



Health Net®

As communicated in provider update 13-390, *Prior Authorization Requirements Changes for 2014, and Requirements for CommunityCare HMO Members*, distributed on October 24, 2013, the prior authorization requirements for Out-of-State PPO members are changing, effective January 1, 2014. Additionally, the out-of-state PPO prior authorization requirements have been combined with the PPO, MA PPO and Flex Net requirements.

For your use, attached are both the current requirements list and the revised list, effective January 1, 2014, starting on page 4. Providers must refer to the new requirements list for dates of service beginning January 1, 2014.



Health Net

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## PRIOR AUTHORIZATION REQUIREMENTS Out-of-State PPO Members

Prior Authorization Request Telephone Line – Administered by First Health (800) 932-6690

Prior Authorization Request Fax Line – (724) 741-7307

Prior Authorization Request Fax Line to Submit Additional Clinical Information – (724) 741-7307

### Other Contact Information:

Provider status/member eligibility and benefits – provider.healthnet.com or (800) 641-7761

Health Net Pharmaceutical Services (HNPS) for listed medications – (800) 548-5524 or fax to (800) 314-6223

Health Net Life (HNL) for services listed as requiring prior authorization by HNL –

Prior authorization request telephone line: (800) 977-7282; and fax: (800) 793-4473 or (800) 672-2135, or (800) 440-4425 (to submit additional clinical information)

Coram Specialty Infusion Services (preferred home infusion provider) – (800) 326-8130; fax: (800) 734-7211

*Note: The following services are subject to prior authorization requirements. When faxing requests, 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

- Acute rehabilitation facility
- Behavioral health facility
- Hospice
- Hospital
- Skilled nursing facility
- Substance abuse facility

### Outpatient Procedures/Equipment (all locations)

- Ambulance
  - Non-emergency air or ground transportation
- Applied behavioral analysis (ABA) and other forms of behavioral health treatment (BHT) for autism and pervasive developmental 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
  - Authorized by HNL
- Bariatric related consultations and services (non-surgical)
- Clinical trials
  - Authorized by HNL
- Custom orthotics
- Durable medical equipment (DME)
  - Bone growth stimulator
  - Continuous positive airway pressure (CPAP) – authorized by HNL (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
- Home health services
  - Home uterine monitoring
  - Hospice
  - Nursing
  - Occupational therapy
  - Physical therapy



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## PRIOR AUTHORIZATION REQUIREMENTS Out-of-State PPO Members

- **Home health services continued**
  - Speech therapy
  - Tocolytic services
- **Intensity modulated radiation therapy (IMRT)**
- **Neuro or spinal cord stimulator**
- **Occupational and speech therapy**
  - Authorized by HNL
- **Outpatient diagnostic procedures**
  - Computed tomography (CT) scans
  - Magnetic resonance angiography (MRA) scans
  - Magnetic resonance imaging (MRI) scans
  - Positron-emission tomography (PET) scans
  - Single photon emission computed tomography (SPECT) scans
- **Outpatient pharmaceuticals**
  - Authorized by HNPS
    - Self-injectables
    - Other medications:
      - Aranesp<sup>®</sup>, Botox<sup>®</sup>, Dysport<sup>®</sup>, Flolan<sup>®</sup>, Lucentis<sup>®</sup>, Makena<sup>™</sup>, Myobloc<sup>®</sup>, Nplate<sup>®</sup>, Omontys<sup>®</sup>, Prolastin<sup>®</sup>, Prolia<sup>®</sup>, Provenge<sup>®</sup>, Remodulin<sup>®</sup>, Stelara<sup>®</sup>, Synagis<sup>®</sup>, Ventavis<sup>®</sup>, Xeomin<sup>®</sup>, Xgeva<sup>®</sup>, Xiaflex<sup>®</sup>, Xolair<sup>®</sup>
  - Contact Coram for the following:
    - Hemophilia factors
    - IV/infusion medications:
      - Actemra<sup>®</sup>, Adurazyme<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>, Novantrone<sup>®</sup>, Orencia<sup>®</sup>, Reclast<sup>®</sup>, Remicade<sup>®</sup>, Rituxan<sup>®</sup> (rheumatoid arthritis only), Tysabri<sup>®</sup>, Vpriv<sup>™</sup>, Zemaira<sup>®</sup>
- **Outpatient physical, cardiac rehabilitation and pulmonary rehabilitation therapy, chiropractic care, and acupuncture** – visits exceeding 12
  - Authorized by HNL
- **Outpatient surgical procedures**
  - Bariatric procedures
  - Blepharoplasty
  - Breast reductions and augmentation
  - Cleft palate reconstructive surgery, including dental and orthodontic services
  - Hernia repair – abdominal, ventral, umbilical, incisional
  - Mastectomy for gynecomastia
  - Orthognathic procedures (includes TMJ treatment)
  - Rhinoplasty
  - Treatment of varicose veins
  - Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP
- **Prosthetics** – items exceeding \$2,500 in billed charges
- **Stereotactic radiosurgery and stereotactic body radiotherapy (SBRT) Transgender services** – authorized by HNL
- **Transplant-related services**
  - Prior to evaluation

### Notification Only

- **Dialysis services**
- **Maternity at the time of first prenatal visit**
  - 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 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

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|---|--|
| <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