



Prior Authorization Requirements

Health Net of Arizona, Inc. and Health Net Life Insurance Company (Health Net)

- HMO
- PPO

The following services, procedures and 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. CPT and ICD codes must be provided. 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 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 Provider Services Center**.

Prior authorizations for Ambetter from Health Net (Ambetter) and Allwell from Health Net (Allwell) have been removed from this list. Ambetter and Allwell providers are required to use the newly launched prior authorization tool available at www.ambetterhealthnet.com or www.allwell.healthnetadvantage.com. Unless noted differently, all services listed below require prior authorization from Health Net of Arizona, Inc. and Health Net Life Insurance Company (Health Net). Refer to **Prior Authorization Contacts** on page 7 for submission information. For PPO members living outside of Arizona, prior authorization is provided by **First Health**. Providers can refer to the member’s Health Net identification (ID) card to confirm product type.

| | | Commercial HMO/PPO |
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| INPATIENT SERVICES | | |
| Behavioral health or substance abuse facility | Authorized by MHN | X |
| Hospice | | X |
| Hospital | Acute inpatient admission, inpatient rehabilitation, Long-Term Acute Care Hospital (LTAC) | X |
| Skilled nursing facility | | X |
| Urgent/emergent admission | Notification required only , as soon as possible, but no later than 24 hours or by next business day. | X |

| | | Commercial HMO/PPO |
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| OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT | | |
| Ambulance | Non-emergency air or ground transportation | X |
| Applied behavioral analysis (ABA) and other forms of behavioral health treatment (BHT) for autism and pervasive developmental disorders | Contact MHN | X |
| Balloon sinuplasty | | X |
| Bariatric procedures | Surgical procedure | X |
| Behavioral health and substance abuse | <ul style="list-style-type: none"> • Authorized by MHN • Includes, but is not limited to, neuropsych testing ordered by a psychiatrist • Prior authorization not required for office visits | X |
| Blepharoplasty (includes brow ptosis) | Surgical procedure | X |
| Breast reduction and augmentation | <ul style="list-style-type: none"> • Surgical procedure • Except following mastectomy • Includes gynecomastia or macromastia | X |
| Capsule endoscopy | | X |
| Chiropractic care and acupuncture visits | <ul style="list-style-type: none"> • Prior authorization not required for initial evaluation • Contact American Specialty Health Plans, Inc. (ASH Plans) for HMO • Contact Health Net for PPO • Contact First Health for PPO members living outside Arizona | X |
| Chondrocyte implants | | X |
| Clinical trials | | X |
| Cochlear implants | | X |
| Dermatology (in-office procedures) | Includes: <ul style="list-style-type: none"> • chemical exfoliation, electrolysis (17360-17380) • dermabrasion/chemical peel (15780-15793) • laser treatment (17106-17108) • skin injections and implants (11900-11980) | X |
| | <ul style="list-style-type: none"> • excision of lesion • scar revision | |
| OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED | | |
| Diagnostic procedures | Contact National Imaging Associates, Inc. (NIA) for the following diagnostic procedures Advanced imaging: <ul style="list-style-type: none"> • Computed tomography (CT)/computed tomography angiography (CTA) | X |

| | | Commercial HMO/PPO | | |
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| | <ul style="list-style-type: none"> • 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) | | | |
| Diagnostic procedures | Authorized by eviCore healthcare <ul style="list-style-type: none"> • sleep studies | X | | |
| Durable medical equipment (DME) | <ul style="list-style-type: none"> • Contact Health Net for bone growth stimulators • Contact Preferred Home Care for members within Arizona or First Health for PPO members living outside Arizona for the following: <ul style="list-style-type: none"> ○ continuous positive airway pressure (CPAP) ○ hospital beds | X | | |
| | <ul style="list-style-type: none"> • Contact Preferred Home Care for the following: <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> ○ bilevel positive airway pressure (BiPAP) ○ infusion pumps ○ lift devices, including Hoyer ○ oxygen ○ mattresses </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> ○ power and custom wheelchairs ○ scooters ○ TENS unit ○ ventilators ○ wound vacuum (negative pressure) devices </td> </tr> </table> • Custom-made items, power wheelchairs and scooters are not covered benefits for commercial plans | <ul style="list-style-type: none"> ○ bilevel positive airway pressure (BiPAP) ○ infusion pumps ○ lift devices, including Hoyer ○ oxygen ○ mattresses | <ul style="list-style-type: none"> ○ power and custom wheelchairs ○ scooters ○ TENS unit ○ ventilators ○ wound vacuum (negative pressure) devices | X |
| <ul style="list-style-type: none"> ○ bilevel positive airway pressure (BiPAP) ○ infusion pumps ○ lift devices, including Hoyer ○ oxygen ○ mattresses | <ul style="list-style-type: none"> ○ power and custom wheelchairs ○ scooters ○ TENS unit ○ ventilators ○ wound vacuum (negative pressure) devices | | | |
| Enhanced external counterpulsation (EECP) | | X | | |
| Excision, excessive skin and subcutaneous tissue (including lipectomy or panniculectomy) | Including abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas | X | | |
| OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED | | | | |
| 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 | X | | |

| | | Commercial HMO/PPO |
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| | provider.healthnet.com > <i>Working with Health Net > Clinical > Medical Policies > Investigational Procedure List</i> | |
| Gender reassignment services (Transgender services) | | X |
| Genetic testing | Medicare: includes counseling | X |
| Home health services | Includes: <ul style="list-style-type: none"> • home health aide • home IV infusion (requests for medications listed in the outpatient pharmaceuticals section may require prior authorization through Health Net's PBM before they are approved) • occupational therapy • physical therapy • skilled nursing visits • social work visits • speech therapy | |
| Laser-assisted UPPP (LAUP) | Surgical procedure | X |
| Liposuction | | X |
| Maternity | Notification required only at time of first prenatal visit | X |
| Neuro and spinal cord stimulators | | X |
| Nonpreferred providers | Covered at out-of-network benefit level for PPO members | X |
| Observation stay | Prior Authorization required if over 48 hours | |
| Occupational and speech therapy | <ul style="list-style-type: none"> • Includes home setting • Initial evaluation does not require prior authorization | X |
| Orthognathic procedures | <ul style="list-style-type: none"> • Includes TMJ treatment • Surgical procedure | X |
| Otoplasty | | X |
| OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED | | |
| Penile implant | | X |
| Physical therapy | <ul style="list-style-type: none"> • Includes home setting • Initial evaluation does not require prior authorization | X |
| Posterior tibial neuro stimulation/pelvic floor stimulation | Surgical procedure | X |
| Prosthetics | Commercial: Items exceeding \$2,500 in billed charges | X |
| Radiation therapy | Authorized by eviCore healthcare | X |
| Rhinoplasty | Surgical procedure | X |

| | | Commercial HMO/PPO |
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| Septoplasty | Surgical procedure | X |
| Spinal surgery | Includes, but is not limited to, laminotomy, fusion, discectomy, vertebroplasty, nucleoplasty, stabilization, and X-Stop | X |
| Total joint replacements | | X |
| Transplant | <ul style="list-style-type: none"> All transplant evaluations and procedures, including, but not limited to, evaluation, transplant consult visits, HLA typing, donor search, and transplant procedure Authorized by Health Net | X |
| Treatment of varicose veins | Surgical procedure | X |
| Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP | Surgical procedure | X |
| Vagus nerve stimulator | | |
| Vermilionectomy (lip shave), with mucosal advancement | | X |
| Vestibuloplasty | Surgical procedure | X |
| OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT) | | |
| Hemophilia factors | | X |
| Newly approved medications | May require prior authorization – Contact Health Net’s pharmacy benefit manager (PBM) to confirm whether a specific new medication requires prior authorization | X |
| Self-injectables | Authorized by Health Net’s PBM | X |
| <ul style="list-style-type: none"> Actemra® Aldurazyme® Aralast® Benlysta® Botox® Brineura™ Cerezyme® Cinqair® Cinryze® Dupixent® Dysport® Exondys 51™ Krystexxa® Kymriah™ Lemtrada® Lumizyme® Myobloc® Myozyme® Naglazyme® Nplate® Nucala® Ocrevus™ Orencia® Probuphine® Renflexis™ Rituxan® (non-oncology only) Rituxan Hycela™ Sculptra® Simponi® Aria™ Soliris® Spinraza™ Stelara® Tysabri® Ventavis® | <ul style="list-style-type: none"> Authorized by Health Net’s PBM Immune globulin examples: intravenous immunoglobulin (IVIG), Hizentra®, HYQVIA Miscellaneous codes including C9399, J3490 and J3590 require prior authorization for billed amounts over \$500.00. | X |

| | | | Commercial HMO/PPO |
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| <ul style="list-style-type: none"> • Fabrazyme® • Glassia™ • H.P. Acthar® Gel • Ilaris® • Immune globulin • Inflectra™ | <ul style="list-style-type: none"> • Prolastin® • Provenge® • Radicava™ • Radiesse® • Remicade® • Remodulin® | <ul style="list-style-type: none"> • Vpriv™ • Xeomin® • Xolair® • Zemaira® • Zinplava™ | |
| <ul style="list-style-type: none"> • Aranesp® • Cosentyx® • Elelyso® • Entyvio™ | <ul style="list-style-type: none"> • Eylea® • Lucentis® • Macugen • Mircera® | <ul style="list-style-type: none"> • Sustol® • Synagis® • Visudyne® | <ul style="list-style-type: none"> • Authorized by Health Net's PBM |

Prior Authorization Contacts

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 prior authorization 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 | |
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| | | HMO/PPO | Out-of-state PPO |
| Prior authorization request | 1-800-977-7518; fax: 1-800-840-1097 | X | |
| | <ul style="list-style-type: none"> HMO, PPO 1-877-935-8020; fax: 1-877-808-9362 | | |
| Prior authorization request – administered by First Health | 1-866-214-8701 | | X |
| Eligibility verification | 1-800-289-2818 | X | X |
| Health Net Customer Contact Center | 1-800-289-2818 | X | X |
| Health Net’s pharmacy benefit manager (PBM) | 1-800-410-6565; fax: 1-800-977-4170 | X | X |
| eviCore healthcare | Sleep studies: 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 |
| MHN (behavioral health provider) | 1-800-977-0281 | | |
| National Imaging Associates, Inc. (NIA) (for advanced imaging requests) | 1-800-424-4806 (commercial) | X | X |
| | Online submission: http://www1.radmd.com/radmd-home.aspx | X | X |
| Preferred Home Care (preferred provider for DME) | 1-800-636-2123 or (480) 446-9010 | X | |
| American Specialty Health Plans, Inc. (ASH Plans) | 1-800-972-4226 | X | |