



Authorization Requirements

Health Net Health Plan of Oregon, Inc. (Health Net)

- *EPO*
- *Point of Service (POS)*
- *PPO*
- *CommunityCare*

All services are subject to benefit plan coverage, member eligibility, and medical necessity in order for any plan benefit to be a covered service, irrespective of whether prior authorization is required. When faxing a request, please attach pertinent medical records, treatment plans, and test results to support the medical appropriateness of the request. Health Net reserves the right to review utilization patterns retrospectively and to address adverse trends with providers.

This prior authorization list contains some services that require prior authorization and is not intended to be a comprehensive list of covered services. The member's plan contract or Evidence of Coverage (EOC) provides a complete list of covered services. Plan contracts and EOCs are available to members on the member portal at www.HealthNetOregon.com or in hard copy on request. Providers may obtain a copy of a member's plan contract or EOC by requesting it from the Health Net Customer Contact Center or by visiting www.healthnet.com/portal/provider/home.ndo.

Referrals to participating specialists – Providers are not required to obtain prior authorization from Health Net for referrals to Health Net participating specialists. This does not change the requirement that EPO, Triple Option/POS or CommunityCare members must coordinate their care through their primary care physicians (PCPs).

Unless noted differently, all services listed below require prior authorization from Health Net. Refer to Prior Authorization Contacts for submission information. Providers can refer to the member's Health Net identification (ID) card to confirm product type. For reference, CommunityCare is abbreviated CC.

INPATIENT SERVICES		Commercial EPO, POS, PPO, CC
Behavioral Health or Substance Abuse Facility	Authorized by MHN	X
Hospice	Acute inpatient admission and elective surgeries, inpatient rehabilitation, Long Term Acute Care Hospital (LTAC)	X
Hospital		X
Skilled Nursing Facility		X
Urgent/Emergent Admission	Notification required no later than 24 hours or by the next business day	X
OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT		Commercial EPO, POS, PPO, CC
Ambulance	Fixed-wing aircraft – Non emergent	See EOC
Balloon Sinuplasty		X
Bariatric Procedures		X
Behavioral Health and Substance Abuse	<ul style="list-style-type: none"> • Authorized by MHN • Includes but is not limited to, neuropsych testing ordered by a psychiatrist • Prior authorization not required for office visit 	X
Blepharoplasty (includes brow ptosis)		X
Breast Reduction and Augmentation	<ul style="list-style-type: none"> • Except following mastectomy • Includes gynecomastia or macromastia 	X
Capsule Endoscopy		X
Chondrocyte Implants		X
Clinical Trials		X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT		Commercial EPO, POS, PPO, CC
Cochlear Implants		X
Dermatology (In-Office Procedures)	<p>Includes any procedure directed at improving appearance, except when required for the prompt (as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. Including but not limited to the following:</p> <ul style="list-style-type: none"> • chemical exfoliation and electrolysis (17360-17380) • dermabrasion/chemical peel (15780-15793) • laser treatment (17106-17108) • skin injections and implants (11900-11980) 	X
Diagnostic Procedures	<p>Authorized by National Imaging Associates, Inc. (NIA)</p> <p><u>Advanced Imaging:</u></p> <ul style="list-style-type: none"> • Computed tomography (CT)/computed tomography angiography (CTA) • Magnetic resonance imaging (MRI)/magnetic resonance angiography (MRA) • Positron emission tomography (PET) scan <p><u>Cardiac imaging:</u></p> <ul style="list-style-type: none"> • Coronary computed tomography angiography (CCTA) • Myocardial perfusion imaging (MPI) • Multigated acquisition (Muga) scan • Stress echocardiography • Transthoracic echocardiography (TTE) • Transesophageal echocardiography (TEE) 	X
Durable Medical Equipment (DME)	<p>Includes but not limited to:</p> <ul style="list-style-type: none"> • bone growth stimulators • customer-made items, including wheelchairs • hospital bed/mattresses • power wheelchairs • scooters 	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT		Commercial EPO, POS, PPO, CC
DME –Bilevel Positive Airway Pressure (BiPAP) And Ventilators	Refer members to Apria Healthcare	X
Excision, excessive skin and subcutaneous tissue (including lipectomy or panniculectomy) of the abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas		X
Experimental/Investigational Services and New Technologies	Includes, but not limited to, those listed in the Investigational Procedures List located on the Health Net provider website at provider.healthnet.com > Working with Health Net > Clinical > Medical Policies > Investigational Procedure List	X
Gender Reassignment Services (Transgender Services)		X
Genetic Testing	Includes counseling	X
Home Health & Home Hospice	Effective 5/15/2020 – See Pages 6, 7 for newly added codes	X
Liposuction		X
Maternity	Notification required only at time of first prenatal visit	X
Neuro and Spinal Cord Stimulators		X
Occupational, Physical and Speech Therapy	<p>Oregon Plans - Prior authorization not required for initial evaluation and modalities done on the same day</p> <p>**Washington Group PPO** For members enrolled in Washington Group PPO plans:</p> <p>The initial evaluation visit and six (6) consecutive follow-up treatment visits do not require prior authorization if it is for a new or recurrent condition that has not been treated by the contracting provider within the previous 90 days.</p>	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT		Commercial EPO, POS, PPO, CC
Orthognathic Procedures	Includes: <ul style="list-style-type: none"> • TMJ treatment 	X
Orthotics	Custom made orthotics	X
Otoplasty		X
Penile Implant		X
Prosthetics	Prior authorization required for items exceeding \$2,500 in billed charges	X
Referrals to Nonparticipating Providers	Applicable to EPO members only	X
Rhinoplasty		X
Septoplasty		X
Spinal Surgery	Includes, but is not limited to, laminotomy, fusion, diskectomy, vertebroplasty, nucleoplasty, stabilization and X-Stop	X
Total Joint Replacements		X
Transplant	Transplant evaluations and procedures, including but not limited to evaluation, transplant consult visits, HLA typing, donor search, and transplant procedure	X
Treatment of Varicose Veins		X
Uvulopalatopharyngoplasty (UPPP) and Laser- Assisted UPPP		X
Vermilionectomy (lip shave), with Mucosal Advancement		X
Vestibuloplasty		X
Wound Care	Effective 5/15/2020 – See Page 6 for newly added codes	X

UTILIZATION MANAGEMENT UPDATE ON PA-REQUIRED SERVICES

See the table below for all the updated or new Health Net Commercial prior authorization requirements.

All requirements will go into effect on **May 15, 2020**.

Code	Description
99500	HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT
99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE
99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE
99505	HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYSTOSTOMY
99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS
99507	HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S)
99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE
99510	HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING
99511	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINISTRATION
99512	HOME VISIT FOR HEMODIALYSIS
99600	UNLISTED HOME VISIT SERVICE OR PROCEDURE
99183 -99184	HYPERBARIC OXYGEN
99341 -99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT
99347 -99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT
G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING
G0152	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING
G0155	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTINGS
G0156	SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTINGS
G0157	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING

G0158	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING
G0159	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST, IN THE HOME HEALTH SETTING
G0160	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST, IN THE HOME HEALTH SETTING
G0161	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST, IN THE HOME HEALTH SETTING
Q5001	HOSPICE OR HOME HEALTH CARE PROVIDED IN PATIENT'S HOME/RESIDENCE
S9122	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME
S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE
S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE
S9125	RESPIRE CARE, IN THE HOME
S9126	HOSPICE CARE, IN THE HOME
S9127	SOCIAL WORK VISIT, IN THE HOME
S9128	SPEECH THERAPY, IN THE HOME
S9129	OCCUPATIONAL THERAPY, IN THE HOME
S9131	PHYSICAL THERAPY; IN THE HOME
S9208	HOME MANAGEMENT OF PRETERM LABOR
S9209	HOME MANAGEMENT OF PRETERM PREMATURE RUPTURE OF MEMBRANES
S9211	HOME MANAGEMENT OF GESTATIONAL HYPERTENSION
S9212	HOME MANAGEMENT OF POSTPARTUM HYPERTENSION
S9213	HOME MANAGEMENT OF PREECLAMPSIA
S9214	HOME MANAGEMENT OF GESTATIONAL DIABETES
T1021	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT
T1022	CONTRACTED HOME HEALTH AGENCY SERVICES
T1030	NURSING CARE, IN THE HOME, BY REGISTERED NURSE
T1031	NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE

UTILIZATION MANAGEMENT UPDATE ON PA-REQUIRED SERVICES

See the table below for all the updated or new Health Net Commercial prior authorization requirements.

All requirements will go into effect on **October 1, 2020**.

Code	Description
0016M	ONC BLADDER MRNA MICROARRAY GENE XPRSN PRFLG 209
0203U	AUTOIMMUN IBD MRNA GEN XPRSN PRFL 17 GEN WHL BLD
0204U	ONC THYR MRNA GENE XPRSN ALYS 593 GENES FNA
0205U	OPH AGE-RELATED MAC DEGENERATION ALYS 3 GEN VRNT
0208U	ONC MTC MRNA GENE EXPRESSION ALYS 108 GENE ALG
0209U	CYTOG CONST ALYS INTERROG GEN REG F/COPY NUMBER
0211U	ONC PAN-TUMOR DNA AND RNA NEXT-GENERATION SEQUENCING
0212U	RARE DS WHL GEN AND MITOCHDRL DNA SEQ ALYS PROBAND
0213U	RARE DS WHL GEN AND MITOCHDRL DNA SEQ ALYS EA CMPRTR
0214U	RARE DS WHL XOM AND MITOCHDRL DNA SEQ ALYS PROBAND
0215U	RARE DS WHL XOM AND MITOCHDRL DNA SEQ ALYS EA CMPRTR
0216U	NEURO INH ATAXIA GENOMIC DNA SEQ ALYS 12 BLD/SLV
0217U	NEURO INH ATAXIA GENOMIC DNA SEQ ALYS 51 BLD/SLV
0218U	NEURO MUSCULAR DYSTROPHY DMD SEQ ALYS BLD/SALIVA
0221U	ABO GNOTYP GENE ALYS NEXT-GENERATION SEQ ABO GEN
0222U	RHD AND RHCE GNOTYP NEXT-GNRJ SEQ RH PROX PROMOTER
K1006	SUCTION PUMP HOME MODEL ELEC USE EXT URINE MS
K1007	BIL HKAFO DEVC PWR INCL PELV COMP UP KNEE JOINTS
K1009	SPEECH VOLUME MODULATION SYS INCL ALL COMP AND ACC
K1010	INDWELLING INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, PATIENT INSERTED, REPLACEMENT ONLY, EACH
K1011	ACTIVATION DEVICE FOR INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, REPLACEMENT ONLY, EACH
K1012	CHARGER AND BASE STATION FOR INTRAURETHRAL ACTIVATION DEVICE, REPLACEMENT ONLY

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT) Effective January 1, 2020 Revised – 10/1/2020

Newly Approved Medications	May require prior authorization, call 1-888-802-7001	X
	¹ Authorized by Health Net's PBM	X
Self-Injectables	² When used as a chemotherapy adjunct, prior authorization not required	X

A

Actemra®
 Actimmune® ²
 Adakveo®
 Adasuve®
 Adcetris®
 Advate®
 Adynovate®
 Afstyla®
 Ajoy®
 Aldurazyme®
 Alferon® N ²
 Alimta®
 Aliqopa™
 Alphanate®
 Alphanate® VWF
 AlphaNine® SD
 Alprolix®
 Andexxa®
 Anjeso™
 Aralast®
 Aranesp® ²
 Aristada®
 Aristada Initio®
 Asparlas®
 Atryn®
 Avastin®
 Avonex®¹

Avsola™**B**

Barhemsys®
 Bavencio®
 Bebulin® VH
 Belrapzo™
 Bendeka®
 BeneFIX®
 Benlysta®
 Beovu®
 Besponsa®
 Blenrep
 Blincyto®
 Botox®
 Brineura®
 Bynfezia Pen™

C

Cablivi®
 Ceprotin®
 Cerezyme®
 chorionic gonadotropin¹
 Cimzia® ¹
 Cinqair®
 Cinryze®
 Coagadex®
 Corifact®
 Cosentyx®
 Crysvita®

Cuvitru®**D**

Darzalex Faspro™
 Dupixent®
 Durolane®
 Durysta™
 Dysport®
E
 Elaprase®
 Elelyso®
 Elocate®
 Elzonris®
 Empliciti®
 Enhertu®
 EnSpryng™
 Entyvio®
 Epogen® (epoetin alfa for non-ESRD use), ²
 Erbitux®
 Esperoct®
 Euflexxa®
 Exondys 51®
 Evenity®
 Evomela®
 Evrysdi™
 Eylea®

F

Fabrazyme®

Fasenra®

Faslodex®
 Feiba® VH Immuno
 Fibryga®
 Fulphila®²
 Fusilev®

G

Gamfiant®
 Gel-One®
 Gelsyn-3®
 Givlaari®
 Glassia®
 Granix® ²

H

H.P. Acthar® Gel
 Haegarda® ¹
 Helixate® FS
 Hemlibra® ¹
 Hemofil M®
 Herceptin Hylecta™
 Herceptin®
 Herzuma®
 Humate-P®
 Hyalgan®
 Hymovis®

I

Idelvion®
 Ilaris®
 Ilumya™

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Iluvien®, Yutiq™
 Imfinzi®
 Immune Globulin (i.e.
 Hizentra®, Hyqvia)
 Infergen¹
 Inflectra®
 Infugem™
 Intron A®²
 Ixifi™
 Ixinity®

J

Jelmyto™
 Jivi®¹

K

Kadcyla®
 Kanjinti™
 Kesimpta®
 Keytruda®
 Koate®-DVI
 Kogenate® FS
 Kovaltry®
 Krystexxa®
 Kymriah®
 Kyprolis®

L

Lartruvo®
 Lemtrada®
 Leukine®¹
 Lupron Depot®, non- depot²
 Lupron Depot®, Lupron Depot-
 Ped®
 Libtayo®
 Lucentis®
 Lumizyme®

Lumoxiti®
 Luxturna®
 Lynparza®
M
 Macugen®
 Makena®¹
 Mepsevii®
 Mircera® (J0887, for ESRD on
 dialysis)¹

Mircera® (J0888, non-ESRD
 use)²

Monarc-M™
 Monjuvi™
 Monoclate-P®
 Monoferric®
 Mononine®
 Monovisc®
 Mozobil
 Mvasi™
 Mylotarg™
 Myobloc®
 Myozyme®

N

Naglazyme®
 Neulasta®²
 Neumega®²
 Neupogen®²
 Nivestym™
 Novoeight®
 Novoseven®
 Nplate®
 Nucala®
 Nuwiq®

Nuzyra®

O

Obizur
 Ocrevus®
 Ogivri™
 Oncaspar®
 Onpattro®
 Ontruzant®
 Opdivo®
 Orelia®
 Orthovisc®
 Ozurdex®

P

Padcev™
 Palforzia™
 papaverine HCl, up to 60 mg¹
 Panhematin®
 Perjeta®
 Perseris™
 Phesgo™
 Poteligeo®
 Prevymis®
 Probuphine®
 Procrit® (epoetin alfa for non-
 ESRD use)²
 Profilnine® SD
 Prolastin®
 Proplex® T
 Provenge®

Q

Quzyttir®

R

Radicava®
 Radiesse®
 Rebiny®
 Reblozyl®
 Recarbrio™
 Recombinate™
 Refacto®
 Remicade®
 Remodulin®
 Renflexis®
 Retacrit®
 Retisert®
 Revcovi™
 Rituxan®
 Rituxan Hycela®
 Rixubis®
 Romidespsin
 Ruxience™
S
 Sandostatin®²
 Sandostatin® LAR Depot
 Sarclisa®
 Scenese®
 Sculptra®
 Sensipar® (ESRD on dialysis)
 Simponi® Aria®
 Sinuva™
 Skyrizi™
 Soliris®
 Somatropin (Gentropin®,
 Humatrope, Norditropin®,
 Nutropin AQ®, Omnitrope®,
 Saizen®, Serostim®,

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT) Effective January 1, 2020 Revised – 10/1/2020

Zomacton™, Zorbtive®)¹

Soliris®

Spinraza®

Stelara®

Sublocade®

Supartz FX®

Sustol®

Synagis®

Synjoynt™

Synribo®

Synvisc One®

Synvisc®

T

Takhzyro®

Tecartus™

Tecentriq®

Tepezza®

Thrombate III®

Totect®, Zinecard®

Trazimera™

Trelstar®

Tremfya®¹

Tretten®

Triferic®

Triluron™

Triptodur®

TriVisc®

Trogarzo®

Truxima®

Tysabri®

U

Udenyca™²

Ultomiris®

Uplinza™

Urofollitropin, 75 IU¹

V

Vectibix®

Velcade®

Ventavis®

Vidaza®

Vimizim®

Viltepso®

VISCO-3®

Visudyne®

Vonvendi

Vpriv®

Vyepti™

Vyondys 53®

Vyxeos®

W

Wilate®

X

Xeomin®

Xembify®

Xenleta™

Xerava™

Xiaflex®

Xolair®

Xtandi®

Xyntha®

Y

Yescarta®

Z

Zaltrap®

Zarxio®

Zemaira®

Zemdri™

Zepzelca™

Ziextenzo™²

Zilretta®

Zinecard®

Zinplava®

Zirabev™

Zolgensma®

The following codes also require Prior Authorization:

- C9399 – Unclassified drugs or biologicals
- J3490 – Unclassified drugs
- J3591 – Unclassified Rx/biological used for ESRD on dialysis
- J7199 – Hemophilia clotting factor, not otherwise classified
- J9999 – Not otherwise classified, antineoplastic drugs

CONTACTS	Commercial EPO, POS, PPO, CC
	Requests can be submitted via provider portal at provider.healthnet.com .
	See provider portal quick start guide for additional guidance.
	Phone: 1-888-802-7001, select 1 for Member and Provider Services, Select 2 for Provider, then select appropriate option for dental, vision, alternative health practices, behavioral health, or all other inquiries. Fax: 1-800-495-1148
Provider Status/Member Eligibility and Benefits	1-888-802-7001 provider.healthnet.com
Health Net's Pharmacy Benefit Manager (PBM)	Phone: 1-888-802-7001 Fax: 1-800-255-9198
Health Net's Customer Contact Center	1-888-802-7001
MHN (Behavioral Health Provider)	1-800-977-8216 Provider Portal: https://mhn.com/provider/start.do
National Imaging Associates, Inc. (NIA) (For Advanced Imaging Requests)	1-800-424-4811 Online Submission: http://radmd.com/radmd-home.aspx
Apria Healthcare (For BiPAP)	1-800-277-4288
American Specialty Health Plans, Inc. (Ash Plans)	1-800-972-4226
	1-800-678-9133
Coram (specialty infusion services)	Phone: 1-877-328-5724 Fax: 1-866-776-6815