LA-DHS facility
Testosterone therapy	Authorized by Health Net’s PBM
<ul style="list-style-type: none"> • Actemra® • Adakveo® • Adcetris® • Aldurazyme® • Aliqopa™ • Aralast® • Aranesp® • Asparlas™ • Azedra® • Bavencio® • BCG Intravesical • Belrapzo™ • Bendeka® 	<ul style="list-style-type: none"> • Benlysta® • Beovu® • Besponsa® • Bevacizumab agents (non-ophthalmologist only) • Blincyto® • Botox® • Brineura™ • CAR-T • Cerezyme® • Cinqair®
<ul style="list-style-type: none"> • Cinryze® • Cosentyx® • Crysvisa® • Cyramza® • Darzalex® • Dupixent® • Durolane® • Dysport® • Elaprase® • Elelyso® • Eligard® (non-oncology only) • Elzonris® 	<ul style="list-style-type: none"> • Authorized by Health Net’s PBM when provided outside of an LA-DHS facility • Immune globulin examples: intravenous immunoglobulin (IVIG), Hizentra®, HYQVIA • Bevacizumab agents includes Avastin® • Biosimilars to listed drugs require authorization • Remicade (includes all infliximab products) • Rituxan (includes all rituximab products) • Trastuzumab agents examples include Herceptin®, Herceptin Hylecta™, Kadcyla®, Kanjinti™, Ogivri™, Ontruzant®, Trazimera™, Herzuma®

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT), CONTINUED

- Empliciti[®]
- Entyvio[™]
- Erbitux[®]
- Evenity[®]
- Exondys 51[™]
- Eylea[®]
- Fabrazyme[®]
- Fasenra[™]
- Faslodex[®]
- Folutyn[®]
- Gamifant[®]
- Gelsyn[™]
- Givlaari[®]
- Glassia[™]
- Granix[®]
- H.P. Acthar[®] Gel
- Hyalgan[®]
- Ilaris[®]
- Iluvien[®]
- Imfinzi[®]
- Immune globulin
- Inflectra[™]
- Kanuma[®]
- Keytruda[®]
- Krystexxa[®]
- Kymriah[™]
- Kyprolis[®]
- Lemtrada[®]
- Levoleucovorin
(Fusilev[®],
Khapzory[™])
- Libtayo[®]
- Lucentis[®]
- Lumizyme[®]
- Lumoxiti[®]
- Lupron Depot–Ped[®]
- Lutathera[®]
- Luxturna[™]
- Macugen[®]
- Makena[™]
- Mepsevii[™]
- Mircera[®]
- Mozobil[®]
- Mylotarg[™]
- Myobloc[®]
- Myozyme[®]
- Naglazyme[®]
- Nplate[®]
- Nucala[®]
- Nuzyra[®]
- Ocrevus[™]
- Oncaspar[®]
- Onpattro[™]
- Opdivo[®]
- Orenicia[®]
- Ozurdex[®]
- Panhematin[®]
- Perjeta[®]
- Polivy[™]
- Poteligeo[®]
- Prevymis[™]
- Prolastin[®]
- Prolia[®]
- Provenge[®]
- Radicava[™]
- Radiesse[®]
- Reclast[®]
- Remicade[®]
- Renflexis[™]
- Retisert[®]
- Revcovi[™]
- Rituxan[®] (non-
oncology only)
- Rituxan Hycela[™]
- Sandostatin[®] LAR
Kit
- Sculptra[®]
- Sensipar[®]
- Simponi[®] Aria[™]
- Sinuva[®]
- Soliris[®]
- Somatuline[®] Depot
- Spinraza[™]
- Stelara[®]
- Synagis[®]
- Synjoynt[™]
- Synribo[®]
- Takhzyro[™]
- Tecentriq[®]
- Trastuzumab agents
- Triluron[™]
- Triptodur[®]
- TriVisc[®]
- Tysabri[®]
- Ultomiris[™]
- Vectibix[®]
- Ventavis[®]
- Vidaza[®]
- Vimizim[®]
- Viscosupplementation
agents
- Visudyne[®]
- Vpriv[™]
- Vyondys 53[®]
- Xeomin[®]
- Xgeva[®]
- Xiaflex[®]
- Xolair[®]
- Yervoy[®]
- Yescarta[™]
- Yutiq[™]
- Zaltrap[®]
- Zemaira[®]
- Zemdri[™]
- Zemplar[®]
- Zilretta[™]
- Zinplava[™]
- Zolgensma[®]
- Zometa[®]

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. If members have questions regarding the prior authorization list or requirements, refer to the member services number listed on their identification card.

CONTACT INFORMATION	
Prior authorization request	1-800-421-8578 fax: 1-800-743-1655
Hospital Notification Unit	1-800-995-7890 fax: 1-800-676-7969
California Children's Services (CCS)	www.dhcs.ca.gov/services/ccs/pages/default.aspx (includes CCS contact information by county)
CCS paneling inquiries	(916) 322-8702
County Mental Health for substance abuse services	www.dhcs.ca.gov/services/Pages/MentalHealthPrograms-Svcs.aspx (includes contact list by county)
Dental	<ul style="list-style-type: none"> • Denti-Cal: 1-800-322-6384 • Health Net – Los Angeles: 1-800-977-7307 • Health Net – Sacramento: 1-877-550-3868 • Access Dental: 1-888-414-4110 • Liberty Dental Plan: 1-888-703-6999
Eligibility and benefits	1-800-675-6110
Health Net Long-Term Care Intake Line	1-800-453-3033 fax: 1-855-851-4563
Health Net's pharmacy benefit manager (PBM) (for medications, including self-injectables, that require prior authorization)	1-800-548-5524 fax: 1-800-977-8226
American Specialty Health Plans, Inc. (ASH Plans)	1-800-678-9133
Medi-Cal general information	www.medi-cal.ca.gov
Medi-Cal Member Services Department	1-800-675-6110
MHN for behavioral health or substance abuse	1-888-426-0030
Nurse Advice Line	1-800-675-6110, 24 hours a day, 7 days a week
Transportation services for non-emergency purposes	1-800-675-6110

Limitations and Exclusions

Below are prior authorization limitations and exclusions for Medi-Cal members.

- CCS-eligible conditions are carve-out services, not covered by Health Net and require prior authorization from the local CCS office.
- CCS services must be provided by CCS-paneled providers and at CCS-approved facilities.
- Any services related to CCS-eligible medical conditions must be approved by the CCS program. Refer to the California Code of Regulations, Title 22, Division 2, Part 2, Subdivision 7, CCS, Chapter 4, Medical Eligibility, Article 4, available online at www.calregs.com.
- Routine laboratory and radiology services must be performed at a Health Net participating facility.
- Non-ambulance transport for medically necessary outpatient services is available upon request by a provider or member who contacts **Health Net Medi-Cal Member Services**.
- Specialty mental health services and select substance use disorder services are covered by the county mental health program. If coordination assistance with the county mental health program is needed, contact **Health Net Medi-Cal Member Services**.
- Emergency room (ER) services after stabilization of an emergency medical condition or when the medical screening exam (MSE) does not demonstrate an emergency medical condition are subject to review by Health Net and may not be paid.
- Cosmetic surgery is not a benefit of the Medi-Cal program. Cosmetic surgery requests are reviewed for possible reconstructive benefits, as well as medical necessity, using the Department of Health Care Services (DHCS) definition of cosmetic surgery.

Sensitive, Confidential or Other Services

Below are sensitive, confidential and other services that do not require prior authorization for Medi-Cal members.

- Referral or prior authorization is not required for the following sensitive services, and members may obtain them from any qualified in-network or out-of-network provider:
 - Minor consent services – those covered services of a sensitive nature that minors do not need parental consent to access or obtain. Such services are those related to sexual assault, including rape; drug or alcohol abuse (for children ages 12 and older); family planning services; pregnancy, including pregnancy termination; HIV counseling and testing; sexually transmitted infection (STI) diagnosis and treatment (for children ages 12 and older); and outpatient mental health services.
 - Therapeutic and elective pregnancy termination.
- Family planning, STI diagnosis and treatment, HIV testing and counseling, and sexual assault services.
- Referral or prior authorization is not required for Comprehensive Perinatal Services Program (CPSP) services. Services may be obtained from any participating CPSP providers. Refer to the CPSP website at www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Pages/CPSP.aspx for more information about locating a CPSP provider.
- Other services not requiring prior authorization:
 - Pregnancy care with a participating network obstetrician.
 - Preventive services from a participating provider.
 - Services for emergency medical conditions.
 - Specialist referral (initial referral to participating specialist).
 - Urgently needed services when the member is outside of his or her county.
- Certified nurse midwife and obstetrical/gynecological (OB/GYN) services from a participating provider do not require prior authorization.
- MOA 638 Indian Health Service facilities