



Health Net Commercial Prior Authorization

Date: 3/1/2024

Health Net Health Plan of Oregon, Inc. (Health Net) requires prior authorization (PA) as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all commercial products offered.

We are committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered.

For the complete CPT/HCPSC code listing, please see the Online Prior Authorization Tool on our websites at:

- Health Net: [Commercial Pre-Authorization Check](#)

Please view the following table for changes to prior authorization requirements effective May 1, 2024.

CPT/HCPCS Code	Description	Authorization Required
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Prior-Auth Required
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Prior-Auth Required
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Prior-Auth Required
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	Prior-Auth Required
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Prior-Auth Required
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	Prior-Auth Required
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Prior-Auth Required
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Prior-Auth Required
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	No prior-auth required
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft	No prior-auth required
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	No prior-auth required
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	No prior-auth required
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	No prior-auth required
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)	No prior-auth required
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)	No prior-auth required
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	No prior-auth required
90785	Interactive complexity (List separately in addition to the code for primary procedure)	No prior-auth required
90832	Psychotherapy, 30 minutes with patient	No prior-auth required
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	No prior-auth required
90834	Psychotherapy, 45 minutes with patient	No prior-auth required
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	No prior-auth required
90837	Psychotherapy, 60 minutes with patient	No prior-auth required
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	No prior-auth required
90839	Psychotherapy for crisis; first 60 minutes	No prior-auth required
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	No prior-auth required

CPT/HCPCS Code	Description	Authorization Required
90845	Psychoanalysis	No prior-auth required
90846	Family psychotherapy (without the patient present), 50 minutes	No prior-auth required
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	No prior-auth required
90849	Multiple-family group psychotherapy	No prior-auth required
90853	Group psychotherapy (other than of a multiple-family group)	No prior-auth required
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	No prior-auth required
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	No prior-auth required
97140	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	No prior-auth required
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	No prior-auth required
99341	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	No prior-auth required
99342	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	No prior-auth required
99344	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	No prior-auth required
99345	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	No prior-auth required
99347	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	No prior-auth required
99348	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	No prior-auth required
99349	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	No prior-auth required

CPT/HCPCS Code	Description	Authorization Required
99350	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	No prior-auth required
C1789	Prosthesis, breast (implantable)	No prior-auth required
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	No prior-auth required
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	No prior-auth required
G0323	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist or clinical social worker time, per calendar month. (These services include the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, coordination with and/or referral to physicians and practitioners who are authorized by Medicare to prescribe medications and furnish E/M services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team)	No prior-auth required
H0004	Behavioral health counseling and therapy, per 15 minutes	No prior-auth required
H0032	Mental health service plan development by nonphysician	No prior-auth required
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	No prior-auth required
S9484	Crisis intervention mental health services, per hour	No prior-auth required