Medical Covered Services Prior Authorization Grid

Medi-Cal and DualConnect (HMO D-SNP)

This Prior Authorization Grid contains services that require prior authorization only and is not intended to be a comprehensive list of covered services. Providers should refer to the appropriate *Evidence of Coverage* (EOC) for a complete list of covered services.

Santa Clara Family Health Plan (SCFHP) Utilization Management Department:

Telephone: 1-408-874-1821, Monday through Friday, 8:30 a.m. to 5 p.m.

Prior Authorization Request Submission Fax Lines: 1-408-874-1957

When faxing a request to SCFHP, please:

1. Use the SCFHP Prior Authorization Request – Medical Services Form found at www.scfhp.com
2. Attach pertinent medical records, treatment plans, test results and evidence of conservative treatment to support medical necessity.

Other Contact Information:

SCFHP Automated Eligibility: 1-800-720-3455
SCFHP Customer Service:
Medi-Cal: 1-800-260-2055, Monday through Friday, 8:30 a.m. to 5 p.m.
DualConnect (HMO D-SNP): 1-877-723-4795, 7 days a week, 8 a.m. to 8 p.m.

For Non-Emergency Medical Transportation (NEMT) & Non-Medical Transportation (NMT) contact SCFHP Customer Service.

Benefits Authorized by Vendors:

Dental Services
Medi-Cal Dental: 1-800-322-6384
Vision Services
Vision Service Plan (VSP): 1-844-613-4779

Santa Clara Family Health Plan™

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Category of Service	Services Requiring Prior Authorization	
Behavioral Health Treatment	All Behavioral Health Treatment Services for members age ≤ 21 years	
Durable Medical Equipment (DME) **Benefit and frequency limits apply. Refer to CMS, Noridian, and/or Medi-Cal Provider Manual*	**Medi-Cal** • CPAP and BIPAP • Enteral formula and supplies • Hospital bed and mattress • Power wheelchairs, scooters, manual wheelchairs **except standard adult and pediatric**, and motorized wheelchairs and accessories • Respiratory: Oxygen, BIPAP, CPAP, ventilators • Prosthetics & customized orthotics **except off-the-shelf covered items** • Hearing aids and repairs • Other specialty devices	**DualConnect** • All items listed in the Medi-Cal column requiring prior authorization • Custom made items • DME or medical supply exceeding $1,000
Experimental Procedure	• Experimental or Investigational procedures • New technologies	
Home Health	• All home health services • Home IV infusion services	

Inpatient Admissions	• All elective, medical and surgical inpatient admissions to:
	  • Acute hospital
	  • Long Term Acute Care (LTAC)
	• All admissions for:
	  • Acute inpatient psychiatric
	  • Partial hospital psychiatric treatment
	  • Substance use disorder including detoxification
	• Rehabilitation, custodial, and therapy services:
	  • Acute rehabilitation facilities
	  • Subacute facilities (adult & pediatrics)
	  • Intermediate Care Facilities including ICF/DDs
	  • Skilled Nursing Facilities (SNF)
	  • Long-Term Care (LTC) Facilities	

Long-Term Services and Supports (LTSS)	• Community-Based Adult Services (CBAS) • Community Supports	
Medications	Refer to the Medical Benefit Drug Prior Authorization Grid	
Non-Contracted Providers	All non-emergency services provided by non-contracted providers	
Organ Transplant	All organ transplants	

Category of Service	Services Requiring Prior Authorization

Outpatient Services and Procedures	• Abdominoplasty/Panniculectomy
	• Bariatric surgery
	• Breast reduction and augmentation surgery
	• Cochlear auditory implant
	• Dental surgery, jaw surgery and orthognathic procedures
	• Dermatology:
	  • Laser treatment
	  • Skin injections
	  • Implants
	• All types of endoscopy
	  • **except colonoscopy**
	  • **except nasal endoscopy**
	• Gender reassignment surgery
	• Genetic testing and counseling
	  • **except biomarker testing that is associated with a federal Food and Drug Administration (FDA)-approved therapy cancer**
	  • **and except the American College of Obstetricians and Gynecologists (ACOG) recommended prenatal diagnostic genetic testing**
	• Hyperbaric oxygen therapy
	• Intensive Outpatient Palliative Care (IOPC)
	• Neuro and spinal cord stimulators
	• Outpatient diagnostic imaging:
	  • Magnetic Resonance Imaging (MRI) – **Medi-Cal Only**
	  • Magnetic Resonance Angiography (MRA)
	  • Nuclear cardiology procedures
	  • Single-Photon Emission Computerized Tomography (SPECT)
	• Outpatient therapies:
	  • Occupational Therapy (OT)
	  • Physical Therapy (PT)
	  • Speech Therapy (ST)
	• All plastic surgery and reconstructive procedures
	• Podiatric surgeries
	• Radiation therapy:
	  • Proton beam therapy
	  • Intensity-modulated Radiation Therapy (IMRT)
	  • Stereotactic Radiation Treatment (SBRT)
	• Spinal procedures **except epidural injections**
	• Surgery for Obstructive Sleep Apnea (OSA)
	• Temporomandibular Disorder (TMJ) treatment
	• Transplant-related services prior to surgery **except cornea transplant**
	• Unclassified procedures
	• Varicose vein treatment

Category of Service	Services Requiring Prior Authorization
Transportation	Non-Emergency Medical Transportation (NEMT) **except ground transportation from facility to facility and hospital to home**.
Other	Requests over the Medi-Cal or Medicare benefit limit Services, procedures, items, drugs excluded from Medi-Cal or Medicare Exclusions in the *Member Handbook* (Evidence of Coverage (EOC))