



Health Net®

As communicated in provider update 14-520, *2015 Prior Authorization Requirements Changes*, distributed on October 27, 2014, the prior authorization requirements for PPO, out-of-state PPO, Medicare Advantage (MA) PPO, and Flex Net products 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 5. Providers should note, for 2015, the prior authorization requirements for all commercial and Medicare lines of business, including PPO, out-of-state PPO, MA PPO, and Flex Net products, 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 PPO, Medicare Advantage (MA) PPO\*, Out-of-State PPO, and Flex Net Products

### Prior Authorization Request Telephone Line

- PPO, Medicare Advantage (MA) PPO and Flex Net, and for services listed as requiring prior authorization by Health Net Life (HNL): (800) 977-7282
- Out-of-state PPO – administered by First Health unless noted otherwise: (800) 932-6690

### Prior Authorization Request Fax Line

- PPO, Medicare Advantage (MA) PPO and Flex Net, and for services listed as requiring prior authorization by HNL: (800) 793-4473 or (800) 672-2135
- Out-of-state PPO – administered by First Health unless noted otherwise: (724) 741-7307

### Other Contact Information:

- **Fax line to submit additional clinical information** – PPO, Medicare Advantage (MA) PPO and Flex Net, and for services listed as requiring prior authorization by HNL: (800) 440-4425; Out-of-state PPO – administered by First Health: (724) 741-7307
- **Provider status/member eligibility and benefits** – provider.healthnet.com or (800) 641-7761
- **MedSolutions for listed outpatient diagnostic procedures** – (888) 693-3211; fax: (888) 693-3210 or www.medsolutionsonline.com
- **Health Net Pharmaceutical Services (HNPS) for listed medications** – (800) 548-5524; fax: (800) 314-6223
- **Coram Specialty Infusion Services** (preferred home infusion provider) – (877) 328-5724; fax: (800) 734-7211

**Note:** *The following services are subject to prior authorization requirements. 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.*

*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.*

*\*For MA PPO plans, prior authorization is required for in-network coverage only.*

### Inpatient Services

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Acute rehabilitation facility</li> <li>• Behavioral health facility</li> <li>• Hospice (not applicable to MA PPO<sup>1</sup>)</li> </ul> | <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Skilled nursing facility</li> <li>• Substance abuse facility</li> </ul> |
|---|--|

### Outpatient Procedures/Equipment

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• <b><u>Ambulance</u></b> <ul style="list-style-type: none"> <li>○ Non-emergency air or ground transportation</li> </ul> </li> <li>• <b><u>Applied behavioral analysis (ABA) and other forms of behavioral health treatment (BHT) for autism and pervasive developmental disorders</u></b> <ul style="list-style-type: none"> <li>○ Requires notification, certification of diagnosis and treatment plan for the first 6 months of treatment; after 6 months, prior authorization is required for</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• determination of ongoing medical necessity</li> <li>• Not applicable to MA PPO members</li> <li>• Authorized by HNL for out-of-state PPO members</li> <li>• <b><u>Chondrocyte implants</u></b></li> <li>• <b><u>Cochlear implants</u></b> <ul style="list-style-type: none"> <li>○ Not applicable to MA PPO</li> </ul> </li> <li>• <b><u>Clinical trials</u></b> <ul style="list-style-type: none"> <li>○ Not applicable to MA PPO<sup>1</sup></li> <li>○ Authorized by HNL for out-of-state PPO members</li> </ul> </li> </ul> |
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<sup>1</sup>Hospice and clinical trials are covered under Original Medicare.

## PRIOR AUTHORIZATION REQUIREMENTS

### PPO, Medicare Advantage (MA) PPO\*, Out-of-State PPO, and Flex Net Products

- **Custom orthotics**
- **Durable medical equipment (DME)**
  - Bone growth stimulator
  - Continuous positive airway pressure (CPAP) – Refer members to Apria Healthcare at (800) 277-4288
  - Custom-made items
  - Hospital beds
  - Power wheelchairs
  - Scooters
- **Experimental/investigational services and new technologies**
  - Authorized by HNL for out-of-state PPO members
- **Genetic testing (not applicable to MA PPO)**
- **Home health services**
  - Home uterine monitoring
  - Hospice
  - Nursing
  - Occupational therapy
  - Physical therapy
  - Speech therapy
  - Tocolytic services
- **Neuro or spinal cord stimulator**
- **Occupational and speech therapy**
  - Authorized by HNL for out-of-state PPO members
- **Outpatient diagnostic procedures<sup>2</sup>**
  - Authorized by MedSolutions
    - Computed tomography (CT)
    - Magnetic resonance angiography (MRA)
    - Magnetic resonance imaging (MRI)
    - Nuclear cardiac imaging procedures, including single photon emission computed tomography (SPECT)
    - Positron-emission tomography (PET)
    - Sleep studies
- **Outpatient pharmaceuticals**
  - Authorized by HNPS
    - Self-injectables<sup>3</sup>
    - Other medications:
      - Stelara<sup>®</sup>, Ventavis<sup>®</sup>, Xeomin<sup>®</sup>, Xgeva<sup>®</sup>, Xiaflex<sup>®</sup>, Xolair<sup>®</sup>
- **Outpatient physical therapy, chiropractic care and acupuncture** – visits exceeding 12
  - Authorized by HNL for out-of-state PPO members
- **Outpatient surgical procedures**
  - Bariatric procedures
  - Blepharoplasty
  - Breast reductions and augmentation
  - Cleft palate reconstruction, including dental and orthodontic services (not applicable to MA PPO members)
  - 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
  - Contact Coram for the following:
    - Hemophilia factors
    - IV/infusion medications:
      - Actemra<sup>®</sup>, Aldurazyme<sup>®</sup>, Aralast<sup>™</sup>, Benlysta<sup>®</sup>, Boniva<sup>®</sup>, Ceredase<sup>®</sup>, Cerezyme<sup>®</sup>, Cinryze<sup>®</sup>, Fabrazyme<sup>®</sup>, Glassia<sup>™</sup>, intravenous immunoglobulin (IVIG), Krystexxa<sup>®</sup>, Lumizyme<sup>®</sup>, Myozyme<sup>®</sup>, Naglazyme<sup>®</sup>, Orencia<sup>®</sup>, Reclast<sup>®</sup>, Remicade<sup>®</sup>, Rituxan<sup>®</sup> (rheumatoid arthritis only), Simponi<sup>®</sup> Aria<sup>™</sup>, Soliris<sup>®</sup>, Tysabri<sup>®</sup>, Vpriv<sup>™</sup>, Zemaira<sup>®</sup>

<sup>2</sup>For Stanford dependents, authorizations must be sent to Health Net.

<sup>3</sup>Self-injectables are not covered under Medicare Part B.



**PRIOR AUTHORIZATION REQUIREMENTS**  
**PPO, Medicare Advantage PPO\*, Out-of-State PPO,**  
**and Flex Net Products**

- **Radiation therapy**
  - Intensity modulated radiation therapy (IMRT)
  - Proton beam therapy
  - Stereotactic radiosurgery and stereotactic body radiotherapy (SBRT)
- **Transgender services (MA PPO only)**
- **Transplant-related services**
  - Prior to evaluation
  - Authorized by HNL
- **X-Stop (not applicable to MA PPO)**

**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** – send notification of admission to the Hospital Notification Unit via fax at (800) 676-7969, or telephone (800) 995-7890

# Prior Authorization Requirements



*Health Net of California, Inc. and Health Net Life Insurance Company*

- *Direct Network<sup>1</sup> HMO (including CommunityCare HMO), Point of Service (POS) Tier 1 and Medicare Advantage (MA) HMO*
- *EPO (including PureCare)*
- *CommunityCare HMO Participating Physician Groups (PPGs)*
- *POS Tiers 2 and 3 (Elect, Select and Open Access)*
- *PPO, Out-of-State PPO<sup>2</sup>, MA PPO, and Flex Net product*

The following services, procedures or equipment are subject to prior authorization requirements (unless noted as notification required only), as indicated by “X” under the applicable line of business. If “X” is not present, prior authorization 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 prior authorization is required.

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](http://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 page 7 for submission information. Providers can refer to the member’s Health Net identification (ID) card to confirm product type.

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

Select lines of business have been abbreviated, as follows: CommunityCare HMO is CC and CommunityCare HMO PPGs is CC PPGs; POS Tiers 1, 2 and 3 are POS T1, POS T2 and POS T3; out-of-state PPO is OOS PPO.

INPATIENT SERVICES		Commercial				Medicare	
		HMO, CC, POS T1, EPO	CC PPGs	POS T2, POS T3	PPO, OOS PPO, Flex Net	MA HMO	MA PPO
<b>Acute rehabilitation</b>		X	X	X	X	X	X
<b>Behavioral health or substance abuse facility</b>	Authorized by <b>MHN</b>	X	X			X	X
	Authorized by <b>Health Net</b>			X	X		

## INPATIENT SERVICES, CONTINUED

		Commercial				Medicare	
		HMO, CC, POS T1, EPO	CC PPGs	POS T2, POS T3	PPO, OOS PPO, Flex Net	MA HMO	MA PPO
<b>Hospice</b>	For MA HMO and MA PPO, covered under Original Medicare	X	X	X	X		
<b>Hospital</b>		X	X	X	X	X	X
<b>Skilled nursing facility</b>		X	X	X	X	X	X
<b>Urgent/emergent admissions</b>	<ul style="list-style-type: none"> <li>• <b>Notification required only</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>	X	X	X	X	X	X

## OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT

<b>Ambulance</b>	Non-emergency air or ground transportation	X	X*	X	X	X	X
<b>Applied behavioral analysis (ABA) and other forms of behavioral health treatment (BHT) for autism and pervasive developmental disorders</b>	<ul style="list-style-type: none"> <li>• Requires notification, certification of diagnosis and treatment plan for the first 6 months of treatment; after 6 months, prior authorization is required for determination of ongoing medical necessity</li> <li>• <b>For HMO, CC, POS T1, EPO, CC PPGs</b> – Contact <b>MHN</b></li> <li>• <b>For POS T2, POS T3, PPO, OOS PPO, Flex Net</b> – Contact <b>Health Net</b></li> </ul>	X	X	X	X		
<b>Back surgery</b>	Includes laminotomy, discectomy, vertebroplasty, and nucleoplasty	X	X*	X	X	X	X
<b>Bariatric procedures</b>	<ul style="list-style-type: none"> <li>• Surgical procedure</li> <li>• <b>CommunityCare PPGs</b> – bariatric surgeries and transplants must be performed through Health Net's designated bariatric or transplantation specialty network, respectively</li> </ul>	X	X*	X	X	X	X
<b>Behavioral health and substance abuse services</b>	<ul style="list-style-type: none"> <li>• Authorized by <b>MHN</b></li> <li>• Includes neuropsych testing ordered by a psychiatrist</li> <li>• Prior authorization not required for office visits</li> </ul>	X	X			X	X
<b>Blepharoplasty (includes brow ptosis)</b>	Surgical procedure	X	X*	X	X	X	X
<b>Breast reduction and augmentation</b>	Surgical procedure	X	X*	X	X	X	X
<b>Chiropractic care and acupuncture visits</b>	<ul style="list-style-type: none"> <li>• Prior authorization not required for initial evaluation</li> <li>• Contact <b>ASH</b></li> <li>• Authorized by <b>Health Net</b> for OOS PPO members</li> </ul>	X	X	X	X	X	X
<b>Chondrocyte implants</b>		X	X*	X	X	X	X

\*Subject to prior authorization from the Health Net CommunityCare PPG.

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

		Commercial				Medicare	
		HMO, CC, POS T1, EPO	CC PPGs	POS T2, POS T3	PPO, OOS PPO, Flex Net	MA HMO	MA PPO
<b>Cleft palate reconstruction</b>	<ul style="list-style-type: none"> <li>Surgical procedure</li> <li>Includes dental and orthodontic services</li> </ul>	X	X*	X	X		
<b>Clinical trials</b>	<ul style="list-style-type: none"> <li>Authorized by <b>Health Net</b> for OOS PPO members</li> <li>For MA HMO and MA PPO, covered under Original Medicare</li> </ul>	X	X	X	X		
<b>Cochlear implants</b>		X	X*	X	X	X	X
<b>Custom orthotics</b>		X	X*	X	X	X	X
<b>Dermatology (in-office procedures)</b>	<ul style="list-style-type: none"> <li>Includes:                             <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, 17250)</li> <li>Skin injections and implants (11900-11980)</li> </ul> </li> </ul>	X	X*	X	X	X	X
<b>Dialysis</b>	<b>Notification required only</b>	X	X	X	X	X	X
<b>Durable medical equipment</b>	<ul style="list-style-type: none"> <li>Includes to:                             <ul style="list-style-type: none"> <li>Bone growth stimulator</li> <li>Continuous positive airway pressure (CPAP); refer members to <b>Apria Healthcare</b></li> <li>Custom-made items</li> <li>Hospital beds</li> <li>Power wheelchairs</li> <li>Scoters</li> </ul> </li> </ul>	X	X	X	X	X	X
<b>Enhanced external counterpulsation (EECP)</b>		X	X*	X	X	X	X
<b>Excision, excessive skin and subcutaneous tissue (including lipectomy) of the abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas</b>		X	X*	X	X	X	X
<b>Experimental/investigational services and new technologies</b>	<ul style="list-style-type: none"> <li>Includes, but is not limited to, those listed in the <i>Investigational Procedures List</i> located on the Health Net provider website at provider.healthnet.com &gt; <i>View our Medical Policies &gt; Investigational Procedure List</i></li> <li>Authorized by <b>Health Net</b> for OOS PPO members</li> </ul>	X	X	X	X	X	X
<b>Genetic testing</b>		X	X*	X	X	X	X
<b>Liposuction</b>		X	X*	X	X	X	X

\*Subject to prior authorization from the Health Net CommunityCare PPG.

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

		Commercial				Medicare	
		HMO, CC, POS T1, EPO	CC PPGs	POS T2, POS T3	PPO, OOS PPO, Flex Net	MA HMO	MA PPO
<b>Mastectomy for gynecomastia</b>	Surgical procedure	X	X*	X	X	X	X
<b>Maternity</b>	<b>Notification required only</b> at time of first prenatal visit	X	X	X	X	X	X
<b>Neuro and spinal cord stimulators</b>		X	X*	X	X	X	X
<b>Occupational and speech therapy</b>	<ul style="list-style-type: none"> <li>Includes home setting</li> <li>Authorized by <b>Health Net</b> for OOS PPO members</li> </ul>	X	X*	X	X	X	X
<b>Orthognathic procedures</b>	<ul style="list-style-type: none"> <li>Includes TMJ treatment</li> <li>Surgical procedure</li> </ul>	X	X*	X	X	X	X
<b>Otoplasty</b>		X	X*	X	X	X	X
<b>Outpatient diagnostic procedures<sup>3,4</sup></b>	<ul style="list-style-type: none"> <li><b>For HMO, CC, EPO, PPO, OOS PPO, Flex Net, MA HMO, MA PPO</b> – authorized by <b>MedSolutions</b>; includes:                             <ul style="list-style-type: none"> <li>Computed tomography (CT)</li> <li>Cardiac catheterization (for HMO and CC HMO, subject to Department of Managed Health Care (DMHC) approval)</li> <li>Echocardiography (for HMO and CC HMO, subject to DMHC approval)</li> <li>Magnetic resonance angiography (MRA)</li> <li>Magnetic resonance imaging (MRI)</li> <li>Nuclear cardiac imaging procedures</li> <li>Positron-emission tomography (PET)</li> <li>Sleep studies</li> </ul> </li> <li><b>For POS T1, T2, T3</b> – authorized by <b>Health Net</b>; includes:                             <ul style="list-style-type: none"> <li>CT</li> <li>MRA</li> <li>MRI</li> <li>PET</li> <li>Single photon emission computed tomography (SPECT)</li> </ul> </li> </ul>	X	X*	X	X	X	X
<b>Outpatient physical therapy</b>	<ul style="list-style-type: none"> <li>Visits exceeding 12</li> <li>Includes home setting</li> <li>Authorized by <b>Health Net</b> for OOS PPO members</li> </ul>	X	X	X	X	X	X
<b>Panniculectomy</b>		X	X*	X	X	X	X
<b>Prosthetics</b>	Applies to items exceeding \$2,500 in billed charges	X	X	X	X	X	X

\*Subject to prior authorization from the Health Net CommunityCare PPG.



### OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Commercial				Medicare	
		HMO, CC, POS T1, EPO	CC PPGs	POS T2, POS T3	PPO, OOS PPO, Flex Net	MA HMO	MA PPO
<b>Radiation therapy</b>	<b>For POS T1, POS T2, POS T3 only</b> , limited to: <ul style="list-style-type: none"> <li>Intensity modulated radiation therapy (IMRT)</li> <li>Proton beam therapy</li> <li>Stereotactic radiosurgery and stereotactic body radiotherapy (SBRT)</li> </ul>	X	X*	X	X	X	X
<b>Referrals to non-participating providers</b>		X	X			X	
<b>Rhinoplasty</b>	Surgical procedure	X	X*	X	X	X	X
<b>Septoplasty</b>	Surgical procedure	X	X*	X	X	X	X
<b>Total joint replacements</b>	<ul style="list-style-type: none"> <li>Includes hip, knee and shoulder</li> <li>Not covered by Medicare in outpatient setting</li> </ul>	X	X*	X	X		
<b>Transgender services</b>		X	X*	X		X	X
<b>Transplant-related services</b>	<ul style="list-style-type: none"> <li>Includes evaluation</li> <li>Authorized by <b>Health Net</b> for OOS PPO members</li> </ul>	X	X	X	X	X	X
<b>Treatment of varicose veins</b>	Surgical procedure	X	X*	X	X	X	X
<b>Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP</b>	Surgical procedure	X	X*	X	X	X	X
<b>Vermilionectomy (lip shave), with mucosal advancement</b>		X	X*	X	X	X	X
<b>Vestibuloplasty</b>		X	X*	X	X	X	X
<b>X-Stop</b>		X	X*	X	X	X	X

### OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT CLAIMS)

<b>Self-injectables<sup>5</sup></b>	Authorized by <b>HNPS</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li><b>Aranesp<sup>®</sup></b></li> <li><b>Entyvio<sup>™</sup></b></li> <li><b>Lucentis<sup>®</sup></b></li> </ul>	<ul style="list-style-type: none"> <li><b>Makena<sup>™</sup></b></li> <li><b>Synagis<sup>®</sup></b></li> </ul>	X	X	X	X		
<ul style="list-style-type: none"> <li><b>Botox<sup>®</sup></b></li> <li><b>Dysport<sup>®</sup></b></li> <li><b>Ilaris<sup>®</sup></b></li> <li><b>Myobloc<sup>®</sup></b></li> <li><b>Nplate<sup>®</sup></b></li> <li><b>Prolastin<sup>®</sup></b></li> <li><b>Provenge<sup>®</sup></b></li> </ul>	<ul style="list-style-type: none"> <li><b>Remodulin<sup>®</sup></b></li> <li><b>Stelara<sup>®</sup></b></li> <li><b>Ventavis<sup>®</sup></b></li> <li><b>Xeomin<sup>®</sup></b></li> <li><b>Xiaflex<sup>®</sup></b></li> <li><b>Xolair<sup>®</sup></b></li> </ul>	Authorized by <b>HNPS</b>	X	X	X	X	X

\*Subject to prior authorization from the Health Net CommunityCare PPG.

**OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT CLAIMS), CONTINUED**

		Commercial				Medicare	
		HMO, CC, POS T1, EPO	CC PPGs	POS T2, POS T3	PPO, OOS PPO, Flex Net	MA HMO	MA PPO
<ul style="list-style-type: none"> <li>• Actemra<sup>®</sup></li> <li>• Aldurazyme<sup>®</sup></li> <li>• Aralast<sup>®</sup></li> <li>• Benlysta<sup>®</sup></li> <li>• Ceredase<sup>®</sup></li> <li>• Cerezyme<sup>®</sup></li> <li>• Cinryze<sup>®</sup></li> <li>• Fabrazyme<sup>®</sup></li> <li>• Glassia<sup>™</sup></li> <li>• Intravenous</li> <li>• Immunoglobulin (IVIG)</li> <li>• Krystexxa<sup>®</sup></li> <li>• Lumizyme<sup>®</sup></li> <li>• Myozyme<sup>®</sup></li> <li>• Naglazyme<sup>®</sup></li> <li>• Orencia<sup>®</sup></li> <li>• Remicade<sup>®</sup></li> <li>• Rituxan<sup>®</sup> (non-oncology only)</li> <li>• Simponi<sup>®</sup></li> <li>• Aria<sup>™</sup></li> <li>• Soliris<sup>®</sup></li> <li>• Tysabri<sup>®</sup></li> <li>• Vpriv<sup>™</sup></li> <li>• Zemaira<sup>®</sup></li> </ul>	Contact <b>Coram</b>	X	X	X	X	X	X
<b>Hemophilia factors</b>	Contact <b>Coram</b>	X	X	X	X	X	X

<sup>1</sup>Direct Network refers to Health Net's directly contracting network for HMO, CommunityCare HMO, POS Tier 1 and MA HMO products.

<sup>2</sup>Out-of-state PPO is administered by First Health, unless noted otherwise.

<sup>3</sup>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.

<sup>4</sup>For Stanford dependents, authorizations must be sent to Health Net.

<sup>5</sup>Self-injectables are not covered under Medicare Part B.

## 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.

Select lines of business have been abbreviated, as follows: CommunityCare is CC and CommunityCare PPGs is CC PPGs; POS Tiers 1, 2 and 3 are POS T1, POS T2 and POS T3; out-of-state PPO is OOS PPO.

CONTACTS								
		Commercial					Medicare	
		HMO, CC, POS T1, EPO	CC PPGs	POS T2, POS T3	PPO, Flex Net	OOS PPO	MA HMO	MA PPO
<b>Prior authorization request</b>	(800) 977-7282 fax: (800) 793-4473 or (800) 672-2135 Online submission: provider.healthnet.com	X	X*	X	X		X	X
<b>Fax line to submit additional clinical information</b>	(800) 440-4425	X	X*	X	X		X	X
<b>Prior authorization request – administered by First Health</b>	(866) 214-8701					X		
<b>Fax line to submit additional clinical information – administered by First Health</b>	(724) 741-7307					X		
<b>Health Net Provider Services</b>	provider.healthnet.com; (800) 641-7761 email: provider_services@healthnet.com	X	X	X	X	X		
<ul style="list-style-type: none"> <li>• <b>Provider status</b></li> <li>• <b>Member eligibility and benefits</b></li> <li>• <b>Member EOC/COI inquiry</b></li> </ul>	provider.healthnet.com; (800) 929-9224						X	X
<b>Health Net Hospital Notification Unit</b>	(800) 995-7890; fax: (800) 676-7969	X	X	X	X	X	X	X
<b>MHN (behavioral health provider)</b>	(888) 426-0030	X	X	X			X	X
<b>MedSolutions for outpatient diagnostic procedures</b>	(888) 693-3211; fax: (888) 693-3210 www.medsolutionsonline.com	X			X	X	X	X
<b>Health Net Pharmaceutical Services (HNPS)</b>	(800) 548-5524; fax: (800) 314-6223	X	X	X	X	X	X	X
<b>Apria Healthcare (for continuous positive airway pressure (CPAP))</b>	(800) 277-4288	X	X	X	X	X	X	X
<b>Coram Specialty Infusion Services (preferred home infusion provider)</b>	(877) 328-5724; fax: (866) 776-6815	X	X	X	X	X	X	X
<b>American Specialty Health (ASH) Plans</b>	(800) 972-4226 (800) 678-9133	X	X	X	X		X	X

\*Subject to prior authorization from the Health Net CommunityCare PPG for specified services as indicated on the prior authorization requirements list.