

**HEALTH PLAN OF SAN JOAQUIN 2022
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.

Outpatient and Ambulatory Surgery

Outpatient Surgery

All Outpatient surgeries

Ambulatory Surgery

All Ambulatory surgeries conducted in a surgery center

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

Genetic Testing

- Except on biomarker testing that is associated with a Federal Food and Drug Administration (FDA)-approved therapy for advanced or metastatic stage 3 or 4 cancer.

Home Health Care

Outpatient Diagnostic Studies

- MRI, PET Scans, Trans-cranial Doppler, Sleep Studies require prior authorization except for CT and Ultrasound with local, participating providers.

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Pain Management

Speech Therapy

All Occupational Therapy

Physical Therapy except for initial PT evaluation and up to first 6 visits and services provided by FQHC.

Podiatry Services except for services provided by FQHC

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

- Office visits and x-rays
- Avulsion of in-grown toenail
- 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

DME requires prior authorization except for walking boot, prefabricated CPT code L4360 and L4361, ankle foot orthotic, prefabricated CPT code L1906 and L1930, and surgical boot CPT code L3260.

Dental Anesthesia

All dental anesthesia in a surgical center performed by an MD

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Hyperbaric Oxygen Therapy

Home Infusion Therapy

Non-Emergency Medical Transportation

Prosthetics and Orthotics (please see DME)

Nutrition Counseling

Hearing Devices

- except for ear mold/insert CPT code V5264

Therapies: (Sclerotherapy, Radiation Therapy, etc)

Chronic Care Management

IN NETWORK BUT OUT OF AREA

- AUTHORIATION 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
- Podiatry
- Physical Therapy

Simple Services:

- Simple services when performed in an in-network provider's office do not require authorization.

Hospice services do not require authorization for par or non-par providers.