

PROVIDER Update



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New Prior Authorization Changes, Effective March 1, 2025

Learn which drugs have been added, changed or removed for medical benefit medications

The following update includes prior authorization (PA) changes for Commercial (HMO, Point of Service (POS), PPO), Ambetter HMO/PPO and Medi-Cal fee-for-service physicians and other providers. These changes apply to outpatient pharmaceuticals (submitted under the medical benefit).

Supplemental form for outpatient PA requests

A supplemental form is now available with the Outpatient Prior Authorization that you can complete and use when an authorization request involves more than four procedure codes. This page is optional. It does not need to be included with outpatient PA requests with four codes or less.

You can access the Outpatient Prior Authorization Form, which now includes the supplemental form, on the [Prior Authorization](#) web page at <https://bit.ly/HN-Prior-Auth>. You can also access the form in the [Provider Library](#) > select a line of business > *Forms and References*.

PA additions, changes and deletions

View the tables below for PA requirements changes for Health Net* commercial HMO/POS, PPO and Medi-Cal physicians and other providers.

Medi-Cal only

The below PA requirement changes are for Health Net's Medi-Cal fee-for-service physicians and other providers.

Outpatient pharmaceuticals (submitted under medical benefit)

Additions, effective March 1, 2025

The following require PA.

Requirement	Code and description
Amtagvi™	N/A, unclassified.
Gazyva®	J9301, injection, obinutuzumab, 10 mg
Hepzato®	J9248, Injection, melphalan (hepzato), 1 mg

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Behavioral Health Providers

LINES OF BUSINESS:

- IFP
 - Ambetter HMO
 - Ambetter PPO
- Employer Group
 - HMO/POS
 - PPO
- Medi-Cal
 - Amador
 - Calaveras
 - Inyo
 - Los Angeles
 - Mono
 - Sacramento
 - San Joaquin
 - Stanislaus
 - Tulare
 - Tuolumne

PROVIDER SERVICES

provider_services@healthnet.com

Ambetter from Health Net IFP
Ambetter HMO – 888-926-2164

Ambetter from Health Net IFP
Ambetter PPO – 844-463-8188

Health Net Employer Group
HMO, POS & PPO 800-641-7761

Medi-Cal (including CS and ECM providers)
– 800-675-6110

Behavioral Health providers –
844-966-0298

PROVIDER PORTAL

provider.healthnetcalifornia.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

Requirement	Code and description
Lymphir™	N/A, unclassified
Niktimvo™	N/A, unclassified

Changes, effective March 1, 2025

The following are changes to existing PA requirements.

Requirement	Code and description	Comments
Camcevi®	J1952, leuprolide injectable, camcevi, 1 mg	No longer requires PA for urology/oncology.
Eligard®	J9217, leuprolide acetate (for depot suspension), 7.5 mg.	Remove PA exclusion for oncology/ urology. Now requires PA for all physicians and other providers.
Fensolvi®	J951, Injection, leuprolide acetate (for depot suspension), 0.25 mg	Remove PA exclusion for oncology/ urology. Now requires PA for all physicians and other providers.
Leuprolide Acetate	J1950, Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Remove PA exclusion for oncology/ urology. Now requires PA for all physicians and other providers.
Lupron®	J1954, Injection, leuprolide acetate (for depot suspension) (Cipla), 7.5 mg	Remove PA exclusion for oncology/ urology. Now requires PA for all physicians and other providers.
Tecelra®	N/A, unclassified	Added to list for clarification; existing requirement: Gene therapy CAR-T.
Tremfya®	J1628, Injection, guselkumab, 1 mg	Added to list for clarification; existing requirement: self-injectable.
Zoladex®	J9202, Goserelin acetate implant, per 3.6 mg	Remove PA exclusion for oncology/ urology. Now requires PA for all physicians and other providers.

Deletions, effective March 1, 2025

The following no longer require PA.

Requirement	Code and description	Comments
Bethkis®, Katabis®, TOBI®	J7682, Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	Tobramycin (inhaled) agents
Gamastan® SD	J1560, Injection, gamma globulin, intramuscular, over 10cc	Discontinued, Immune globulin agent
Uptravi®	No code, unclassified	Pulmonary arterial hypertension (PAH) agent

Commercial and Ambetter only

Outpatient Pharmaceuticals (Submitted under Medical Benefit)

The below PA requirement additions apply to Health Net Commercial and Ambetter HMO/PPO physicians and other providers.

Additions, effective March 1, 2025

Requirement	Code and description
Amtagvi™	N/A, unclassified.
Gazyva®	J9301, injection, obinutuzumab, 10 mg
Hepzato®	J9248, Injection, melphalan (hepzato), 1 mg
Lymphir™	N/A, unclassified
Niktimvo™	N/A, unclassified

Changes, effective March 1, 2025

The following are changes to existing PA requirements.

Requirement	Code and description	Comments
Camcevi®	J1952, leuprolide injectable, camcevi, 1 mg	No longer requires PA for urology/oncology.
Eligard®	J9217, leuprolide acetate (for depot suspension), 7.5 mg	Remove PA exclusion for oncology/urology. Now requires PA for all physicians and other providers.
Fensolvi®	J951, Injection, leuprolide acetate (for depot suspension) (fensolvi), 0.25 mg	Remove PA exclusion for oncology/urology. Now requires PA for all physicians and other providers.
GamaSTAN®	J1460, Injection, gamma globulin, intramuscular, 1 cc J1560, Injection, gamma globulin, intramuscular, over 10 cc	Added to list for clarification; existing requirement: Immune globulin agents.
Gammagard®	J1566 Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg J1569 Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Gammagard now listed as the Preferred agent; existing authorization requirement
Leuprolide Acetate	J1950, Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Remove PA exclusions for oncology/urology. Now requires PA for all physicians and other providers.
Lupron®	J1954, Injection, leuprolide acetate (for depot suspension) (Cipla), 7.5 mg	Remove PA exclusions for oncology/urology. Now requires PA for all physicians and other providers.

Requirement	Code and description	Comments
Tecelra®	N/A, unclassified	Added to list for clarification; existing requirement: Gene therapy CAR-T.
Tremfya®	J1628, Injection, guselkumab, 1 mg	Added to list for clarification; existing requirement: self-injectable.
Zoladex®	J9202, Goserelin acetate implant, per 3.6 mg	Remove PA exclusions for oncology/urology. Now requires PA for all physicians and other providers.

Deletion, effective March 1, 2025

Requirement	Code and description	Comments
GamaSTAN® SD	J1560, Injection, gamma globulin, intramuscular, over 10 cc	Discontinued – Immune globulin agent.

Medi-Cal, Commercial and Ambetter plans

The below procedures, services (including durable medical equipment (DME)) and outpatient pharmaceuticals require PA per new CPT and HCPCS codes issued by the Centers for Medicare & Medicaid Services (CMS).

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New CPT and HCPCS codes, effective October 1, 2024

Code	Description	Category
A2027	MatriDerm, per sq cm	Wound Care - Skin substitutes and biologicals
A2028	MicroMatrix Flex, per mg	Wound Care - Skin substitutes and biologicals
A2029	MiroTract Wound Matrix sheet, per cc	Wound Care - Skin substitutes and biologicals
C9169	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 mcg	Outpatient Pharmaceuticals (Part B Medications): Anktiva®
C9170	Injection, tarlatamab-dlle, 1 mg	Outpatient Pharmaceuticals (Part B Medications): Imdelltra™
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Outpatient Pharmaceuticals (Part B Medications): Beqvez™
E0715	Intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises	Reconstructive and cosmetic surgery, services and supplies
E0721	Transcutaneous electrical nerve stimulator, stimulates nerves in the auricular region	Neuro and spinal cord stimulators
E0737	Transcutaneous tibial nerve stimulator, controlled by phone application	Neuro and spinal cord stimulators
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	Neuro and spinal cord stimulators

Code	Description	Category
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	Experimental
J0175	Injection, donanemab-azbt, 2 mg	Outpatient Pharmaceuticals (Part B Medications): Kisunla™
J9329	Injection, tislelizumab-jsgr, 1 mg	Outpatient Pharmaceuticals (Part B Medications): Tevimbra®
L1006	Scoliosis orthosis (SO), sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Custom Orthotics
0476U	Drug metabolism, psychiatry (e.g., major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis and reported phenotypes	Genetic Testing
0477U	Drug metabolism, psychiatry (e.g., major depressive disorder, general anxiety disorder, ADHD, schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes	Genetic Testing
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of nine genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection	Genetic Testing
0479U	Tau, phosphorylated, pTau217	Genetic Testing
0480U	Bacteria, Viruses, Fungus, and Parasite Metagenomic Sequencing, Spinal Fluid (MSCSF), Mayo Clinic, Laboratory Developed Test	Genetic Testing
0486U	Oncology (pan-solid tumor), next-generation sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction	Genetic Testing
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	Genetic Testing
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	Genetic Testing

Code	Description	Category
0496U	Oncology (colorectal), cell-free DNA, eight genes for mutations, seven genes for methylation by real-time RT-PCR, and four proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk	Genetic Testing
0497U	Oncology (prostate), mRNA gene-expression profiling by real-time RT-PCR of six genes (FOXM1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer	Genetic Testing
0498U	Oncology (colorectal), next-generation sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue, report of variants and methylation pattern with interpretation	Genetic Testing
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of eight genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	Genetic Testing
0500U	Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.118-9_118-2del, S56F, S621C)	Genetic Testing
0501U	Oncology (colorectal), blood, quantitative measurement of cell-free DNA (cfDNA)	Genetic Testing
0503U	Neurology (Alzheimer disease), beta amyloid (A1340, A1342, A1342/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/np-tau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as likelihood of positive or negative amyloid plaques	Genetic Testing
0506U	Gastroenterology (Barrett's esophagus), esophageal cells, DNA methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's esophagus	Genetic Testing
0507U	Oncology (ovarian), DNA, whole-genome sequencing with 5-hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected	Genetic Testing
0508U	Transplantation medicine, quantification of donor-derived cell-free DNA using 40 single-nucleotide polymorphisms (SNPs), plasma, and urine, initial evaluation reported as percentage of donor-derived cell-free DNA with risk for active rejection	Genetic Testing
0509U	Transplantation medicine, quantification of donor-derived cell-free DNA using up to 12 single-nucleotide polymorphisms (SNPs) previously identified, plasma, reported as percentage of donor-derived cell-free DNA with risk for active rejection	Genetic Testing

Code	Description	Category
0516U	Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status	Genetic Testing
Q5135	Injection, tocilizumab-aazg (Tyenne®), biosimilar, 1 mg	Outpatient Pharmaceuticals (Part B Medications): Tyenne
Q5136	Injection, denosumab-bbdz (Jubbonti®/Wyost®), biosimilar, 1 mg	Outpatient Pharmaceuticals (Part B Medications): Jubbonti/Wyost
Q4336	Artacent C, per sq cm	Wound Care - Skin substitutes and biologicals
Q4337	Artacent Trident, per sq cm	Wound Care - Skin substitutes and biologicals
Q4338	Artacent Velos, per sq cm	Wound Care - Skin substitutes and biologicals
Q4339	Artacent Vericlen, per sq cm	Wound Care - Skin substitutes and biologicals
Q4340	SimpliGraft, per sq cm	Wound Care - Skin substitutes and biologicals
Q4341	SimpliMax, per sq cm	Wound Care - Skin substitutes and biologicals
Q4342	TheraMend, per sq cm	Wound Care - Skin substitutes and biologicals
Q4343	Dermacyte AC Matrix Amniotic Membrane Allograft, per sq cm	Wound Care - Skin substitutes and biologicals
Q4344	Tri-Membrane Wrap, per sq cm	Wound Care - Skin substitutes and biologicals
Q4345	Matrix HD Allograft Dermis, per sq cm	Wound Care - Skin substitutes and biologicals

Medi-Cal only

New HCPCS codes, effective October 1, 2024

The below codes require PA per new HCPCS issued by CMS.

Code	Description	Category/Comments
C8000	Support device, extravascular, for arteriovenous fistula (implantable)	Medi-Cal pediatric members under age 21 only: Cardiac Procedures
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	Medi-Cal only: DME – Items with a total purchase price greater than \$1,500
E0683	Nonpneumatic, nonsequential, peristaltic wave compression pump	Medi-Cal only: DME – Items with a total purchase price greater than \$1,500

Code	Description	Category/Comments
L8720	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	Medi-Cal pediatric member under age 21 only: Prosthetics

Commercial and Ambetter plans only

New CPT codes, effective October 1, 2024

The below procedures for genetic testing require PA per new CPT codes issued by CMS.

Code	Description	Category
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell- free DNA sequence analysis for detection of fetal presence or absence of one or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	Genetic Testing
0489U	Obstetrics (single-gene noninvasive prenatal test), cell- free DNA sequence analysis of one or more targets (e.g., CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (e.g., cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia)	Genetic Testing
0494U	Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative	Genetic Testing
0495U	Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information (age, family history of prostate cancer, prior negative prostate biopsy), algorithm reported as risk of likelihood of detecting clinically significant prostate cancer	Genetic Testing
0502U	Human papillomavirus (HPV), E6/E7 markers for high-risk types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68), cervical cells, branched-chain capture hybridization, reported as negative or positive for high risk for HPV	Genetic Testing
0510U	Oncology (pancreatic cancer), augmentative algorithmic analysis of 16 genes from previously sequenced RNA whole-transcriptome data, reported as probability of predicted molecular subtype	Genetic Testing
0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug	Genetic Testing

Additional information

If you have questions regarding the information contained in this update, contact the Provider Services Center by email at provider_services@healthnet.com, by phone or through the provider website as listed in the right-hand column on page 1. Behavioral health providers can call 844-966-0298.