PROVIDER*Update*

CONTRACTUAL

AUGUST 27, 2019

UPDATE 19-666

4 PAGES



Prior Authorization Requirements Updates

Changes for Zolgensma® medication and other requirements

Zolgensma - FDA newly approved medication

The U.S. Food and Drug Administration (FDA) approved Zolgensma on May 24, 2019. Effective immediately, Zolgensma requires prior authorization (PA) for all line of business. Zolgensma is used to treat pediatric patients under age two with spinal muscular atrophy (SMA) with bi-allelic mutations in the survival motor neuron 1 (SMN1) gene.

Medi-Cal fee-for-service prior authorization changes

See below for PA requirement changes for Health Net's* Medi-Cal fee-for-service (FFS) providers. "New" indicates new requirement and "Existing" indicates current requirement.

Requirement	Comments	Adult members ages 21 and over	Pediatric members under age 21		
Additions, effective November 1, 2019					
Avastin [®] (for non- Ophthalmologist only), Kyprolis [®] , Perjeta [®]	Listed under Outpatient Pharmaceuticals (Submitted under Medical Plan)	New	New		
Deletions, effective November 1, 2019					
Select durable medical equipment (DME) codes	Select codes removed from PA requirement (see HCPCS codes list on page 3)	Existing	Existing		

THIS UPDATE APPLIES TO **CALIFORNIA PROVIDERS:**

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- 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

EnhancedCare PPO (SBG)

1-844-463-8188

provider.healthnet.com

Health Net Employer Group HMO, POS, HSP, PPO, & EPO

1-800-641-7761

provider.healthnet.com

IFP - CommunityCare HMO, PPO, PureCare HSP. PureCare One EPO

1-888-926-2164

provider.healthnetcalifornia.com

Medicare (individual)

1-800-929-9224

provider.healthnetcalifornia com

Medicare (employer group)

1-800-929-9224

provider.healthnet.com

Medi-Cal - 1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@

healthnet.com

Commercial and Medicare prior authorization requirements changes

See below for PA requirement changes for Health Net's commercial and Medicare providers. Select lines of business have been abbreviated as follows: CommunityCare HMO is CC; CommunityCare HMO PPGs is CC PPGs; POS Tiers 1, 2 and 3 are POS T1, POS T2 and POS T3; out-of-state PPO is OOS PPO, Medicare Advantage HMO is MA HMO. "New" indicates new requirement, "Existing" indicates current requirement and "N/A" indicates not applicable. Application of authorization requirement changes to EPO, PPO, OOS PPO, and Flex Net are based on group renewal date. Contact Health Net to confirm whether specific services require prior authorization for group plans.

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Requirement	Comments	HMO, CC, HSP, POS T1	CC PPGs	POS T2, POS T3	EPO, PPO, OOS PPO, Flex Net	MA HMO
Additions, Effective November	1, 2019					
Quantitative Drug Testing		New	N/A	New	N/A	Existing
Adcetris®, Avastin® (for non- Ophthalmologist only), Bendeka®, Herceptin®, Keytruda®, Kyprolis®, Lupron Depot-Ped®, Oncaspar®, Opdivo®, Perjeta®, Prolia®, Sandostatin® LAR kit, Xgeva®, Xiaflex®	Listed under Outpatient Pharmaceuticals (Submitted under Medical Plan)	New	New	New	New	N/A
Deletions, effective September 1	, 2019					
Dermatology (in office procedures):		N/A	N/A	N/A	N/A	Removed
Excision of lesion						
Scar revision						
Centene Corporation Employ	yee PPO services changes					
See below for PA requirement char	ges for Centene Corporation Employee	PPO medical benefits	plans.			
Requirement		Comments				
Additions, effective November 1	, 2019	l				
Adcetris [®] , Avastin [®] (for non-Ophtha Keytruda [®] , Kyprolis [®] , Lupron Depot	Imologist only), Bendeka [®] , Herceptin [®] , -Ped [®] , Oncaspar [®] , Opdivo [®] , Perjeta [®] ,	Listed under Outpat	tient Pharmace	uticals (Subm	itted under Medica	l Plan)

Prolia®, Sandostatin® LAR kit, Xgeva®, Xiaflex®

DME HCPCS Codes - Medi-Cal

The DME HCPCS codes listed below no longer require PA for FFS Medi-Cal members as of November 1, 2019.

HCPCS	Description
A4217	sterile water/saline, 500 ml
A4267	contraceptive supply, condom, male, each
A4483	moisture exchanger, disposable, for use with invasive mechanical ventilation
A4625	tracheostomy care kit for new tracheostomy
A6210	foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6223	gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing
A7030	full face mask used with positive airway pressure device, each
A7044	oral interface used with positive airway pressure device, each
A7520	tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each
A7526	tracheostomy tube collar/holder, each
A9579	injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (nos), per ml
E0149	walker, heavy duty, wheeled, rigid or folding, any type
E0163	commode chair, mobile or stationary, with fixed arms
E0184	dry pressure mattress
E0272	mattress, foam rubber
E0424	stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0431	portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0443	portable oxygen contents, gaseous, 1 month's supply = 1 unit
E0951	heel loop/holder, any type, with or without ankle strap, each
E0952	toe loop/holder, any type, each
E1392	portable oxygen concentrator, rental
K0738	portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing

View PA requirements online

You can access prior authorization requirements and directions to submit requests using the directions below.

If you are servicing a member enrolled in	Access prior authorization requirements with these steps
 Employer group Medicare Advantage (MA) HMO Employer group HMO, PPO, EPO Point of Service (POS) Medi-Cal 	 Go to provider.healthnet.com Pre-log in, select Working with Health Net > Policies for Non-Contracting Providers > Additional Resources > Services Requiring Prior Authorization Post-log in, select Working with Health Net > Contractual > Services Requiring Prior Authorization
Individual MA HMO and Special Needs Plan (SNP)	 Go to ca.healthnetadvantage.com Select I'm A Provider > Medicare Enter the service code If the code requires prior authorization, log in to provider.healthnetcalifornia.com to submit an authorization request
 IFP CommunityCare HMO IFP PureCare HSP PPO Individual and Family IFP EnhancedCare PPO IFP PureCare One EPO 	 Go to ifp.healthnetcalifornia.com Select For Providers Enter the service code If the code requires prior authorization, log in to provider.healthnetcalifornia.com to submit an authorization request

Additional Information

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days at:

Line of Business	Telephone Number	Provider Portal	Email Address	
EnhancedCare PPO (IFP)	1-844-463-8188	provider.healthnetcalifornia.com		
EnhancedCare PPO (SBG)	1-844-463-8188	provider.healthnet.com		
Health Net Employer Group HMO, POS, HSP, PPO, & EPO	1-800-641-7761	provider.healthnet.com	provider conjecc@beelthnet.com	
IFP (CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO)	1-888-926-2164	provider.healthnetcalifornia.com	provider_services@healthnet.com	
Medicare (individual)	1-800-929-9224	provider.healthnetcalifornia.com		
Medicare (employer group)	1-800-929-9224	provider.healthnet.com		
Medi-Cal	1-800-675-6110	provider.healthnet.com	N/A	