

Prior Authorization Requirements



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 (PA) requirements (unless specified as notification required only), as indicated by “X.” If “X” is not present, PA 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 PA list contains services that require PA 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 10 and 11.

Unless noted differently, all services listed below require PA from the Health Services Department. Refer to **Prior Authorization Contacts** on page 12 for submission information.

INPATIENT SERVICES ¹			
		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
All elective admissions to skilled nursing facilities		X	X

¹Procedures 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.

*Health Net Community Solutions, Inc. and Managed Health Network, LLC are subsidiaries of Health Net, LLC and Centene Corporation. The MHN family of companies includes Managed Health Network and MHN Services, LLC (MHN). Health Net and MHN are registered service marks of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

INPATIENT SERVICES, CONTINUED			
		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
All elective medical and surgical inpatient hospitalizations	Includes, but is not limited to: <ul style="list-style-type: none"> acute care hospital acute or sub-acute rehabilitation facility Musculoskeletal procedures for adult members authorized by TurningPoint Healthcare Solutions, LLC	X	X
All emergency hospitalizations within 24 hours of hospital admission	<ul style="list-style-type: none"> Notification required only Contact the Hospital Notification Fax Line 	X	X
All hospitalizations to a nonparticipating hospital once emergency stabilization is complete		X	X
Long-term care nursing facility admissions	<ul style="list-style-type: none"> Contact the Health Net Long-Term Care Intake Line 	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	<ul style="list-style-type: none"> Contact American Specialty Health Plans, Inc. (ASH Plans) Authorization not required for initial evaluation 	X	X
Bariatric surgeries, such as laparoscopic gastric banding		X	X
Behavioral health (outpatient services)	<ul style="list-style-type: none"> Authorized by MHN PA not required for office visits or initial assessments 	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)	<ul style="list-style-type: none"> PA is required for greater than 5 visits per week CBAS services with 1-5 visits per week require notification only Fax authorization and notifications to: 833-581-5908 	X	X
Custom orthotics		X	X
Developmental screening	PA required for ages 6–20		X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Diagnostic procedures	Authorized by National Imaging Associates, Inc. (NIA) <ul style="list-style-type: none"> • Advanced imaging: <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 • Cardiac imaging: <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	X
Durable medical equipment (DME)	Adult members including, but not limited to: <ul style="list-style-type: none"> • bilevel positive airway pressure (BiPAP) or continuous positive airway pressure (CPAP) • bone growth stimulator • continuous glucose monitoring • custom-made items • hospital beds and mattresses • items with a total Medi-Cal purchase price greater than \$1,500 • oxygen • power wheelchairs • scooters • ventilators All DME for pediatric members requires PA	X	X
Enteral nutrition products		X	X
Experimental/investigational services and new technologies	Includes, but is 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 > Medical Policies > Investigational Procedure List	X	X
Gender reassignment services (Transgender services)		X	X
General anesthesia for dental services	Includes the following places of service: <ul style="list-style-type: none"> • ambulatory surgery center • outpatient surgery center • dental office • community clinic (Federally Qualified Health Centers (FQHCs) or Regional Centers) 	X	X
Genetic testing		X	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED			
		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
H. pylori (Helicobacter pylori) antibody testing		X	X
Implantable pain pumps	Authorized by TurningPoint Healthcare Solutions, LLC	X	
Intensive cardiac rehabilitation		X	X
Joint surgeries Includes ankle, hip, knee, and shoulder	<ul style="list-style-type: none"> Adult members authorized by TurningPoint Healthcare Solutions, LLC Pediatric members authorized by Health Net 	X	X
Lung volume reduction		X	X
Maze procedures		X	X
Medications requiring prior authorization	Contact Health Net Pharmacy Department		X
Neuro and spinal cord stimulators, including procedures	<ul style="list-style-type: none"> Adult members authorized by TurningPoint Healthcare Solutions, LLC Pediatric members authorized by Health Net 	X	X
Orthognathic procedures (includes TMJ treatment)		X	X
Out-of-network providers and services	<ul style="list-style-type: none"> Services rendered by out-of-network providers require PA 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) 	X	X
Outpatient infusion therapy	Includes, but is not limited to, blood transfusions and chemotherapy		X
Outpatient elective surgery			X
Private duty nursing services	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services		X
Prosthetics			X
Quantitative drug screening		X	X
Radiation therapy	All radiation therapy for pediatric members requires PA For adult members, limited to: <ul style="list-style-type: none"> intensity modulated radiation therapy (IMRT) neutron beam therapy proton beam therapy stereotactic radiosurgery and stereotactic body radiotherapy (SBRT) 	X	X
Reconstructive and cosmetic surgery, services and supplies	Surgery, services, and supplies, including, but not limited to: <ul style="list-style-type: none"> Bone alteration or reshaping, such as osteoplasty 	X	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Reconstructive and cosmetic surgery, services and supplies (continued)	<p>Surgery, services, and supplies, including, but not limited to:</p> <ul style="list-style-type: none"> • Breast reduction and augmentation except when following a mastectomy (includes for gynecomastia or macromastia) • Dermatology, such as chemical exfoliation and electrolysis, dermabrasions and chemical peels, laser treatment or skin injections and implants • 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 • Eye or brow procedures, such as blepharoplasty, brow ptosis or canthoplasty • Muscle flap • Nasal surgery, such as rhinoplasty or septoplasty • Otoplasty • Penile implant • Treatment of varicose veins 	X	X
Rehabilitation services	Physical, occupational and speech therapy require authorization after 12 combined visits. Includes home setting		X
Sleep Studies	<ul style="list-style-type: none"> • Home sleep testing • Facility based sleep testing 	X	X
Spinal surgery Includes, but is not limited to, laminotomy, diskectomy, vertebroplasty, nucleoplasty, and X-Stop	<ul style="list-style-type: none"> • Adult members authorized by TurningPoint Healthcare Solutions, LLC • Pediatric members authorized by Health Net 	X	X
Transplant	<ul style="list-style-type: none"> • Fax request to the Transplant Team • Transplant evaluations and procedures, including, but not limited to, evaluation, transplant consult visits, donor search, and transplant procedure 	X	X
Transportation	<p>All non-emergency medical transportation (NEMT) requires a Physician Certification Statement (PCS) (Medi-Cal or CalViva)</p> <ul style="list-style-type: none"> • Air transportation (air ambulance), authorized by Health Net • Ground NEMT, contact Modivcare (ambulance, gurney/stretchers, wheelchair) 	X	X
Trigger point and sacroiliac (SI) joint injections		X	X
Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP		X	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED					
		Adult Members Ages 21 and Over	Pediatric Members Under Age 21		
Ventriculectomy, cardiomyoplasty		X	X		
Vestibuloplasty	Surgical procedure	X	X		
Wound care	Including but not limited to: <ul style="list-style-type: none"> • Negative pressure wound treatment, low-frequency ultrasound • Skin substitutes and biologicals • Wound debridement – authorization required after 12 sessions per year 	X	X		
OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT)					
<ul style="list-style-type: none"> • Abecma® • Actemra® • Adakveo® • Adcetris® • Aduhelm™ • Aldurazyme® • Aliqopa™ • Amondys 45™ • Aralast® • Asparlas™ • Azedra® • Bavencio® • BCG Intravesical • Beleodaq® • Belrapzo™ • Beovu® • Besponsa® • Bevacizumab agents • Blenrep • Blincyto® • Botox® • Breyanzi® • Brineura™ • CAR-T • Cerezyme® • Cinqair® • Cinryze® • Cosela™ 	<ul style="list-style-type: none"> • Crysvita® • Cyramza® • Danyelza® • Darzalex® • Dupixent® • Durolane® • Durysta™ • Dysport® • Elaprase® • Elelyso® • Elzonris® • Empaveli™ • Empliciti® • Enjaymo™ • Entyvio™ • Erbitux® • Evenity® • Evkeeza™ • Exondys 51™ • Eylea® • Fabrazyme® • Fasenra™ • Faslodex® • Fensolvi® • Folotyn® • Fyarro™ • Gamifant® • Gelsyn™ 	<ul style="list-style-type: none"> • Givlaari • Glassia™ • H.P. Acthar® Gel • Halaven® • Histrelin acetate • Hyalgan® • Ilaris® • Iluvien® • Imfinzi® • Immune globulin • Inflectra™ • Istodax™ • Jelmyto™ • Jemperli® • Kanuma® • Keytruda® • Kimmtrak® • Krystexxa® • Kymriah™ • Kyprolis® • Lemtrada® • Leqvio® • Levoleucovorin (Fusilev®, Khapzory™) • Libtayo® • Lucentis® • Lumizyme® 	<ul style="list-style-type: none"> • PA required from Health Net Pharmacy Department • Examples of immune globulin: intravenous immunoglobulin (IVIG), Hizentra®, HYQVIA • Bevacizumab agents includes Avastin®, Mvasi and Zirabev are preferred • Biosimilars to listed drugs require PA. Refer to biosimilar requirements below • Leuprolide Depot examples include Eligard®, Lupron Depot® • Remicade (includes all infliximab products), Inflectra or Renflexis preferred • Rituximab examples include Rituxan®, Ruxience, and Truxima. Ruxience preferred, no PA required for hematology/oncology indications • Trastuzumab agents examples include Herceptin®, Herceptin Hylecta™, Kadcyla®, Kanjinti™, Ogivri™, Ontruzant®, Trazimera™, Herzuma® (Ogivri and Trazimera are the preferred products) 	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"> • Lumoxiti[®] • Leuprolide Depot (non-oncology/non-urology only) • Lupron Depot-Ped[®] • Lutathera[®] • Luxturna[™] • Macugen[®] • Makena[™] • Margenza[™] • Marqibo[®] • Mepsevii[™] • Monjuvi[®] • Monoferric[®] • Mozobil[®] • Mylotarg[™] • Myobloc[®] • Myozyme[®] • Naglazyme[®] • Nexviazyme[®] • Nplate[®] • Nucala • Nulibry[™] • Nuzyra[®] • Ocrevus[™] • Oncaspar[®] • Onpattro[™] • Opdivo[®] • Opdualag[™] • Orencia[®] • Oxlumio[™] • Ozurdex[®] • Panhematin[®] • Pemfexy[™] • Pepaxto[®] • Perjeta[®] • Polivy[™] • Poteligeo[®] • Prevymis[™] • Prolastin[®] • Prolia[®] • Provenge[®] • Radicava[™] • Radiesse[®] • Remicade[®] • Remodulin[®] • Renflexis[™] • Retisert[®] • Revcovi[™] • Rituxan Hycela[™] • Rituximab agents • Ruconest[®] • Rybrevant[™] • Rylaze[™] • Ryplazim[®] • Sandostatin[®] LAR kit • Saphnelo[™] • Sarclisa[®] • Scenesse[®] • Sculptra[®] • Sensipar[®] • Simponi Aria[®] • Sinuva[®] • Soliris[®] • Somatuline[®] Depot • Sotradecol[®] • Spinraza[™] • Stelara[®] • Susvimo[™] • Synagis[®] • Synjoynt[™] • Synribo[®] • Tecartus[™] • Tecentriq[®] • Tepezza[®] • Testopel[®] • Tezspire[®] • Tivdak[™] • Trastuzumab agents • Triluron[™] • Triptodur[®] • TriVisc[®] • Trodelvy[™] • Tysabri[™] • Ultomiris[™] • Uplizna[®] • Vabysmo[®] • Vectibix[®] • Ventavis[®] • Vidaza[®] • Viltepso[®] • Vimizim[®] • Viscosupplementation agents • Visudyne[®] • Vpriv[™] • Vyepti[™] • Vyondys 53[®] • Vyvgart[®] • Vyxeos (ages 0-20 only) • Xeomin[®] • Xgeva[®] • Xiaflex[®] • Xipere[®] 	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"> • Xolair[®] • Yervoy[®] • Yescarta[™] • Yutiq[™] • Zaltrap[®] • Zemaira[®] • Zemdri[™] • Zepzelca[™] • Zilretta[™] • Zinplava[™] • Zoladex[®] (no PA oncology/urology) • Zolgensma[®] • Zulresso[™] • Zynlonta[®] 		X	X																
<p>Biosimilars are required in lieu of branded drugs.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Reference Product (Non-Preferred)</th> <th style="width: 50%;">Preferred Biosimilar(s)</th> </tr> </thead> <tbody> <tr> <td>• Epogen[®], Procrit[®]</td> <td>• Retacrit[®]</td> </tr> <tr> <td>• Neupogen[®]</td> <td>• Zarxio[®]</td> </tr> <tr> <td>• Neulasta[®]</td> <td>• Zarxio[®] • Ziextenzo[™]</td> </tr> <tr> <td>• Remicade[®]</td> <td>• Inflectra[®] • Renflexis[®]</td> </tr> <tr> <td>• Rituxan[®]</td> <td>• Ruxience[®] • Truxima[®]</td> </tr> <tr> <td>• Avastin[®] (for non-ophthalmic diagnoses)</td> <td>• Mvasi[™] • Zirabev[™]</td> </tr> <tr> <td>• Herceptin[®]</td> <td>• Kanjinti[®] • Trazimera[™] • Ogivri[®]</td> </tr> </tbody> </table>		Reference Product (Non-Preferred)	Preferred Biosimilar(s)	• Epogen [®] , Procrit [®]	• Retacrit [®]	• Neupogen [®]	• Zarxio [®]	• Neulasta [®]	• Zarxio [®] • Ziextenzo [™]	• Remicade [®]	• Inflectra [®] • Renflexis [®]	• Rituxan [®]	• Ruxience [®] • Truxima [®]	• Avastin [®] (for non-ophthalmic diagnoses)	• Mvasi [™] • Zirabev [™]	• Herceptin [®]	• Kanjinti [®] • Trazimera [™] • Ogivri [®]	<ul style="list-style-type: none"> • Biosimilars are required in lieu of branded drugs • PA required from Health Net Pharmacy Department 	X
Reference Product (Non-Preferred)	Preferred Biosimilar(s)																		
• Epogen [®] , Procrit [®]	• Retacrit [®]																		
• Neupogen [®]	• Zarxio [®]																		
• Neulasta [®]	• Zarxio [®] • Ziextenzo [™]																		
• Remicade [®]	• Inflectra [®] • Renflexis [®]																		
• Rituxan [®]	• Ruxience [®] • Truxima [®]																		
• Avastin [®] (for non-ophthalmic diagnoses)	• Mvasi [™] • Zirabev [™]																		
• Herceptin [®]	• Kanjinti [®] • Trazimera [™] • Ogivri [®]																		
<p>Medications newly approved by the U.S. Food and Drug Administration (FDA)</p>		<ul style="list-style-type: none"> • Newly approved medications may require PA • Contact Health Net Pharmacy Department to confirm whether a specific new medication requires PA 	X																

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT), CONTINUED			
		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Self-injectables	<ul style="list-style-type: none"> Self-injectable medications are the responsibility of the Medi-Cal Rx Program effective 1/2/2022 Refer to the Contract Drug List (CDL) on the DHCS website for the Medi-Cal Rx list of covered drugs and services. Prior authorizations may be required, and providers may use Cover My Meds to submit a prior authorization request or complete a Prior Authorization Form and fax it to 800-859-4325 Prior authorization required from Health Net for self-injectable medications administered in a physician's office 	X	X
Testosterone therapy	Authorized by Health Net Pharmacy Department	X	X
NON-BENEFIT SERVICES REQUIRING AUTHORIZATION			
		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Community Supports <ul style="list-style-type: none"> Asthma remediation Community transition services/nursing facility transition to a home Day habilitation Environmental accessibility adaptations (home modifications) Housing deposits Housing tenancy and sustaining services Housing transition navigation services Meals/medically tailored meals Nursing facility transition/diversion to assisted living facilities Personal care and homemaker services Recuperative care (medical respite) Respite services Short-term post-hospitalization housing Sobering centers 	Refer to the CalAIM Resources for Providers page on the portal at healthnet.com > <i>Providers</i> > <i>CALAIM RESOURCES</i> button.	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.

LIMITATIONS AND EXCLUSIONS		
	Adult Members Ages 21 and Over	Pediatric Members Under Age 21
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.		X
CCS services must be provided by CCS-paneled providers and at CCS-approved facilities.		X
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 www.calregs.com.		X
Routine laboratory and radiology services must be performed at a Health Net or CalViva Health participating facility.	X	X
Non-emergency medical transport (NEMT), ground, for medically necessary outpatient services and non-medical transportation (NMT) is available upon request by a provider or member who contacts Modivcare. All NEMT require a PCS form.	X	X
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.	X	X
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.	X	X
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.	X	X
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).		X

SENSITIVE, CONFIDENTIAL OR OTHER SERVICES THAT DO NOT REQUIRE PRIOR AUTHORIZATION		
	Adult Members Ages 21 and Over	Pediatric Members Under Age 21
<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"> • 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 • Therapeutic and elective pregnancy termination • Family planning, STI diagnosis and treatment, HIV testing and counseling, and sexual assault services 	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 www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Pages/CPSP.aspx 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"> • Pregnancy care with a participating network obstetrician • Preventive services from a participating provider • Services for emergency medical conditions • Specialist referral (initial referral to participating specialist) • Urgently needed services when the member is outside his or her county • Certified nurse midwife and obstetrical/gynecological (OB/GYN) services from a participating provider • MOA 638 Indian Health Service facilities 	X	X

¹ 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.

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
Prior authorization request	800-421-8578; fax: 800-743-1655	X	X
Hospital Notification Unit	fax: 800-676-7969	X	X
Hospital Notification Unit/Post Stabilization Notification for Non-Participating Facilities	800-995-7890	X	X
Long-Term Care Intake Line	800-453-3033; fax: 855-851-4563	X	X
California Children's Services (CCS)	www.dhcs.ca.gov/services/ccs/pages/default.aspx (includes CCS contact information by county)		X
CCS paneling inquiries	916-322-8702		X
County Mental Health for substance abuse services	www.dhcs.ca.gov/services/Pages/MentalHealthPrograms-Svcs.aspx (includes contact list by county)	X	X
Dental (Denti-Cal)	800-322-6384	X	X
Eligibility and benefits	800-675-6110; CalViva Health: 888-893-1569	X	X
Health Net Pharmacy Department	800-548-5524; fax: 833-953-3436	X	X
National Imaging Associates, Inc. (NIA) (for advanced and cardiac imaging requests)	800-424-4809 Online submission: www.radmd.com/	X	X
American Specialty Health Plans, Inc. (ASH Plans)	800-972-4226; www.ashlink.com	X	X
Medi-Cal general information	www.medi-cal.ca.gov	X	X
Medi-Cal Member Services Department	800-675-6110; CalViva Health: 888-893-1569	X	X
MHN for listed behavioral health service	800-950-4777	X	X
Nurse Advice Line	800-675-6110, 24 hours, seven days a week	X	X
Modivcare non-emergency and non-medical ground transportation services (NEMT/NMT)	866-529-2128 fax: 877-457-3352	X	X
Provider Services Center	800-675-6110; CalViva Health: 888-893-1569	X	X
Public Programs (for CBAS)	Face-to-face, authorization and notification request: fax: 833-581-5908	X	X
Transplant Team	fax: 833-769-1141	X	X
TurningPoint Healthcare Solutions, LLC (for musculoskeletal requests)	855-332-5898; fax: 949-774-2254 www.myturningpoint-healthcare.com email: centenecaum@turningpoint-healthcare.com	X	