



Use Apria for Covered DME and Home Respiratory Services

No authorization needed for capitated services referred to Apria

Apria Healthcare® (Apria) is a Health Net* contracted and preferred provider for medically necessary durable medical equipment (DME) and home respiratory services for:

- Commercial members.
- Medicare HMO fee-for-service (FFS) members.
- Members affiliated with a shared-risk participating physician group (PPG). These members are capitated with Apria.

Physicians and PPGs must refer and obtain services through Apria.

Capitated DME services reminder: DME supplied by any provider other than Apria will result in a capitation payment deduction from the shared-risk PPG. Please refer to Health Net's provider operations manuals for more information.

Members can refer to their *Schedule of Benefits*, *Certificate of Insurance* or *Evidence of Coverage (EOC)* for services or supplies that are limited or excluded.

DME is for a member's exclusive use

DME is standard medical treatment prescribed or authorized as a treatment for illness, disease or injury. DME serves a medical purpose, handles repeated use and fills basic medical needs. Note that certain restrictions or qualifying factors may apply.

Types of DME capitated with Apria include, but are not limited to:

- Braces
- Breast pumps
- Canes
- Continuous positive airway pressure (CPAP) devices
- Crutches
- Nebulizers
- Negative pressure wound pumps
- Oxygen equipment
- Walkers
- Wheelchairs
- Whirlpool bath equipment

To access a complete list of all services provided by Apria, log in to Apria's website at www.apria.com.

Certain supplies are covered

Disposable medical supplies may be covered under DME benefits. The supplies need to be medically necessary and used in conjunction with a DME item. If DME is provided by Apria as a capitated service, you must order these supplies through Apria.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com

EnhancedCare PPO (IFP)

1-844-463-8188

provider.healthnetcalifornia.com

EnhancedCare PPO (SBG)

1-844-463-8188

provider.healthnet.com

Health Net Employer Group HMO, POS, HSP, PPO, & EPO

1-800-641-7761

provider.healthnet.com

IFP – CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO

1-888-926-2164

provider.healthnetcalifornia.com

Medicare (individual)

1-800-929-9224

provider.healthnetcalifornia.com

Medicare (employer group)

1-800-929-9224

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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Types of supplies capitated with Apria include, but are not limited to, supplies associated with DME items:

- Bandages
- Breast feeding pump supplies
- CPAP and BiPap supplies
- Catheters
- Feeding tubes
- Syringes, not pre-filled

Referral process made simple

When DME is Health Net's risk or shared risk, and part of a current Apria capitation agreement, a referral to Apria does not need authorization from Health Net or the PPG.

Apria reviews service requests and responds the same day. Follow these steps to submit referrals to Apria.

- 1 Perform daily clinical reviews on members with conditions needing services, such as oxygen, enteral nutrition, CPAP, negative pressure wound therapy, or DME.
- 2 Send a request by fax or telephone and maintain a record of or document the request.

Fax	1-888-492-0010
Telephone	1-888-492-7742

- 3 Register with ApriaLink at www.apria.com to place orders online.
- 4 Contact Apria's central intake and admissions directors at the numbers listed in step 2 if a response is not received within 24 hours. The hospital's onsite review nurse may also help.

Additional information

More information, such as orthotics benefits and lactation equipment, is available in the Provider Library under *Operations Manuals > Benefits > Durable Medical Equipment*. Also see *Benefits > General Exclusions and Limitations*.

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days as listed in the right-hand column on page 1.