

# PROVIDER Update



CONTRACTUAL | OCTOBER 24, 2019 | UPDATE 19-825 | 2 PAGES

## Prior Authorization Requirements Changes

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

See the table on page 2 for prior authorization (PA) requirement changes for Health Net\* and CalViva Health Medi-Cal fee-for-service (FFS) providers.

### View PA requirements online

Follow the steps below to find out if PA is needed for any procedures, services or equipment:

- 1 Go to [provider.healthnet.com](http://provider.healthnet.com)
- 2 Before logging in, select *Working with Health Net > Policies for Non-Contracting Providers > Additional Resources > Services Requiring Prior Authorization*.
- 3 After logging in, select *Working with Health Net > Contractual > Services Requiring Prior Authorization*.

### Additional information

Providers are encouraged to access the provider portal online at [provider.healthnet.com](http://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](http://www.healthnet.com)

## Medi-Cal fee-for-service PA Changes

Below are PA requirement changes for Medi-Cal FFS providers. "New" indicates new requirement and "Existing" indicates current requirement.

Requirement	Comments	Adult members ages 21 and over	Pediatric members under age 21
<b>Additions, effective January 1, 2020</b>			
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, Synojoynt™, 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
<b>Changes, effective January 1, 2020</b>			
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