

Effective: January 1, 2023

# Prior Authorization Requirements



## California

### Wellcare By Health Net Medicare Advantage (MA) PPO and HMO Direct Network<sup>1</sup>

The following services, procedures and equipment are subject to prior authorization requirements (unless noted as notification required only). When faxing a request, please attach pertinent medical records, treatment plans, test results, and evidence of conservative treatment to support the medical appropriateness of the request. All services are subject to benefit plan coverage limitations, members must be eligible, and medical necessity must exist for any plan benefit to be a covered service irrespective of whether or not prior authorization is required.

This prior authorization list contains services that require prior authorization only and is not intended to be a list of covered services. The member's *Evidence of Coverage (EOC)* provides a complete list of covered services. *EOCs* are available to members on the member portal at [www.healthnet.com](http://www.healthnet.com) or in hard copy on request. Providers may obtain a copy of a member's *EOC* by requesting it from **Provider Services**.

Unless noted differently, all services listed below require prior authorization from Wellcare By Health Net (Health Net\*). Refer to **Prior Authorization Contacts** on page 9 for submission information. Providers can refer to the member's identification (ID) card to confirm product type.

To confirm whether a specific code requires authorization, go to [ca.healthnetadvantage.com](http://ca.healthnetadvantage.com). Select *For Providers* and under *Resources*, select *Medicare Pre-Auth*. Then follow the prompts.

For MA PPO plans, prior authorization is recommended, but not required, for out-of-network coverage only.

<sup>1</sup> Direct Network refers to the directly contracted network.

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INPATIENT SERVICES	COMMENTS
Behavioral health or substance abuse facility	Authorized by <b>MHN</b>
Hospice	<b>Notification required only.</b> Covered under Original Medicare
Hospital	Acute inpatient admission, inpatient rehabilitation, Long-Term Acute Care Hospital (LTAC)
Skilled nursing facility	
Urgent/emergent admission	<ul style="list-style-type: none"> <li>• <b>Notification required only</b>, as soon as possible, but no later than 24 hours or by the next business day</li> <li>• Send notification to <b>Hospital Notification Unit</b></li> </ul>
OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT	COMMENTS
Ablative techniques for treating Barrett's esophagus and for treatment of primary and metastatic liver malignancies	
Abortion	
Ambulance	Non-emergency air transportation
Anesthesia	For spine manipulation or closed procedure
Bariatric procedures	<ul style="list-style-type: none"> <li>• Surgical procedure</li> <li>• Bariatric surgeries must be performed through the Wellcare By Health Net's designated bariatric specialty network</li> </ul>
Behavioral health and substance abuse	<ul style="list-style-type: none"> <li>• Authorized by <b>MHN</b></li> <li>• Prior authorization not required for office visits</li> <li>• Includes:                             <ul style="list-style-type: none"> <li>○ Day treatment</li> <li>○ Electroconvulsive therapy (ECT)</li> <li>○ Intensive outpatient therapy (IOP)</li> <li>○ Neuropsych testing ordered by a psychiatrist</li> <li>○ Partial hospitalization</li> <li>○ Psychological testing</li> <li>○ Substance use disorder</li> <li>○ Transcranial magnetic stimulation (TMS)</li> <li>○ Treatment/rehabilitation</li> </ul> </li> </ul>
Bronchial thermoplasty	
Cardiac	<ul style="list-style-type: none"> <li>• Artificial heart</li> <li>• Cardiac monitor insertion</li> <li>• Endovenous ablation</li> <li>• Endovascular revascularization</li> </ul>

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, continued	COMMENTS
Cardiac, continued	<ul style="list-style-type: none"> <li>• Intracardiac catheter ablation</li> <li>• Pulmonary artery pressure sensor</li> <li>• Unlisted vascular surgery</li> <li>• Vascular embolization and occlusion</li> </ul>
Chiropractic care and Acupuncture visits	<ul style="list-style-type: none"> <li>• Authorization not required for initial evaluation</li> <li>• Contact <b>American Specialty Health Plans, Inc. (ASH Plans)</b></li> </ul>
Chondrocyte implants	
Clinical trials	<b>Notification required only.</b> Covered under Original Medicare
Cochlear implants	
Dermatology (in-office procedures)	<p>Includes:</p> <ul style="list-style-type: none"> <li>• benign lesion excision</li> <li>• chemical exfoliation, electrolysis</li> <li>• dermabrasion/chemical peel</li> <li>• laser treatment</li> <li>• skin injections and implants</li> <li>• skin tag removal</li> </ul>
Diagnostic procedures	<p><b>Radiology:</b></p> <ul style="list-style-type: none"> <li>• bone marrow imaging</li> <li>• liver/spleen and gallbladder imaging</li> <li>• radiopharmaceutical localization of tumor</li> <li>• thyroid/parathyroid imaging</li> <li>• unlisted procedure</li> </ul> <p><b>Advanced imaging:</b></p> <ul style="list-style-type: none"> <li>• computed tomography (CT)/computed tomography angiography (CTA)</li> <li>• magnetic resonance imaging (MRI)/magnetic resonance angiography (MRA)</li> <li>• MRI guided high intensity focused ultrasound</li> <li>• positron emission tomography (PET) scan</li> </ul> <p><b>Cardiac imaging:</b></p> <ul style="list-style-type: none"> <li>• coronary computed tomography angiography (CCTA)</li> <li>• myocardial perfusion imaging (MPI)</li> <li>• multigated acquisition (Muga) scan</li> <li>• stress echocardiography</li> <li>• transthoracic echocardiography (TTE)</li> <li>• transesophageal echocardiography (TEE)</li> </ul>
Drug testing	Prior authorization required for all quantitative tests for drugs of abuse

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, continued	COMMENTS
<b>Durable medical equipment (DME) and supplies</b>	Includes: <ul style="list-style-type: none"> <li>• bilevel positive airway pressure (BiPAP); refer members to <b>Apria Healthcare</b></li> <li>• bone growth stimulator</li> <li>• continuous glucose monitoring</li> <li>• continuous positive airway pressure (CPAP); refer members to <b>Apria Healthcare</b></li> <li>• custom-made items, including custom wheelchairs</li> <li>• enteral nutrition</li> <li>• hospital beds, mattresses and accessories</li> <li>• infusion pumps</li> <li>• lift devices, including Hoyer</li> <li>• lymphedema pumps and supplies</li> <li>• nerve stimulators</li> <li>• oxygen concentrators</li> <li>• patient lifts</li> <li>• power wheelchairs, power operated vehicles and accessories</li> <li>• TENS units</li> <li>• vagus nerve stimulator</li> <li>• ventilators</li> <li>• Certain procedure codes; call or use the <a href="#">Online Prior Authorization Validation Tool</a> to determine if authorization is required</li> </ul>
<b>Ear, nose and throat (ENT)</b>	<ul style="list-style-type: none"> <li>• Nasal/sinus endoscopy</li> <li>• Osseointegrated implant</li> <li>• Sinus procedures</li> <li>• Unlisted ENT procedure</li> </ul>
<b>Enhanced external counterpulsation (EECP)</b>	
<b>Experimental/investigational services and new technologies</b>	Includes, but is not limited to, those listed in the <a href="#">Investigational Procedures List</a> located on the provider website at <a href="http://provider.healthnet.com">provider.healthnet.com</a> > <i>Provider</i> > <i>Working with Health Net</i> > <i>Medical Policies</i> > <i>Investigational Procedure List</i>
<b>Flap procedures</b>	
<b>Gastroenterology</b>	<ul style="list-style-type: none"> <li>• Capsule endoscopy</li> <li>• Cholecystectomy</li> <li>• Exploratory laparotomy</li> <li>• Laparoscopy procedures</li> <li>• Transoral lower esophageal myotomy</li> <li>• Unlisted procedures</li> </ul>

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, continued	COMMENTS
<b>Gender reassignment services (Transgender services)</b>	
<b>Genetic testing</b>	Includes counseling
<b>Hearing aid</b>	
<b>Hernia repair</b>	
<b>Home health services</b>	Includes: <ul style="list-style-type: none"> <li>• Home health aide</li> <li>• Home IV infusion</li> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Skilled nursing visits</li> <li>• Social work visits</li> <li>• Speech therapy</li> </ul>
<b>Hospice</b>	<b>Notification required only</b> ; covered under Original Medicare
<b>Hyperbaric oxygen therapy</b>	
<b>Hysterectomy</b>	
<b>Infertility</b>	Includes drug therapy, testing and treatment
<b>Joint surgeries</b>	
<b>Laboratory</b>	<ul style="list-style-type: none"> <li>• Bone marrow culture</li> <li>• Chronic HCV assay</li> <li>• Engraftment analysis</li> <li>• Genetic analysis procedures</li> <li>• Proprietary Laboratory Analysis (PLA) Codes</li> </ul>
<b>Maternity</b>	<b>Notification required only</b> at time of first prenatal visit
<b>Neuro and spinal cord stimulators</b>	
<b>Neurology</b>	<ul style="list-style-type: none"> <li>• Electroencephalogram (EEG) or Video EEG (VEEG)</li> <li>• Neuroplasty procedures</li> <li>• Neurostimulators procedures</li> <li>• Sinusoidal vertical axis rotational testing</li> <li>• Stereotactic lesion procedure</li> </ul>
<b>Neuropsychological testing</b>	Authorized by <b>MHN</b> for behavioral health services or <b>Wellcare By Health Net</b> for medical services.
<b>Observation stay</b>	Prior authorization required if over 48 hours

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, continued	COMMENTS
Occupational and speech therapy	<ul style="list-style-type: none"> <li>• Visits exceeding 12</li> <li>• Includes home setting</li> </ul>
Ophthalmology	<ul style="list-style-type: none"> <li>• Cataract procedures</li> <li>• Corneal procedures/transplant</li> <li>• Glaucoma procedures/surgery</li> <li>• Repair procedures of eye</li> <li>• Unlisted ophthalmological service/procedure</li> </ul>
Orthognathic procedures	<ul style="list-style-type: none"> <li>• Includes TMJ treatment</li> <li>• Surgical procedure</li> </ul>
Orthopedic	<ul style="list-style-type: none"> <li>• Endoscopy (foot, wrist)</li> <li>• Orthopedic computer assisted surgical navigation</li> <li>• Procedures of the foot or toes</li> <li>• Procedures of lower extremities</li> <li>• Procedures of upper extremities</li> <li>• Unlisted procedures</li> </ul>
Orthotics	Design, construction, and attachment of artificial limbs or other systems
Pain management	Includes: <ul style="list-style-type: none"> <li>• epidural injections</li> <li>• facet injections</li> <li>• median branch block</li> <li>• radio frequency ablation</li> <li>• trigger point</li> <li>• sacroiliac joint injection (SI)</li> </ul>
Physical therapy	<ul style="list-style-type: none"> <li>• Visits exceeding 12</li> <li>• Includes home setting</li> </ul>
Prosthetics	Design, construction, and attachment of artificial limbs or other systems
Pulmonology	<ul style="list-style-type: none"> <li>• Drug Induced Sleep Endoscopy (DISE)</li> <li>• Unlisted pulmonary service</li> </ul>
Radiation therapy	Limited to: <ul style="list-style-type: none"> <li>• intensity modulated radiation therapy (IMRT)</li> <li>• neutron beam therapy</li> <li>• proton beam therapy</li> <li>• stereotactic radiosurgery and stereotactic body radiotherapy (SBRT)</li> </ul>

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, continued	COMMENTS
<b>Reconstructive and cosmetic surgery, services and supplies</b>	Surgery, services, and supplies, including, but not limited to: <ul style="list-style-type: none"> <li>• Bone alteration or reshaping, such as osteoplasty</li> <li>• Breast reduction and augmentation except when following a mastectomy (includes for gynecomastia or macromastia)</li> <li>• Dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures. Cleft palate includes cleft palate, cleft lip or other craniofacial anomalies associated with cleft palate.</li> <li>• Excision, excessive skin and subcutaneous tissue (including lipectomy and panniculectomy) of the abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas.</li> <li>• Eye or brow procedures, such as blepharoplasty, brow ptosis or canthoplasty</li> <li>• Hair electrolysis, transplantation or laser removal</li> <li>• Lift, such as arm, body, face, neck, thigh</li> <li>• Liposuction</li> <li>• Nasal surgery, such as rhinoplasty or septoplasty</li> <li>• Otoplasty</li> <li>• Treatment of varicose veins</li> </ul>
<b>Referrals to nonparticipating providers</b>	Applies to MA HMO only
<b>Sacral nerve neuromodulation</b>	
<b>Skin substitutes and biologicals</b>	
<b>Sleep studies</b>	Surgery and treatment; facility-based sleep studies
<b>Spinal surgery</b>	Includes, but is not limited to, laminotomy, fusion, discectomy, vertebroplasty, nucleoplasty, stabilization, and X-Stop
<b>Transcatheter implantation of wireless pulmonary artery pressure sensor</b>	
<b>Transplant</b>	<ul style="list-style-type: none"> <li>• Fax request to the Transplant Team</li> <li>• All transplant evaluations and procedures, including, but not limited to, evaluation, transplant consult visits, donor search, and transplant procedure</li> <li>• Transplants must be performed through Wellcare By Health Net's designated transplantation specialty network</li> </ul>
<b>Unlisted procedures</b>	Unlisted special service, procedure or report
<b>Urology</b>	<ul style="list-style-type: none"> <li>• Laparoscopy surgery (prostate)</li> <li>• Penile prosthesis</li> <li>• Prostate procedure</li> </ul>
<b>Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP</b>	Surgical procedure

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, continued	COMMENTS
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<p><b>Wound care</b></p>	<p>Including but not limited to:</p> <ul style="list-style-type: none"> <li>• Negative pressure wound treatment, low-frequency ultrasound</li> <li>• Wound debridement – authorization required after 12 sessions per year</li> </ul>
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OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT)	COMMENTS
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<p><b>Biosimilars are required to be used in lieu of branded drugs</b></p>	
<p><b>Medications newly approved by the U.S. Food and Drug Administration (FDA)</b></p>	<ul style="list-style-type: none"> <li>• Newly approved medications may require prior authorization.</li> <li>• Contact the <b>Pharmacy Department</b> to confirm whether a specific new medication requires prior authorization</li> </ul>
<p><b>New Medicare Part B medication codes issued by the Centers for Medicare &amp; Medicaid Services (CMS)</b></p>	<ul style="list-style-type: none"> <li>• Newly issued codes for part B medications may require prior authorization.</li> <li>• Contact the <b>Pharmacy Department</b> to confirm whether a specific new medication requires prior authorization</li> </ul>
<p><b>To confirm whether a Part B medication requires prior authorization or step therapy refer to the Prior Authorization Requirements online validation tool by following these steps:</b></p> <ol style="list-style-type: none"> <li>1 <b>Go to <a href="https://ca.healthnetadvantage.com">ca.healthnetadvantage.com</a>.</b></li> <li>2 <b>Select <i>For Providers</i>.</b></li> <li>3 <b>Under the <i>Resources for you</i> section, select <i>Medicare Pre-Auth</i>.</b></li> </ol>	<ul style="list-style-type: none"> <li>• Authorized by the <b>Pharmacy Department</b></li> <li>• <b>Coram</b> is the preferred infusion provider</li> </ul>



## Prior Authorization Contacts

If members have questions regarding the prior authorization list or requirements, refer to the member services number listed on their identification card. Listed below are contact numbers for requesting prior authorization. Also included is contact information for commonly requested departments and preferred providers that may receive prior authorization requests. Requests should be submitted via fax. The Request for Prior Authorization form must be completed in its entirety and include sufficient clinical information or notes to support medical necessity for services that are requested.

<b>CONTACTS</b>	
<b>Prior authorization request</b>	<b>Employer group</b> 800-977-7282; fax:800-793-4473 Online submission: <a href="http://provider.healthnet.com">provider.healthnet.com</a>
	<b>Individual and Special Needs Plan (SNP)</b> (does not apply to employer groups) Fax: 844-501-5713 Online submission: <a href="http://provider.healthnetcalifornia.com">provider.healthnetcalifornia.com</a>
<b>Hospital Notification Unit/Post Stabilization Notification</b>	800-995-7890
<b>Hospital Notification Unit</b>	<b>Employer group</b> 800-995-7890; fax: 800-676-7969
	<b>Individual and Special Needs Plan (SNP)</b> (does not apply to employer groups) Fax: 844-825-8045
<b>Health Net Provider Services</b> (for provider status, member eligibility and benefits, member EOC inquiry)	<a href="http://provider.healthnet.com">provider.healthnet.com</a> ; 800-929-9224
<b>MHN (behavioral health provider)</b>	888-426-0030
<b>Pharmacy Department</b>	800-548-5524; fax: 800-977-8226
<b>Apria Healthcare (CPAP and BiPAP)</b>	800-277-4288
<b>AcariaHealth (preferred hemophilia provider)</b>	844-515-0163; fax: 844-750-0827
<b>Coram Specialty Infusion Services</b> (preferred home infusion provider)	877-328-5724; fax: 866-776-6815
<b>American Specialty Health Plans, Inc. (ASH Plans)</b>	800-678-9133; <a href="http://www.ashlink.com">www.ashlink.com</a>
<b>Transplant Team</b>	Fax: 833-769-1143