

**Community Health Center Network (CHCN)
Prior Authorization (PA) Grid**

Effective: 08/01/2026

For questions, please call CHCN at 510-297-0220.

Prior to services being rendered, please confirm in the [CHCN Provider Portal](#), the following information:

1. Member eligibility
 - a. Dates of eligibility – members must be assigned to CHCN and eligible for requested dates of service
 - b. Line of Business (LOB) – Group Care vs. Medi-Cal
2. Benefit Coverage
3. Contracted Status (for servicing providers)

Once items 1 through 3 have been confirmed, **please utilize the [CHCN Provider Portal](#) to submit your request for authorization.**

Please note: Authorization does not guarantee payment. This list does not include all services. Most non-emergency services rendered by an Out of Network (OON) provider, requires a PA, please refer to the grid below for PA requirements.

Type of Service	LOB	NCB	PA Required submit PA to:	No PA Required	Benefit Criteria
Acupuncture	MC			X	No PA required for the first four (4) services per month to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition.
			CHCN*		PA required for more than four (4) services per month to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. *Refer to PA Grid – Attachment A for codes
	GC			X	No PA required for the first 10 visits per benefit year (self-referral).
			CHCN		PA required after 10 visits per benefit year.
Audiology	MC			X	No PA required for the first two (2) services per month in an outpatient setting. Initial and six (6) month evaluations do not require PA.
			CHCN		PA required for more than two (2) services per month in an outpatient setting.
Admissions - Inpatient Acute - Long Term Acute Care (LTAC) - Acute Rehab (ARU) - Transitional Custodial Care - Skilled Nursing Facility (SNF) - Subacute	All		CHCN* except for ICF& Custodial Care LTC – send to AAH		*ICF and LTC Custodial admission notifications must be sent to AAH at 510-747-4191 - Contracted facilities must notify CHCN with 24 hours of an acute admission. - Non-contracted facilities must notify CHCN as soon as the member's medical condition has been stabilized, per California Health and Safety Code Section 1261.8. - All facilities, contracted and non-contracted, must notify CHCN within 24 hours of a change in the level of care or discharge from the facility.

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- Intermediate Care Facility (ICF)* - Long Term Care (LTC)*					
Allergy Services	All		CHCN*		Allergen-specific, each allergen is covered up to 50 units per patient annually, additional units would require medical necessity review. *Refer to PA Grid – Attachment A for codes
Anesthesia Services (Non-Dental)	All			X	No PA required for non-dental anesthesia services. Please note that this service is not separately billable from the surgical procedure.
Biofeedback	MC	X			
	GC		CHCN		Policy Exception: Covered if part of a treatment plan for pervasive developmental disorder (PDD) or autism.
Cataract spectacles, lenses, and surgery	All		CHCN		GC: One (1) pair of conventional eyeglasses or contact lenses is covered, if necessary, after cataract surgery with the insertion of an intraocular lens. Please refer to the AAH Group Care Member Handbook for additional details.
Children's Developmental Evaluations	MC			X	
Chiropractic Services	MC			X	No PA required for the first two (2) services per month for the treatment of the spine by manual manipulation.
			CHCN		PA required for more than two (2) services per month for the treatment of the spine by manual manipulation.
	GC			X	No PA required for the first 20 visits per benefit year (self-referral).
		X			PA required after 20 visits per benefit year.
Circumcision	MC	X			Newborns.
			CHCN*		Surgery: Male genital system. *Refer to Attachment A for codes
Clinical Trials	All		CHCN		Limited to cancer.
Community Based Adult Services (CBAS)	MC		AAH		AAH authorizes based on a referral from the member's primary care provider (PCP) and an eligibility assessment completed by a CBAS service provider.

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	GC	X			
Cosmetic Services	All	X			Enhancing, altering, or reshaping appearance through surgical and medical techniques.
Dental Care	MC		CHCN		IV sedation and general anesthesia.
		X			General dental – Carved out to Medi-Cal Dental. Contact Medi-Cal Dental at 1-800-322-6384.
	GC	X			Not covered by AAH, please contact the Public Authority at 1-510-577-3552.
Diagnostic and Laboratory Services	MC			X	No PA required for non-genetic testing lab tests performed only by Quest Diagnostics. All other lab providers will require a PA.
Durable Medical Equipment (DME) & Supplies	All		CHME		Submit requests to CHME Toll-Free: 1.800.906.0626 Email: aaorders@chme.org CHME Designated DME List
DME – Blood Pressure Monitor & Continuous Glucose Monitor	MC		Medi-Cal Rx		Submit PA to Medi-Cal Rx. www.medi-calrx.dhcs.ca.gov Toll-Free: 1-800-977-2273
	GC		CHME		Submit PA to CHME. Toll-Free: 1-800-906-0626 Email: aaorders@chme.org CHME Designated DME List
DME – Orthotics / Prosthetics	All		CHCN*		*Refer to Attachment A for codes
DME - Repair	All		CHME		Submit PA to CHME. Toll-Free: 1-800-906-0626 CHME Designated DME List
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services	MC		CHCN		
	GC	X			
Emergency Care/Treatment	All			X	
Enteral Nutrition – Formulas	MC		Medi-Cal Rx		Submit PA to Medi-Cal Rx. www.medi-calrx.dhcs.ca.gov Toll-Free: 1-800-977-2273
	GC		CHME*		Submit PA to CHME - Toll-Free: 1-800-906-0626 *Refer to Attachment A for codes

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Type of Service	LOB	NCB	PA Required submit PA to:	No PA Required	Benefit Criteria
Experimental / Investigational	All	X			
Fertility Services	MC	X			
	GC		CHCN		Fertility services to manage iatrogenic fertility (caused by medically necessary surgery, chemotherapy, radiation, or other medical treatment).
Genetic Testing	All		CHCN*		*Refer to Attachment A for codes
Hearing Services	All			X	No PA for hearing aids if tested for hearing loss and with a prescription.
			CHCN*		PA required for hearing aid rentals, replacements, and batteries for first hearing aids. Not covered for standard hearing aid batteries *Refer to Attachment A for codes
HIV Testing and Counseling	All			X	
Home Health	All		CHCN*		*Refer to Attachment A for codes
Hospice	All			X	No PA required for in-network or out of network Continuous Home Care, Inpatient Respite Care, Routine Home Care, or Room and Board (in a nursing facility or intermediate care facility)
			CHCN		PA required for in-network or out of network Hospice General Inpatient Care only. *Refer to Attachment A for codes
Incontinence Supplies, creams, and washes	MC		CHME		Submit PA to CHME. Toll-Free: 1-800-906-0626 Email: aaorders@chme.org CHME Designated DME List Covered for chronic pathologic conditions that cause incontinence. Cream and wash products are covered when a chronic pathological condition causes incontinence for members.
Infertility Treatment	All	X			
Infusion (Outpatient)	All		CHCN*		Freestanding infusion centers. *Refer to Attachment A for codes

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Maternity Admissions (Coverage for infants)	MC		CHCN		Newborns are automatically covered under the mother for the month of delivery and the following month.
	GC		CHCN		Covered for the first 30 days of life under the mother.
Mental Health Services	MC	N/A	N/A	N/A	Severe – Carved out to Alameda County. Toll Free: 1-800-491-9099
				X	Mild to moderate.
			AAH		Behavioral Health treatment (BHT).
	GC		AAH		Covered in association with autism or pervasive developmental disorder (PPD) or an emergency via the emergency department (ED).
Neuropsychological Testing	MC			X	No PA required for medical diagnoses only.
Nutrition and Dietician Assessment/Counseling (General and Diabetic)	All			X	
Obstetrics and Gynecology (OB/GYN) Services	All			X	
Orthodontics, Orthognathic, and Appliance Therapy for TMJ	All	X			
OON Services	All		CHCN		PA required for all OON services except for emergency/family planning/sensitive services.
Outpatient Surgery and Specialty Procedures	All		CHCN*		PA required for both facility and professional services. *Refer to Attachment A for codes
Palliative Care	MC		CHCN*		*Refer to Attachment A for codes
	GC	X			
Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS)	MC		CHCN*		Authorization is required for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS)
	GC	X			
Phenylketonuria (PKU)	MC		CHCN		The testing and treatment of PKU are covered, including formulas and special food products that are a part of a diet prescribed by a physician or registered

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					dietician in consultation with a physician who specializes in the treatment of metabolic diseases.
Podiatry	MC		CHCN*		Covers podiatry services as medically necessary for diagnosis and medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot, and then non-surgical treatment of the muscles and tendons of the leg governing the functions of the foot. *Refer to Attachment A for codes
	GC		CHCN		Clinic settings and conditions are based on medical necessity.
Preventive Care & Screenings	All			X	• DEXA Scan (Osteoporosis) • Mammogram (Breast Cancer) • Colonoscopy (Colon Cancer) • Diabetes Screening (Diabetes) • Immunizations (Children/Adults) • Fecal screen for Colon Cancer
Radiology (Nuclear medicine, radiation therapy, MRI, CT, TEE etc.)	All		CHCN*		*Refer to Attachment A for codes
	MC			X	No PA required for routine X-rays, ultrasounds including OB, mammography, VCUG, IVP, BE, Upper GI.
Reconstructive Surgery	All		CHCN*		Services are performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following: (A) To improve function; (B) To create a normal appearance, to the extent possible or (C) To alleviate/treat gender dysphoria. *Refer to Attachment A for codes
Rehabilitation • Aquatic Therapy • Cardiac Rehabilitation • Occupational Therapy • Physical Therapy • Speech Therapy	All		CHCN*		Outpatient therapy (OT, PT, ST) not to exceed 60 consecutive calendar days per condition; additional services based on medical necessity. The 60-day limit does not apply to treatment plans for autism or PDD. Treatment plans will be reviewed every six (6) months. *Refer to Attachment A for codes
	GC	X			Vocational Therapy
			CHCN		Cardiac, and acute rehab.

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Second Opinions – OON requests*	All		CHCN		No PA required for INN second opinions.
Sensitive Services	MC			X	No PA required for OON and INN providers.
	GC			X	
Sexual Dysfunction Drugs	All	X			
Sleep Studies	All		CHCN*		*Refer to Attachment A for codes
Specialist Referrals	All			X*	*No PA required for in-network specialist referrals except for wound care, lymphedema specialty care, and podiatry (which require PA).
			CHCN		PA required for all OON specialist referrals.
Standard Diagnostic Procedures (e.g., colonoscopy, mammogram, ECHO, EKG, PFT, DEXA, ultrasound, EGD, KUB, Nuchal Translucency Scan etc.)*	All			X	
Substance Use Disorder	MC	N/A	N/A	N/A	Carved out to Alameda County Toll Free: 1-800-491-9099
	GC		AAH		Beacon Health Options Toll-Free: 1.855.856.0577
Tertiary-Quaternary (TQ) Professional Services	All		CHCN*		Office visits or consultations for TQ level of service at an academic center for highly specialized care: rare or complex medical condition consultations, diagnostic testing, procedures, and clinical trials. Examples of TQ hospitals include UC Davis, UCSF, and Stanford. *Refer to Attachment A for codes
Transgender Services	MC		CHCN		Covers behavioral health services, hormone therapy, psychotherapy, ancillary services, medical consultations, procedures, and surgery that bring primary and secondary gender characteristics into conformity with the individual's identified gender
	GC		CHCN		Covers medically necessary gender affirming services to treat gender dysphoria or gender identity disorder. For more benefit details, please refer to the EOC.

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Transplant Services	MC		AAH		AAH is responsible for all transplant-related services. PA is required for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplant prior authorizations will be submitted to California Children's Services (CCS).
	GC		AAH		PA required for all major organ and bone marrow transplants that are not experimental/investigational in nature.
Transportation	MC		AAH* PCS form to AAH Schedule ride with Modivcare		Non-Emergency Medical Transportation (NEMT). Requires Physician Certification Statement (PCS) Form to be completed and submitted to AAH prior to scheduling transportation. * Modivcare (Alliance transportation vendor) Toll-Free: 1-866-791-4158
				X	Non-Medical Transportation (NMT).
				X	Emergency Medical Transportation (EMT)
	GC			X	Emergency Medical Transportation (EMT)
UM Medications	All		CHCN*		*Refer to Attachment A for codes
Ultraviolet (UV) Light	All			X	
Vaccines – Preventive Health	All			X	No PA required
Vaccines – Travel	MC		Medi-Cal RX		PA REQUIRED Submit request to Medi-Cal Rx: CoverMyMeds: www.covermymeds.com Medi-Cal Rx Secure Portal: www.medi-calrx.dhcs.ca.gov Toll-Free: 1.800.977.2273
	GC			X	No PA required

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Vision Services	MC			X	No PA required for routine eye exams once every 24 month and eyeglasses (frames and lenses) once every 24 months. For more benefit details, please refer to the EOC.
			CHCN		PA required for more than one (1) routine eye exam every 24 months as medically necessary and for contact lenses when required for medical conditions such as aphakia, aniridia, and keratoconus.
	GC		Public Authority		PA required for eye exams once every 24 months. Public Authority Toll-Free: 1-510-577-3552
Wound Care Services	All		CHCN		A wound care center or clinic is a medical facility for treating wounds that do not heal.

Legend

All = Applies to both MC and GC
DME = Durable Medical Equipment
CHME = California Home Medical Equipment
GC = Group Care
INN = In-network provider
MC = Medi-Cal
OON = Out Of Network provider
NCB = Non-Covered Benefit
PA = Prior Authorization