



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. 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.

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 on Medi-Cal member page at bit.ly/MCL-EOC under Medi-Cal Member Handbooks. **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 11 and 12.

Submit a prior authorization request using the contact information on page 13 unless noted differently in the required list below.

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

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.

INPATIENT SERVICES¹, 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"> 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 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 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
Dental anesthesia	Intravenous (IV) moderate sedation and deep sedation/general anesthesia	X	X
Developmental screening	PA required for ages 6–20		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
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 	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 provider website at provider.healthnet.com > <i>Working with Health Net > Medical Policies > Investigational Procedure List</i>	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

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
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 infusion therapy	Includes, but is not limited to, blood transfusions and chemotherapy		X
Outpatient elective surgery			X
Palliative care		X	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		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 	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	<ul style="list-style-type: none"> • 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 		
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"> • 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)</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
Ventriculectomy, cardiomyoplasty		X	X
Vestibuloplasty	Surgical procedure	X	X
Wound care	<p>Including but not limited to:</p> <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 Health Net 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
Gene therapy, includes CAR-T therapy	<p>Examples include:</p> <ul style="list-style-type: none"> Abecma[®], Adstiladrin[®], Breyanzi[®], Carvykti[®], Elevidys[™], Hemgenix[®], Kymriah[™], Luxturna[™], Roctavian[™], Skysona[®], Tecartus[™], Yescarta[™], Zynteglo[®], Zolgensma[®] <p>*CAR-T therapy</p>	X	X
GnRH agonists	<p>Examples include:</p> <ul style="list-style-type: none"> Camcevi[®], Eligard[®], Fensolvi[®], Lupron Depot[®], Lupron Depot-Ped[®], Supprelin[®] LA, Triptodur[®], Zoladex[®] Authorization required for non-oncology/non-urology only: <ul style="list-style-type: none"> Eligard, Lupron Depot, Zoladex 	X	X
Hereditary angioedema (HAE) agents	<p>Examples include:</p> <ul style="list-style-type: none"> Beriner[®], Cinryze[®], Firazy[®], Haegarda[®], Kalbitor[®], Ruconest[®], Takhzyro[®] Preferred: Firazy[®] and Haegarda[®]. See self-injectables 	X	X
Immune globulin agents	<p>Examples include:</p> <ul style="list-style-type: none"> Intravenous immunoglobulin (IVIG), Asceniv[®], Bivigam[®], Cutaquig[®], Cuvitru[®], Flebogamma[®] DIF, GamaSTAN[®], GamaSTAN[®] S/D, Gammagard[®] Liquid, Gammagard[®] S/D, Gammaked[™], Gammaplex[®], Gamunex[®]-C, Hizentra[®], HyQvia[®], Octagam[®], Panzyga[®], Privigen[®], Xembify[®] Preferred: Gammagard 	X	X

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT), CONTINUED

		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Intravenous (IV) iron agents	Examples include: <ul style="list-style-type: none"> Feraheme[®], Injectafer[®], Monoferic[®], Triferic[®]/Triferic AVNU 	X	X
Lysosomal storage disorders	Examples include: <ul style="list-style-type: none"> Aldurazyme[®], Cerezyme[®], Elaprase[®], Elelyso[®], Fabrazyme[®], Kanuma[®], Lumizyme[®], Naglazyme[®], Vimizim[®], Vpriv[®] 	X	X
Pemetrexed agents	Examples include: <ul style="list-style-type: none"> Alimta[®] (no PA for generic), Pemfexy[™] and other generic 	X	X
Pulmonary arterial hypertension (PAH) agents	Examples include: <ul style="list-style-type: none"> PDE-5 inhibitors: Revatio[®] Prostacyclin analogues/receptor agonist injection: Flolan[®], Remodulin[®], Upravi[®], Velettri[®] Prostacyclin analogues (PCA) inhalation: Tyvaso [®] , Ventavis [®]	X	X
Ranibizumab agents	Examples include: <ul style="list-style-type: none"> Byooviz[™], Cimerli[™], Lucentis[®], Susvimo[™] 	X	X
Tobramycin (inhaled) agents	Examples include: Bethkis [®] , Katabis [®] , TOBI [®] (ages 0-20 only)	X	X
Viscosupplementation agents	Examples include: <ul style="list-style-type: none"> Euflexxa[®], Gelsyn-3[™], GenVisc[®] 850, Hyalgan[®], Supartz FX[™], Synojynt[™], Trilon[™], TriVISC[™], VISCO-3[™], Durolane[®], Gel-One[®], Hymovis[®], Monovisc[®], Orthovisc[®] and Synvisc[®], Synvisc One[®] Preferred: Euflexxa, Monovisc, Orthovisc, Synvisc and Synvisc One 	X	X

Outpatient Pharmaceuticals (submitted under medical benefit)

- Actemra[®]
- Adakveo[®]
- Adcetris[®]
- Aduhelm[™]
- Akynzeo[®]
- Aliqopa[™]
- Amondys 45[™]
- Amvuttra[®]
- Aralast[®]
- Arzerra[®]
- Asparlas[™]
- Azedra[®]
- Bavencio[®]
- BCG Intravesical
- Beleodaq[®]
- Benlysta[®]
(ages 0–20 only)
- Beovu[®]
- Besponsa[®]
- Blenrep
- Blincyto[®]
- Botox[®]
- Briumvi[®]
- Brineura[™]
- Cablivi[®]
- Ceprotin[®]
(ages 0–20 only)
- Cinqair[®]
- Cortrophin[®]
- Cosela[™]
- Crysvida[®]
- Cyramza[®]
- Danyelza[®]
- Darzalex[®]
- DDAVP[®] injectable
(ages 0–20 only)
- Dupixent[®]
- Durysta[™]
- Dysport[®]
- Elahere[™]
- Elzonris[®]
- Empaveli[™]
- Empliciti[®]
- Enjaymo[™]
- Entyvio[™]
- Epkinly[™]
- Erbitux[®]
- Erwinaze[®]
(ages 0–20 only)
- Evenity[®]
- Evkeeza[™]
- Exondys 51[™]
- Eylea[®]
- Fasentra[™]
- Faslodex[®]
- Fyarro[™]
- Gamifant[®]
- Givlaari[®]
- Glassia[™]
- H.P. Acthar[®] Gel
- Halaven[®]
- Histrelin acetate
- Ilaris[®]
- Ilumya[®]
- Iluvien[®]
- Imfinzi[®]
- Imjudo[®]
- Jelmyto[™]
- Jemperli[®]
- Jesduvroq[™]
- Jevtana[®]
- Keytruda[®]
- Kimmtrak[®]
- Krystexxa[®]
- Kyprolis[®]
- Lemtrada[®]
- Leqembi[™]
- Leqvio[®]
- Levoleucovorin
(Fusilev[®], Khapzory[™])
- Libtayo[®]
- Lumoxiti[®]
- Lunsumio[™]
- Lutathera[®]
- Macugen[®]
- Makena[™]
- Margenza[™]
- Marquibo[®]
- Mepsevii[™]
- Monjuvi[®]
- Mozobil[®]
- Mylotarg[™]
- Myobloc[®]
- Myozyme[®]
- Nexviazyme[®]
- Novantrone[®]
- Nplate[®]
- Nucala
- Nulibry[™]
- Nuzyra[®]
- Ocrevus[™]
- Oncaspar[®]
- Onpattro[™]
- Opdivo[®]
- Opdualag[™]
- Orencia[®]
- Oxlumo[™]
- Ozurdex[®]
- Padcev[®]
- Panhematin[®]
- Parsabiv[®]
- Pepaxto[®]
- Perjeta[®]
- Phesgo[®]
- Polivy[™]
- Poteligeo[®]
- Prevymis[™]
- Prolastin[®]
- Prolia[®]
- Provenge[®]
- Qalsody[™]
- Radicava[™]
- Radiesse[®]
- Reblozyl[®]
- Rebyota[™]
- Retisert[®]
- Revcovi[™]
- Rybrevant[™]
- Rylaze[™]
- Ryplazim[®]
- Sandostatin[®] LAR kit
- Saphnelo[™]
- Sarclisa[®]
- Scenesse[®]
- Sculptra[®]
- Sensipar[®]
- Signifor[®] LAR
- Simponi Aria[®]
- Sinuva[®]
- Skyrizi[®]
- Soliris[®]
- Somatuline[®] Depot
- Sotradecol[®]
- Spevigo[®]
- Spinraza[™]
- Spravato[®]
- Stelara[®]
- Sunlenca[®]
- Sustol[®]
- Syfovre[™]
- Synagis[®]
- Synribo[®]
- Tecentriq[®]
- Tecvayli[™]
- Tepezza[®]
- Testopel[®]
- Tezspir[®]
- Tivdak[™]
- Tysabri[®]
- Tzield[™]
- Ultomiris[™]
- Uplizna[®]
- Vabysmo[®]
- Valstar[®]
- Vectibix[®]
- Velcade[®]
(ages 0–20 only)
- Vidaza[®]
- Viltepsol[®]
- Visudyne[®]
- Vyepti[™]
- Vyondys 53[®]
- Vyvgart[®]
- Vyxeos[®]
(ages 0–20 only)
- Xenpozyme[®]
- Xeomin[®]
- Xgeva[®]
- Xiaflex[®]
- Xipere[®]
- Xolair[®]
- Yervoy[®]
- Yutiq[™]
- Zaltrap[®]
- Zemaira[®]
- Zemdri[™]
- Zepzelca[™]
- Zilretta[™]
- Zinplava[™]
- Zulresso[™]
- Zynlonta[®]
- Zynteglo[®]

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 – Almysys [®] , 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[™]
Filgrastim agents – Granix [®] , Neupogen [®] , Releuko [®]	<ul style="list-style-type: none"> • Nivestym[®], Zarxio[®] • Preferred: Zarxio. If not tolerated, use Nivestym
Infliximab agents – Remicade [®]	<ul style="list-style-type: none"> • Avsola[®], Inflectra[®], Renflexis[®]
Pegfilgrastim agents – Fulphila [®] , Fylnetra [®] , Neulasta [®] , Neulasta OnPro [®] , Nyvepria [®] , Rolvedon [™] , Stimufend [®]	<ul style="list-style-type: none"> • Ziextenzo[®], Udenyca[®]
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 [™] , 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	
<p>Community Supports</p> <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 	<p>Refer to the CalAIM Resources for Providers page on the portal at healthnet.com > <i>Providers</i> > <i>CALAIM RESOURCES</i> button.</p>	<p>X</p>	<p>X</p>

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
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 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 	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	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
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
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
Pharmacy Department	800-867-6564; fax: 833-953-3436	X	X
National Imaging Associates, Inc. (NIA) (for advanced and cardiac imaging requests)	855-510-3720 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	888-893-1569	X	X
Nurse Advice Line	833-236-4141 (TTY: 711), 24 hours, seven days a week	X	X
Modivcare non-emergency and non-medical ground transportation services (NEMT/NMT)	855-251-7097 fax: 877-457-3352	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	