Effective: July 9, 2026; updated July 28, 2026

Prior Authorization Requirements

California

CalViva Health Medi-Cal fee-for-service (FFS) members in Fresno, Kings and Madera counties

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 CalViva Health's website at bit.ly/CVH-EOC.

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 contact information on page 17 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 *Prevent Prior Authorization Delays With These Submission Guidelines*.

PA timelines –

If the request is for …	Submit prior authorization request:
An elective in patient or outpatient service or procedure.	As soon as the need for service is identified.
A routine request or procedure.	At least 7 calendar or 5 business days (whichever comes first) 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 14, and sensitive, confidential or other services that do not require prior authorization for Medi-Cal members are provided on pages 15–16.

INPATIENT SERVICES[1]		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: • 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	• Notification required only • Contact the Hospital Notification Fax Line	X	X
Inpatient hospice care	To initiate inpatient hospice services, the following documentation must be submitted to Health Net. Refer to Hospice Services Documentation Guide. • Certificate of terminal illness (CTI) • Medi-Cal Hospice Program Election form • Initial care plan • Transfer summary, discharge summary and/or prior revocation(s) of hospice election • Written prescription	X	X
All hospitalizations to a nonparticipating hospital once emergency stabilization is complete		X	X
Long-term care nursing facility admissions	Contact the Health Net Long-Term Care Intake Line	X	X
OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT			
Ablative techniques for treating Barrett's esophagus, prostate tumors, and for treatment of primary and metastatic liver malignancies		X	X
Acupuncture	• Contact American Specialty Health Plans, Inc. (ASH Plans) • Authorization not required for initial evaluation	X	X
Balloon angioplasty		X	X
Bariatric surgeries, such as laparoscopic gastric banding		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.

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Behavioral health (outpatient services)	• Authorized by the Behavioral Health Team • Includes: – 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 – Transcranial magnetic stimulation (TMS) PA not required for in-network psychotherapy and medication management	X	X
Bronchial thermoplasty		X	X
Capsule endoscopy		X	X
Cardiac procedures	All cardiac procedures for pediatric members require PA		X
	For adult members, PA is required for: • Intravascular stent • Percutaneous transluminal coronary angioplasty additional artery branch • Therapeutic vascular embolization • Transluminal angioplasty on an additional unilateral tibial or peroneal artery	X	
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)	• 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) • Advanced imaging: – Computed tomography (CT)/computed tomography angiography (CTA) – Magnetic resonance imaging (MRI)/magnetic resonance angiography (MRA) – Positron emission tomography (PET) scan • Cardiac imaging: – Coronary computed tomography angiography (CCTA) – Myocardial perfusion imaging (MPI) – Multigated acquisition (Muga) scan	X	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Durable medical equipment (DME)	Adult members including, but not limited to: • BiLevel positive airway pressure (BiPAP) • Bone growth stimulator • Continuous glucose monitoring • Custom-made items • Hospital beds and mattresses • Items with total Medi-Cal purchase price greater than $1,500 • Oxygen • Power wheelchairs • Scooters • Ventilators • Incontinence supplies beyond 186 units per calendar month or the $165 benefit limitation — whichever is greater All DME for pediatric members requires PA	X	X
Electroencephalogram (EEG)		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*.	X	X
Gender reassignment services (Transgender services)		X	X
Genetic testing		X	X
H. pylori (Helicobacter pylori) antibody testing		X	X
Hernia repair		X	X
Hospice	To initiate outpatient hospice services, the following documentation must be submitted to Health Net. Refer to Hospice Services Documentation Guide. • Certificate of terminal illness (CTI) • Medi-Cal Hospice Program Election form • Initial care plan • Updated hospice POC (plan of care) for recertifications • Physician progress notes justifying medical necessity • POLST (Physician Orders for Life Sustaining Treatment) • Transfer summary, discharge summary and/or prior revocation(s) of hospice election • Face-to-face encounter documentation (for continued eligibility)	X	X
Hyperbaric oxygen therapy		X	X
Implantable pain pumps	Authorized by TurningPoint Healthcare Solutions, LLC	X	X
Intensive cardiac rehabilitation		X	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Joint surgeries (includes ankle, hip, knee, and shoulder)	• Adult members authorized by TurningPoint Healthcare Solutions, LLC • Pediatric members authorized by Health Net, on behalf of CalViva Health	X	X
Leg stent bridge		X	X
Lung volume reduction		X	X
Maze procedures		X	X
Medications requiring prior authorization	• Contact the Pharmacy Services	X	X
Neuro and spinal cord stimulators, including procedures	• Adult members authorized by TurningPoint Healthcare Solutions, LLC • Pediatric members authorized by Health Net, on behalf of CalViva Health	X	X
Orthognathic procedures (includes TMJ treatment)		X	X
Out-of-network providers and services	• 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	X
Palliative care		X	X
Private duty nursing services	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services	X	X
Proprietary laboratory analyses	Includes the following CPT® codes: 0457U, 0459U, 0462U, 0468U, 0472U, 0577U, 0579U, 0591U, 0596U, 0598U, 0599U, 0641U, 0615U, 0636U, 0637U, 0638U, 0639U	X	X
Prosthetics			X
Quantitative drug screening		X	X
Radiation therapy	All radiation therapy for pediatric members requires PA		X
	For adult members, limited to: • Intensity modulated radiation therapy (IMRT) • Neutron beam therapy • Proton beam therapy • Stereotactic radiosurgery and stereotactic body radiotherapy (SBRT)	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	Surgery, services, and supplies, including, but not limited to: • Bone alteration or reshaping, such as osteoplasty • Breast reduction and augmentation except when following a mastectomy (includes 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
Sacroiliac (SI) joint injections		X	X
Sleep studies	Facility based sleep testing	X	X
Spinal surgery (includes, but is not limited to, laminotomy, diskectomy, vertebroplasty, nucleoplasty, and X-Stop)	• Adult members authorized by TurningPoint Healthcare Solutions, LLC • Pediatric members authorized by Health Net, on behalf of CalViva Health	X	X
Surgery (other)	All outpatient elective surgery for pediatric members requires PA		X
	For adult members: • Bunionectomy • Laparoscopic myomectomy • Laparoscopic retropubic radical prostatectomy • Heel osteotomy • Metatarsal osteotomy • Other • Surgical hammertoe correction • Thyroid surgery • Unlisted laparoscopic procedure involving the abdomen, peritoneum or omentum • Wrist or thumb surgery	X	

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT, CONTINUED

		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Transplant	• 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	• All non-emergency medical transportation (NEMT) requires a Physician Certification Statement (PCS) – Ground NEMT authorized by the Care Ride Unit (ambulance, ambulatory door- to-door [needs assistance and/or using walker/cane/crutches], gurney/stretcher, wheelchair) – Air transportation (air ambulance), authorized by Health Net, on behalf of CalViva Health • Non-medical transportation (NMT) available upon request by contacting Modivcare (rideshare, passenger car/sedan, taxi, public or private conveyance)	X	X
Unlisted services and procedures	Services or procedures without a specific code	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: • 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)	• Newly approved medications may require PA • Contact Pharmacy Services to confirm if a new medication requires PA	X	X
Self-injectables	• Self-injectable medications are the responsibility of the Medi-Cal Rx Program • Refer to the Contract Drug List on the DHCS website for the Medi-Cal Rx list of covered drugs and services. PA may be required; use Cover My Meds to submit a PA request or complete a Prior Authorization Form and fax it to 800-859-4325 • PA required from Pharmacy Services for self-injectable medications administered in a physician's office	X	X
Testosterone therapy	Authorized by Pharmacy Services	X	X
Drug/therapy class	• Authorized by the Pharmacy Services • Coram is Health Net's preferred infusion provider	X	X
Aflibercept agents	Examples include: • Ahzantive®, Enzeevu™, Eydenzelt®, Eylea®/Eylea HD, Opuviz™, Pavblu™, Yesafili™	X	X
Alpha-1 proteinase inhibitors	Examples include: • Aralast® NP, Glassia®, Prolastin®-C, Zemaira®	X	X
Bortezomib agents	Examples include: • Boruzu™, Velcade® (brand only)	X	X
Corticosteroid ophthalmic injections	Examples include: • Dextenza®, Iluvien®, Ozurdex® Retisert®, Xipere®, Yutiq™	X	X
Denosumab agents	Examples include: • Prolia®: Bildyos®, Boncresa™, Bosaya®, Conexxence®, Enoby™, Jubbonti®, Ospomyv™, Osvyrti®, Stoboclo® • Xgeva®: Aukleso™, Bilprevda®, Bomyntra®, Jubereq®, Osenvelt®, Oziltus®, Wyost®, Xbryk™, Xtrenbo™	X	X
Eculizumab agents	Examples include: • Bkemv™, Epysqli™, Soliris®	X	X
Exon-skipping therapies	Examples include: • Amondys-45™, Exondys-51®, Viltepso™, and Vyondys-53®	X	X
Gene therapy, includes CAR-T therapy	Examples include: • Abecma®*, Adstiladrin®, Aucatzyl®*, Beqvez™, Breyanzi®*, Carvykti®*, Elevidys™, Encelto™, Hemgenix®, Imlygic®, Itvisma®, Kebilidi™, Kymriah™*, Lenmeldy™, Luxturna™, Papzimeos™, Roctavian™, Skysona®, Tecartus™*, Tecelra®*, Waskyra™, Yescarta™*, Zynteglo®, Zolgensma® • Effective 7/1/2025, gene therapies for sickle cell disease including Casgevy™ and Lyfgenia™ are carved out to Medi-Cal FFS through DHCS *CAR-T therapy	X	X

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT), CONTINUED		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
GnRH agonists	Examples include: • Camcevi®, Camcevi ETM®, Eligard®, Fensolvi®, Lupron Depot®, Lupron Depot-Ped®, Lutrate® Depot, Supprelin® LA, Triptodur®, Vabrinty™, Zoladez® Camcevi/Camcevi ETM: no PA required for urology/hematology/oncology	X	X
Hereditary angioedema (HAE) agents (See self-injectables)	Examples include: • Berinert®, Cinryze®, Dawnzera™, Firazyr®, Haegarda®, Kalbitor®, Ruconest®, Takhzyro® Preferred: Firazyr and Haegarda	X	X
Immune globulin agents	Examples include: • Intravenous immunoglobulin (IVIG), Alyglo™, Asceniv®, Bivigam®, Cutaquig®, Cuvitru®, Flebogamma®, GamaSTAN®, Gammagard® Liquid, Gammagard® S/D, Gammaked™, Gammaplex®, Gamunex®-C, Hizentra®, HyQvia®, Octagam®, Panzyga®, Privigen®, Qivigy®, Xembify®, Yimmugo® Preferred: Gammagard, Gamunex-C	X	X
Intravenous (IV) iron agents	Examples include: • Injectafer®, Monoferric®	X	X
Lysosomal storage disorders	Examples include: • Aldurazyme®, Brineura™, Cerezyme®, Elaprase®, Elelyso®, Elfabrio®, Fabrazyme®, Kanuma®, Lamzede®, Lumizyme®, Mepsevii™, Naglazyme®, Nexviazyme®, Pombiliti™, Vimizim®, Vpriv®, Xenpozyme®	X	X
Natalizumab agents	Examples include: • Tyruko®, Tysabri®	X	X
Omalizumab agents	Examples include: • Omlyclo®, Xolair®	X	X
PD-1/PD-L1 inhibitors	Examples include: • Bavencio®, Imfinzi®, Jemperli®, Keytruda®, Keytruda Qlex™, Libtayo®, Loqtorzi™, Opdivo®, Opdivo Qvantig™, Opdualag™, Penpulimab-kcqx, Tecentriq®/Tecentriq Hybreza™, Tevimbra®, Unloxcyt™, Zynyz®	X	X
Pemetrexed agents	Examples include: • Alimta®, Axtle™, Pemfexy™, Pemrydi RTU®	X	X
Pulmonary arterial hypertension (PAH) agents	Examples include: • PDE-5 inhibitors: Revatio® • Prostacylin analogues/receptor agonist injection: Flolan®, Remodulin®, Veletri® • Prostacylin analogues (PCA) inhalation: Tyvaso®, Ventavis®	X	X
Ranibizumab agents	Examples include: • Byooviz™, Cimerli™, Lucentis®, Nufymco®, Susvimo™	X	X

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT), CONTINUED

		Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Tocilizumab agents	Examples include: • Actemra®, Avtozma ®, Tofidence™, Tyenne®	X	X
Ustekinumab agents	Examples include: • Imuldosa™, Otulfi®, Selarsdi®, Stelara®, Starjemza™, Steqeyma®, Pyzchiva®, Wezlana™, Yesintek™ Preferred: Otulfi, Selarsdi, Steqeyma, Pyzchiva,Yesintek	X	X
Viscosupplementation agents	Examples include: • Durolane®, Euflexxa®, Gelsyn-3™, Gel-One®, GenVisc® 850, Hyalgan®, Hymovis®, Monovisc®, Orthovisc®, Supartz FX™, Synojoynt™, Synvisc®, Synvisc One®, Triluron™, TriVisc™, VISCO-3 TM Preferred: Euflexxa, Monovisc, Orthovisc, Synvisc and Synvisc One	X	X

Outpatient Pharmaceuticals (submitted under medical benefit)

- Abrilada™
- Adakveo®
- Adcetris®
- Adzynma™
- Akynzeo®
- Aliqopa™
- Amtagvi™
- Amvuttra®
- Anktiva®
- Aphexda
- Aristada®
- Arzerra®
- Asparlas™
- Azedra®
- Bizengri®
- Beleodaq®
- Benlysta®
- Beovu®
- Besponsa®
- Blenrep®
- Blincyto®
- Botox®
- Briumvi®
- Cablivi®
- Ceprotin® (ages 0–20 only)
- Cimzia®
- Cinqair®
- Columvi™
- Cortrophin®
- Cosela™
- Cosentyx®
- Crysvita®
- Cyramza®
- Danyelza®
- Darzalex®/Darzalex Faspro
- Datroway®
- Daxxify®
- DDAVP® injectable (ages 0–20 only)
- Dupixent®
- Durysta™
- Dysport®
- Elahere™
- Elrexfio™
- Elzonris®
- Empaveli™
- Empliciti®
- Emrelis™
- Enjaymo™
- Entyvio™
- Epkinly™
- Erbitux®
- Erwinaze® (ages 0–20 only)
- Evenity®
- Evkeeza™
- Exdensur®
- Fasenra™
- Faslodex®
- Folotyn®
- Furoscix®
- Fyarro™
- Gamifant®
- Gazyva®
- Givlaari®
- Grafapex™
- H.P. Acthar® Gel
- Halaven®
- Hepzato®
- iDose® TR (implant)
- Ilaris®
- Ilumya®
- Imaavy™
- Imdelltra™
- Imjudo®
- Inlexzo™
- Izervay™
- Jelmyto™
- Jesduvroq™
- Jevtana®
- Jobevne™
- Ketalar®
- Kimmtrak®
- Kisunla®
- Krystexxa®
- Kyprolis®
- Lantidra™
- Lemtrada®
- Leqembi™
- Leqvio®
- Leukine®
- Levoleucovorin (Khapzory™)
- Lumoxiti®
- Lunsumio™
- Lutathera®
- Lymphir™
- Lynozyfic™
- Macugen®
- Margenza™
- Marquibo®
- Monjuvi®
- Mozobil®
- Mylotarg™
- Myobloc®
- Myozyme®
- Niktimvo™
- Novantrone®
- Nplate®
- Nucala
- Nulibry™
- Nulojix®
- Ocrevus™
- Ocrevus Zunovo®
- Ohtuvayre™
- Omisirge®
- Omvoh™
- Oncaspar®
- Onpattro™
- Orencia®
- Oxlumo™
- Padcev®
- Palperidone palmitate
- Panhematin®
- Parsabiv®
- Perjeta®
- Phesgo®
- PiaSky®
- Pluvicto®
- Polivy™
- Poteligeo®
- Prevymis™
- Provenge®
- Qalsody™
- Radicava™
- Radiesse®
- Reblozyl®
- Rebyota™
- Rethymic® (implant)
- Revcovi™
- Rybrevant®/ Rybrevant Faspro™
- Rylaze™
- Ryoncil®
- Ryplazim®
- Rystiggo®
- Rytelo®
- Sandostatin® LAR kit
- Saphnelo™
- Sarclisa®
- Scenesse®
- Sculptra®
- Signifor® LAR
- Simponi Aria®
- Sinuva®
- Skyrizi®
- Somatuline® Depot
- Sotradecol®
- Spevigo®
- Spinraza™
- Spravato®
- Sustol®
- Syfovre™
- Synagis®
- Synribo®
- Talvey™
- Tecvayli™
- Tepezza®
- Testopel®
- Tezspir®
- Thyrogen®
- Tivdak™
- Tremfya®
- Trodelvy®
- Tzield™
- Ultomiris™
- Unituxin®
- Uplizna®
- Vabysmo®
- Valstar®
- Vectibix®
- Veopoz™
- Vidaza®
- Visudyne®
- Vyalev™
- Vyepti™
- Vyjuvek®
- Vykoura™
- Vyloy®
- Vyvgart®
- Vyvgart® Hytrulo
- Vyxeos® (ages 0-20 only)
- Xeomin®
- Xiaflex®
- Yartemlea®
- Yervoy®
- Zaltrap®
- Zemdri™
- Zepzelca™
- Zevaskyn™
- Ziihera®
- Zilretta™
- Zinplava™
- Zulresso™
- Zusduri™
- Zynlonta®

For the reference product, all generics or biosimilar drugs 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 Pharmacy Services
- 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 – no PA required for ophthalmologists Alymsys®, Avastin®, Avzivi®, Vegzelma®	Mvasi®, Zirabev™ – no PA required for ophthalmologists
Erythropoiesis-stimulating agents (ESA) – Aranesp®, Epogen®, Mircera®, Procrit®	Retacrit™ (PA not required for Retacrit when administered/provided under the medical benefit)
Filgrastim agents – Granix®, Neupogen®, Nypozi™, Releuko®	Nivestym®, Zarxio® (PA not required for Zarxio when administered/provided under the medical benefit)
Infliximab agents – Remicade®	Avsola®, Inflectra®, Renflexis®
Pegfilgrastim agents – Armlupeg®, Fylnetra®, Neulasta®, Neulasta OnPro®, Nyvepria®, Rolvedon™, Ryzneuta™, Stimufend®, Ziextenzo®	Fulphila®, Udenyca®, Udenyca Onbody
Rituximab agents – Riabni®, Rituxan®, Rituxan Hycela®	Ruxience®, Truxima® (no PA required for hematology/oncology indications)
Trastuzumab agents – Enhertu®, Herceptin®, Herceptin Hylecta™, Hercessi™, Herzuma®, Kadcyla®, Ontruzant®	Kanjinti®, Ogivri®, Trazimera™

CALAIM BENEFITS AND SERVICES REQUIRING PRIOR AUTHORIZATION

Community Supports non-benefit services

- Assisted Living Facility Transitions
- Asthma Remediation
- Day Habilitation
- Environmental accessibility adaptations (home modifications)
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Housing Transition Navigation Services
- Meals: Medically Tailored Meals/Medically Supportive Food
- Personal Care and Homemaker Services
- Recuperative Care (medical respite)
- Respite Services
- Short-Term Post-hospitalization Housing

CalAIM benefits

- Asthma Preventive Services (greater than 2x per year)
- Transitional Rent

Refer to the CalAIM Resources for Providers page at https://bit.ly/CalAIM-resources

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
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
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
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: • Minor consent services – which include treatment for the following: 1) **Under age 12** a) Pregnancy and pregnancy related services, including abortion services b) Family planning services, such as contraception services (e.g., birth control) c) Sexual assault services 2) **Age 12 and older - under 18** a) Pregnancy and pregnancy related services, including abortion services b) Family planning services, such as contraception services (e.g., birth control) c) Sexual assault services d) Infectious, contagious, or communicable disease diagnosis and treatment, including for HIV/AIDS e) Sexually transmitted infection (STI) prevention, testing, diagnosis, and treatment for STIs like syphilis, gonorrhea, chlamydia, and herpes simplex f) Substance use disorder (SUD) treatment for drug and alcohol abuse treatment including screening, assessment, intervention, and referral services g) Outpatient mental health treatment and counseling. Minors may obtain outpatient mental health services, if in the opinion of the attending professional person determines that the minor is mature enough to participate intelligently in their health care pursuant to Family Code section 6924. h) Intimate partner violence services • Adult sensitive care services: – 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
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 https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/Sites.aspx for more information about locating a CPSP provider.	X	X

SENSITIVE, CONFIDENTIAL OR OTHER SERVICES THAT DO NOT REQUIRE PRIOR AUTHORIZATION	Adult Members Ages 21 and Over	Pediatric Members Under Age 21
Other services not requiring prior authorization: • Basic prenatal, maternal and preventive services and care as defined by the most current clinical standards or guidelines of American College of Obstetricians and Gynecologists (ACOG) and Comprehensive Perinatal Services Program (CPSP) with a participating network obstetrician • Obstetrical/gynecological (OB/GYN) services from a participating provider • California Prenatal Screening (PNS) services performed by participating providers • California Newborn Screening Program administered by California Department of Public Health (CDHP) up to one year of age • Certified Nurse Midwife (CNM) or Licensed Midwife (LM) coverage of basic prenatal, maternal, and preventive services and care (ACOG/CPSP) (in and out of network • Lactation consultation for pregnant and postpartum members • Breast pumps: non-hospital grade (manual and electric) from participating providers • Outpatient abortion services (in or out of network) • Family planning and related services: contraceptive services, laboratory procedures, radiology, and drugs associated with family planning procedures. Pregnancy testing and counseling. Sexually transmitted infection prevention, counseling, screening, testing, diagnosis and treatment services. HIV counseling and testing and Cervical cancer screening • Services for emergency medical conditions • Specialist referral (initial referral to participating specialist) • Urgently needed services when the member is outside their county • MOA 638 Indian Health Service facilities • American Indian/Alaska Native member may receive services from an out of network Indian Health Care Provider • 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 • Lactation consultation services for pregnant and postpartum members • Non-hospital-grade (manual and electric) breast pumps	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 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		MEMBERS	
		Ages 21 and Over	Under Age 21
Prior authorization request	888-893-1569; 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
Care Ride Unit (NEMT prior authorization)	fax: 833-701-0051	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	888-893-1569	X	X
Evolent Specialty Services, Inc. (Evolent) (for advanced and cardiac imaging requests)	800-424-4809 Online submission: www.radmd.com/	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	866-529-2128 fax: 877-457-3352	X	X
Nurse Advice Line	800-675-6110, 24 hours, seven days a week	X	X
Pharmacy Services	800-867-6564, option 2; fax: 833-953-3436	X	X
Provider Services Center	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	