

PROVIDER Update



CONTRACTUAL | OCTOBER 24, 2022 | UPDATE 22-895 | 3 PAGES

Know What's New and Changing: 2023 Prior Authorization List

Drugs that require prior authorization now and other changes that start January 1, 2023

The below medical benefit medications require prior authorization (PA) for all lines of business per new HCPCS codes issued by the Centers for Medicare & Medicaid Services effective October 1, 2022.

Code	Description
C9142	Injection, bevacizumab-maly, biosimilar, (Alymsys®), 10 mg
J1302	Injection, sutimlimab-jome, 10 mg
J1932	Injection, lanreotide, (Cipla), 1 mg
J2777	Injection, faricimab-svoa, 0.1 mg
J9274	Injection, tebentafusp-tebn, 1 mcg
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko®), 1 mcg

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
- Community Supports (CS) Providers
- Enhanced Care Management (ECM) Providers

LINES OF BUSINESS:

- IFP
 - Ambetter HMO
 - Ambetter EPO
 - Ambetter HSP
- Employer Group
 - HMO/POS/HSP
 - EPO
 - PPO
- Medicare Advantage (HMO/PPO) (Wellcare By Health Net)
- Cal MediConnect (Los Angeles/San Diego)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com

- Ambetter from Health Net IFP**
- EnhancedCare PPO** – 844-463-8188
- Health Net Employer Group HMO, POS, HSP, PPO, & EPO** – 800-641-7761
- Ambetter from Health Net IFP**
- CommunityCare HMO, PPO, PureCare HSP, & PureCare One EPO** – 888-926-2164
- Medi-Cal (including CS and ECM providers)** – 800-675-6110

PROVIDER PORTAL

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PROVIDER COMMUNICATIONS

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2023 New services for Community Supports, Long-Term Care and more

Medi-Cal fee-for-service

The below PA requirement changes are for Health Net’s Medi-Cal fee-for-service providers. “New” indicates new requirement, “Existing” indicates current requirement and “N/A” indicates not applicable.

Requirement	Comments	Adult members ages 21+	Pediatric members under age 21
Additions, effective January 1, 2023			
Community Supports <ul style="list-style-type: none"> Community transition services/nursing facility transition to a home Day habilitation Nursing facility transition/diversion to assisted living facilities Personal care and homemaker services Respite services Short-term post-hospitalization housing 	Refer to the CalAIM Resources for Providers page at healthnet.com > <i>Providers</i> > <i>CALAIM RESOURCES</i> .	New	New
Outpatient Pharmaceuticals (submitted under Medical Plan)	Histrelin acetate	New	New
Wound care	Including but not limited to: <ul style="list-style-type: none"> Negative pressure wound treatment, low-frequency ultrasound. Skin substitute and biologicals. Wound debridement – authorization required after 12 sessions per year. 	New	New
Changes, effective January 1, 2023			
Avsola®	Avsola is no longer a preferred biosimilar to Remicade®.	New	New
Bevacizumab agents	Now require authorization for all providers – previously limited to non-ophthalmologist only.	New	New
Long-term care nursing facility admissions	<ul style="list-style-type: none"> Previously available only for members under the Coordinated Care Initiative (CCI) or for the month of admission and month after admission. Effective January 1, 2023, medically necessary services will be available for all adult Medi-Cal members. Contact the Long-Term Care Intake Line. 	New	N/A

Commercial and Ambetter

Select lines of business have been abbreviated as follows: Ambetter HMO PPGs is Amb. HMO PPGs; POS Tiers 1, 2 and 3 are POS T1, POS T2 and POS T3; out-of-state PPO is OOS PPO. 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, HSP, POS T1	Amb. HMO PPGs	POS T2, POS T3	EPO, PPO, OOS PPO, Flex Net
Additions, effective January 1, 2023					
Chiropractic care and acupuncture visits	<ul style="list-style-type: none"> Authorization not required for initial evaluation. Contact American Specialty Health Plans, Inc. (ASH Plans). 	Existing	Existing	Existing	New
Drug testing	Quantitative tests for drugs of abuse.	Existing	Existing	Existing	New
Gender reassignment services (transgender services)		Existing	Existing	Existing	New
Mental health and substance use disorder services	<ul style="list-style-type: none"> Authorized by MHN. Services other than office visits. 	Existing	Existing	Existing	New
Neuropsych testing		Existing	Existing	Existing	New
Outpatient Pharmaceuticals (submitted under Medical Plan)	Histrelin acetate	New	New	New	New
Sleep studies	Authorized by eviCore healthcare .	Existing	Existing	N/A	New
Wound care	Including but not limited to: <ul style="list-style-type: none"> Negative pressure wound treatment, low-frequency ultrasound. Skin substitute and biologicals. Wound debridement – authorization required after 12 sessions per year. 	New	New	New	New

Changes, effective January 1, 2023

Avsola	<ul style="list-style-type: none"> Avsola® is no longer a preferred biosimilar to Remicade®. 	New	New	New	New
Bevacizumab agents	<ul style="list-style-type: none"> Now require authorization for all providers – previously limited to non-ophthalmologist only. 	New	New	New	New