

# Prior Authorization Requirements



## California

### Medi-Cal Los Angeles County Department of Health Services (LA-DHS)

#### Participating Physician Groups

The following services, procedures and equipment are subject to prior authorization (PA) 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 PA is required.

The procedures, services and equipment listed apply to pediatric members under age 21, and adult members ages 21 and over. Providers should also refer to **Limitations and Exclusions** on page 7, in addition to **sensitive, confidential or other services that do not require PA** for Medi-Cal members. Refer to **Prior Authorization Contacts** on page 6 for submission information.

#### INPATIENT SERVICES<sup>1</sup>

##### All elective admissions to skilled nursing facilities (SNFs)

##### Long-term care nursing facility admissions

Contact the **Health Net\* Long-Term Care Intake Line**

##### Elective medical or surgical admissions to non-LA-DHS hospitals<sup>2</sup>

Includes:

- acute care facilities
- acute or sub-acute rehabilitation

##### Emergency hospitalizations and continuing stays at non-LA-DHS hospitals once emergency stabilization is complete

Contact the **Health Net Hospital Notification Unit**

#### OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT

##### All referrals to out-of-network providers (non-LA-DHS clinics or hospitals)

PA not required for self-referred services allowed under the Medi-Cal plan for family planning, pregnancy termination, HIV counseling and testing, immunizations at the local health department (LHD), and sexually transmitted infections (STIs)

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

<sup>2</sup> Non-LA-DHS hospitals include hospitals and clinics in Antelope Valley.

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

<b>Acupuncture</b>	<ul style="list-style-type: none"> <li>• Contact <b>American Specialty Health Plans, Inc. (ASH Plans)</b></li> <li>• Authorization not required for initial evaluation</li> </ul>
<b>Behavioral health (outpatient services)</b>	<ul style="list-style-type: none"> <li>• Authorized by <b>MHN</b></li> <li>• PA not required for office visits or initial assessments</li> </ul>
<b>Bronchial thermoplasty</b>	
<b>Durable medical equipment (DME) – Pediatric</b>	<b>Members under age 21:</b> All DME requires prior authorization
<b>DME – Adult</b>	<p>Members ages 21 and older: The following DME requires PA:</p> <ul style="list-style-type: none"> <li>• bone growth stimulators</li> <li>• bilevel positive airway pressure (BiPAP)</li> <li>• continuous glucose monitoring</li> <li>• continuous positive airway pressure (CPAP)</li> <li>• custom-made items (including orthotics)</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 and scooters</li> <li>• ventilators</li> </ul>
<b>Enteral nutrition products</b>	
<b>Gender reassignment services (transgender services)</b>	Authorized by <b>Health Net</b> when provided outside of an LA-DHS facility
<b>Genetic testing</b>	
<b>Neuro and spinal cord stimulators, including procedures</b>	Authorized by <b>Health Net</b> when provided outside of an LA-DHS facility
<b>Custom orthotics</b>	
<b>Prosthetics</b>	
<b>Transplant</b>	<ul style="list-style-type: none"> <li>• Fax request to the Transplant Team</li> <li>• Transplant evaluations and procedures, including, but not limited to, evaluation, transplant consult visits, donor search, and transplant procedure</li> </ul>
<b>Transportation</b>	<p>All non-emergency medical transportation (NEMT) requires a <a href="#">Physician Certification Statement (PCS)</a></p> <ul style="list-style-type: none"> <li>• Air transportation (air ambulance), authorized by <b>Health Net</b></li> <li>• Ground NEMT, contact <b>Modivcare</b> (ambulance, gurney/stretchers, wheelchair)</li> </ul>

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

Reference Product (Non-Preferred)	Preferred Biosimilar(s)
• Epogen <sup>®</sup> , Procrit <sup>®</sup>	• Retacrit <sup>®</sup>
• Neupogen <sup>®</sup>	• Zarxio <sup>®</sup>
• Neulasta <sup>®</sup>	• Zarxio <sup>®</sup> • Ziextenzo <sup>™</sup>
• Remicade <sup>®</sup>	• Inflectra <sup>®</sup> • Renflexis <sup>®</sup>
• Rituxan <sup>®</sup>	• Ruxience <sup>®</sup> • Truxima <sup>®</sup>
• Avastin <sup>®</sup> (for non-ophthalmic diagnoses)	• Mvasi <sup>™</sup> • Zirabev <sup>™</sup>
• Herceptin <sup>®</sup>	• Kanjinti <sup>®</sup> • Trazimera <sup>™</sup> • Ogivri <sup>®</sup>

- Biosimilars are required in lieu of branded drugs
- Authorized by **Health Net Pharmacy Department**

**Medications newly approved by the U.S. Food and Drug Administration (FDA)**

May require prior authorization – Contact **Health Net Pharmacy Department** to confirm

**Self-injectables**

- 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

**Testosterone therapy**

Authorized by **Health Net Pharmacy Department**

• Abecma <sup>®</sup>	• Belrapzo <sup>™</sup>	• Cosela <sup>™</sup>
• Actemra <sup>®</sup>	• Beovu <sup>®</sup>	• Crysvita <sup>®</sup>
• Adakveo <sup>®</sup>	• Besponsa <sup>®</sup>	• Cyramza <sup>®</sup>
• Adcetris <sup>®</sup>	• Bevacizumab agents	• Danyelza <sup>®</sup>
• Aduhelm <sup>™</sup>	• Blenrep	• Darzalex <sup>®</sup>
• Aldurazyme <sup>®</sup>	• Blincyto <sup>®</sup>	• Dupixent <sup>®</sup>
• Aliqopa <sup>™</sup>	• Botox <sup>®</sup>	• Durolane <sup>™</sup>
• Amondys 45 <sup>™</sup>	• Breyanzi <sup>®</sup>	• Durysta <sup>™</sup>
• Aralast <sup>®</sup>	• Brineura <sup>™</sup>	• Dysport <sup>®</sup>
• Asparlas <sup>™</sup>	• CAR-T	• Elaprase <sup>®</sup>
• Azedra <sup>®</sup>	• Cerezyme <sup>®</sup>	• Elelyso <sup>®</sup>
• Bavencio <sup>®</sup>	• Cinqair <sup>®</sup>	• Elzonris <sup>®</sup>
• BCG Intravesical	• Cinryze <sup>®</sup>	• Empaveli <sup>™</sup>
• Beleodaq <sup>®</sup>		

- Authorized by **Health Net Pharmacy Department** when provided outside of an LA-DHS facility
- Bevacizumab agents includes Avastin<sup>®</sup>, Mvasi and Zirabev are preferred
- Biosimilars to listed drugs require PA. Refer to biosimilar requirements above.
- Immune globulin examples: intravenous immunoglobulin (IVIG), Hizentra<sup>®</sup>, HYQVIA
- Leuprolide Depot examples include Eligard<sup>®</sup>, Lupron Depot<sup>®</sup>
- Remicade (includes all infliximab products) Inflectra or Renflexis preferred
- Rituximab examples include Rituxan<sup>®</sup>, Ruxience, and Truxima. Ruxience preferred, no PA required for hematology/oncology indications
- Trastuzumab agents examples include Herceptin<sup>®</sup>, Herceptin Hylecta<sup>™</sup>, Kadcyla<sup>®</sup>, Kanjinti<sup>™</sup>, Ogivri<sup>™</sup>, Ontruzant<sup>®</sup>, Trazimera<sup>™</sup>, Herzuma<sup>®</sup> (Ogivri and Trazimera are the preferred products)

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

• Empliciti <sup>®</sup>	• Levoleucorin (Fusilev <sup>®</sup> , Khapzory <sup>™</sup> )	• Prevymis <sup>™</sup>	• Trastuzumab agents
• Enjaymo <sup>™</sup>	• Libtayo <sup>®</sup>	• Prolastin <sup>®</sup>	• Triluron <sup>™</sup>
• Entyvio <sup>™</sup>	• Lucentis <sup>®</sup>	• Prolia <sup>®</sup>	• Triptodur <sup>®</sup>
• Erbitux <sup>®</sup>	• Lumizyme <sup>®</sup>	• Provenge <sup>®</sup>	• TriVisc <sup>®</sup>
• Evenity <sup>®</sup>	• Lumoxiti <sup>®</sup>	• Radicava <sup>™</sup>	• Trodelvy <sup>™</sup>
• Evkeeza <sup>™</sup>	• Lupron Depot Ped <sup>®</sup>	• Radiesse <sup>®</sup>	• Tysabri <sup>®</sup>
• Exondys 51 <sup>™</sup>	• Lutathera <sup>®</sup>	• Reclast <sup>®</sup>	• Ultomiris <sup>™</sup>
• Eylea <sup>®</sup>	• Luxturna <sup>™</sup>	• Remicade <sup>®</sup>	• Uplizna <sup>®</sup>
• Fabrazyme <sup>®</sup>	• Macugen <sup>®</sup>	• Renflexis <sup>™</sup>	• Vabysmo <sup>®</sup>
• Fasenra <sup>™</sup>	• Makena <sup>™</sup>	• Retisert <sup>®</sup>	• Vectibix <sup>®</sup>
• Faslodex <sup>®</sup>	• Margenza <sup>™</sup>	• Revcovi <sup>™</sup>	• Ventavis <sup>®</sup>
• Fensolvi <sup>®</sup>	• Marqibo <sup>®</sup>	• Rituximab agents	• Vidaza <sup>®</sup>
• Folutyn <sup>®</sup>	• Mepsevii <sup>™</sup>	• Rituxan Hycela <sup>™</sup>	• Viltepso <sup>®</sup>
• Fyarro <sup>™</sup>	• Monjuvi <sup>®</sup>	• Ruconest <sup>®</sup>	• Vimizim <sup>®</sup>
• Gamifant <sup>®</sup>	• Monoferri <sup>®</sup>	• Rybrevant <sup>™</sup>	• Viscosupplementation agents
• Gelsyn <sup>™</sup>	• Mozobil <sup>®</sup>	• Rylaze <sup>™</sup>	• Visudyne <sup>®</sup>
• Givlaari <sup>®</sup>	• Mylotarg <sup>™</sup>	• Ryplazim <sup>®</sup>	• Vpriv <sup>™</sup>
• Glassia <sup>™</sup>	• Myobloc <sup>®</sup>	• Sandostatin <sup>®</sup> LAR Kit	• Vyepti <sup>™</sup>
• H.P. Acthar <sup>®</sup> Gel	• Myozyme <sup>®</sup>	• Saphnelo <sup>™</sup>	• Vyondys 53 <sup>®</sup>
• Halaven <sup>®</sup>	• Naglazyme <sup>®</sup>	• Sarclisa <sup>®</sup>	• Vyvgart <sup>®</sup>
• Histrelin acetate	• Nexvazyme <sup>®</sup>	• Scenesse <sup>®</sup>	• Vyxeos (ages 0-20 only)
• Hyalgan <sup>®</sup>	• Nplate <sup>®</sup>	• Sculptra <sup>®</sup>	• Xeomin <sup>®</sup>
• Ilaris <sup>®</sup>	• Nucala <sup>®</sup>	• Sensipar <sup>®</sup>	• Xgeva <sup>®</sup>
• Iluvien <sup>®</sup>	• Nulibry <sup>™</sup>	• Simponi Aria <sup>®</sup>	• Xiaflex <sup>®</sup>
• Imfinzi <sup>®</sup>	• Nuzyra <sup>®</sup>	• Sinuva <sup>®</sup>	• Xipere <sup>®</sup>
• Immune globulin	• Ocrevus <sup>™</sup>	• Soliris <sup>®</sup>	• Xolair <sup>®</sup>
• Inflectra <sup>™</sup>	• Oncaspar <sup>®</sup>	• Somatuline <sup>®</sup> Depot	• Yervoy <sup>®</sup>
• Istodax <sup>®</sup>	• Onpattro <sup>™</sup>	• Sotradecol <sup>®</sup>	• Yescarta <sup>™</sup>
• Jelmyto <sup>™</sup>	• Opdivo <sup>®</sup>	• Spinraza <sup>™</sup>	• Yutiq <sup>™</sup>
• Jemperli <sup>®</sup>	• Opdualag <sup>™</sup>	• Stelara <sup>®</sup>	• Zaltrap <sup>®</sup>
• Kanuma <sup>®</sup>	• Orencia <sup>®</sup>	• Susvimo <sup>™</sup>	• Zemaira <sup>®</sup>
• Keytruda <sup>®</sup>	• Oxlummo <sup>™</sup>	• Synagis <sup>®</sup>	• Zemdri <sup>™</sup>
• Kimmtrak <sup>®</sup>	• Ozurdex <sup>®</sup>	• Synjoynt <sup>™</sup>	• Zepzelca <sup>™</sup>
• Krystexxa <sup>®</sup>	• Panhematin <sup>®</sup>	• Synribo <sup>®</sup>	• Zilretta <sup>™</sup>
• Kymriah <sup>™</sup>	• Pemfexy <sup>™</sup>	• Tecartus <sup>™</sup>	• Zinplava <sup>™</sup>
• Kyprolis <sup>®</sup>	• Pepaxto <sup>®</sup>	• Tecentriq <sup>®</sup>	• Zoladex <sup>®</sup> (no PA oncology/urology)
• Lemtrada <sup>®</sup>	• Perjeta <sup>®</sup>	• Tepezza <sup>®</sup>	• Zolgensma <sup>®</sup>
• Leqvio <sup>®</sup>	• Polivy <sup>™</sup>	• Testopel <sup>®</sup>	• Zulresso <sup>™</sup>
• Leuprolide Depot (non-oncology/non- urology only)	• Poteligeo <sup>®</sup>	• Tezspire <sup>®</sup>	• Zynlonta <sup>®</sup>
		• Tivdak <sup>™</sup>	

## NON-BENEFIT SERVICES REQUIRING AUTHORIZATION

### Community Supports

- Asthma remediation
- Community transition services/Nursing facility transition services to a home
- Day habilitation
- Environmental accessibility adaptations (home modifications)
- Housing deposits
- Housing tenancy and sustaining services
- Housing transition navigation
- 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 > *Providers* > *CALAIM RESOURCES* button

# Prior Authorization Contacts

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

CONTACT INFORMATION	
Prior authorization request	800-421-8578 fax: 800-743-1655
Hospital Notification Unit	fax: 800-676-7969
Hospital Notification Unit/post stabilization notification for non-participating facilities	800-995-7890
California Children's Services (CCS)	<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)
CCS paneling inquiries	916-322-8702
County Mental Health for substance abuse services	<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)
Dental	<ul style="list-style-type: none"> <li>• Denti-Cal: 800-322-6384</li> <li>• Health Net – Los Angeles: 800-977-7307</li> <li>• Health Net – Sacramento: 877-550-3868</li> <li>• Access Dental: 888-414-4110</li> <li>• Liberty Dental Plan: 888-703-6999</li> </ul>
Eligibility and benefits	800-675-6110
Health Net Long-Term Care Intake Line	800-453-3033 fax: 855-851-4563
Health Net Pharmacy Department (for medications, including self-injectables, that require prior authorization)	800-548-5524 fax: 833-953-3436
American Specialty Health Plans, Inc. (ASH Plans)	800-678-9133 <a href="http://www.ashlink.com">www.ashlink.com</a>
Medi-Cal general information	<a href="http://www.medi-cal.ca.gov">www.medi-cal.ca.gov</a>
Medi-Cal Member Services Department	800-675-6110
MHN for behavioral health or substance abuse	888-426-0030
Modivcare non-emergency and non-medical ground transportation services (NEMT/NMT)	866-529-2128; fax: 877-457-3352
Nurse Advice Line	800-675-6110, 24 hours a day, 7 days a week
Transplant Team	fax: 833-769-1141

## Limitations and Exclusions

Below are prior authorization limitations and exclusions for Medi-Cal members.

- CCS-eligible conditions are carve-out services not covered by Health Net and require prior authorization from the local CCS office.
- CCS services must be provided by CCS-paneled providers and at CCS-approved facilities.
- 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](http://www.calregs.com).
- Routine laboratory and radiology services must be performed at a Health Net participating facility.
- Non-emergency medical transport (NEMT), ground, for medically necessary outpatient services is available upon request by a provider or member who contacts **Modivcare**. All NEMT require a PCS.
- 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 **Health Net Medi-Cal Member Services**.
- 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.
- 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.

## Sensitive, Confidential or Other Services

Below are sensitive, confidential and other services that do not require prior authorization for Medi-Cal members.

- Referral or prior authorization is not required for the following sensitive services, and members may obtain them from any qualified in-network or out-of-network provider:
  - 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.
- 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](http://www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Pages/CPSP.aspx) for more information about locating a CPSP provider.
- Other services not requiring prior authorization:
  - 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 of his or her county.
- Certified nurse midwife and obstetrical/gynecological (OB/GYN) services from a participating provider do not require prior authorization.
- MOA 638 Indian Health Service facilities