



Health Net®

As communicated in provider update 14-513, *2015 Prior Authorization Requirements Changes*, distributed on October 22, 2014, the prior authorization requirements have been revised, effective January 1, 2015.

For reference, attached are both the current requirements list and the revised list, effective January 1, 2015, starting on page 4. Providers should note, for 2015, the prior authorization requirements for all lines of business are included in one document. Providers must refer to the revised list for dates of service on and after January 1, 2015.



PRIOR AUTHORIZATION REQUIREMENTS
Health Net Life Insurance Company and
Health Net Health Plan of Oregon, Inc.
Health Net Medicare Advantage (MA) HMO and PPO

Prior Authorization Request Fax Line – (866) 295-8562 (preferred method)

Prior Authorization Request Telephone Line – (800) 672-5941, option 3. For hearing and speech assistance, call TTY (800) 929-9955, Monday – Friday, 8:00 a.m. to 5:00 p.m., except holidays

Other Contact Information:

- **Fax line to submit additional clinical information** – (800) 440-4425
- **Provider status/member eligibility and benefits** – provider.healthnet.com or (888) 445-8913
- **Health Net Pharmaceutical Services (HNPS) for listed medications** – fax: (800) 255-9198 (preferred method); for questions, contact HNPS at (888) 802-7001
- **MedSolutions for listed outpatient diagnostic procedures** – (888) 693-3211; fax: (888) 693-3210; www.medsolutionsonline.com

***Note:** The following services are subject to prior authorization before they can be performed. 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. Health Net Life Insurance Company reserves the right to review utilization patterns retrospectively and to address adverse trends with providers.*

This prior authorization list contains services that require prior authorization only and is not intended to be a list of covered services. Providers should refer to a member’s Evidence of Coverage (EOC) or Certificate of Insurance (COI) for a complete list of covered services.

Referral to participating specialists – Health Net MA does not require providers to obtain prior authorization from Health Net for referrals for office visits to Health Net MA participating specialists. Health Net MA members should coordinate visits to a specialist with their primary care physician (PCP).

Inpatient Services

- | | |
|---|--|
| <ul style="list-style-type: none"> • Acute rehabilitation facility • Behavioral health or substance abuse facility <ul style="list-style-type: none"> ○ Authorized by MHN at (800) 977-8216 | <ul style="list-style-type: none"> • Hospital • Skilled nursing facility |
|---|--|

Outpatient Procedures/Services/Equipment

- | | |
|--|--|
| <ul style="list-style-type: none"> • <u>Behavioral health and substance abuse services</u> <ul style="list-style-type: none"> ○ Authorized by MHN at (800) 977-8216 ○ Prior authorization is not required for office visits • <u>Custom orthotics</u> • <u>Chondrocyte implants</u> • <u>Durable medical equipment (DME)</u> <ul style="list-style-type: none"> ○ Bone growth stimulators ○ Custom-made items ○ Continuous positive airway pressure (CPAP) – Refer members to Apria Healthcare at (800) 277-4288 ○ Hospital beds | <ul style="list-style-type: none"> ○ Power wheel chairs ○ Scooters • <u>Experimental/investigational services and new technologies</u> <ul style="list-style-type: none"> ○ Including, but not limited to, those listed on the Investigational Procedures List located at provider.healthnet.com > <i>Working With Health Net > Medical Policies > Investigational Procedure List</i> • <u>Home health services</u> <ul style="list-style-type: none"> ○ Home uterine monitoring ○ Nursing ○ Occupational therapy ○ Physical therapy |
|--|--|



PRIOR AUTHORIZATION REQUIREMENTS
Health Net Life Insurance Company and
Health Net Health Plan of Oregon, Inc.
Health Net Medicare Advantage (MA) HMO and PPO

- Home health services, continued
 - Speech therapy
 - Tocolytic services
- Neuro or spinal cord stimulator
- Occupational and speech therapy (except for initial evaluation and modalities done on the same day)
- Outpatient diagnostic procedures
 - Authorized by MedSolutions
 - Computed tomography (CT)
 - Magnetic resonance angiography (MRA)
 - Magnetic resonance imaging (MRI)
 - Nuclear cardiac imaging procedures
 - Positron emission tomography (PET)
 - Sleep studies
- Outpatient pharmaceuticals
 - Hemophilia factors
 - Authorized by HNPS:
 - Actemra[®], Aldurazyme[®], Aralast[™], Benlysta[®], Boniva[®], Botox[®], Ceredase[®], Cerezyme[®], Cinryze[®], Dysport[®], Fabrazyme[®], Flolan[®], Glassia[™], Ilaris[®], intravenous immunoglobulin (IVIG), Krystexxa[®], Lumizyme[®], Myobloc[®], Myozyme[®], Naglazyme[®], Nplate[®], Orencia[®], Prolia[®], Prolastin[®], Provenge[®], Reclast[®], Remicade[®], Remodulin[®], Rituxan[®] (rheumatoid arthritis only), Simponi[®] Aria[™], Soliris[®], Stelara[®], Tysabri[®], Ventavis[®], Vpriv[™], Xeomin[®], Xgeva[®], Xiaflex[®], Xolair[®], Zemaira[®]
 - Self-injectables
- Outpatient physical therapy (except for initial evaluation and modalities done on the same day)
- Outpatient surgical procedures
 - Back surgery (including laminotomy, discectomy, vertebroplasty, and nucleoplasty)
 - Bariatric procedures
 - Blepharoplasty
 - Breast reduction and augmentation
 - Mastectomy for gynecomastia
 - Orthognathic procedures (includes TMJ treatment)
 - Rhinoplasty
 - Septoplasty
 - Treatment of varicose veins
 - Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP
- Prosthetics – items exceeding \$2,500 in billed charges
- Radiation therapy
 - Intensity modulated radiation therapy (IMRT)
 - Proton beam therapy
 - Stereotactic radiosurgery and stereotactic body radiotherapy (SBRT)
- Referrals to non-participating providers for MA HMO members
- Transplant evaluations and procedures

Notification Only

- Dialysis services
- Maternity
 - At the time of first prenatal visit
- Urgent/emergent admission as soon as possible, but no later than 24 hours or by the next business day

Oregon and Washington



Prior Authorization Requirements

Health Net Health Plan of Oregon and Health Net Life Insurance Company

- EPO
- Point of Service (POS)
- PPO
- CommunityCare
- Medicare Advantage HMO (MA HMO)
- Medicare Advantage PPO (MA PPO)

The following services, procedures or equipment are subject to prior authorization requirements (unless noted as notification required only), as indicated by an “X” under the applicable line of business. If an “X” is not present, prior authorization may not be required or the service, procedure or equipment may not be a covered benefit. All services are subject to member eligibility, benefit plan coverage and medical necessity. 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. Health Net reserves the right to review utilization patterns retrospectively and to address adverse trends with providers.

This prior authorization list contains services that require prior authorization 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 the **Health Net Customer Contact Center**.

Referrals to participating specialists – Providers are not required to obtain prior authorization from Health Net for referrals to Health Net participating specialists. This does not change the requirement that EPO, Triple Option/POS or CommunityCare members must coordinate their care through their primary care physician (PCP).

For MA PPO plans, prior authorization is recommended, but not required, for out-of-network coverage.

Unless noted differently, all services listed below require prior authorization from Health Net. Refer to **prior authorization contacts** on page 5 for submission information. Providers can refer to the member’s Health Net identification (ID) card to confirm product type.

INPATIENT SERVICES		Commercial	Medicare
		EPO, POS, PPO, CommunityCare	MA HMO, MA PPO
Acute rehabilitation facility		X	X
Behavioral health or substance abuse facility	Authorized by MHN	X	X
Hospice	For MA HMO and MA PPO, covered under Original Medicare	X	
Hospital		X	X

INPATIENT SERVICES, CONTINUED			
		Commercial	Medicare
		EPO, POS, PPO, CommunityCare	MA HMO, MA PPO
Skilled nursing facility		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 next business day 	X	X
OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT			
Back surgery	Includes laminotomy, discectomy, vertebroplasty, and nucleoplasty	X	X
Bariatric procedures	Surgical procedure	X	X
Behavioral health and substance abuse services	<ul style="list-style-type: none"> • Authorized by MHN • Includes neuropsych testing ordered by a psychiatrist • Prior authorization not required for office visit 	X	X
Blepharoplasty (includes brow ptosis)	Surgical procedure	X	X
Breast reduction and augmentation	Surgical procedure	X	X
Chiropractic care and acupuncture visits	<ul style="list-style-type: none"> • Prior authorization not required for initial evaluation • Contact ASH for EPO, POS, PPO (in Oregon only), CommunityCare, MA HMO, and MA PPO • Contact Optum for Washington PPO 	X	X
Chondrocyte implants		X	X
Clinical trials		X	
Cochlear implants		X	X
Custom orthotics		X	X
Dermatology (in-office procedures)	Includes: <ul style="list-style-type: none"> • Chemical exfoliation and electrolysis (17360-17380) • Dermabrasion/chemical peel (15780-15793) • Laser treatment (17106-17108, 17250) • Skin injections and implants (11900-11980) 	X	X
Dialysis services	Notification required only	X	X
Durable medical equipment (DME)	Includes: <ul style="list-style-type: none"> • Bone growth stimulators • Custom-made items • Hospital beds • Power wheelchairs • Scooters 	X	X
DME – continuous positive airway pressure (CPAP)	Refer members to Apria Healthcare	X	X
Enhanced external counterpulsation (EECP)		X	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Commercial	Medicare
		EPO, POS, PPO, CommunityCare	MA HMO, MA PPO
Excision, excessive skin and subcutaneous tissue (including lipectomy) of the abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas		X	X
Experimental/investigational services and new technologies	Includes, but is not limited to, those listed on the <i>Investigational Procedures List</i> located on provider.healthnet.com > <i>Working With Health Net</i> > <i>Medical Policies</i> > <i>Investigational Procedure List</i>	X	X
Genetic testing		X	X
Liposuction		X	X
Mastectomy for gynecomastia	Surgical procedure	X	X
Maternity	Notification required only at time of first prenatal visit	X	X
Neuro or spinal cord stimulators		X	X
Occupational and speech therapy	<ul style="list-style-type: none"> • Includes home setting • Prior authorization not required for initial evaluation and modalities done on the same day 	X	X
Orthognathic procedures	<ul style="list-style-type: none"> • Surgical procedure • Includes TMJ treatment 	X	X
Otoplasty		X	X
Outpatient diagnostic procedures	<ul style="list-style-type: none"> • Includes: <ul style="list-style-type: none"> ○ Cardiac catheterization ○ Computed tomography (CT) ○ Echocardiography ○ Magnetic resonance angiography (MRA) ○ Magnetic resonance imaging (MRI) ○ Nuclear cardiac imaging procedures ○ Positron emission tomography (PET) ○ Sleep studies • Authorized by MedSolutions 	X	X
Outpatient physical therapy	<ul style="list-style-type: none"> • Includes home setting • Prior authorization not required for initial evaluation and modalities done on the same day 	X	X
Panniculectomy		X	X
Prosthetics	Prior authorization required for items exceeding \$2,500 in billed charges	X	X
Radiation therapy		X	X
Rhinoplasty	Surgical procedure	X	X
Septoplasty	Surgical procedure	X	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Commercial	Medicare
		EPO, POS, PPO, CommunityCare	MA HMO, MA PPO
Treatment of varicose veins	Surgical procedure	X	X
Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP	Surgical procedure	X	X
Referrals to non-participating providers	Applicable to EPO and MA HMO members only	X	X
Total joint replacements	<ul style="list-style-type: none"> • Includes hip, knee and shoulder • Not covered by Medicare in outpatient setting 	X	
Transplant-related services	Including evaluation	X	X
Transgender services		X	X
Vermilionectomy (lip shave), with mucosal advancement		X	X
Vestibuloplasty		X	X
X-Stop		X	X

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT CLAIMS)

<ul style="list-style-type: none"> • Actemra[®] • Aldurazyme[®] • Aralast[®] • Benlysta[®] • Ceredase[®] • Cerezyme[®] • Cinryze[®] • Fabrazyme[®] • Glassia[™] • Intravenous immunoglobulin (IVIG) • Krystexxa[®] • Lumizyme[®] • Myozyme[®] • Naglazyme[®] • Orencia[®] • Remicade[®] • Rituxan[®] (non-oncology only) • Simponi[®] • Aria[™] • Soliris[®] • Tysabri[®] • Vpriv[™] • Zemaira[®] 	Contact Coram Authorized by HNPS	X	X
<ul style="list-style-type: none"> • Botox[®] • Dysport[®] • Ilaris[®] • Myobloc[®] • Nplate[®] • Prolastin[®] • Provenge[®] • Remodulin[®] • Stelara[®] • Ventavis[®] • Xeomin[®] • Xiaflex[®] • Xolair[®] 	Authorized by HNPS	X	X

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT CLAIMS), CONTINUED

		Commercial	Medicare
		EPO, POS, PPO, CommunityCare	MA HMO, MA PPO
<ul style="list-style-type: none"> • Aranesp[®] • Entyvio[™] • Lucentis[®] • Makena[®] • Synagis[®] 	Authorized by HNPS	X	
Hemophilia factors	Authorized by HNPS	X	X
Self-injectables	Authorized by HNPS	X	X
	When used as a chemotherapy adjunct, prior authorization not required	X	

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 and Health Net preferred providers that may receive prior authorization requests.

CONTACTS			
		Commercial	Medicare
		EPO, POS, PPO, CommunityCare	MA HMO, MA PPO
Prior authorization request	(888) 802-7001; fax: (800) 495-1148	X	
	(800) 672-5941, option 3; fax: (866) 295-8562		X
Fax line to submit additional clinical information	(800) 440-4425	X	X
Provider status/member eligibility and benefits	provider.healthnet.com; (888) 802-7001	X	
	provider.healthnet.com; (888) 445-8913, option 3		X
Health Net Pharmaceutical Services (HNPS)	(888) 802-7001; fax: (800) 255-9198 (preferred method)	X	X
MedSolutions	(888) 693-3211; fax: (888) 693-3210; www.medsolutionsonline.com	X	X
MHN (behavioral health provider)	(800) 977-8216	X	X
Apria Healthcare (for CPAP)	(800) 277-4288	X	X
Coram (specialty infusion services)	(877) 328-5724; fax: (866) 776-6815	X	
American Specialty Health (ASH) Plans	(800) 972-4226	X	
	(800) 678-9133		X
Well Net alternative health care services (administered by OptumHealth Care Solutions)	(877) 369-2195 – applies to Washington PPO only	X	
Health Net Customer Contact Center	(888) 802-7001	X	
	(888) 445-8913, option 3		X