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# Prior Authorization Requirements



Health Net<sup>®</sup>  
COMMUNITY SOLUTIONS

## California

Health Net\* and CalViva Health Medi-Cal fee-for-service (FFS) members in the following counties:

- Kern, Los Angeles, Molina, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, Stanislaus and Tulare
- Fresno, Kings and Madera (CalViva Health)

The following services, procedures and equipment are subject to prior authorization requirements (unless specified as notification required only), as indicated by “X.” If “X” is not present, prior authorization may not be required or the service, procedure or equipment may not be a covered benefit. 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 online or in hard copy on request. Providers may obtain a copy of a member’s *EOC* by requesting it from the **Provider Services Center**. **Prior authorization limitations and exclusions**, in addition to **sensitive, confidential or other services that do not require prior authorization** for Medi-Cal members, are provided on pages 8 and 9.

Unless noted differently, all services listed below require prior authorization from the Health Services Department. Refer to **Prior Authorization Contacts** on page 10 for submission information.

INPATIENT SERVICES <sup>1</sup>		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
All elective admissions to skilled nursing facilities		X	X
All elective medical and surgical inpatient hospitalizations	Includes, but is not limited to: <ul style="list-style-type: none"><li>• acute care hospital</li><li>• acute or sub-acute rehabilitation facility</li></ul> Musculoskeletal procedures for adult members authorized by <b>TurningPoint Healthcare Solutions, LLC</b>	X	X

<sup>1</sup>Procedures performed during acute inpatient hospitalization are included under the inpatient prior authorization (excluding experimental and investigational procedures). Procedures in emergency situations do not require prior authorization.

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## INPATIENT SERVICES, CONTINUED

		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
All emergency hospitalizations within 24 hours of hospital admission	<ul style="list-style-type: none"> <li>Notification required only</li> <li>Contact the <b>Hospital Notification Fax Line</b></li> </ul>	X	X
All hospitalizations to a nonparticipating hospital once emergency stabilization is complete		X	X
Long-term care nursing facility admissions for members under the Coordinated Care Initiative (CCI)	<ul style="list-style-type: none"> <li>Contact the <b>Long-Term Care Intake Line</b></li> <li>Health Net participates in CCI in Los Angeles and San Diego counties, and as a subcontractor for Molina Healthcare in Riverside and San Bernardino counties</li> </ul>	X	
Long-term care nursing facility admissions for members under the Medi-Cal benefit program (non-CCI counties)	<ul style="list-style-type: none"> <li>Contact the <b>Hospital Notification Unit</b></li> <li>All long-term care admissions for the month of admission and month after admission only</li> </ul>	X	

## OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT

Ablative techniques for treating Barrett's esophagus and for treatment of primary and metastatic liver malignancies		X	X
Acupuncture	Contact <b>American Specialty Health Plans, Inc. (ASH Plans)</b>	X	X
Ambulance	Non-emergency air transportation	X	X
Bariatric surgeries, such as laparoscopic gastric banding		X	X
Behavioral health (outpatient services)	<ul style="list-style-type: none"> <li>Authorized by <b>MHN</b></li> <li>Prior authorization not required for office visits or initial assessments</li> </ul>	X	X
Bronchial thermoplasty		X	X
Capsule endoscopy		X	X
Cardiac procedures			X
Clinical trials		X	X
Cochlear implants		X	X
Community-Based Adult Services (CBAS)	<p>Prior authorization is required for greater than 5 visits per week.</p> <p>CBAS services with 1-5 visits per week require notification only.</p> <p>Fax authorization and notifications to: 1-833-581-5908.</p>	X	X
Custom orthotics		X	X

**OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED**

		<b>Adult Members Ages 21 and Over</b>	<b>Pediatric Members Under Age 21</b>
<b>Diagnostic procedures</b>	<p>Authorized by <b>National Imaging Associates, Inc. (NIA)</b></p> <ul style="list-style-type: none"> <li>• <b>Advanced imaging:</b> <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>– Positron emission tomography (PET) scan</li> </ul> </li> <li>• <b>Cardiac imaging:</b> <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> </li> </ul>	X	X
<b>Durable medical equipment (DME)</b>	<p>Adult members including, but not limited to:</p> <ul style="list-style-type: none"> <li>• bilevel positive airway pressure (BiPAP) or continuous positive airway pressure (CPAP)</li> <li>• bone growth stimulator</li> <li>• continuous glucose monitoring</li> <li>• custom-made items</li> <li>• hospital beds and mattresses</li> <li>• items with a total Medi-Cal purchase price greater than \$1,500</li> <li>• oxygen</li> <li>• power wheelchairs, repairs and accessories</li> <li>• scooters</li> <li>• ventilators</li> </ul> <p>All DME for pediatric members requires prior authorization</p>	X	X
<b>Enteral nutrition products</b>		X	X
<b>Experimental/investigational services and new technologies</b>	Includes, but is not limited to, those listed in the <i>Investigational Procedures List</i> located on the Health Net provider website at <a href="http://provider.healthnet.com">provider.healthnet.com</a> > <i>Working with Health Net</i> > <i>Clinical</i> > <i>Medical Policies</i> > <i>Investigational Procedure List</i>	X	X
<b>Gender reassignment services (Transgender services)</b>		X	X
<b>General anesthesia for dental services</b>	<p>Includes the following places of service:</p> <ul style="list-style-type: none"> <li>• ambulatory surgery center</li> <li>• outpatient surgery center</li> <li>• dental office</li> <li>• community clinic (Federally Qualified Health Centers (FQHCs) or Regional Centers)</li> </ul>	X	X

**OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED**

		<b>Adult Members Ages 21 and Over</b>	<b>Pediatric Members Under Age 21</b>
<b>Genetic testing</b>		X	X
<b>H. pylori (Helicobacter pylori) antibody testing</b>		X	X
<b>Implantable pain pumps</b>	Authorized by <b>TurningPoint Healthcare Solutions, LLC</b>	X	
<b>Intensive cardiac rehabilitation</b>		X	X
<b>Joint surgeries</b> Includes ankle, hip, knee, and shoulder	<ul style="list-style-type: none"> <li>• Adult members authorized by <b>TurningPoint Healthcare Solutions, LLC</b></li> <li>• Pediatric members authorized by <b>Health Net</b></li> </ul>	X	X
<b>Lung volume reduction</b>		X	X
<b>Maze procedures</b>		X	X
<b>Medications requiring prior authorization</b>	Contact <b>Health Net's pharmacy benefit manager (PBM)</b>		X
<b>Neuro and spinal cord stimulators, including procedures</b>	<ul style="list-style-type: none"> <li>• Adult members authorized by <b>TurningPoint Healthcare Solutions, LLC</b></li> <li>• Pediatric members authorized by <b>Health Net</b></li> </ul>	X	X
<b>Orthognathic procedures (includes TMJ treatment)</b>		X	X
<b>Out-of-network providers and services</b>	<p>Services rendered by out-of-network providers require prior authorization.</p> <p>Excludes emergency services and self-referral services allowed under the Medi-Cal plan for family planning, pregnancy termination, HIV counseling and testing, immunizations at the local health department, and sexually transmitted infections (STIs).</p>	X	X
<b>Outpatient infusion therapy</b>	Includes, but is not limited to, blood transfusions and chemotherapy		X
<b>Outpatient elective surgery</b>			X
<b>Private duty nursing services</b>	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services		X
<b>Prosthetics</b>			X
<b>Quantitative drug screening</b>		X	X
<b>Radiation therapy</b>	All radiation therapy for pediatric members requires prior authorization		X
	<p>For adult members, limited to:</p> <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>	X	

**OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED**

		<b>Adult Members Ages 21 and Over</b>	<b>Pediatric Members Under Age 21</b>
<b>Reconstructive and cosmetic surgery, services and supplies</b>	<p>Surgery, services, and supplies, including, but not limited to:</p> <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>• Dermatology, such as chemical exfoliation and electrolysis, dermabrasions and chemical peels, laser treatment or skin injections and implants</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>• Muscle flap</li> <li>• Nasal surgery, such as rhinoplasty or septoplasty</li> <li>• Otoplasty</li> <li>• Penile implant</li> <li>• Treatment of varicose veins</li> </ul>	X	X
<b>Rehabilitation services</b>	<p>Includes the following:</p> <ul style="list-style-type: none"> <li>• physical therapy</li> <li>• occupational therapy</li> <li>• evaluation and treatment</li> <li>• speech therapy</li> </ul>		X
<b>Spinal surgery</b> Includes, but is not limited to, laminotomy, discectomy, vertebroplasty, nucleoplasty, and X-Stop	<ul style="list-style-type: none"> <li>• Adult members authorized by <b>TurningPoint Healthcare Solutions, LLC</b></li> <li>• Pediatric members authorized by <b>Health Net</b></li> </ul>	X	X
<b>Testing and in-office procedures performed by pediatric sub-specialists</b>	<p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• cardiologists</li> <li>• dermatologists</li> <li>• endocrinologists</li> <li>• gastroenterologists</li> <li>• geneticists</li> <li>• nephrologists</li> <li>• neurologists</li> <li>• ophthalmologists</li> <li>• orthopedists</li> <li>• otolaryngologists (ear, nose and throat)</li> <li>• podiatrists</li> <li>• pulmonologists</li> <li>• urologists</li> </ul>		X
<b>Transplant</b>	<ul style="list-style-type: none"> <li>• 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 Health Net's designated transplantation specialty network</li> </ul>	X	X

**OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED**

	Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Trigger point and sacroiliac (SI) joint injections	X	X
Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP	X	X
Ventriculectomy, cardiomyoplasty	X	X
Vestibuloplasty	Surgical procedure X	X

**OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT)**

	Adult Members Ages 21 and Over	Pediatric Members Under Age 21
<ul style="list-style-type: none"> <li>• Actemra®</li> <li>• Adakveo®</li> <li>• Adcetris®</li> <li>• Aldurazyme®</li> <li>• Aliqopa™</li> <li>• Aralast®</li> <li>• Aranesp®</li> <li>• Asparlas™</li> <li>• Azedra®</li> <li>• Bavencio®</li> <li>• BCG Intravesical</li> <li>• Belrapzo™</li> <li>• Bendeka®</li> <li>• Benlysta®</li> <li>• Beovu®</li> <li>• Besponsa®</li> <li>• bevacizumab agents (non-ophthalmologist only)</li> <li>• Blincyto®</li> <li>• Botox®</li> <li>• Brineura™</li> <li>• CAR-T</li> <li>• Cerezyme®</li> <li>• Cinqair®</li> <li>• Cinryze®</li> <li>• Cosentyx®</li> <li>• Crysvida®</li> <li>• Cysvita®</li> <li>• Cyramza®</li> <li>• Darzalex®</li> <li>• Dupixent®</li> <li>• Durolane®</li> <li>• Dysport®</li> <li>• Elaprase®</li> <li>• Elelyso®</li> <li>• Eligard® (non-oncology only)</li> <li>• Elzonris®</li> <li>• Empliciti®</li> <li>• Entyvio™</li> <li>• Erbitux®</li> <li>• Evenity®</li> <li>• Exondys 51™</li> <li>• Eylea®</li> <li>• Fabrazyme®</li> <li>• Fasenra™</li> <li>• Faslodex®</li> <li>• Folutyn®</li> <li>• Gamifant®</li> <li>• Gelsyn™</li> <li>• Givlaari®</li> <li>• Glassia™</li> <li>• Granix®</li> <li>• H.P. Acthar® Gel</li> <li>• Hyalgan®</li> <li>• Ilaris®</li> <li>• Iluvien®</li> <li>• Imfinzi®</li> <li>• Immune globulin</li> <li>• Inflectra™</li> <li>• Kanuma®</li> <li>• Keytruda®</li> <li>• Krystexxa®</li> <li>• Kymriah™</li> <li>• Kyprolis®</li> <li>• Lemtrada®</li> <li>• Levoleucovorin (Fusilev®, Khapzory™)</li> <li>• Libtayo®</li> <li>• Lucentis®</li> <li>• Lumizyme®</li> <li>• Lumoxiti®</li> <li>• Lupron Depot-Ped®</li> <li>• Lutathera®</li> <li>• Luxturna™</li> <li>• Macugen®</li> <li>• Makena™</li> <li>• Mepsevii™</li> <li>• Mircera®</li> <li>• Mozobil®</li> <li>• Mylotarg™</li> <li>• Myobloc®</li> <li>• Myozyme®</li> <li>• Naglazyme®</li> <li>• Nplate®</li> <li>• Nucala®</li> <li>• Prior authorization required from Health Net's PBM</li> <li>• Examples of immune globulin: intravenous immunoglobulin (IVIG), Hizentra®, HYQVIA</li> <li>• Bevacizumab agents includes Avastin®</li> <li>• Biosimilars to listed drugs require authorization</li> <li>• Remicade (includes all infliximab products)</li> <li>• Rituxan (includes all rituximab products)</li> <li>• Trastuzumab agents examples include Herceptin®, Herceptin Hylecta™, Kadcyla®, Kanjinti™, Ogivri™, Ontruzant®, Trazimera™, Herzuma®</li> </ul>	X	X

**OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT), CONTINUED**

		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
<ul style="list-style-type: none"> <li>• Nuzyra®</li> <li>• Ocrevus™</li> <li>• Oncaspar®</li> <li>• Onpattro™</li> <li>• Opdivo®</li> <li>• Orencia®</li> <li>• Ozurdex®</li> <li>• Panhematin®</li> <li>• Perjeta®</li> <li>• Polivy™</li> <li>• Poteligeo®</li> <li>• Prevymis™</li> <li>• Prolastin®</li> <li>• Prolia®</li> <li>• Provenge®</li> <li>• Radicava™</li> <li>• Radiesse®</li> <li>• Reclast®</li> <li>• Remicade®</li> <li>• Renflexis™</li> <li>• Retisert®</li> <li>• Revcovi™</li> <li>• Rituxan® (non-oncology only)</li> <li>• Rituxan Hycela™</li> <li>• Sandostatin® LAR kit</li> <li>• Sculptra®</li> <li>• Sensipar®</li> <li>• Simponi Aria®</li> <li>• Sinuva®</li> <li>• Soliris®</li> <li>• Somatuline® Depot</li> <li>• Spinraza™</li> <li>• Stelara®</li> <li>• Synagis®</li> <li>• Synjoynt™</li> <li>• Synribo®</li> <li>• Takhzyro™</li> <li>• Tecentriq®</li> <li>• Trastuzumab agents</li> <li>• Triluron™</li> <li>• Triptodur®</li> <li>• TriVisc®</li> <li>• Tysabri®</li> <li>• Ultomiris™</li> <li>• Vectibix®</li> <li>• Ventavis®</li> <li>• Vidaza®</li> <li>• Vimizim®</li> <li>• Viscosupplementation agents</li> <li>• Visudyne®</li> <li>• Vpriv™</li> <li>• Vyondys 53®</li> <li>• Xeomin®</li> <li>• Xgeva®</li> <li>• Xiaflex®</li> <li>• Xolair®</li> <li>• Yervoy®</li> <li>• Yescarta™</li> <li>• Yutiq™</li> <li>• Zaltrap®</li> <li>• Zemaira®</li> <li>• Zemdri™</li> <li>• Zemplar®</li> <li>• Zilretta™</li> <li>• Zinplava™</li> <li>• Zolgensma®</li> <li>• Zometa®</li> </ul>		X	X
<p><b>Medications newly approved by the U.S. Food and Drug Administration (FDA)</b></p>	<p>Newly approved medications may require prior authorization. Contact <b>Health Net's PBM</b> to confirm whether a specific new medication requires prior authorization</p>	X	X
<p><b>Self-injectables</b></p>	<p>Prior authorization required from <b>Health Net's PBM</b></p>	X	X
<p><b>Testosterone therapy</b></p>	<p>Authorized by <b>Health Net's PBM</b></p>	X	X

# Limitations and Exclusions, and Prior Authorization Exceptions

Listed below are prior authorization limitations and exclusions, in addition to sensitive, confidential and other services that do not require prior authorization for adult or pediatric Medi-Cal members.

<b>LIMITATIONS AND EXCLUSIONS</b>		
	<b>Adult Members Ages 21 and Over</b>	<b>Pediatric Members Under Age 21</b>
<b>Authorization for carve-out services not covered by Health Net or CalViva Health, such as CCS-eligible conditions, requires prior authorization from the local CCS office.</b>		X
<b>CCS services must be provided by CCS-paneled providers and at CCS-approved facilities.</b>		X
<b>Any services related to CCS-eligible medical conditions must be approved by the CCS program. Refer to the California Code of Regulations, Title 22, Division 2, Part 2, Subdivision 7, CCS, Chapter 4, Medical Eligibility, Article 4, available online at <a href="http://www.calregs.com">www.calregs.com</a>.</b>		X
<b>Routine laboratory and radiology services must be performed at a Health Net or CalViva Health participating facility.</b>	X	X
<b>Non-emergency ground transport for medically necessary outpatient services is available upon request by a provider or member who contacts Medi-Cal Member Services.</b>	X	X
<b>Specialty mental health services and select substance use disorder services are covered by the county mental health program. If coordination assistance with the county mental health program is needed, contact Medi-Cal Member Services.</b>	X	X
<b>Emergency room (ER) services after stabilization of an emergency medical condition or when the medical screening exam (MSE) does not demonstrate an emergency medical condition are subject to review by Health Net and may not be paid.</b>	X	X
<b>Cosmetic surgery is not a benefit of the Medi-Cal program. Cosmetic surgery requests are reviewed for possible reconstructive benefits, as well as medical necessity, using the Department of Health Care Services (DHCS) definition of cosmetic surgery.</b>	X	X
<b>Authorizations for services commonly included in the local educational agency (LEA) carve-out are referred to the local school district. These include speech therapy, occupational therapy and audiology services for children ages three and over, and psychological testing for attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).</b>		X



**SENSITIVE, CONFIDENTIAL OR OTHER SERVICES THAT DO NOT REQUIRE PRIOR AUTHORIZATION**

	<b>Adult Members Ages 21 and Over</b>	<b>Pediatric Members Under Age 21</b>
<p>Referral or prior authorization is not required for the following sensitive services, and the services may be obtained from any qualified in-network or out-of-network provider:</p> <ul style="list-style-type: none"> <li>• Minor consent services – those covered services of a sensitive nature that minors do not need parental consent to access or obtain. Such services are those related to sexual assault, including rape; drug or alcohol abuse (for children ages 12 and older); family planning services; pregnancy, including pregnancy termination; HIV counseling and testing; sexually transmitted infection (STI) diagnosis and treatment (for children ages 12 and older); and outpatient mental health services</li> <li>• Therapeutic and elective pregnancy termination</li> <li>• Family planning, STI diagnosis and treatment, HIV testing and counseling, and sexual assault services</li> </ul>	X	X
<p>Referral or prior authorization is not required for Comprehensive Perinatal Services Program (CPSP) services. Services may be obtained from any participating CPSP providers. Refer to the CPSP website at <a href="http://www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Pages/CPSP.aspx">www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Pages/CPSP.aspx</a> for more information about locating a CPSP provider.</p>	X	X
<p>Other services not requiring prior authorization:</p> <ul style="list-style-type: none"> <li>• Pregnancy care with a participating network obstetrician</li> <li>• Preventive services from a participating provider</li> <li>• Services for emergency medical conditions</li> <li>• Specialist referral (initial referral to participating specialist)</li> <li>• Urgently needed services when the member is outside his or her county</li> <li>• Certified nurse midwife and obstetrical/gynecological (OB/GYN) services from a participating provider</li> <li>• MOA 638 Indian Health Service facilities</li> </ul>	X	X

# Prior Authorization Contacts

Listed below are contact numbers for requesting prior authorization via telephone and fax. Also included is contact information for commonly requested Health Net, CalViva Health and Department of Health Care Services departments. If members have questions regarding the prior authorization list or requirements, refer to the member services number listed on their identification card.

CONTACT INFORMATION			
		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
<b>Prior authorization request</b>	1-800-421-8578 fax: 1-800-743-1655	X	X
<b>Hospital Notification Unit</b>	fax: 1-800-676-7969	X	X
<b>Long-Term Care Intake Line</b>	1-800-453-3033; fax: 1-855-851-4563	X	X
<b>California Children's Services (CCS)</b>	<a href="http://www.dhcs.ca.gov/services/ccs/pages/default.aspx">www.dhcs.ca.gov/services/ccs/pages/default.aspx</a> (includes CCS contact information by county)		X
<b>CCS paneling inquiries</b>	(916) 322-8702		X
<b>County Mental Health for substance abuse services</b>	<a href="http://www.dhcs.ca.gov/services/Pages/MentalHealthPrograms-Svcs.aspx">www.dhcs.ca.gov/services/Pages/MentalHealthPrograms-Svcs.aspx</a> (includes contact list by county)	X	X
<b>Dental (Denti-Cal)</b>	1-800-322-6384	X	X
<b>Eligibility and benefits</b>	1-800-675-6110; CalViva Health: 1-888-893-1569	X	X
<b>Health Net's pharmacy benefit manager (PBM)</b>	1-800-548-5524; fax: 1-800-977-8226	X	X
<b>National Imaging Associates, Inc. (NIA) (for advanced and cardiac imaging requests)</b>	1-800-424-4809 Online submission: <a href="http://www.radmd.com/">www.radmd.com/</a>	X	X
<b>American Specialty Health Plans, Inc. (ASH Plans)</b>	1-800-972-4226	X	X
<b>Medi-Cal general information</b>	<a href="http://www.medi-cal.ca.gov">www.medi-cal.ca.gov</a>	X	X
<b>Medi-Cal Member Services Department</b>	1-800-675-6110; CalViva Health: 1-888-893-1569	X	X
<b>MHN for listed behavioral health service</b>	1-800-950-4777	X	X
<b>Nurse Advice Line</b>	1-800-675-6110, 24 hours, seven days a week	X	X
<b>Ground transportation services for non-emergency purposes</b>	1-800-675-6110; CalViva Health: 1-888-893-1569	X	X
<b>Provider Services Center</b>	1-800-675-6110; CalViva Health: 1-888-893-1569	X	X
<b>Public Programs (for CBAS)</b>	Face-to-face, authorization and notification request: fax: 1-833-581-5908	X	X
<b>TurningPoint Healthcare Solutions, LLC (for musculoskeletal requests)</b>	1-855-332-5898 fax: (949) 774-2254 <a href="http://www.myturningpoint-healthcare.com">www.myturningpoint-healthcare.com</a> . email: <a href="mailto:centenecaum@turningpoint-healthcare.com">centenecaum@turningpoint-healthcare.com</a>	X	