

Prior Authorization Requirements



California

Health Net* Cal MediConnect Plan (Medicare-Medicaid Plan)

The following services, procedures and equipment are subject to prior authorization (PA) 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 PA is required.

This PA list contains services that require PA only and is not intended to be a list of covered services. The member handbook provides a complete list of covered services. The member handbook (*Evidence of Coverage (EOC)*) is 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 handbook (*EOC*) by requesting it from the **Health Net Provider Services Center**.

Cal MediConnect enrollees are required to use Centers for Medicare & Medicaid Services (CMS)-certified facilities.

Unless noted differently, all services listed below require PA from Health Net unless a service has been delegated to a participating physician group (PPG). Refer to **Prior Authorization Contacts** on page 7 for submission information.

INPATIENT SERVICES	COMMENTS
Acute rehabilitation facility	
All elective medical and surgical inpatient hospitalizations	
Behavioral health facility	Contact MHN
Long-term care nursing facility admissions for Los Angeles and San Diego County residents under the Medi-Cal benefit program	Contact the Health Net Long-Term Care Intake Line
Hospital	
Skilled nursing facility as defined by Medicare Advantage	
Urgent/emergent admission as soon as possible, but no later than 24 hours or by next business day	Notification required only; contact the Health Net Hospital Notification Unit

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OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT	COMMENTS
Ablative techniques for treating Barrett’s esophagus, and for treatment of primary and metastatic liver malignancies	
Acupuncture	<ul style="list-style-type: none"> • Contact American Specialty Health Plans, Inc. (ASH Plans) • Authorization not required for initial evaluation
Ambulance	Non-emergency air transport
Balloon sinuplasty	
Bariatric procedures	Surgical procedure
Behavioral health (outpatient services)	<ul style="list-style-type: none"> • PA is not required for therapy or office visits • Contact MHN
Bronchial thermoplasty	
Capsule endoscopy	
Chiropractic care	Visits exceeding 12
Community-Based Adult Services (CBAS)	<ul style="list-style-type: none"> • PA is required for greater than 5 visits per week • CBAS services with 1-5 visits per week require notification only • Fax authorization and notifications to: 833-581-5908
Custom orthotics	
Diagnostic procedures	<p>Includes the following:</p> <ul style="list-style-type: none"> • Computed tomography (CT) • Magnetic resonance angiography (MRA) • Magnetic resonance imaging (MRI) • Nuclear cardiology procedures, including single photon emission computed tomography (SPECT) • Positron emission tomography (PET) • Sleep studies
Durable medical equipment (DME)	<p>Billed charges over \$250, including, but not limited to:</p> <ul style="list-style-type: none"> • Bone growth stimulators • Bilevel positive airway pressure (BiPAP), continuous positive airway pressure (CPAP) and oxygen – refer members to Apria Healthcare • Continuous glucose monitoring • Custom-made items • Hospital beds and mattresses • Power wheelchairs • Scooters • Ventilators
Experimental/investigational services and new technologies	Includes, but 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>
Genetic testing	
Hyperbaric oxygen therapy	
Joint surgeries	
Lung volume reduction	
Maternity	Notification required only at the time of first prenatal visit

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED	COMMENTS
Maze procedures	
Multipurpose Senior Services Program (MSSP)	Notification required only; contact Health Net Public Programs
Neuro and spinal cord stimulators	
Orthognathic procedures (includes TMJ treatment)	Surgical procedure
Prosthetics	Items exceeding \$2,500 in billed charges
Quantitative drug screening	
Radiation therapy	Includes the following: <ul style="list-style-type: none"> • Intensity modulated radiation therapy (IMRT) • Proton beam therapy • Neutron beam therapy • Stereotactic radiosurgery and stereotactic body radiotherapy (SBRT)
Reconstructive and cosmetic surgery, services and supplies	Surgery, services and supplies include, but not limited to: <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) • Dermatology, such as chemical exfoliation and electrolysis, dermabrasions and chemical peels, laser treatment or skin injections and implants • 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 • Muscle flap • Nasal surgery, such as rhinoplasty or septoplasty • Otoplasty • Penile Implant • Treatment of varicose veins
Referrals to nonparticipating providers	
Therapy: physical, occupational and speech therapy	Requires authorization after 12 combined visits
Transplant	<ul style="list-style-type: none"> • Fax request to the Transplant Team • Transplant evaluations and procedures, including, but not limited to, evaluation, transplant consult visits, donor search, and transplant procedure • Transplants must be performed by a Medicare-certified transplant facility
Trigger point and sacroiliac (SI) joint injections	
Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP	Surgical procedure
Ventriculectomy, cardiomyoplasty	

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT)	COMMENTS																
<p>Biosimilars</p> <table border="1" data-bbox="254 318 863 850"> <thead> <tr> <th>Reference Product (Non-Preferred)</th> <th>Preferred Biosimilar(s)</th> </tr> </thead> <tbody> <tr> <td>• Epogen[®], Procrit[®]</td> <td>• Retacrit[®]</td> </tr> <tr> <td>• Neupogen[®]</td> <td>• Zarxio[®]</td> </tr> <tr> <td>• Neulasta[®]</td> <td>• Zarxio[®] • Ziextenzo[™]</td> </tr> <tr> <td>• Remicade[®]</td> <td>• Avsola[®] • Inflectra[®] • Renflexis[®]</td> </tr> <tr> <td>• Rituxan[®]</td> <td>• Ruxience[®] • Truxima[®]</td> </tr> <tr> <td>• Avastin[®] (for non-ophthalmic diagnoses)</td> <td>• Mvasi[™] • Zirabev[™]</td> </tr> <tr> <td>• Herceptin[®]</td> <td>• Kanjinti[®] • Ogivri[®] • Trazimera[™]</td> </tr> </tbody> </table>	Reference Product (Non-Preferred)	Preferred Biosimilar(s)	• Epogen [®] , Procrit [®]	• Retacrit [®]	• Neupogen [®]	• Zarxio [®]	• Neulasta [®]	• Zarxio [®] • Ziextenzo [™]	• Remicade [®]	• Avsola [®] • Inflectra [®] • Renflexis [®]	• Rituxan [®]	• Ruxience [®] • Truxima [®]	• Avastin [®] (for non-ophthalmic diagnoses)	• Mvasi [™] • Zirabev [™]	• Herceptin [®]	• Kanjinti [®] • Ogivri [®] • Trazimera [™]	<ul style="list-style-type: none"> • Biosimilars are required in lieu of branded drugs. • Authorized by Health Net Pharmacy Department
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<p>Hemophilia factors</p>	<ul style="list-style-type: none"> • Authorized by Health Net Pharmacy Department • AcariaHealth[™] is Health Net's preferred provider 																
<p>Immune globulin</p>	<ul style="list-style-type: none"> • Authorized by Health Net Pharmacy Department • Coram is Health Net's preferred provider • Examples of immune globulin: intravenous immunoglobulin (IVIG), Hizentra[®], HYQVIA 																
<p>Medications newly approved by the U.S. Food and Drug Administration (FDA)</p>	<p>May require PA – Contact Health Net Pharmacy Department to confirm whether a specific new medication requires PA</p>																
<p>Self-injectables (when administered by a physician)</p>	<ul style="list-style-type: none"> • Authorized by Health Net Pharmacy Department • For a list of self-injectables, refer to the DOFR crosswalk in the Provider Library at providerlibrary.healthnetcalifornia.com. Select <i>Provider Manual > Benefits > Injectable > Self-Injectable Medications > Health Net Injectable Medications HCPCS/DOFR Crosswalk (PDF)</i> 																

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT), CONTINUED	COMMENTS
<ul style="list-style-type: none"> • Abecma[®] • Actemra[®] • Adakveo[®] • Adcetris[®] • Aduhelm[™] • Aldurazyme[®] • Aliqopa[™] • Amondys 45[™] • Aralast[®] • Asparlas[™] • Azedra[®] • Bavencio[®] • BCG Intravesical • Belrapzo[™] • Beovu[®] • Besponsa[®] • Bevacizumab agents (non-ophthalmologist only) • Blenrep • Blincyto[®] • Botox[®] • Breyanzi[®] • Brineura[™] • CAR-T • Cerezyme[®] • Cinqair[®] • Cinryze[®] • Cosela[™] • Crysvita[®] • Cyramza[®] • Danyelza[®] • Darzalex[®] • Dupixent[®] • Durolane[®] • Durysta[™] • Dysport[®] • Elaprase[®] • Elelyso[®] • Elzonris[®] • Empaveli[™] • Empliciti[®] • Enjaymo[™] • Entyvio[®] • Erbitux[®] • Evenity[®] • Evkeeza[™] • Exondys 51[™] • Eylea[®] • Fabrazyme[®] • Fasentra[™] • Faslodex[®] • Fensolvi[®] • Folutyn[®] • Fyarro[™] • Gamifant[®] • Gelsyn[™] • Givlaari[®] • Glassia[™] • H.P. Acthar[®] Gel • Hyalgan[®] • Ilaris[®] • Iluvien[®] • Imfinzi[®] • Inflectra[™] • Istodax[®] • Jelmyto[™] • Jemperli[®] • Kanuma[®] • Keytruda[®] • Kimmtrak[®] • Krystexxa[®] • Kymriah[™] • Kyprolis[®] • Lemtrada[®] • Leqvio[®] • Leuprolide Depot (non-oncology/non-urology only) • Levoleucovorin (Fusilev[®], Khapzory[™]) • Libtayo[®] • Lucentis[®] • Lumizyme[®] • Lumoxiti[®] • Lupron Depot[®] (non-oncology/urology only) • Lupron Depot-Ped[®] • Lutathera[®] • Luxturna[™] • Macugen[®] • Margenza[™] • Mepsevii[™] • Monjuvi[®] • Monoferric[®] • Mozobil[®] • Mylotarg[™] • Myobloc[®] • Myozyme[®] • Naglazyme[®] • Nexviazyme[®] • Nplate[®] • Nucala[®] • Nulibry[™] • Nuzyra[®] • Ocrevus[™] • Oncaspar[®] • Onpattro[™] • Opdivo[®] • Orencia[®] • Oxlumo[™] 	<ul style="list-style-type: none"> • Authorized by Health Net Pharmacy Department • Bevacizumab agents includes Avastin[®], Mvasi and Zirabev are preferred • Biosimilars to listed drugs require PA. Refer to biosimilar requirements above. • Leuprolide Depot examples include Eligard[®], Lupron Depot[®] • Remicade (includes all infliximab products) • Rituximab examples include Rituxan[®], Ruxience, and Truxima. Ruxience preferred, no PA required for hematology/oncology indications • Trastuzumab agents examples include Herceptin[®], Herceptin Hylecta[™], Kadcyla[®], Kanjinti[™], Ogivri[™], Ontruzant[®], Trazimera[™], Herzuma[®] (Ogivri and Trazimera are the preferred products)

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT), CONTINUED

- Ozurdex[®]
- Panhematin[®]
- Pemfexy[™]
- Pepaxto[®]
- Perjeta[®]
- Polivy[™]
- Poteligeo[®]
- Prevymis[™]
- Probuphine[®]
- Prolastin[®]
- Prolia[®]
- Provence[®]
- Quzyttir[™]
- Radicava[™]
- Radiesse[®]
- Remicade[®]
- Remodulin[®]
- Renflexis[™]
- Retisert[®]
- Revcovi[™]
- Rituximab agents
- Rituxan Hycela[™]
- Ruconest[®]
- Rybrevant[™]
- Rylaze[™]
- Ryplazim[®]
- Sandostatin[®]
LAR kit
- Saphnelo[™]
- Sarclisa[®]
- Scenesse[®]
- Sculptra[®]
- Sensipar[®]
- Simponi Aria[®]
- Sinuva[®]
- Soliris[®]
- Somatuline[®]
Depot
- Sotradecol[®]
- Spinraza[™]
- Stelara[®]
- Susvimo[™]
- Sublocade[™]
- Synagis[®]
- Synojoynt[™]
- Tecartus[™]
- Tecentriq[®]
- Tepezza[®]
- Tezspire[®]
- Tivdak[™]
- Trastuzumab
agents
- Triluron[™]
- Triptodur[®]
- TriVisc[®]
- Trodelvy[™]
- Trogarzo[™]
- Tysabri[®]
- Ultomiris[™]
- Uplizna[®]
- Vabysmo[®]
- Ventavis[®]
- Vidaza[®]
- Viltepso[®]
- Vimizim[®]
- Viscosupplementation
agents
- Visudyne[®]
- Vpriv[™]
- Vyepti[™]
- Vyondys 53[®]
- Vyvgart[®]
- Xeomin[®]
- Xgeva[®]
- Xiaflex
- Xipere[®]
- Xolair[®]
- Yervoy[®]
- Yescarta[™]
- Yutiq[™]
- Zaltrap[®]
- Zemaira[®]
- Zemdri[™]
- Zepzelca[™]
- Zilretta[™]
- Zinplava[™]
- Zolgensma[®]
- Zulresso[™]
- Zynlonta[®]

NON-BENEFIT SERVICES REQUIRING AUTHORIZATION

COMMENTS

Community Supports

- **Asthma remediation**
- **Housing deposits**
- **Housing tenancy and sustaining services**
- **Housing transition navigation services**
- **Meals/medically tailored meals**
- **Recuperative care (medical respite)**
- **Sobering centers**

Prior Authorization Contacts

Listed below are contact numbers for requesting PA via telephone and fax. Also included is contact information for commonly requested Health Net departments. If members have questions regarding the PA list or requirements, refer to the member services number listed on their identification card.

CONTACT INFORMATION	
Prior authorization request	800-977-7282 fax: 800-793-4473
Fax line to submit additional clinical information	800-440-4425
Provider Services Center (check provider status/enrollee eligibility and benefits)	provider.healthnet.com Los Angeles County – 855-464-3571 San Diego County – 855-464-3572
Hospital Notification Unit	800-995-7890 fax: 800-676-7969
Hospital Notification Unit/post stabilization notification for non-participating facilities	800-995-7890
Health Net Long-Term Care Intake Line	800-453-3033 fax: 855-851-4563
Health Net Pharmacy Department	800-867-6564 fax: 800-977-8226
Health Net Public Programs – for MSSP	800-526-1898 fax: 866-922-0783
Apria Healthcare (for BiPAP and CPAP)	800-277-4288
AcariaHealth (preferred hemophilia provider)	844-515-0163 fax: 844-750-0827
American Specialty Health Plans, Inc. (ASH Plans)	800-678-9133 www.ashlink.com
Coram (preferred home infusion provider)	877-328-5724 fax: 800-734-7211
MHN for behavioral health or substance abuse	888-426-0030
Public Programs (for CBAS)	Face-to-face, authorization and notification request: fax: 833-581-5908
Transplant Team	fax: 833-769-1143