

Effective: January 1, 2021

Prior Authorization Requirements



Health Net®

California

- Direct Network¹ HMO (including CommunityCare HMO) and Point of Service (POS) Tier 1
- 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 (PA) requirements (unless noted as notification required only), as indicated by “X” under the applicable line of business. If “X” is not present, PA 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 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’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 pages 11 and 12 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 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 PA for Group plans.

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		Commercial			
		HMO, CC, HSP, POS T1	CC PPGs	POS T2, POS T3	EPO, PPO, OOS PPO, Flex Net
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
Hospice		X	X	X	X
Hospital	<ul style="list-style-type: none"> Acute inpatient admission, inpatient rehabilitation, Long-Term Acute Care Hospital (LTAC) Musculoskeletal procedures authorized by TurningPoint Healthcare Solutions, LLC 	X	X	X	X
Skilled nursing facility		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
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
Ambulance	Non-emergency air transportation	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
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 PA not required for office visits 	X	X	X	
Bronchial thermoplasty		X		X	X
Capsule endoscopy		X	X*	X	X

		Commercial			
		HMO, CC, HSP, POS T1	CC PPGs	POS T2, POS T3	EPO, PPO, OOS PPO, Flex Net
OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED					
Chiropractic care and Acupuncture visits	<ul style="list-style-type: none"> • Authorization not required for initial evaluation • Contact American Specialty Health Plans, Inc. (ASH Plans) 	X	X	X	
Clinical trials		X	X	X	X
Cochlear implants		X	X*	X	X
Dermatology (in-office procedures)	Includes: <ul style="list-style-type: none"> • chemical exfoliation, electrolysis • dermabrasion/chemical peel • laser treatment • skin injections and implants 	X	X*	X	X
Diagnostic procedures^{2,3}	Authorized by National Imaging Associates, Inc. (NIA)	X	X	X	X
Advanced imaging: <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 Cardiac imaging: <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	<ul style="list-style-type: none"> • PA required for all quantitative tests for drugs of abuse 	X		X	

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		Commercial			
		HMO, CC, HSP, POS T1	CC PPGs	POS T2, POS T3	EPO, PPO, OOS PPO, Flex Net
OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED					
Durable medical equipment (DME)	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
	Continuous glucose monitoring	X	X	X	
Enhanced external counterpulsation (EECP)		X	X*	X	X
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
Gender reassignment services (Transgender services)		X	X*	X	
Genetic testing	Includes counseling	X	X*	X	X
Implantable pain pumps	Authorized by TurningPoint Healthcare Solutions, LLC				X
Joint surgeries	Authorized by TurningPoint Healthcare Solutions, LLC	X	X*	X	X
Maternity	Notification required only at time of first prenatal visit	X	X	X	X
Neuro and spinal cord stimulators	Authorized by TurningPoint Healthcare Solutions, LLC	X	X*	X	X
Neuropsych testing	Authorized by MHN or Health Net . Check member's ID card for contact information	X	X*	X	

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		Commercial			
		HMO, CC, HSP, POS T1	CC PPGs	POS T2, POS T3	EPO, PPO, OOS PPO, Flex Net
OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED					
Orthognathic procedures	<ul style="list-style-type: none"> Includes TMJ treatment Surgical procedure 	X	X*	X	X
Orthotics	<ul style="list-style-type: none"> Custom-made orthotics 	X	X	X	X
Prosthetics	Applies to items exceeding \$2,500 in billed charges	X	X	X	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 – 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

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		Commercial			
		HMO, CC, HSP, POS T1	CC PPGs	POS T2, POS T3	EPO, PPO, OOS PPO, Flex Net
OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED					
Reconstructive and cosmetic surgery, services and supplies	<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 • Gynecologic or urology procedures, such as clitoroplasty, labioplasty, vaginal rejuvenation, scrotoplasty, testicular prosthesis, and vulvectomy • 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 • 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

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		Commercial			
		HMO, CC, HSP, POS T1	CC PPGs	POS T2, POS T3	EPO, PPO, OOS PPO, Flex Net
OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED					
Sleep studies	Authorized by eviCore healthcare	X	X*		
Spinal surgery	<ul style="list-style-type: none"> Includes, but is not limited to, laminotomy, fusion, discectomy, vertebroplasty, nucleoplasty, stabilization, and X-Stop Authorized by TurningPoint Healthcare Solutions, LLC 	X	X*	X	X
Therapy: <ul style="list-style-type: none"> physical therapy occupational therapy speech therapy 	<ul style="list-style-type: none"> Requires PA after 12 combined visits Includes home setting 	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
Trigger point and sacroiliac (SI) joint injections	Refer to Pain Management	X	X*	X	X
Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP	Surgical procedure	X	X*	X	X
Vestibuloplasty	Surgical procedure	X	X*	X	X

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			Commercial			
			HMO, CC, HSP, POS T1	CC PPGs	POS T2, POS T3	EPO, PPO, OOS PPO, Flex Net
OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT)						
Biosimilars		<ul style="list-style-type: none"> Biosimilars are required in lieu of branded drugs Authorized by pharmacy benefit manager (PBM) 	X	X	X	X
Reference Product (Non-Preferred)	Preferred Biosimilar(s)					
• Epogen [®] , Procrit [®]	• Retacrit [®]					
• Neupogen [®]	• Zarxio [®]					
• Neulasta [®]	• Zarxio [®] • Ziextenzo [®]					
• Remicade [®]	• Inflectra [®] • Renflexis [®]					
• Rituxan [®]	• Ruxience [®]					
• Avastin [®] (for non-ophthalmic diagnoses)	• Mvasi [™] • Zirabev [™]					
• Herceptin [®]	• Ogivri [®] • Trazimera [™]					
• Epogen [®] , Procrit [®] • Neupogen [®]	• Retacrit [®] • Zarxio [®]					
Hemophilia factors	<ul style="list-style-type: none"> Authorized by Health Net's PBM AcariaHealth™ is Health Net's preferred provider 	X	X	X	X	
Medications newly approved by the U.S. Food and Drug Administration (FDA)	<ul style="list-style-type: none"> Newly approved medications may require PA. Contact Health Net's PBM to confirm whether a specific new medication requires PA 	X	X	X	X	
Self-injectables	<ul style="list-style-type: none"> Authorized by Health Net's PBM For a list of self-injectables, refer to the DOFR crosswalk located 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>. 	X	X	X	X	
Testosterone therapy	Authorized by Health Net's PBM	X	X	X	X	

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			Commercial			
			HMO, CC, HSP, POS T1	CC PPGs	POS T2, POS T3	EPO, PPO, OOS PPO, Flex Net
OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT), CONTINUED						
<ul style="list-style-type: none"> • Actemra® • Adakveo® • Adcetris® • Aldurazyme® • Aliqopa™ • Aralast® Asparlas™ • Azedra® • Bavencio® • BCG Intravesical • Belrapzo™ • Beovu® • Besponsa® • Bevacizumab agents (non-ophthalmologist only) • Blenrep • Blinicyto® • Botox® • Breyanzi® • Brineura™ • CAR-T • Cerezyme® • Cinqair® • Cinryze® • Crysvita® • Cyramza® • Darzalex® • Dupixent® • Durolane® • Durysta™ • Dysport® • Elaprase® • Elelyso® • Elzonris® 	<ul style="list-style-type: none"> • Empliciti® • Entyvio™ • Erbitux® • Evenity® • Evkeeza™ • Exondys 51™ • Eylea® • Fabrazyme® • Fasenra™ • Faslodex® • Folutyn® • Gamifant® • Gelsyn™ • Givlaari® • Glassia™ • H.P. Acthar® Gel • Hyalgan® • Iluvien® • Imfinzi® • Immune globulin • Inflectra™ • Istodax® • Jelmyto™ • Kanuma® • Keytruda® • Krystexxa® • Kymriah™ • Kyprolis® • Lemtrada® • Levoleucovorin (Fusilev®, Khapzory™) • Libtayo® • Lucentis® • Lumizyme® • Lumoxiti® 	<ul style="list-style-type: none"> • Authorized by Health Net's PBM • Coram is Health Net's preferred infusion provider • Bevacizumab agents includes Avastin®, Mvasi and Zirabev are preferred • Biosimilars to listed drugs require PA. Refer to biosimilar requirements above. • Immune globulin examples include: intravenous immunoglobulin (IVIG), Hizentra®, HYQVIA • Remicade includes all infliximab products (Inflectra or Renflexis are preferred) • Leuprolide Depot examples include Eligard®, Lupron Depot® • Rituximab examples include Rituxan®, Ruxience, and Truxima. Ruxience preferred, no PA required for hematology/oncology indications. • Trastuzumab agents examples include Herceptin®, Herceptin Hylecta™, Kadcyła®, Kanjinti™, Ogivri™, Ontruzant®, Trazimera™, Herzuma® (Ogivri and Trazimera are the preferred products) 	X	X	X	X

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			Commercial			
			HMO, CC, HSP, POS T1	CC PPGs	POS T2, POS T3	EPO, PPO, OOS PPO, Flex Net
OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT), CONTINUED						
<ul style="list-style-type: none"> • Leuprolide Depot (non-oncology or non urology only) • Lupron Depot-Ped[®] • Lutathera[®] • Luxturna[™] • Macugen[®] • Mepsevii[™] • Monjuvi[®] • Monoferric[®] • Mozobil[®] • Mylotarg[™] • Myobloc[®] • Myozyme[®] • Naglazyme[®] • Nplate[®] • Nucala[®] • Nulibry[™] • Nuzyra[®] • Ocrevus[™] • Oncaspar[®] • Onpattro[™] • Opdivo[®] • Orencia[®] • Oxlumo[™] • Ozurdex[®] • Panhematin[®] • Pemfexy[™] • Perjeta[®] • Polivy[™] • Poteligeo[®] • Prevymis[™] • Probuphine[®] • Prolastin[®] 	<ul style="list-style-type: none"> • Prolia[®] • Provenge[®] • Radicava[™] • Radiesse[®] • Remicade[®] • Remodulin[®] • Renflexis[™] • Retisert[®] • Revcovi[™] • Rituxan Hycela[™] • Rituximab agents • Ruconest[®] • Sandostatin[®] LAR kit • Sarclisa[®] • Scenesse[®] • Sculptra[®] • Sensipar[®] • Simponi[®] Aria[™] • Sinuva[®] • Soliris[®] • Somatuline[®] Depot • Spinraza[™] • Spravato[®] • Stelara[®] • Sublocade[™] • Sustol[®] • Synagis[®] • Synojoynt[™] • Synribo[®] • Tecartus[™] • Tecentriq[®] • Tepezza[®] • trastuzumab agents • Triluron[™] 	<ul style="list-style-type: none"> • Triptodur[®] • TriVisc[®] • Trodelvy[™] • Trogarzo[™] • Tysabri[®] • Ultomiris[™] • Uplizna[®] • Vectibix[®] • Ventavis[®] • Vidaza[®] • Viltepso[®] • Vimizim[®] • viscosupplementation agents • Visudyne[®] • Vpriv[™] • Vyepiti[™] • Vyondys 53[®] • Xeomin[®] • Xgeva[®] • Xiaflex[®] • Xolair[®] • Yervoy[®] • Yescarta[™] • Yutiq[™] • Zaltrap[®] • Zemaira[®] • Zemdri[™] • Zepzelca[™] • Zilretta[™] • Zinplava[™] • Zolgensma[®] • Zulresso[™] 	X	X	X	X

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Prior Authorization Contacts

If members have questions regarding the PA 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 PA 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				
		HMO, CC, HSP, EPO	CC PPGs	POS T1, POS T2, POS T3	PPO, Flex Net	OOS PPO
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 HMO, PPO, EPO Point of Service (POS) 	X	X	X	X	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/post stabilization notification for non-participating facilities	1-800-995-7890	X	X	X		
Hospital Notification Unit	1-800-995-7890; fax: 1-800-676-7969 <ul style="list-style-type: none"> Employer group HMO, PPO, EPO Point of Service (POS) 	X	X	X	X	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	
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
MHN (behavioral health provider)	1-888-426-0030	X	X	X	X	X

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		Commercial				
		HMO, CC, HSP, EPO	CC PPGs	POS T1, POS T2, POS T3	PPO, Flex Net	OOS PPO
CONTACTS, CONTINUED						
eviCore healthcare	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
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
Apria Healthcare (CPAP and BiPAP)	1-800-277-4288	X	X	X	X	X
AcariaHealth (preferred hemophilia provider)	1-844-538-4661 fax: 1-844-750-0827	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
American Specialty Health Plans, Inc. (ASH Plans)	1-800-972-4226 www.ashlink.com	X	X	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 and POS Tier 1 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.