

Oregon and Washington



Prior Authorization Requirements

Health Net Health Plan of Oregon, Inc. and Health Net Life Insurance Company

- EPO
- Point of Service (POS)
- PPO
- CommunityCare
- Medicare Advantage HMO (MA HMO)
- Medicare Advantage PPO (MA PPO)

The following services, procedures or equipment are subject to prior authorization requirements (unless noted as notification required only), as indicated by an “X” under the applicable line of business. If an “X” is not present, prior authorization may not be required, or the service, procedure or equipment may not be a covered benefit. All services are subject to benefit plan coverage, member eligibility and medical necessity in order for any plan benefit to be a covered service, irrespective of whether prior authorization is required. 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. Health Net reserves the right to review utilization patterns retrospectively and to address adverse trends with providers.

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 plan contract or *Evidence of Coverage (EOC)* provides a complete list of covered services. Plan contracts and *EOCs* 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 plan contract or *EOC* by requesting it from the **Health Net Customer Contact Center**.

Referrals to participating specialists – Providers are not required to obtain prior authorization from Health Net for referrals to Health Net participating specialists. This does not change the requirement that EPO, Triple Option/POS or CommunityCare members must coordinate their care through their primary care physicians (PCPs).

For MA PPO plans, prior authorization is recommended, but not required, for out-of-network coverage. Unless noted differently, all services listed below require prior authorization from Health Net. Refer to **prior authorization contacts** on page 6 for submission information. Providers can refer to the member’s Health Net identification (ID) card to confirm product type. For reference, CommunityCare is abbreviated CC.

INPATIENT SERVICES		Commercial	Medicare
		EPO, POS, PPO, CC	MA HMO, MA PPO
Acute rehabilitation facility		X	X
Behavioral health or substance abuse facility	Authorized by MHN	X	X
Hospice	For MA HMO and MA PPO, covered under Original Medicare	X	
Hospital		X	X

INPATIENT SERVICES, CONTINUED			
		Commercial	Medicare
		EPO, POS, PPO, CC	MA HMO, MA PPO
Skilled nursing facility		X	X
Urgent/emergent admission	<ul style="list-style-type: none"> • Notification required only as soon as possible, but no later than 24 hours or by next business day 	X	X
OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT			
Back surgery	Includes laminotomy, discectomy, vertebroplasty, and nucleoplasty	X	X
Bariatric procedures	Surgical procedure	X	X
Behavioral health and substance abuse services	<ul style="list-style-type: none"> • Authorized by MHN • Includes neuropsych testing ordered by a psychiatrist • Prior authorization not required for office visit 	X	X
Blepharoplasty (includes brow ptosis)	Surgical procedure	X	X
Breast reduction and augmentation	Surgical procedure	X	X
Chiropractic care and acupuncture visits	<ul style="list-style-type: none"> • Prior authorization not required for initial evaluation • Contact ASH for EPO, POS, PPO (in Oregon only), CommunityCare, MA HMO, and MA PPO • Contact Optum for Washington PPO 	X	X
Chondrocyte implants		X	X
Clinical trials		X	
Cochlear implants		X	X
Custom orthotics		X	X
Dermatology (in-office procedures)	Includes: <ul style="list-style-type: none"> • chemical exfoliation and electrolysis (17360-17380) • dermabrasion/chemical peel (15780-15793) • laser treatment (17106-17108) • skin injections and implants (11900-11980) 	X	X
Durable medical equipment (DME)	Includes: <ul style="list-style-type: none"> • bone growth stimulators • custom-made items • hospital beds • power wheelchairs • scooters 	X	X
DME – continuous positive airway pressure (CPAP)	Refer members to Apria Healthcare	X	X
Enhanced external counterpulsation (EECP)		X	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Commercial	Medicare
		EPO, POS, PPO, CC	MA HMO, MA PPO
Excision, excessive skin and subcutaneous tissue (including lipectomy and panniculectomy) of the abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas		X	X
Experimental/investigational services and new technologies	Includes, but is not limited to, those listed on the Investigational Procedures List located on provider.healthnet.com > <i>Working with Health Net</i> > <i>Medical Policies</i> > <i>Investigational Procedure List</i>	X	X
Genetic testing		X	X
Liposuction		X	X
Mastectomy for gynecomastia	Surgical procedure	X	X
Maternity	Notification required only at time of first prenatal visit	X	X
Neuro or spinal cord stimulators		X	X
Occupational and speech therapy	<ul style="list-style-type: none"> • Includes home setting • Prior authorization not required for initial evaluation and modalities done on the same day 	X	X
Orthognathic procedures	<ul style="list-style-type: none"> • Surgical procedure • Includes TMJ treatment 	X	X
Otoplasty		X	X
Outpatient diagnostic procedures	<ul style="list-style-type: none"> • Includes: <ul style="list-style-type: none"> ○ cardiac catheterization ○ computed tomography (CT) ○ echocardiography ○ magnetic resonance angiography (MRA) ○ magnetic resonance imaging (MRI) ○ nuclear cardiac imaging procedures ○ positron emission tomography (PET) ○ sleep studies • Authorized by eviCore healthcare 	X	X
Outpatient hospital only	The following outpatient services require prior authorization when performed in the outpatient hospital setting. If services are performed in an ambulatory surgery center (ASC), prior authorization is not required: <ul style="list-style-type: none"> • abdominal paracentesis • carpal tunnel surgery • cataract surgery • hernia repair • liver biopsy • tonsillectomy and adenectomy • upper and lower gastrointestinal endoscopy • urologic procedures 	X	

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Commercial	Medicare
		EPO, POS, PPO, CC	MA HMO, MA PPO
Outpatient physical therapy	<ul style="list-style-type: none"> Includes home setting Prior authorization not required for initial evaluation and modalities done on the same day 	X	X
Prosthetics	Prior authorization required for items exceeding \$2,500 in billed charges	X	X
Radiation therapy	Authorized by eviCore healthcare	X	X
Referrals to nonparticipating providers	Applicable to EPO and MA HMO members only	X	X
Rhinoplasty	Surgical procedure	X	X
Septoplasty	Surgical procedure	X	X
Total joint replacements	<ul style="list-style-type: none"> Includes ankle, hip, knee, and shoulder Not covered by Medicare in outpatient setting 	X	
Transplant-related services	Including evaluation	X	X
Transgender services		X	X
Treatment of varicose veins	Surgical procedure	X	X
Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP	Surgical procedure	X	X
Vermilionectomy (lip shave), with mucosal advancement		X	X
Vestibuloplasty		X	X
X-STOP		X	X
OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT)			
Hemophilia factors	Authorized by Health Net	X	X
Remodulin[®]	Authorized by HNPS		X
Self-injectables	Authorized by HNPS	X	X
	When used as a chemotherapy adjunct, prior authorization not required	X	
<ul style="list-style-type: none"> Botox[®] Dysport[®] Ilaris[®] Lemtrada[®] Myobloc[®] Nplate[®] Prolastin[®] Provenge[®] Stelara[®] Ventavis[®] Xeomin[®] Xiaflex[®] Xolair[®] 	Authorized by HNPS	X	X

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT), CONTINUED

		Commercial	Medicare
		EPO, POS, PPO, CC	MA HMO, MA PPO
<ul style="list-style-type: none"> • Aranesp[®] • Cosentyx[®] • Entyvio[™] • H.P. Acthar[®] Gel 	<ul style="list-style-type: none"> • Lucentis[®] • Makena[®] • Mircer[®] • Synagis[®] 	Authorized by HNPS	X
<ul style="list-style-type: none"> • Actemra[®] • Aldurazyme[®] • Aralast[®] • Benlysta[®] • Cerezyme[®] • Cinryze[®] • Fabrazyme[®] • Glassia[™] • Immune globulin • Krystexxa[®] • Lumizyme[®] • Myozyme[®] 	<ul style="list-style-type: none"> • Naglazyme[®] • Orencia[®] • Radiesse[®] • Remicade[®] • Rituxan[®] (non-oncology only) • Sculptra[®] • Simponi[®] Aria[™] • Soliris[®] • Tysabri[®] • Vpriv[™] • Zemaira[®] 	Immune globulin examples: intravenous immunoglobulin (IVIg), Hizentra [®] , HYQVIA • Authorized by Health Net • Coram is Health Net's preferred provider	X
		Authorized by HNPS	X

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. For reference, CommunityCare is abbreviated CC.

CONTACTS			
		Commercial	Medicare
		EPO, POS, PPO, CC	MA HMO, MA PPO
Prior authorization request	1-888-802-7001; fax: 1-800-495-1148	X	
	1-800-672-5941, option 3; fax: 1-866-295-8562		X
Fax line to submit additional clinical information	1-800-440-4425	X	X
Provider status/member eligibility and benefits	provider.healthnet.com; 1-888-802-7001	X	
	provider.healthnet.com; 1-888-445-8913, option 3		X
Health Net Pharmaceutical Services (HNPS)	1-888-802-7001; fax: 1-800-255-9198 (preferred method)	X	X
eviCore healthcare	Outpatient diagnostic procedures: 1-888-693-3211; fax: 1-888-693-3210; www.medsolutionsonline.com Radiation therapy: 1-888-693-3211 (faxed requests not accepted); www.carecorenational.com	X	X
MHN (behavioral health provider)	1-800-977-8216	X	X
Apria Healthcare (for CPAP)	1-800-277-4288	X	X
Coram (specialty infusion services)	1-877-328-5724; fax: 1-866-776-6815	X	
American Specialty Health (ASH) Plans	1-800-972-4226	X	
	1-800-678-9133		X
		Commercial	Medicare
		EPO, POS, PPO, CC	MA HMO, MA PPO
WellNet alternative health care services (administered by OptumHealth Care Solutions)	1-877-369-2195 – applies to Washington PPO only	X	
Health Net Customer Contact Center	1-888-802-7001	X	
	1-888-445-8913, option 3		X