PROVIDER*Update*

Health Net®

CONTRACTUAL | SEPTEMBER 25, 2018 | UPDATE 18-689 | 3 PAGES

Corrected Individual Family Plan Prior Authorization Request Forms

Health Net of California, Inc. and Health Net Life Insurance Company's (Health Net's) Individual Family Plan (IFP) *Outpatient California Health Net Commercial Authorization Form* and *Inpatient California Health Net Commercial Authorization Form* have been corrected to indicate the standard requests determination time frame is within five business days and not five calendar days as previously indicated.

CORRECT

Standard requests - Determination within 5 business days of receiving all necessary information.

INCORRECT

Standard requests - Determination within 5 calendar days of receiving all necessary information.

Corrected forms are attached for reference and are also available online through the Forms section of the Provider Library on the Health Net provider portal. To access the Forms section, select:

1. **provider.healthnetcalifornia.com**.
2. *Resources.*
3. *Contractual.*
4. *Go to the Provider Library.*
5. *Forms.*
6. *Outpatient California Health Net Commercial Authorization Form* or *Inpatient California Health Net Commercial Authorization Form* as applicable

ADDITIONAL INFORMATION

If you have questions regarding the prior authorization request forms for IFP, contact the Health Net Medical Management Department at 1-800-977-7282.

For all other questions, contact the Health Net Provider Services Center by email at provider_services@healthnet.com within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column.

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
IFP – Community Care HMO, PPO, PureCare HSP, PureCare One EPO
1-888-926-2164
provider.healthnetcalifornia.com

PROVIDER COMMUNICATIONS
provider.communications@healthnet.com
fax 1-800-937-6086

Health Net

INPATIENT CALIFORNIA HEALTH NET COMMERCIAL PRIOR AUTHORIZATION

Complete and **Fax** to: 1-844-694-9165

☐ **Standard requests -** Determination within 5 business days of receiving all necessary information.

☐ **Urgent requests -** I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

X _____ URGENT REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY

***Indicates Required Field**

MEMBER INFORMATION

*Date of Birth (MMDDYYYY)

*Medicaid/Member ID

Last Name, First

REQUESTING PROVIDER INFORMATION

*Requesting NPI

*Requesting TIN

Requesting Provider Contact Name

Requesting Provider Name

Phone

*Fax

SERVICING PROVIDER / FACILITY INFORMATION

↳ ☐ Same as Requesting Provider

*Servicing NPI

*Servicing TIN

Servicing Provider Contact Name

Servicing Provider/Facility Name

Phone

Fax

AUTHORIZATION REQUEST

***Primary** Procedure Code (CPT/HCPCS) (Modifier)

Additional Procedure Code (CPT/HCPCS) (Modifier)

***Start Date** OR Admission Date (MMDDYYYY)

*Diagnosis Code (ICD-10)

Additional Procedure Code (CPT/HCPCS) (Modifier)

Additional Procedure Code (CPT/HCPCS) (Modifier)

Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity (MMDDYYYY)

Additional Diagnosis Code (ICD-10)

*INPATIENT SERVICE TYPE

(Enter the Service type number in the boxes) ☐☐☐

490 Boarder Baby
220 Comprehensive Inpatient Rehab Facility
779 C-Section
479 Inpatient Rehab Hospital
121 Long Term Acute Care
970 Medical
300 Neonate
414 Premature/False Labor
402 Skilled Nursing Facility
492 Sub Acute
411 Surgical
209 Transplant Surgery
720 Vaginal Delivery

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

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OUTPATIENT CALIFORNIA HEALTH NET COMMERCIAL AUTHORIZATION FORM

Health Net

Complete and **Fax** to: 1-844-694-9165

☐ Request for additional units. Existing Authorization _____ Units _____

☐ **Standard requests -** Determination within 5 **business** days of receiving all necessary information.

☐ **Urgent requests -** I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

*** INDICATES REQUIRED FIELD**

X _____ URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

MEMBER INFORMATION

*Medicaid/Member ID

*Date of Birth (MMDDYYYY)

Last Name, First

REQUESTING PROVIDER INFORMATION

*Requesting NPI

*Requesting TIN

Requesting Provider Contact Name

Requesting Provider Name

Phone

*Fax

SERVICING PROVIDER / FACILITY INFORMATION

↳ ☐ Same as Requesting Provider

*Servicing NPI

*Servicing TIN

Servicing Provider Contact Name

Servicing Provider/Facility Name

Phone

Fax

AUTHORIZATION REQUEST

***Primary** Procedure Code (CPT/HCPCS) (Modifier)

Additional Procedure Code (CPT/HCPCS) (Modifier)

***Start Date** OR Admission Date (MMDDYYYY)

*Diagnosis Code (ICD-10)

Additional Procedure Code (CPT/HCPCS) (Modifier)

Additional Procedure Code (CPT/HCPCS) (Modifier)

End Date OR Discharge Date (MMDDYYYY)

Total Units/Visits/Days

*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes) _____

422 Biopharmacy
712 Cochlear Implants & Surgery
299 Drug Testing
922 Experimental and Investigational Services
799 Genetic Counseling
709 Genetic Testing
249 Home Health
390 Hospice Services
290 Hyperbaric Oxygen Therapy
211 OB Ultrasound
410 Observation
790 Occupational Therapy
997 Office Visit/Consult
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
101 Physical Therapy
650 Radiation Therapy
107 Respite Care
428 Second Opinion
201 Sleep Study
701 Speech Therapy
472 Stereotactic Radiosurgery
992 Transplant
724 Transportation
417 DME - Rental
120 DME - Purchase _____ (Purchase Price)

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

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