

**HEALTH PLAN OF SAN JOAQUIN 2019
SERVICES REQUIRING PRIOR AUTHORIZATION**

Please check Medi-Cal website/DRE for any changes that may have occurred

Routine authorizations will be processed within 5 business days. Urgent authorizations will be processed within 72 hours.

All Elective Hospital Admissions:

Elective Admissions

All elective hospital admissions requires medical review.

For elective admissions, prior authorization **is required** for the procedure and the hospitalization.

Emergency Admissions

While the admission for emergencies **does not require prior approval**, hospitals **MUST** notify the HPSJ Medical Management department within 24 hours or the next business day after the patient's admission. All days will be reviewed for medical necessity.

OB Admissions – Admissions for the delivery of a newborn require **Notification but do not require authorization**. If the stay is longer than 2 days post vaginal delivery or 4 days post C-section, the hospital must notify HPSJ and provide clinical information for an authorization review of the additional days.

All Ambulatory surgeries conducted in a surgery center require prior authorization.

Outpatient Surgery

All Outpatient surgeries require prior authorization except cataracts, breast biopsy, and incision and drainage.

Skilled Nursing, Rehab Services and Long-Term Acute Care (LTAC)

Genetic Testing

Home Health Care

Outpatient Diagnostic Studies

- MRI, PET Scans, Trans-cranial Doppler, Sleep Studies require prior authorization

Pain Management

Baclofen Intrathecal

**All pain management requires authorization

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Speech Therapy

All Occupational Therapy

Physical Therapy (All Physical Therapy Services requires authorization except for FQHC)

Podiatry Services (Except FQHC)

All Service performed by a network podiatry provider require authorization **except** for:

- Office visits and x-rays
- Avulsion of in-grown toe nail
- Excision of nail matrix
- Injection of anesthetic agent in podiatry setting

All Out of Network Services

except for procedures to be sensitive services and emergency services

DME

- Authorization required for purchase >\$500 and rental >\$200 per month
- Authorization required for repairs >\$500

Dental Anesthesia

All dental anesthesia in a surgical center performed by an MD Requires Authorization

Hyperbaric Oxygen Therapy

All Hyperbaric Oxygen Therapy requires prior authorization

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Home Infusion Therapy

Non-Emergency Medical Transportation

Prosthetics and Orthotics

Prior Authorization is required only for equipment costing greater than \$200

Nutrition Counseling

Hearing Devices

Therapies: (Sclerotherapy, Proton Beam, Neutron Beam, MEG, IMRT)

Chronic Care Management

IN NETWORK BUT OUT OF AREA

AUTHORIZATION REQUIRED FOR ALL OUT OF COUNTY PROVIDERS INCLUDING THOSE WHO HAVE CONTRACTS WITH HPSJ

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Sensitive Services provided in or out of network do not require authorization. These are defined as:

- Elective Abortion
- Testing and treatment for sexually transmitted diseases
- HIV testing and counseling
- Family Planning
- Behavioral Health Services
- Pregnancy Testing
- All FQHC's who provide the following services do not require prior authorizations
 - Chiropractor Services
 - Physical Therapy
 - Podiatry
- Simple Services:
 - Simple services when performed in an in-network provider's office do not require authorization.
- Hospice services do not require authorization