

# PROVIDER Update



Health Net®

CONTRACTUAL | MAY 6, 2019 | UPDATE 19-259 | 2 PAGES

## Community-Based Adult Services (CBAS)

### New dedicated fax line and CBAS Treatment Request form

Health Net\* is notifying providers that, starting May 1, 2019, all face-to-face assessments, prior authorization requests and notifications for Community-Based Adult Services (CBAS) must be:

- Submitted using the CBAS Treatment Request form, and
- Faxed to the dedicated CBAS line at **1-833-581-5908**.

The CBAS Treatment Request form is available on the Health Net provider website at [provider.healthnet.com](http://provider.healthnet.com) under *Provider Library > Forms*. Include a fax cover sheet with faxes that have protected health information. The cover sheet must be labeled "PROTECTED HEALTH INFORMATION."

### PRIOR AUTHORIZATION AND NOTIFICATIONS FOR CBAS SERVICES

Prior authorization is required for services exceeding five visits per week for the CBAS program as of January 1, 2019. CBAS service requests for one to five visits per week require notification only. These changes were communicated in provider update 18-797, *Prior Authorization Requirement Changes*, sent on October 24, 2018.

CBAS services	Requirement
1-5 VISITS PER WEEK	Notification required
GREATER THAN 5 VISITS PER WEEK	Prior authorization required

### ADDITIONAL INFORMATION

The Medi-Cal fee-for-services (FFS) prior authorization requirements have been updated online to reflect the information in this update. You can access the requirements on [provider.healthnet.com](http://provider.healthnet.com) 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*.

Relevant sections of Health Net's 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 Health Net's provider website at [provider.healthnet.com](http://provider.healthnet.com).

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.

#### 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

1-800-675-6110

[provider.healthnet.com](http://provider.healthnet.com)

#### PROVIDER COMMUNICATIONS

[provider.communications@healthnet.com](mailto:provider.communications@healthnet.com)

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# CBAS TREATMENT REQUEST FORM

If you have questions about how to complete this form, please call Health Net at 1-866-801-6294, select option 1 to speak with a Referral Specialist.

X Requesting Provider/CBAS Representative Signature

Name (print)  Date (MMDDYYYY)

Expedited Request - Please check if this is for a new participant who is hospitalized or anticipated to be admitted to a skilled nursing facility.

\* INDICATES REQUIRED FIELD

## MEMBER INFORMATION

Member ID/Medi-Cal ID \*  Member Telephone Number \*  Last Name, First  Date of Birth \*  (MMDDYYYY)

## PROVIDER/CBAS FACILITY INFORMATION

Requesting Provider/CBAS Facility NPI \*  Requesting Provider/CBAS Facility TIN  Provider/CBAS Facility Contact Name

Requesting Provider/CBAS Facility Address  City  ZIP Code

Requesting Provider/CBAS Facility Name  Telephone  Fax

## AUTHORIZATION REQUEST/NOTIFICATION (S5102)

Start Date	End Date	Quantity per Month	Diagnosis Code *
<input type="text"/> (MMDDYYYY)	<input type="text"/> (MMDDYYYY)	<input type="text"/>	<input type="text"/> (ICD-10)
<input type="text"/> (MMDDYYYY)	<input type="text"/> (MMDDYYYY)	<input type="text"/>	<input type="text"/> (ICD-10)
<input type="text"/> (MMDDYYYY)	<input type="text"/> (MMDDYYYY)	<input type="text"/>	<input type="text"/> (ICD-10)
<input type="text"/> (MMDDYYYY)	<input type="text"/> (MMDDYYYY)	<input type="text"/>	<input type="text"/> (ICD-10)
<input type="text"/> (MMDDYYYY)	<input type="text"/> (MMDDYYYY)	<input type="text"/>	<input type="text"/> (ICD-10)
<input type="text"/> (MMDDYYYY)	<input type="text"/> (MMDDYYYY)	<input type="text"/>	<input type="text"/> (ICD-10)

## SERVICES \*

### Face-to-Face Assessment (T1023)

- Initial
- Modification

<sup>2</sup> Please attach copy of History and Physical (H&P) with Face to Face Assessment request.

### 3-Day Individual Plan of Care (IPC) Assessment for New CBAS (H2000)

### Medical Day Care Services (S5102)

- Initial
- Continuation/Renewal<sup>2</sup>

- Modification<sup>2</sup> (Increase/Decrease)
- Reinstate Services
- Transfer

<sup>2</sup> Please attach IPC, participant attendance records and transfer reason (if applicable) for continued authorization requests.

**FOR PRIOR AUTHORIZATION REQUEST ONLY: ALL REQUIRED FIELDS MUST BE FILLED IN. INCOMPLETE FORMS WILL BE REJECTED. COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.**

**Disclaimer:** Please check member eligibility prior to rendering services. A prior authorization is not a guarantee of payment. Payment may be denied in accordance with Plan's policies and procedures applicable law.

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