

Effective: August 11, 2020

# Prior Authorization Requirements



Health Net®

## California

Centene Corporation – Employee Medical Benefits Plan  
(Health Net Life Insurance Company)

- PPO – Basic Plan
- PPO – Premier Plan
- High Deductible Health Plan (HDHP)

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 the benefit plan coverage limitations, enrollees 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 all covered services. The enrollee’s Certificate of Insurance (COI) provides a complete list of covered services. The COI is available to Centene Corporation Medical Benefits Plan enrollees on the enrollee portal at [www.healthnet.com](http://www.healthnet.com) or in hard copy on request. Providers may obtain a copy of an enrollee’s 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 6 for submission information. Providers can refer to the enrollee’s identification (ID) card to confirm information.

Certification will not apply to outpatient procedures/services for the treatment of a behavioral health or substance use disorder diagnosis, with the exception of reconstructive and cosmetic surgery.

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## INPATIENT SERVICES

<b>Acute rehabilitation</b>	
<b>Behavioral health or substance abuse services</b>	<ul style="list-style-type: none"> <li>• Authorized by <b>MHN</b></li> <li>• Includes                             <ul style="list-style-type: none"> <li>- inpatient detox</li> <li>- inpatient mental health</li> <li>- inpatient rehabilitation</li> <li>- residential treatment center</li> <li>- electroconvulsive therapy</li> <li>- psychological testing</li> </ul> </li> </ul>
<b>Hospice</b>	
<b>Hospital services</b>	Musculoskeletal procedures authorized by <b>TurningPoint Healthcare Solutions, LLC</b>
<b>Skilled nursing facility</b>	
<b>Urgent/emergent admissions</b>	<ul style="list-style-type: none"> <li>• <b>Notification required</b>, as soon as possible, but no later than 24 hours or by the next business day</li> <li>• Send notification to <b>Hospital Notification Unit</b></li> </ul>

## OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT

<b>Ablative techniques for treating Barrett's esophagus, and for treatment of primary and metastatic liver malignancies</b>	
<b>Ambulance</b>	<ul style="list-style-type: none"> <li>• Non-emergency air transportation</li> <li>• Non-emergency ground transportation</li> </ul>
<b>Balloon sinuplasty</b>	Surgical procedure
<b>Bariatric procedures</b>	Surgical procedure
<b>Bronchial thermoplasty</b>	
<b>Capsule endoscopy</b>	
<b>Chiropractic care</b>	<ul style="list-style-type: none"> <li>• Combined network and OON chiro limit: 26 visits per calendar year (MD/DO/DC)</li> <li>• Includes spinal manipulation services</li> <li>• Authorized by <b>American Specialty Health Plans, Inc. (ASH Plans)</b></li> </ul>
<b>Clinical trials</b>	
<b>Cochlear implants</b>	<ul style="list-style-type: none"> <li>• Prosthetics: replacing body part</li> <li>• Hearing aid devices are an excluded benefit, as are prescription or fitting of hearing aids</li> </ul>
<b>Custom orthotics</b>	
<b>Dermatology (in-office procedures)</b>	<ul style="list-style-type: none"> <li>• Chemical exfoliation, electrolysis (17360-17380)</li> <li>• Dermabrasion/chemical peel (15780-15793)</li> <li>• Laser treatment (17106-17108)</li> <li>• Skin injections and implants (11900-11980)</li> </ul>

**OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED**

<p><b>Diagnostic procedures</b></p>	<p>Authorized by <b>National Imaging Associates, Inc. (NIA)</b></p> <ul style="list-style-type: none"> <li>• <b>Advanced imaging:</b> <ul style="list-style-type: none"> <li>– computed tomography (CT)/computed tomography angiography (CTA)</li> <li>– magnetic resonance imaging (MRI)/magnetic resonance angiography (MRA)</li> <li>– positron emission tomography (PET) scan</li> </ul> </li> <li>• <b>Cardiac imaging:</b> <ul style="list-style-type: none"> <li>– coronary computed tomography angiography (CCTA)</li> <li>– myocardial perfusion imaging (MPI)</li> <li>– multigated acquisition (Muga) scan</li> <li>– stress echocardiography</li> <li>– transthoracic echocardiography (TTE)</li> <li>– transesophageal echocardiography (TEE)</li> </ul> </li> </ul>
<p><b>Durable medical equipment</b></p>	<ul style="list-style-type: none"> <li>• Including: <ul style="list-style-type: none"> <li>– bilevel positive airway pressure (Bi-PAP)</li> <li>– bone growth stimulator</li> <li>– continuous positive airway pressure (CPAP)</li> <li>– custom-made items</li> <li>– hospital beds and mattresses</li> <li>– power wheelchairs and accessories</li> <li>– scooters</li> <li>– ventilators</li> </ul> </li> <li>• Rental costs cannot exceed the total cost of purchase</li> </ul>
<p><b>Enhanced external counter pulsation (EECP)</b></p>	
<p><b>Experimental/investigational services and new technologies</b></p>	<p>Includes, but is not limited to, those listed in the Investigational Procedures List located on the Health Net provider website at <a href="http://provider.healthnet.com">provider.healthnet.com</a> &gt; <i>Working with Health Net</i> &gt; <i>Clinical</i> &gt; <i>Medical Policies</i> &gt; <i>Investigational Procedure List</i> or any plan-approved successor medical policy</p>
<p><b>Genetic testing</b></p>	
<p><b>Implantable pain pumps</b></p>	<p>Authorized by <b>TurningPoint Healthcare Solutions, LLC</b></p>
<p><b>Joint surgeries</b></p>	<p>Includes ankle, hip, knee, and shoulder Authorized by <b>TurningPoint Healthcare Solutions, LLC</b></p>
<p><b>Maternity services</b></p>	<p><b>Notification required only</b> at time of first prenatal visit</p>
<p><b>Meniscal transplant</b></p>	
<p><b>Neuro and spinal cord stimulators</b></p>	<p>Authorized by <b>TurningPoint Healthcare Solutions, LLC</b></p>
<p><b>Private duty nursing (PDN)</b></p>	<ul style="list-style-type: none"> <li>• RN or LVN/LPN only</li> <li>• Inpatient – if determined to be medically necessary</li> <li>• Home health – if determined to be medically necessary</li> <li>• Combined network and OON PDN limit: 100 days per calendar year</li> </ul>

**OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED**

<b>Prosthetics</b>	<ul style="list-style-type: none"> <li>• Applies to items exceeding \$2,500 in billed charges</li> <li>• Benefit excludes wigs</li> </ul>
<b>Radiation therapy</b>	Authorized by <b>eviCore healthcare</b>
<b>Reconstructive and cosmetic surgery, services and supplies</b>	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Bone alteration or reshaping, such as osteoplasty</li> <li>• Breast reduction and augmentation except when following a mastectomy (includes for gynecomastia or macromastia)</li> <li>• 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</li> <li>• 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</li> <li>• Eye or brow procedures, such as blepharoplasty, brow ptosis or canthoplasty</li> <li>• Gynecologic or urology procedures, such as clitoroplasty, labioplasty, vaginal rejuvenation, scrotoplasty, testicular prosthesis, and vulvectomy</li> <li>• Hair electrolysis, transplantation or laser removal</li> <li>• Lift, such as arm, body, face, neck, thigh</li> <li>• Liposuction</li> <li>• Nasal surgery, such as rhinoplasty or septoplasty</li> <li>• Otoplasty</li> <li>• Treatment of varicose veins</li> <li>• Vermilionectomy with mucosal advancement</li> </ul>
<b>Spinal surgery</b>	<p>Includes, but not limited to, laminotomy, discectomy, vertebroplasty, nucleoplasty, and X-Stop</p> <p>Authorized by <b>TurningPoint Healthcare Solutions, LLC</b></p>
<b>Temporomandibular joint (TMJ) disorder</b>	<ul style="list-style-type: none"> <li>• TMJ appliances are an excluded benefit</li> <li>• TMJ medical services are a covered benefit</li> </ul>
<b>Transplant</b>	<ul style="list-style-type: none"> <li>• All transplant evaluations and procedures, including, but not limited to, evaluation, transplant consult visits, donor search, and transplant procedure</li> <li>• Transplants must be performed through Health Net's designated transplantation specialty network</li> </ul>
<b>Trigger point and sacroiliac (SI) joint injections</b>	
<b>Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP</b>	Surgical procedure
<b>Vestibuloplasty</b>	Surgical procedure

**OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL PLAN)**

**Hemophilia factors**

- Authorized by **Health Net's PBM**
- **AcariaHealth™** is the plan's preferred provider

**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

- |   |  |                     |
|---|--|---------------------|
| • Actemra®                                      | • Elelyso®                             | • Lumizyme®         |
| • Adakveo®                                      | • Elzonris®                            | • Lumoxiti®         |
| • Adcetris®                                     | • Empliciti®                           | • Lupron Depot-Ped® |
| • Aldurazyme®                                   | • Entyvio™                             | • Lutathera®        |
| • Aliqopa™                                      | • Erbitux®                             | • Luxturna™         |
| • Aralast®                                      | • Evenity®                             | • Macugen®          |
| • Aranesp®                                      | • Exondys 51™                          | • Mepsevii™         |
| • Asparlas™                                     | • Eylea®                               | • Mircera®          |
| • Azedra®                                       | • Fabrazyme®                           | • Mozobil®          |
| • Bavencio®                                     | • Fasenra™                             | • Mylotarg™         |
| • BCG Intravesical                              | • Faslodex®                            | • Myobloc®          |
| • Belrapzo™                                     | • Folutyn®                             | • Myozyme®          |
| • Bendeka®                                      | • Gamifant®                            | • Naglazyme®        |
| • Benlysta®                                     | • Gelsyn™                              | • Nplate®           |
| • Beovu®  | • Givlaari®                            | • Nucala®           |
| • Besponsa®                                     | • Glassia™                             | • Nuzyra®           |
| • Bevacizumab agents (non-ophthalmologist only) | • H.P. Acthar® Gel                     | • Ocrevus™          |
| • Blincyto®                                     | • Hyalgan®                             | • Oncaspar®         |
| • Botox®  | • Ilaris®                              | • Onpattro™         |
| • Brineura™                                     | • Iluvien®                             | • Opdivo®           |
| • CAR-T   | • Imfinzi®                             | • Orendia®          |
| • Cerezyme®                                     | • Immune globulin                      | • Ozurdex®          |
| • Cinqair®                                      | • Inflectra™                           | • Panhematin®       |
| • Cinryze®                                      | • Kanuma®                              | • Perjeta®          |
| • Cosentyx®                                     | • Keytruda®                            | • Polivy™           |
| • Crysvida®                                     | • Krystexxa®                           | • Poteligeo®        |
| • Cyramza®                                      | • Kymriah™                             | • Prevymis™         |
| • Darzalex®                                     | • Kyprolis®                            | • Probuphine®       |
| • Dupixent®                                     | • Lemtrada®                            | • Prolastin®        |
| • Durolane®                                     | • Levoleucovorin (Fusilev®, Khapzory™) | • Prolia®           |
| • Dysport®                                      | • Libtayo®                             | • Provenge®         |
| • Elaprase®                                     | • Lucentis®                            | • Radicava™         |
|   |  | • Radiesse®         |
|   |  | • Remicade®         |

- Authorized by **Health Net's PBM**
- Bevacizumab agents includes Avastin®
- Biosimilars to listed drugs require prior authorization
- Immune globulin examples: 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®

**OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL PLAN), CONTINUED**

- Remodulin<sup>®</sup>
- Renflexis<sup>™</sup>
- Retisert<sup>®</sup>
- Revcovi<sup>™</sup>
- Rituxan<sup>®</sup> (non-oncology only)
- Rituxan Hycela<sup>™</sup>
- Sandostatin<sup>®</sup> LAR kit
- Sculptra<sup>®</sup>
- Sensipar<sup>®</sup>
- Simponi<sup>®</sup> Aria<sup>™</sup>
- Sinuva<sup>®</sup>
- Soliris<sup>®</sup>
- Somatuline<sup>®</sup> Depot
- Spinraza<sup>™</sup>
- Stelara<sup>®</sup>
- Sublocade<sup>™</sup>
- Sustol<sup>®</sup>
- Synagis<sup>®</sup>
- Synojoynt<sup>™</sup>
- Synribo<sup>®</sup>
- Takhzyro<sup>™</sup>
- Tecentriq<sup>®</sup>
- trastuzumab agents
- Triluron<sup>™</sup>
- Triptodur<sup>®</sup>
- TriVisc<sup>®</sup>
- Trogarzo<sup>™</sup>
- Tysabri<sup>®</sup>
- Ultomiris<sup>™</sup>
- Vectibix<sup>®</sup>
- Ventavis<sup>®</sup>
- Vidaza<sup>®</sup>
- Vimizim<sup>®</sup>
- viscosupplementation agents
- Visudyne<sup>®</sup>
- Vpriv<sup>™</sup>
- Vyondys 53<sup>®</sup>
- Xeomin<sup>®</sup>
- Xgeva<sup>®</sup>
- Xiaflex<sup>®</sup>
- Xolair<sup>®</sup>
- Yescarta<sup>™</sup>
- Yutiq<sup>™</sup>
- Zaltrap<sup>®</sup>
- Zemaira<sup>®</sup>
- Zemdri<sup>™</sup>
- Zilretta<sup>™</sup>
- Zinplava<sup>™</sup>
- Zolgensma<sup>®</sup>

## Prior Authorization Contacts

Listed below are contact numbers for requesting prior authorization via telephone and fax. Also included is contact information for commonly requested plan departments and plan preferred providers that may receive prior authorization requests. If members have questions regarding the prior authorization list or requirements, refer to the member services number listed on their identification card.

**CONTACTS**

<b>Prior authorization request</b>	1-800-977-7282; fax: 1-800-793-4473 Online submission: <a href="http://provider.healthnet.com">provider.healthnet.com</a>
<b>Fax line to submit additional clinical information</b>	1-800-400-4425
<b>Provider Services (for provider status, enrollee eligibility and benefits, enrollee SPD inquiry)</b>	1-800-289-2818; <a href="http://provider.healthnet.com">provider.healthnet.com</a> ; email: <a href="mailto:provider_services@healthnet.com">provider_services@healthnet.com</a>
<b>Hospital Notification Unit</b>	1-800-995-7890; fax: 1-800-676-7969 Online submission: <a href="http://provider.healthnet.com">provider.healthnet.com</a>
<b>MHN (behavioral health provider)</b>	1-888-426-0030
<b>National Imaging Associates, Inc. (NIA) (for advanced or cardiac imaging requests)</b>	1-800-424-4802; Online submission: <a href="http://www.radmd.com">www.radmd.com</a>
<b>eviCore healthcare (radiation therapy)</b>	1-888-693-3211 (faxed requests not accepted) <a href="http://www.carecorenational.com">www.carecorenational.com</a>
<b>Health Net's pharmacy benefit manager (PBM)</b>	1-844-262-3972; fax: 1-844-262-7239
<b>American Specialty Health Plans, Inc. (ASH Plans) (chiropractic services provider)</b>	1-800-972-4226

**CONTACTS**

**AcariaHealth (preferred hemophilia and specialty injectable provider)**

1-844-538-4661; fax: 1-844-750-0827

**TurningPoint Healthcare Solutions, LLC (for musculoskeletal requests)**

1-855-332-5898; fax: (949) 774-2254

[www.myturningpoint-healthcare.com](http://www.myturningpoint-healthcare.com).

email: [centenecaum@turningpoint-healthcare.com](mailto:centenecaum@turningpoint-healthcare.com)