

PROVIDER Update



CONTRACTUAL | OCTOBER 24, 2018 | UPDATE 18-799 | 3 PAGES

Prior Authorization Requirement Changes for CalViva Health Members

Refer to pages 2–3 for upcoming changes to prior authorization requirements

Health Net Community Solutions, Inc. (Health Net), on behalf of CalViva Health, is implementing changes to the prior authorization requirements for Medi-Cal fee-for-service (FFS) providers in Fresno, Kings and Madera counties, as described in this update.

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 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

Relevant sections of the provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on the provider website at provider.healthnet.com.

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
www.healthnet.com

PRIOR AUTHORIZATION REQUIREMENTS CHANGES

The table below indicates key changes to the Medi-Cal FFS prior authorization requirements that are effective January 1, 2019. "New" indicates new requirements and "Existing" indicates current requirement.

Requirement	Comments	Adult members ages 21 and over	Pediatric members under age 21
ADDITIONS, EFFECTIVE JANUARY 1, 2019			
Ablative techniques for treating Barrett's esophagus, and for treatment of primary and metastatic liver malignancies		New	New
Clinical trials		New	New
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	New	New
Custom orthotics		New	Existing
Durable medical equipment (DME)	Power wheelchair repairs	New	Existing
Experimental/investigational services and new technologies		New	Existing
Genetic testing		Existing	New
Joint replacement		New	New
Lung volume reduction		New	New
Maze procedures		New	New
Orthognathic procedures (includes TMJ treatment)		New	New
Quantitative drug screening		New	New
Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP		New	New
Ventriculectomy, cardiomyoplasty		New	New
Adcetris, [®] Bendeka, [®] Crysvita, [®] Darzalex, [®] Elaprase, [®] Eligard [®] (for non-oncology indications only), Fasentra, [™] Granix, [®] Herceptin, [®] Keytruda, [®] Lupron Depot-Ped, [®] Mepsevii, [™] Oncaspar, [®] Opdivo, [®] Prolia, [®] Reclast, [®] Sandostatin [®] LAR Kit, Vimizim, [®] Viscosupplementation agents, Xgeva, [®] Xiaflex, [®] Yervoy, [®] Zemplar, [®] Zometa [®]	Listed under Outpatient Pharmaceuticals (<i>Submitted under Medical Benefit</i>)	New	New

Requirement	Comments	Adult members ages 21 and over	Pediatric members under age 21
CHANGES, EFFECTIVE JANUARY 1, 2019			
Reconstructive and cosmetic surgery, services and supplies	<p>The following are now under <i>Reconstructive and cosmetic surgery, services and supplies</i>.</p> <p>New and existing procedures and supplies requiring prior authorization include, but not limited to:</p> <ul style="list-style-type: none"> • Bone alterations or reshaping, such as osteoplasty (new) • Breast reduction and augmentation except when following a mastectomy (includes for gynecomastia or macromastia) (existing) • Dermatology, such as chemical exfoliation and electrolysis, dermabrasions and chemical peels, laser treatment or skin injections, and implants (existing) • 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) • 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 (existing) • Penile implant (existing) • Treatment of varicose veins (existing) 	Change	Change
Enteral nutrition products	<p>Formerly formulas, therapeutic and supplemental</p> <p>New requirement for adult members ages 21 and over</p>	New	Existing
General anesthesia for dental services	<p>Category change only – formerly called <i>Physician-administered intravenous (IV) sedation/general anesthesia for dental services</i></p>	Existing	Existing