California

# **PROVIDER***Update*



**CONTRACTUAL** 

OCTOBER 24, 2018

**UPDATE 18-798** 

2 PAGES

### Prior Authorization Requirement Changes

Refer to page 2 for upcoming changes to prior authorization requirements

Health Net Community Solutions, Inc. (Health Net) is implementing changes to the Cal MediConnect Plan (Medicare-Medicaid Plan) prior authorization requirements as outlined in the table on page two.

#### ONPATTRO™ - FDA NEWLY APPROVED MEDICATION

Onpattro™ (patisiran) lipid complex injection was approved by the U.S. Food and Drug Administration (FDA) on August 10, 2018, as a treatment of peripheral nerve disease (polyneuropathy) caused by hereditary transthyretin-mediated amyloidosis (hATTR) in adult patients. Onpattro requires prior authorization immediately but will not be listed on the prior authorization list until January 1, 2019.

#### **ACCESSING CURRENT PRIOR AUTHORIZATION REQUIREMENTS**

Currently effective prior authorization requirements are available on the Health Net provider website at provider.healthnet.com both pre-log in and post-log in as follows:

- Pre-log in Go to Working with Health Net > Policies for Non-Contracting Providers > Additional Resources > Services Requiring Prior Authorization.
- Post-log in Go to Working with Health Net > Contractual > Services Requiring Prior Authorization.

#### **ADDITIONAL INFORMATION**

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at provider\_services@healthnet.com within 60 days, through the Health Net provider website at provider.healthnet.com, or by telephone as listed in the right-hand column.

## THIS UPDATE APPLIES TO CAL MEDICONNECT PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

#### PROVIDER SERVICES

provider\_services@healthnet.com Los Angeles County – 1-855-464-3571 San Diego County – 1-855-464-3572 www.healthnet.com

#### PROVIDER COMMUNICATIONS

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

#### CAL MEDICONNECT PRIOR AUTHORIZATION REQUIREMENT CHANGES

Effective January 1, 2019, the prior authorization requirements for Cal MediConnect medical benefits plan are changing, as described in the table below.

Requirement	Comments
ADDITIONS, EFFECTIVE JANUARY 1, 2019	
Ablative techniques for treating Barrett's esophagus, and for treatment of primary and metastatic liver malignancies	N/A
Durable medical equipment (DME)	Power wheelchair repairs
Joint replacement	N/A
Lung volume reduction	N/A
Maze procedures	N/A
Quantitative drug screening	N/A
Ventriculectomy, cardiomyoplasty	N/A
Crysvita, <sup>®</sup> Elaprase, <sup>®</sup> Fasenra, <sup>™</sup> Mepsevii, <sup>™</sup> Trogarzo, <sup>™</sup> Vimizim, <sup>®</sup> Zilretta <sup>™</sup>	Listed under Outpatient Pharmaceuticals (Submitted under Medical Benefit)
CHANGES, EFFECTIVE JANUARY 1, 2019	
Reconstructive and cosmetic surgery services and supplies	The following are now under <i>Reconstructive and cosmetic surgery</i> services and supplies. New and existing services and supplies requiring prior authorization include, but not limited to:
	Bone alterations or reshaping, such as osteoplasty (new)
	<ul> <li>Breast reduction and augmentation except when following a mastectomy (includes for gynecomastia or macromastia) (existing)</li> </ul>
	<ul> <li>Dermatology, such as chemical exfoliation and electrolysis, dermabrasions and chemical peels, laser treatment or skin injections, and implants (existing)</li> </ul>
	<ul> <li>Excision, excessive skin and subcutaneous tissue (includes lipectomy and panniculectomy) of the abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas (existing)</li> </ul>
	Eye or brow procedures, such as blepharoplasty, brow ptosis or canthoplasty) (brow ptosis and canthoplasty are new)
	Muscle flap (new)
	Nasal surgery, such as rhinoplasty or septoplasty (existing)
	Otoplasty (New)
	Penile implant (existing)
	Treatment of varicose veins (existing)
Community-Based Adult Services (CBAS)	Prior authorization is now required for greater than 5 visits per week
	CBAS services with 1-5 visits per week require notification only
	Fax authorization and notifications to 1-866-581-0540
DELETIONS, EFFECTIVE JANUARY 1, 2019	
Hernia repair - abdominal, ventral, umbilical, incisional	N/A