



## Services That Do Not Require Prior Authorization Medi-Cal & Cal-Medi Connect (CMC)

**January 18, 2019**

- Emergency Services do not require prior authorization.
- Eligibility must be verified prior to submitting requests for service.
- Provider must check to see if the service being provided is a covered benefit. All claims for services which are not a covered benefit will be denied.
  
- If diagnostic services listed below are directed to contracted Hospital-based or Free-Standing Facilities **NO PRIOR AUTHORIZATION IS REQUIRED.**
  
- Freedom of Choice Services: Freedom of choice services do not require prior authorization and may be obtained from providers and facilities both in CHG's contracted network and outside of it. Services that are deemed "freedom of Choice" are denoted by an "F" in the left-hand column in the table below.
  - Please note that services related to genetic testing are not part of freedom of choice services and **REQUIRE PRIOR AUTHORIZATION.**
  - Services related to infertility are not a covered benefit.
  
- Minor consent and preventive health services that are neither freedom of choice nor emergency services **do not require prior authorization but must be obtained from a contracted Plan provider.**
  
- All other services must be obtained from providers and facilities in CHG's contracted network.
  
- All routine lab services (**including pre-op for elective surgery**) must be referred to Quest Diagnostics and **DO NOT REQUIRE PRIOR AUTHORIZATION. PRIOR AUTHORIZATION IS REQUIRED if not performed by Quest Diagnostics.**
  
- **Effective January 2, 2017, you do not need to request an authorization for specialty services rendered in office by CHG contracted providers. There are four exceptions to this please see page 5.**
  
- **Services listed on "No Authorization Required List & Description" do not require authorization.**

<b><u>No Authorization Required List &amp; Description</u></b>	
<b>ALL SERVICES MUST BE OBTAINED FROM PROVIDERS AND FACILITIES CONTRACTED WITH CHG EXCEPT THOSE SERVICES DENOTED BY “F” (FAMILY PLANNING)</b>	
<b>F</b>	Abortion (including RU-486)
<b>F</b>	All Tubal ligation procedures (e.g. Essure Implantation)
	Amniocentesis, any method; Ultrasonic guidance for amniocentesis
	Amniotic fluid scan (spectrophotometric)
	Arterial blood gas
	Barium Enema
	Basic Obstetrical care per ACOG guidelines
	Basic Obstetrical, nutritional, health education, and psychosocial services as defined by CCR, Title 22, sections 51348 and 51348.1 (CPSP services)
	Cam Walker Boot (orthos may dispense w/visit)
	Cane
	Carotid Doppler
	Cervical polypectomy/biopsy
	Cervical polypectomy/biopsy
<b>F</b>	Chlamydia
	Colonoscopy (if age 50 or over)
	Commode <b>(Adults only) Provided by Special Care ONLY</b>
	CPAP supplies only – such as Administration Kit, Tubing and Mask
	Crutches – Limit 1 pair of crutches in 6 month period
	Cryocautery of cervix, initial or repeat
	Cytopathology / PAP, Screen pap smear to <b>QUEST</b>
	Destruction of vaginal lesion(s); simple, any method
<b>F</b>	Diagnosis and treatment of Sexually Transmitted infections if medically indicated
	EGD (esophagogastroduodenoscopy)
	Endometrial biopsy
	Excision of vulvar and peri-rectal condyloma
	Fetal non-stress test <b>(NST)</b>
	Follow up care visits for OB/GYN services
	Health education <b>(Specialty Health Education does require auth- Provider MedEd)</b>
	Hepatitis C Antibody
<b>F</b>	Herpes or HIV <b>(Consider CCS clinical criteria if under age 21)</b>
	History & Physical examination – OB/GYN
<b>F</b>	HIV Testing
<b>F</b>	HPV DNA Assay (Human Papillomavirus Testing)
	Incision and drainage (I & D) of Bartholin cyst or abscess
<b>F</b>	Insertion and removal of all implantable contraceptive devices (i.e Nexplanon, Paragard, Long-Acting Reversible Contraception)
	IVP (Intravenous pyelogram)
	Knee Brace
<b>F</b>	Lab tests necessary as part of decision making process for choice of contraceptive methods

	Level I-Level VI surgical pathology; biopsy <b>All SPECIMENS FROM IN-OFFICE PROCEDURES GO TO QUEST</b>
	Loop Electrosurgical Excision Procedure (LEEP)
	Lumbar Maternity Support
	Mammogram M.D. order is not required
<b>F</b>	Medroxyprogesterone 150mg (Depo-Provera for contraception)
	Nebulizer supplies only – such as Administration Kit, Tubing and Mask
	Neck Collar, flexible, Non-Adjustable
<b>F</b>	Neisseria gonorrhoea
	Noninvasive ear or pulse oximetry for oxygen saturation; single reading
	Normal newborn care in hospital
	OB assessment for premature labor
	OB Labs, except genetic testing. (Labs related to genetic testing require prior authorization)- <b>All outpatient</b> lab services must be referred to <b>Quest Diagnostic Patient Service Center</b>
	Obstetrical Observation, O/P (R & B, less than 24-hour stay)
	Pelvic Belt (vulvar support)
	Plain Film X-Rays; 1-4 views for Head, Chest, Spine and Pelvis, Abdomen, Upper/Lower Extremities
	Pregnancy testing and counseling
<b>F</b>	Provision of contraceptive pills/devices/supplies
	Raised toilet seat ( <b>Adults only</b> ) <b>Provided by Special Care ONLY</b>
	Rhogam full dose; mini dose
	Routine EKG with at least 12 leads; interpretation/report ( <b>Adults only</b> )
	Routine OB care including C-Section
	Screening flexible sigmoidoscopy (if age 50 or over)
<b>F</b>	Screening, testing, and counseling of at-risk individuals for HIV and referral for treatment
	Stereotactic breast biopsy
<b>F</b>	Syphilis Test
	T-cell <b>(Consider CCS clinical criteria if under age 21)</b>
	Thumb & Wrist Splints
	Treatment of miscarriage- any trimester
	Trichloroacetic acid/cryotherapy for vulva warts
	Tub Stool or Bench <b>Provided by Special Care ONLY</b>
	UGI Series (Upper gastrointestinal tract series)
	Ultrasonic guidance needle biopsy
	Ultrasound & Doppler of Upper and lower extremities AKA Vascular Ultrasound
	Ultrasound OB
	Ultrasound, Abdominal
	Ultrasound, Breast
	Ultrasound, Pelvic
	Ultrasound, Prostate
	Ultrasound, Retroperitoneal, complete
	Ultrasound, Scrotum
	Ultrasound, Thyroid
	Ultrasound, Transvaginal

	Urinary bladder residual study
	Uterine D & C for treatment of missed abortion, completed surgically
	Uterine Dilation and Curettage (D & C) - (Non-Obstetrical)
	Vaginal delivery, C-section (professional only)
<b>F</b>	Vasectomy
	Walker, rigid pick-up <b>Provided by Special Care ONLY</b>
	Walker with wheels and/or seat attachment <b>Provided by Special Care ONLY</b>

**F = Freedom of Choice**

In order to assure that services from Special Care for CHG members are processed timely, contact Special Care at (858) 694-5800 (customer service).

The following must be faxed to Special Care at (858) 751- 0278:

**Patient Rx, address and phone number along with Authorization # for equipment orders as required.**

**Equipment will only be delivered if these requirements are met.**

- **Effective January 2, 2017, you do not need to request an authorization for specialty services rendered in office by CHG contracted providers. There are four exceptions to this.**

### **Exceptions**

1. **Services Requiring an Authorization:** Please refer to Page 5 for a list of services that still require an authorization. Use our online authorization system to request an authorization for these services.

2. **California Children's Services (CCS):** Services covered by CCS are not CHG's financial responsibility. These services must be authorized and paid by CCS. If an authorization is issued for a service that is later determined to be the responsibility of CCS, the authorization cannot be honored and payment must be obtained from CCS. Please remember CCS services only apply to children under 21 years of age.

3. **Authorization Required for Certain Providers:** Please refer to Page 5 for a list of providers for whom you need to request an authorization from CHG, even for services rendered in office. Use our online authorization system to request an authorization for these services.

4. **Children under the age of 18:** Authorization for specialty services for children under the age of 18 is the responsibility of Children's Specialists of San Diego (CSSD). Please continue to contact them to access these services. Their telephone number is 1-877- 276-4543.

# Services Requiring an Authorization\*

(EXCEPT WHEN LISTED UNDER THE “NO AUTHORIZATION REQUIRED LIST”)

## Updated 01/16/2019

- Acupuncture
- Advanced Imaging: MRI, MRA, PET, CT, SPECT (service requires distinct prior authorization)
- Ambulatory Surgery
- CCS eligible conditions
- Chiropractic (only covered at community clinics contracted with CHG to provide this service)
- Cosmetic, Plastic & Reconstructive Procedures
- Specialty services for children under 18 years of age; these services are the responsibility of Children’s Specialists of San Diego (CSSD)
- Dental/oral surgery services for coverage under the medical benefit (procedural sedation/dental anesthesia)
- Any medical service requiring general anesthesia
- **Durable medical equipment other than those items for which no prior authorization is required (see CHG’s no prior authorization list on our web portal). Eligible for immediate approval, up to historical cap.**
- Experimental/investigational services
- **Hyperbaric Therapy. Eligible for immediate approval, up to historical cap.**
- Injectable with a payable amount greater than \$200.00 (and not included as part of PCP’s capitation)
- Mental Health, Behavioral Health, Alcohol & Chemical Dependency services
- Neuro-psychological and Psychological Evaluation
- **Occupational Therapy. Eligible for immediate approval, up to historical cap.**
- **All Oncology and Oncology Related Services. Eligible for immediate approval, up to historical cap.**
- Orthognathic surgery
- **Orthotics and Prosthetics. Eligible for immediate approval, up to historical cap.**
- **Physical Therapy. Eligible for immediate approval, up to historical cap.**
- **Podiatry. Eligible for immediate approval, up to historical cap.**
- Radiation Therapy
- **Sleep Studies. Eligible for immediate approval, up to historical cap.**
- Speech therapy
- TMJ services (Not a covered benefit through CHG, provider should refer the member to Denti-Cal)
- Transportation Services
- Genetic testing

**Authorization Required for Certain Providers:** An authorization is always required for referrals to the following providers: Dr. Kenneth Carr, Dr. Payam Merhanpour, Dr. Michael Michlaski, Dr. Ritvik Mehta, Dr. Angela Chang, Dr. Audrey Calzada, Dr. Alez Battaglia, Dr. Sara Matson, Dr. Natasha Fischang, Dr. Michael O’Leary, Dr. Brian Weeks, Dr. Perry Mansfield, Dr. Vikram Udani, Dr. Jeffrey Schweitzer, Dr. Ian Purcell, Dr. John Qian and Dr. Sasha Salloum.

\* This list is not all-inclusive; rather, it is designed as a resource for commonly requested services which are not included in the basic in-office authorization. Reimbursement for services rendered is based on member’s eligibility on date of service, benefit limitations/exclusions, and evidence of medical necessity.

**Children under the age of 18:** Authorization for specialty services for children under the age of 18 is the responsibility of Children’s Specialists of San Diego (CSSD). Please continue to contact them to access these services. Their telephone number is 1 (877) 276-4543.