

Prior Authorization Requirements



California

Community Health Plan of Imperial Valley (CHPIV) Medi-Cal fee-for-service (FFS) members

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. PA is guaranteed only as of the time of access to this list.

Medical necessity – Medical necessity must exist for any plan benefit to be a covered service whether a PA is required or not.

Services that require PA vs. covered services – This PA list contains services that require PA only and is not a list of covered services. The member's *Evidence of Coverage (EOC)* provides a complete list of covered services. EOCs are available on the Medi-Cal member page at bit.ly/CHPIV-EOC under Medi-Cal Member Handbooks.

Eligibility rules and limitations – Providers are responsible for verifying member eligibility through the Provider Services Center prior to providing care. Even if a service or supply is authorized, eligibility rules and limitations will still apply – all services, procedures, equipment, and outpatient pharmaceuticals are subject to benefit plan coverage limitations.

Submit a PA request –

- Send the request via fax, phone or online.
- The request should be submitted to Health Net* using the correct department using the contact information on page 14 unless noted differently in the requirements list.
- Attach pertinent medical records, treatment plans, test results, and evidence of conservative treatment to support the medical appropriateness of the request.
- For more submission instructions, see [Avoid Processing Delays for Prior Authorization Requests with These Guidelines](#).

PA timelines –

If the request is for ...	Submit prior authorization request:
An elective in patient or outpatient services or procedures.	As soon as the need for service is identified.
A routine request or procedure.	At least five business days before a scheduled procedure.
An urgent request or procedure.	72 hours before a scheduled procedure. Emergency services do not require prior authorization.

PA limitations and exclusions are found on page 12 and **sensitive, confidential or other services** that do not require prior authorization for Medi-Cal members are provided on pages 13.

Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

INPATIENT SERVICES¹

		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Skilled nursing facilities	All elective admissions	X	X
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 Turning Point 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	Contact the Long-Term Care Intake Line	X	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 the Behavioral Health Team • Includes: <ul style="list-style-type: none"> ○ Applied behavioral analysis (ABA) and other forms of behavioral health treatment for autism and pervasive developmental disorders ○ Out-of-network access ○ Psychological and neuropsychological testing • PA not required for in-network psychotherapy and medication management 	X	X
Bronchial thermoplasty		X	X
Capsule endoscopy		X	X
Cardiac procedures			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.

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Clinical trials	To receive urgent status for routine services requiring authorization related to a clinical trial, include the Attestation form in your request or indicate "Routine Care Cost Services Associated with the Clinical Trial"	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
Dental anesthesia	Intravenous (IV) moderate sedation and deep sedation/general anesthesia	X	X
Developmental screening	PA required for ages 6–20		X
Diagnostic procedures	Authorized by Evolent Specialty Services, Inc. (Evolent) <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 	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

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
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 provider website at provider.healthnet.com > Working with Health Net > Medical Policies > Investigational Procedure List	X	X
Gender reassignment services (Transgender services)		X	X
Genetic testing		X	X
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
Leg stent bridge		X	X
Lung volume reduction		X	X
Maze procedures		X	X
Medications requiring prior authorization	Contact the 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 elective surgery			X
Outpatient infusion therapy	Includes, but is not limited to, blood transfusions and chemotherapy		X
Palliative care		X	X
Private duty nursing services	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services		X
Proprietary laboratory analyses	Includes the following CPT® codes: 0457U, 0459U, 0462U, 0468U, 0472U	X	X
Prosthetics			X
Quantitative drug screening		X	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Radiation therapy	All radiation therapy for pediatric members requires PA		X
	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	
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 • 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	Facility based sleep testing	X	X
Spinal surgery Includes, but is not limited to, laminotomy, discectomy, 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

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Transportation	<ul style="list-style-type: none"> All non-emergency medical transportation (NEMT) requires a Physician Certification Statement (PCS) <ul style="list-style-type: none"> Ground NEMT authorized by the Care Ride Unit (ambulance, ambulatory door-to-door [needs assistance and/or using walker/cane/crutches], gurney/stretchers, wheelchair) Air transportation (air ambulance), authorized by Health Net Non-medical transportation (NMT) is available upon request by contacting Modivcare (rideshare, passenger car/sedan, taxi, public or private conveyance). 	X	X
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
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)

		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Medications newly approved by the U.S. Food and Drug Administration (FDA)	<ul style="list-style-type: none"> Newly approved medications may require PA Contact the Pharmacy Department to confirm whether a specific new medication requires PA 	X	X
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 the Pharmacy Department for self-injectable medications administered in a physician's office 	X	X
Testosterone therapy	<ul style="list-style-type: none"> Authorized by the Pharmacy Department 	X	X
Drug/therapy class	<ul style="list-style-type: none"> Authorized by the Pharmacy Department Coram is the preferred infusion provider 	X	X
Alpha-1 proteinase inhibitors	Examples include: <ul style="list-style-type: none"> Aralast® NP, Glassia®, Prolastin®-C, Zemaira® 	X	X
Denosumab agents	Examples include: <ul style="list-style-type: none"> Prolia®/Jubbonti®, Xgeva®/Wyost® 	X	X
Eculizumab agents	Examples include: <ul style="list-style-type: none"> Bkemv™, Epysqli™, Soliris® 	X	X
Exon-skipping therapies	Examples include: <ul style="list-style-type: none"> Amondys-45™, Exondys-51®, Viltepso™, and Vyondys-53® 	X	X
Gene therapy, includes CAR-T therapy	Examples include: <ul style="list-style-type: none"> Abecma®*, Adstiladrin®, Beqvez™, Breyanzi®*, Carvykti®*, Casgevy™, Elevidys™, Hemgenix®, Imlygic®, Kebilidi™, Kymriah™*, Lenmeldy™, Lyfgenia™, Luxturna™, Roctavian™, Skysona®, Tecartus™*, Tecelra®*, Yescarta™*, Zynteglo®, Zolgensma® *CAR-T therapy	X	X
GnRH agonists	Examples include: <ul style="list-style-type: none"> Camcevi®, Eligard®, Fensolvi®, Lupron Depot®, Lupron Depot-Ped®, Supprelin® LA, Triptodur®, Zoladez® <ul style="list-style-type: none"> o Camcevi: no PA required for urology/hematology/oncology 	X	X
Hereditary angioedema (HAE) agents	Examples include: <ul style="list-style-type: none"> Berinert®, Cinryze®, Firazyr®, Haegarda®, Kalbitor®, Ruconest®, Takhzyro® 	X	X

	<ul style="list-style-type: none"> Preferred: Firazyr and Haegarda. 		
OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT), CONTINUED			
		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Immune globulin agents	Examples include: <ul style="list-style-type: none"> Intravenous immunoglobulin (IVIG), Alyglo™, Asceniv®, Bivigam®, Cutaquig®, Cuvitru®, Flebogamma®, GamaSTAN®, Gammagard® Liquid, Gammagard® S/D, Gammaked™, Gammaplex®, Gamunex®-C, Hizentra®, HyQvia®, Octagam®, Panzyga®, Privigen®, Xembify® Preferred: Gammagard 	X	X
Intravenous (IV) iron agents	Examples include: Injectafer®, Monoferic®, Triferic®/Triferic AVNU	X	X
Lysosomal storage disorders	Examples include: <ul style="list-style-type: none"> Aldurazyme®, Brineura™, Cerezyme®, Elaprase®, Elelyso®, Elfabrio®, Fabrazyme®, Kanuma®, Lamzede®, Lumizyme®, Mepsevii™, Naglazyme®, Nexvazyme®, Pombiliti™, Vimizim®, Vpriv®, Xenpozyme® 	X	X
PD-1/PD-L1 inhibitors	Examples include: <ul style="list-style-type: none"> Bavencio®, Imfinzi®, Jemperli®, Keytruda®, Libtayo®, Loqtorzi™, Opdivo®, Opdualag™, Tecentriq®/Tecentriq Hybreza™, Tevimbra®, Zynyz® 	X	X
Pemetrexed agents	Examples include: <ul style="list-style-type: none"> Alimta® (no PA for generic), Axtle™, Pemfexy™, Pemrydi RTU® and other generic 	X	X
Pulmonary arterial hypertension (PAH) agents	Examples include: <ul style="list-style-type: none"> PDE-5 inhibitors: Revatio® Prostacylin analogues/receptor agonist injection: Flolan®, Remodulin®, Veletri® Prostacylin analogues (PCA) inhalation: Tyvaso®, Ventavis® 	X	X
Ranibizumab agents	Examples include: <ul style="list-style-type: none"> Byooviz™, Cimerli™, Lucentis®, Susvimo™ 	X	X
Ustekinumab agents	Examples include: <ul style="list-style-type: none"> Imuldosa™, Otulfi®, Selarsdi®, Stelara®, Pyzchiva®, Wezlana™ 	X	X
Viscosupplementation agents	Examples include: <ul style="list-style-type: none"> Durolane®, Euflexxa® Gel-One®, Gelsyn-3™, GenVisc® 850, Hyalgan®, Hymovis®, Monovisc®, Orthovisc® Supartz FX™, Synojoynt™, Synvisc®, Synvisc One®, Triluron™, TriVisc™, VISCO-3™, Preferred: Euflexxa, Monovisc, Orthovisc, Synvisc and Synvisc One 	X	X

Outpatient Pharmaceuticals (submitted under medical benefit)

- Abrilada™	- Darzalex®/Darzalex Fasprio	- Ilaris®	- Novantrone®	- Rystiggo®	- Ultomiris™
- Actemra®	- Daxxify®	- Ilumya®	- Nplate®	- Rytelo®	- Unituxin®
- Adakveo®	- DDAVP® injectable (ages 0–20 only)	- Iluvien®	- Nucala	- Sandostatin® LAR kit	- Uplizna®
- Adcetris®	- Dupixent®	- Imdelltra™	- Nulibry™	- Saphnelo™	- Vabysmo®
- Adzynma™	- Durysta™	- Imjudo®	- Ocrevus™	- Sarclisa®	- Valstar®
- Akynzeo®	- Dysport®	- Izervay™	- Ohtuvayre™	- Scenesse®	- Vectibix®
- Aliqopa™	- Elahere™	- Jelmyto™	- Omvoh™	- Sculptra®	- Velcade® (ages 0–20 only)
- Amtagvi™	- Elrexfio™	- Jesduvroq™	- Oncaspar®	- Signifor® LAR	- Veopoz™
- Amvuttra®	- Elzonris®	- Jevtana®	- Onpattro™	- Simponi Aria®	- Vidaza®
- Anktiva®	- Empaveli™	- Ketalar®	- Orendia®	- Sinuva®	- Visudyne®
- Aphexda®	- Empliciti®	- Kimmtrak®	- Oxlumo™	- Skyrizi®	- Vyepiti™
- Arzerra®	- Enjaymo™	- Kisunla®	- Ozurdex®	- Somatuline® Depot	- Vyjuvek®
- Asparlas™	- Entyvio™	- Krystexxa®	- Padcev®	- Sotradecol®	- Vyvgart®
- Azedra®	- Epkinly™	- Kyprolis®	- Panhematin®	- Spevigo®	- Vyvgart Hytrulo
- Beleodaq®	- Erbitux®	- Lemtrada®	- Parsabiv®	- Spinraza™	- Vyxeos® (ages 0–20 only)
- Benlysta®	- Erwinaze® (ages 0–20 only)	- Leqembi™	- Pepaxto®	- Spravato®	- Xeomin®
- Beovu®	- Evenity®	- Leqvio®	- Perjeta®	- Sustol®	- Xiaflex®
- Besponsa®	- Evkeeza™	- Leukine® (Fusilev®, Khapzory™)	- Phesgo®	- Syfovre™	- Xipere®
- Blinicyto®	- Eylea®/Eylea HD	- Levoleucovorin	- PiaSky®	- Synagis®	- Xolair®
- Botox®	- Fasenna™	- Lumoxiti®	- Polivy™	- Synribo®	- Yervoy®
- Briumvi®	- Faslodex®	- Lunsumio™	- Poteligeo®	- Talvey™	- Yutiq™
- Cablivi®	- Faslodex®	- Lutathera®	- Prevymis™	- Tecvayli™	- Zaltrap®
- Ceprotin® (ages 0–20 only)	- Folutyn®	- Lymphir™	- Provenge®	- Tepezza®	- Zemdri™
- Cimzia®	- Fyarro™	- Macugen®	- Qalsody™	- Tezspir®	- Zepzelca™
- Cinqair®	- Gamifant®	- Margenza™	- Radicava™	- Tivdak™	- Ziihera®
- Columvi™	- Gazyva®	- Marquibo®	- Radiesse®	- Tofidence™	- Zilretta™
- Cortrophin®	- Givlaari®	- Monjuvi®	- Reblozyl®	- Tremfya®	- Zinplava™
- Cosela™	- H.P. Acthar® Gel	- Mozobil®	- Rebyota™	- Trodelvy®	- Zulresso™
- Cosentyx®	- Halaven®	- Mylotarg™	- Retisert®	- Tyenne®	- Zynlonta®
- Crysvita®	- Hepzato®	- Myobloc®	- Revcovi™	- Tyruko®	
- Cynamza®	- iDose® TR (implant)	- Myozyme®	- Rybrevant™	- Tysabri®	
- Danyelza®		- Niktimvo™	- Rylaze™	- Tziel™	
			- Ryplazim®		

For the reference product, all generics or biosimilar drugs will require a prior authorization.

Outpatient Pharmaceuticals (submitted under medical benefit)

Biosimilars are required in lieu of branded drugs

- Biosimilars require prior authorization
- Preferred biosimilars are required in lieu of branded drugs
- Authorized by the Pharmacy Department
- Must try preferred products prior to non-preferred approval. Please refer to the drug specific policy for complete list of preferred products.

Non-Preferred	Preferred
Bevacizumab agents – Alysmsys [®] , Avastin [®] , Vegzelma [®] (no longer requires PA for ophthalmologists)	<ul style="list-style-type: none"> • Mvasi[®], Zirabev[™] (no PA required for ophthalmologists)
Erythropoiesis-stimulating agents (ESA) – Aranesp [®] , Epogen [®] , Mircera [®] , Procrit [®]	<ul style="list-style-type: none"> • Retacrit[™] (PA not required for Retacrit when administered/provided under the medical benefit)
Filgrastim agents – Granix [®] , Neupogen [®] , Nypozi [™] , Releuko [®]	<ul style="list-style-type: none"> • Nivestym[®] • Zarxio[®] (PA not required for Zarxio when administered/provided under the medical benefit)
Infliximab agents – Remicade [®]	<ul style="list-style-type: none"> • Avsola[®], Inflectra[®], Renflexis[®]
Pegfilgrastim agents – Fulphila [®] , Fylnetra [®] , Neulasta [®] , Neulasta OnPro [®] , Rolvedon [™] , Ryzneuta [™] , Stimufend [®] , Ziextenzo [®]	<ul style="list-style-type: none"> • Nyvepria[®], Udenyca[®], Udenyca Onbody
Rituximab agents – Riabni [®] , Rituxan [®] , Rituxan Hycela [®]	<ul style="list-style-type: none"> • Ruxience[®], Truxima[®] (no PA required for hematology/oncology indications)
Trastuzumab agents – Enhertu [®] , Herceptin [®] , Herceptin Hylecta [™] , Hercessi [™] , Herzuma [®] , Kadcyla [®] , Ontruzant [®]	<ul style="list-style-type: none"> • Kanjinti[®], Ogivri[®], Trazimera[™]

NON-BENEFIT SERVICES REQUIRING PRIOR 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 	Refer to the CalAIM Resources for Providers page at healthnet.com > <i>Providers</i> > <i>CALAIM RESOURCES</i> .	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, 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 participating facility.	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
A member or provider is not required to obtain prior authorization for NEMT services if the member is being transferred from an emergency room to an inpatient setting, or from an acute care hospital, immediately following an inpatient stay at the acute level of care, to a skilled nursing facility, an intermediate care facility or imbedded psychiatric units, free standing psychiatric inpatient hospitals, psychiatric health facilities, or any other appropriate inpatient acute psychiatric facilities.	X	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 pregnancy testing, contraception services or services for sexually transmitted infection and outpatient mental health services • Adult sensitive care services: <ul style="list-style-type: none"> ○ Family planning and birth control including sterilization for adults 21 and older ○ Pregnancy testing and counseling and other pregnancy related services ○ HIV/AIDS prevention and testing ○ Sexually transmitted infections prevention testing and treatment ○ Sexual assault care ○ Outpatient abortion 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"> • Basic prenatal 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 their county • Certified nurse midwife and obstetrical/gynecological (OB/GYN) services from a participating provider • MOA 638 Indian Health Service facilities • Biomarker testing for an insured with advanced or metastatic stage 3 or 4 cancer (FDA approved) • COVID-19 diagnostic and screening testing • Services that are rendered under the Children and Youth Behavioral Health Initiative fee schedule • Initial mental health and substance use disorder assessments • Adult preventive immunizations from a participating physician or other provider • Second opinion from a participating physician or other provider 	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 departments and external organizations. If members have questions regarding the prior authorization list or requirements, refer to the member services number listed on their identification card.

CONTACT INFORMATION		MEMBERS	
		Ages 21 and Over	Under Age 21
Prior authorization request	833-236-4141; fax: 800-743-1655; provider.healthnetcalifornia.com	X	X
Hospital Notification Unit	fax: 800-676-7969	X	X
Hospital Notification Unit/Post-stabilization Notification	800-995-7890	X	X
Long-term Care Intake Line	800-453-3033; fax: 855-851-4563	X	X
American Specialty Health Plans, Inc. (ASH Plans)	800-972-4226; www.ashlink.com	X	X
Behavioral Health Team	844-966-0298	X	X
California Children's Services (CCS)	www.dhcs.ca.gov/services/ccs/pages/default.aspx (includes CCS contact information by county)		X
Care Ride Unit (NEMT prior authorization)	Fax: 833-701-0051	X	X
CCS paneling inquiries	www.dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx (916) 552-9105 – select option 5, then option 2		X
Coram Specialty Infusion Services (preferred home infusion provider)	866-899-1661; fax: 866-843-3221	X	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	833-236-4141	X	X
Evolent Specialty Services, Inc. (Evolent) (for advanced and cardiac imaging requests)	855-510-3720 Online submission: www.radmd.com/	X	X
Pharmacy Department	800-867-6564; fax: 833-953-3436	X	X
Medi-Cal general information	www.medi-cal.ca.gov	X	X
Medi-Cal Member Services Department	888-893-1569	X	X
Modivcare non-emergency and non-medical ground transportation services (NEMT/NMT) scheduling	855-251-7097 fax: 877-457-3352	X	X
Nurse Advice Line	833-236-4141 (TTY: 711), 24 hours, seven days a week	X	X
Provider Services Center	833-236-4141	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	