



PRIOR AUTHORIZATION REQUIREMENTS HMO and Point of Service (POS) Tier 1 Scripps Medical Group Enrollees

Prior Authorization Request Telephone Line – (800) 977-7282

Prior Authorization Request Fax Lines – (800) 793-4473 or (800) 672-2135

Other Contact Information:

- Fax Line to Submit Additional Clinical Information – (800) 440-4425
- Provider Status/Member Eligibility and Benefits – www.healthnet.com or (800) 641-7761
- MedSolutions for Listed Outpatient Diagnostic Procedures – (888) 693-3211 or www.medsolutionsonline.com
- Health Net Pharmaceutical Services (HNPS) for Self-Injectables – (800) 548-5524 or fax to (818) 676-8076

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.

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.

Inpatient Services

- Elective admissions to the following:
 - Acute rehabilitation facility
 - Behavioral health or substance abuse facility – authorized by MHN at (888) 426-0030
 - Hospice
 - Hospital
 - Skilled nursing facility

Out-of-Area Services

- Services outside San Diego County

Outpatient Procedures/Services/Equipment

- **Ambulance**
 - Non-emergency air or ground transportation
- **Bariatric-related services**
 - Non-surgical bariatric-related consultations and services
 - All bariatric-related surgical services
- **Behavioral health and substance abuse services** – authorized by MHN at (888) 426-0030
 - Prior authorization not required for office visits
 - Behavioral health treatment, including applied behavioral analysis (ABA), for pervasive developmental and autism spectrum disorders 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
- **Cardiac treadmill** – for members under age 40 (93350, 93015-93018)
- **Clinical trials**
- **Custom orthotics**
- **Dental** – consultations and procedures
- **Dermatology** – in-office procedures
 - Dermabrasion/chemical peel (15780-15793)
 - Chemical exfoliation and electrolysis (17360-17380)
 - Laser treatment (17106-17108, 17250)
 - Skin injections and implants (11900-11980)
- **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**



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- **Home health services**
 - Home uterine monitoring
 - Hospice
 - Nursing
 - Occupational therapy
 - Physical therapy
 - Speech therapy
 - Tocolytic services
- **Intensity modulated radiation therapy (IMRT)**
- **Neuro or spinal cord stimulator**
- **Occupational and speech therapy**
- **Outpatient diagnostic procedures** – authorized by MedSolutions
 - Computed tomography (CT) scans
 - Magnetic resonance angiography (MRA) scans
 - Magnetic resonance imaging (MRI) scans
 - Nuclear cardiac imaging procedures, including single photon emission computed tomography (SPECT) (78460-78499)
 - Positron-emission tomography (PET) scans
- **Outpatient pharmaceuticals**
 - Authorized by HNPS
 - Self-injectables
 - Authorized by Health Net
 - Hemophilia factors and intravenous immunoglobulin (IVIG) – Refer members to Coram Healthcare at (888) 439-3661
 - Intravenous (IV) infusion medications
 - Actemra[®], Aldurazyme[®], Aralast[™], Benlysta[®], Boniva[®], Ceredase[®], Cerezyme[®], Cinryze[®], Fabrazyme[®], Flolan[®], Glassia[™], Krystexxa[®], Lumizyme[®], Myozyme[®], Naglazyme[®], Novantrone[®], Orenicia[®], Prolastin[®], Reclast[®], Remicade[®], Remodulin[®], Rituxan[®] (rheumatoid arthritis only), Tysabri[®], Vpriv[™], Zemaira[®]
 - Other medications
 - Aranesp[®], Botox[®], Dysport[®], Lucentis[®], Makena[™], Myobloc[®], Nplate[®], Omontys[®], Prolia[®], Provenge[®], Stelara[®], Synagis[®], Ventavis[®], Xeomin[®], Xgeva[®], Xiaflex[®], Xolair[®]
- **Outpatient physical, cardiac rehabilitation and pulmonary rehabilitation therapy, chiropractic care and acupuncture** – requests exceeding 12 visits
- **Outpatient surgical procedures**
 - All procedures done at freestanding surgery center or outpatient department of hospital
 - Bariatric procedures
 - Orthognathic procedures (includes TMJ treatment)
 - Treatment of varicose veins
- **Prosthetics** – items exceeding \$2,500 in billed charges
- **Specialty care referrals**
 - Referrals to non-participating providers
- **Transgender services**
- **Transplant-related services**
 - Prior to evaluation

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