

PROVIDER Update



Health Net®

CONTRACTUAL | OCTOBER 24, 2019 | UPDATE 19-824 | 4 PAGES

Prior Authorization Requirements Changes

Find out what prior authorization requirements are changing starting January 1, 2020

See the tables on pages 2 to 4 for prior authorization (PA) requirement changes.

View PA requirements online

You can access current PA 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
<ul style="list-style-type: none"> Employer group Medicare Advantage (MA) HMO Employer group HMO, PPO, EPO Point of Service (POS) Medi-Cal 	<ol style="list-style-type: none"> Go to provider.healthnet.com Pre-log in, select <i>Working with Health Net > Policies for Non-Contracting Providers > Additional Resources > Services Requiring Prior Authorization</i> Post-log in, select <i>Working with Health Net > Contractual > Services Requiring Prior Authorization</i>
Individual MA HMO and Special Needs Plan (SNP)	<ol style="list-style-type: none"> Go to ca.healthnetadvantage.com Select <i>I'm A Provider > Medicare</i> Enter the service code If the code requires prior authorization, log in to provider.healthnetcalifornia.com to submit an authorization request
<ul style="list-style-type: none"> IFP CommunityCare HMO IFP PureCare HSP PPO Individual and Family IFP EnhancedCare PPO IFP PureCare One EPO 	<ol style="list-style-type: none"> Go to ifp.healthnetcalifornia.com Select <i>For Providers</i> 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 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

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

Medi-Cal fee-for-service

The below PA requirement changes are for Health Net's* Medi-Cal fee-for-service (FFS) providers. "New" indicates new requirement, "Existing" indicates current requirement and "N/A" indicates not applicable.

Requirement	Comments	Adult members ages 21 and over	Pediatric members under age 21
Additions, effective January 1, 2020			
Bronchial thermoplasty		New	New
Asparlas™, Bavencio®, BCG Intravesical, Belrapzo™, CAR-T, Cyramza®, Durolane®, Elzonris®, Empliciti®, Evenity®, Gamifant®, Gelsyn™, Hyalgan®, Iluvien®, Imfinzi®, Levoleucovorin (Fusilev®, Khapzory™), Libtayo®, Lumoxiti®, Mylotarg™, Nuzyra®, Poteligeo®, Sensipar®, Sinuva®, Somatuline®, Depot, Synjojoynt™, Takhzyro™, Tecentriq®, Triluron™, TriVisc®, Zemdri™	Listed under Outpatient Pharmaceuticals (<i>Submitted under Medical Plan</i>) Biosimilars to listed drugs require authorization.	New	New
Trastuzumab agents (examples include Herceptin®, Herceptin Hylecta™, Kanjinti™, Ogivri™, Ontruzant®, Trazimera™, Herzuma®)	Previously listed as Herceptin® Biosimilars to listed drugs require authorization.	Existing	Existing
Changes, effective January 1, 2020			
Joint surgeries	Previously listed as joint replacements	Existing	Existing
Avastin® – non-ophthalmologist only	Now listed as Bevacizumab agents (non-ophthalmologist only) Includes all bevacizumab products Biosimilars to listed drugs require authorization.	Existing	Existing
Remicade®	Includes all infliximab products Biosimilars to listed drugs require authorization.	Existing	Existing
Rituxan®	Non-oncology only – includes all rituximab products Biosimilars to listed drugs require authorization.	Existing	Existing

Commercial and Medicare

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. 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 PA for group plans. "New" indicates new requirement, "Existing" indicates current requirement and "N/A" indicates not applicable.

Requirement	Comments	Line of business				
		HMO, CC, HSP, POS T1	CC PPGs	POS T2, POS T3	EPO, PPO, OOS PPO, Flex Net	MA HMO

Additions, effective January 1, 2020

Bronchial thermoplasty		New	N/A	New	New	New
Asparlas™, Bavencio®, BCG Intravesical, Belrapzo™, CAR-T, Cyramza®, Darzalex®, Durolane®, Elzonris®, Empliciti®, Evenity®, Gamifant®, Gelsyn™, Hyalgan®, Iluvien®, Imfinzi®, Levoleucovorin (Fusilev®, Khapzory™), Libtayo®, Lumoxiti®, Mylotarg™, Nuzyra®, Poteligeo®, Sensipar®, Sinuva®, Somatuline® Depot, Synjoyn™, Takhzyro™, Tecentriq®, Triluron™, TriVisc®, Zemdri™	Listed under Outpatient Pharmaceuticals (<i>Submitted under Medical Plan</i>) Biosimilars to listed drugs require authorization.	New	New	New	New	New
Adcetris®, Bendeka®, Bevacizumab agents (non-ophthalmologist only), Entyvio®, Keytruda®, Kyprolis®, Lupron Depot-Ped®, Oncaspar®, Opdivo®, Perjeta®, Prolia®, Sandostatin® LAR kit, Viscosupplementation agents, Xgeva®, Xiaflex®	Listed under Outpatient Pharmaceuticals (<i>Submitted under Medical Plan</i>) Biosimilars to listed drugs require authorization.	Existing	Existing	Existing	Existing	New
Trastuzumab agents (examples include Herceptin®, Herceptin Hylecta™, Kanjinti™, Ogivri™, Ontruzant®, Trazimera™, Herzuma®)	Previously listed as Herceptin® Biosimilars to listed drugs require authorization.	New	New	New	New	New

Changes, effective January 1, 2020

Joint surgeries	Previously listed as joint replacements	Existing	Existing	Existing	Existing	Existing
Avastin® – non-ophthalmologist only	Now listed as Bevacizumab agents (non-ophthalmologist only) – includes all bevacizumab products Biosimilars to listed drugs require authorization.	Existing	Existing	Existing	Existing	New

Changes, effective January 1, 2020, continued

Remicade®	Includes all infliximab products Biosimilars to listed drugs require authorization.	Existing	Existing	Existing	Existing	Existing
Rituxan® non-oncology only	Non-oncology only – includes all rituximab products Biosimilars to listed drugs require authorization.	Existing	Existing	Existing	Existing	Existing

Deletions, effective January 1, 2020

Outpatient behavioral health	N/A	N/A	N/A	N/A	Removed	N/A
Sleep studies	Existing	Existing	Existing	N/A	Removed	N/A

Centene Corporation Employee PPO services

Below are PA requirement changes for Centene Corporation Employee PPO medical benefits plans.

Requirement	
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Additions, effective January 1, 2020

Bronchial thermoplasty	
Asparlas™, Bavencio®, BCG Intravesical, Belrapzo™, CAR-T, Cyramza®, Darzalex®, Durolane®, Elzonris®, Empliciti®, Evenity®, Gamifant®, Gelsyn™, Hyalgan®, Iluvien®, Imfinzi®, Levoleucovorin (Fusilev®, Khapzory™), Libtayo®, Lumoxiti®, Mylotarg™, Nuzyra®, Poteligeo®, Sensipar®, Sinuva®, Somatuline® Depot, Synjoyn™, Takhyzyro™, Tecentriq®, Triluron™, TriVisc®, Zemdri™	Listed under Outpatient Pharmaceuticals (<i>Submitted under Medical Plan</i>) Biosimilars to listed drugs require authorization.
Trastuzumab agents (examples include Herceptin®, Herceptin Hylecta™, Kanjinti™, Ogivri™, Ontruzant®, Trazimera™, Herzuma®)	Previously listed as Herceptin® Biosimilars to listed drugs require authorization.

Changes, effective January 1, 2020

Joint surgeries	Previously listed as joint replacements
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Deletions, effective January 1, 2020

Sleep studies	
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