Prior Authorization

Delegated PPGs

Delegated participating physician groups (PPGs) are responsible for providing all professional services to members. At times, PPGs may be required to use non-participating physicians, health care professionals or facilities in order to provide a full scope of services.

We have developed prior authorization request forms to assist PPGs with their processes for using non-participating providers. PPGs may use their own systems and authorization forms if they have been approved by Health Net*. Links to these forms are on the next page and are also available at **provider.healthnet.com** > *Working with Health Net* > S*ervices Requiring Prior Authorization*.

Direct network providers

Select specialty and outpatient services that cannot be provided in a primary care physician's (PCP's) or specialist's office require prior authorization. Services that require prior authorization are outlined in the Commercial Prior Authorization Requirements and Medicare Prior Authorization Requirements lists. These lists can also be accessed on **provider.healthnet.com** > *Working with Health Net* > *Services Requiring Prior Authorization*.

To initiate the prior authorization process, PCPs and specialists must:

- Verify member eligibility and benefit coverage.

- Complete the prior authorization form (provided on the next page), including CPT codes and sufficient clinical information to support the medical necessity of the request. Incomplete forms or forms with insufficient information at the time of submission delay processing (some surgical requests, such as requests for reconstructive surgery or repair, require submission of non-returnable color photos, models or X-rays).

(continued)

Prior authorization requirements and forms

Allow five business days for routine organization determinations and 72 hours for urgent organization determinations. Emergency services do not require prior authorization.

- Inpatient California Health Net Commercial Prior Authorization (PDF)
- Outpatient California Health Net Commercial Prior Authorization (PDF)

All forms can be obtained through the provider library at **providerlibrary.healthnetcalifornia.com** under *Forms and References*.

Submit prior authorization requests by fax

Prior authorization requests can be faxed to Health Net's Medical Management Department at the numbers below:

Line of business	Fax number
Employer group HMO, PPO, EPO, Point of Service (POS)	800-793-4473
IFP (CommunityCare HMO, PureCare One EPO, PureCare HSP, EnhancedCare PPO, PPO Individual and Family)	844-694-9165