



## **Section 5 – Patient Services**

<b>Patient Services Requiring Prior Authorization</b>	<b>29</b>
<b>Home Oxygen Therapy</b>	<b>30</b>
<b>Procedure for Obstetrical Services</b>	<b>30</b>



## PATIENT SERVICES REQUIRING PRIOR AUTHORIZATION

Below is a list outlining common services that require Prior Authorization. Prior Authorization is **NOT** required for emergency services, urgent care services, sensitive services, or emergency transportation. For services that do not require authorization and are performed at preferred facilities (i.e. California Pacific Medical Center, LabCorp, Health Diagnostics, etc.) referrals and appropriate service order forms are required.

If you are unable to find a service from the list below, please contact our Provider Relations Department at (415) 216-0088, or email us at [Provider.Relations@cchca.com](mailto:Provider.Relations@cchca.com) for clarification.

### PATIENT SERVICES REQUIRING PRIOR AUTHORIZATION

**All of Out-of-Medical-Group (OOMG) Services**

**All of Out-of-Network (OON) Services**

**All Hospitalizations Admissions (either via emergency or elective)**

**All Outpatient Surgeries (except circumcisions at birth)**

All DME and Medical Supplies

Chemotherapy

Colonoscopy and Endoscopy

Dialysis

General Anesthesia (CPT code 00170) for dental treatment for children only

Genetic Testing and Counseling

Hearing Aids and Services

Home Health Care

Home Infusion

Hospice

Incontinence Supplies (including creams and washes)

Infusion Therapy

Investigational Treatments

MRI, MRA, PET scan, CT scan, DXA scan, Nuclear Medicine Studies

Non-Emergency Medical Transportation

Ophthalmology Treatments

Orthotics and Prosthetics

Pain Management Injections

Physical Therapy / Occupational Therapy

Radiation Therapy

Rehabilitation/ Intermediate Care Facility

Skilled Nursing Facility (SNF)

Sleep Study

Speech Therapy

Transplant Evaluations and Surgeries



## HOME OXYGEN THERAPY

Home oxygen therapy is considered a Durable Medical Equipment (DME), which requires prior authorization from the Utilization Management (UM) Department **before** placing an order with the preferred in-network oxygen vendor.

When requesting an authorization for home oxygen, in addition to the Treatment Authorization Form, please submit:

- 1) documentation of the respective diagnosis
- 2) a certificate or indication of Medical Necessity
- 3) recent documentation of Arterial Blood Gas (ABG) or oximetry to ensure sufficient clinical information is provided to make a determination of medical necessity based on clinical guidelines/criteria.

## PROCEDURE FOR OBSTETRICAL SERVICES

A Medi-Cal member may self-refer to any network obstetrician/ gynecologist (OB/GYN) or family practice physician within CCHCA for OBGYN services. A Medi-Cal member shall not be required to obtain prior approval from another provider, the Health Plan, or CCHCA prior to making an appointment and obtaining direct access to an OB/GYN or family practice physician for OG/GYN services.

### PREGNANCY ULTRASOUNDS:

- a. An initial ultrasound study in a pregnant patient and one follow-up study does not require an approval from the CCHCA's UM Department and may be performed either at in-network radiology facilities, or in an approved physician's office. Subsequent studies will require an approved service authorization with indications of medical necessity for follow-up.
- b. After the second ultrasound, subsequent ultrasound studies will be reimbursed as follow-up limited examinations, unless explanation is provided.
- c. If performed in an office setting, certification/documentation of training or proficiency in this procedure is required and may be performed in an office setting only after approval by the Membership Committee.