

## 2024 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.*

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### All Elective Hospital Admissions

#### Elective Admissions

All elective hospital admissions require 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/MVHP 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/MVHP and provide clinical information for an authorization review of the additional days.

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### Outpatient and Ambulatory Surgery

#### Outpatient Surgery

All Outpatient surgeries

#### Ambulatory Surgery

All Ambulatory surgeries conducted in a surgery center

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### 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.

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### Home Health Care

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### Outpatient Diagnostic Studies

Except for CT, X-ray and Ultrasound with local, participating providers.

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## Pain Management

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## Speech Therapy

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## All Occupational Therapy

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## Physical Therapy

Except for initial PT evaluation and up to first 6 visits and services provided by FQHC.

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## Podiatry Services

Except for:

- Services provided by FQHC
  - Office visits and x-rays
  - Avulsion of in-grown toenail
  - Excision of nail matrix
  - Injection of anesthetic agent in podiatry setting
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## All Out of Network Services

Except for initial PT evaluation and up to first 6 visits and services provided by FQHC.

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## DME

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.

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## Dental Anesthesia

All dental anesthesia in a surgical center performed by an MD.

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## Hyperbaric Oxygen Therapy

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## Home Infusion Therapy

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## Non-Emergency Medical Transportation (NEMT)

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## Prosthetics and Orthotics (please see DME)

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## Nutrition Counseling

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## Hearing Devices

Except for ear mold/insert CPT code V5264.

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## Therapies: (Sclerotherapy, Radiation Therapy, etc.)

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## Chronic Care Management

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## In Network But Out of Area

Authorization is required for all out of county providers including those who have contracts with HPSJ/MVHP.

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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.**