

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

Effective: 06/01/2024

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	Limited to 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		CHCN	X	First 10 visits per benefit year (self-referral). PA required after 10 visits per benefit year.
Audiology	MC			X	Limited to 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.
<b>Admissions</b> <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Long Term Acute Care (LTAC)</li> <li>• Long Term Care (LTC)</li> <li>• Skilled Nursing Facility (SNF)</li> <li>• Subacute</li> <li>• Intermediate Care Facility (ICF)*</li> </ul>	All		CHCN* except for ICF – send to AAH		<ul style="list-style-type: none"> <li>• *ICF admission notifications must be sent to AAH at 510-747-4191</li> <li>• Contracted facilities <b>must notify CHCN with 24 hours</b> of an acute admission.</li> <li>• 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.</li> <li>• All facilities, contracted and non-contracted, <b>must notify CHCN within 24 hours</b> of a change in the level of care or discharge from the facility.</li> </ul>

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Type of Service	LOB	NCB	PA Required submit PA to:	No PA Required	Benefit Criteria
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 <b>not separately billable</b> from the surgical procedure.
Bariatric Psychiatric Evaluations	All		CHCN		Refer to Behavioral Health at AAH Toll Free: 1-855-856-0577
Biofeedback	MC	X			
	GC		CHCN		Policy Exception: Covered if part of a treatment plan for pervasive developmental disorder (PDD) or autism.
Biomarkers: Oncology	MC			X*	*Refer to Attachment A for codes
Blood Products	All		CHCN*		Infusion of blood, plasma, platelets, cryoinfusion. *Refer to Attachment A for codes
Burn Care Centers	All		CHCN		
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 in intraocular lens. Please refer to the AAH Group Care Member Handbook for additional details.
Children's Developmental Evaluations	MC			X	
Chiropractic Services	MC			X	Limited to 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 for the first 20 visits per benefit year (self-referral).
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.
	GC	X			

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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 Denti-Cal. Contact Denti-Cal at 1-800-423-0507.
	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.
Dialysis	All		CHCN*		*Refer to Attachment A for codes
DME – Blood Pressure Monitor	MC		Medi-Cal Rx		Submit PA to Medi-Cal Rx. <a href="http://www.medi-calrx.dhcs.ca.gov">www.medi-calrx.dhcs.ca.gov</a> Toll-Free: 1-800-977-2273
	GC		CHME		Submit PA to CHME. Toll-Free: 1-800-906-0626
DME – Cardiac Vest (Zoll)	MC		CHCN		
DME – Continuous Glucose Monitors (CGM)	MC		Medi-Cal Rx		
	GC		CHME		
DME – Enteral Nutrition Medical Supplies	All		CHME		Submit PA to CHME. Toll-Free: 1-800-906-0626
DME – Hearing Aids	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. *Refer to Attachment A for codes
DME – Incontinence Supplies, creams, and washes	MC		CHME		Submit PA to CHME. Toll-Free: 1-800-906-0626 Covered for chronic pathologic conditions that cause incontinence. Cream and wash products are covered when a chronic pathological condition causes incontinence for members.
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 <a href="#">CHME Designated DME List</a>

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Type of Service	LOB	NCB	PA Required submit PA to:	No PA Required	Benefit Criteria
<b>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services</b>	MC			X	
	GC	X			
<b>Electroencephalography (EEG)</b>	All			X	No PA required for basic EEG.
		CHCN*			PA required for Video Encephalogram (VEEG), Long term EEG 2-26 hours. *Refer to Attachment A for codes
<b>Emergency Care/Treatment</b>	All			X	
<b>Enteral Nutrition – Formulas</b>	MC		Medi-Cal Rx		Submit PA to Medi-Cal Rx. <a href="http://www.medi-calrx.dhcs.ca.gov">www.medi-calrx.dhcs.ca.gov</a> Toll-Free: 1-800-977-2273
	GC		CHME*		Submit PA to CHME. Toll-Free: 1-800-906-0626 *Refer to Attachment A for codes
<b>Experimental / Investigational</b>	All	X			
<b>Fertility Services</b>	MC	X			
	GC		CHCN		Fertility services to manage iatrogenic fertility (caused by medically necessary surgery, chemotherapy, radiation, or other medical treatment).
<b>Gender Identify / Transgender Services</b>	MC		CHCN		Surgical treatments require documentation of behavioral health evaluation.
<b>Genetic Testing</b>	All		CHCN*		*Refer to Attachment A for codes
<b>HIV Testing and Counseling</b>	All			X	
<b>Home Health</b>	All		CHCN*		*Refer to Attachment A for codes
<b>Hospice</b>	All			X	No PA required for Place of Service (POS) of Home.
		CHCN			PA required for POS of inpatient or SNF.
<b>Infertility Treatment</b>	All	X			
<b>Infusion (Outpatient)</b>	All		CHCN*		Freestanding infusion centers. *Refer to Attachment A for codes
<b>Injectables – In office</b>	All		CHCN*		*Refer to Attachment A for codes
<b>Maternity Admissions (Coverage for infants)</b>	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.

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Type of Service	LOB	NCB	PA Required submit PA to:	No PA Required	Benefit Criteria
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		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	
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			
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 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. PA required for all subsequent visits after the first two (2). *Refer to Attachment A for codes
				X	No PA required for the first two (2) podiatry visits.
	GC		CHCN		Clinic settings and conditions are based on medical necessity.

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<b>Preventive Care &amp; Screenings</b>	All			X	<ul style="list-style-type: none"> <li>• DEXA Scan (Osteoporosis)</li> <li>• Mammogram (Breast Cancer)</li> <li>• Colonoscopy (Colon Cancer)</li> <li>• Diabetes Screening (Diabetes)</li> <li>• Immunizations (Children/Adults)</li> <li>• Fecal screen for Colon Cancer</li> </ul>
<b>Radiology</b> (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.
<b>Reconstructive Surgery</b>	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
<b>Rehabilitation</b> <ul style="list-style-type: none"> <li>• Aquatic Therapy</li> <li>• Cardiac Rehabilitation</li> <li>• Occupational Therapy</li> <li>• Physical Therapy</li> <li>• Speech Therapy</li> </ul>	All			X	No PA required for OT, PT, ST initial evaluations.
				CHCN*	
	GC	X			
<b>Second Opinions – OON requests</b>	All		CHCN		No PA required for INN second opinions.
<b>Sensitive Services</b>	MC			X	No PA required for OON and INN providers.
	GC		CHCN		PA required for OON providers.
<b>Sleep Studies</b>	All		CHCN*		*Refer to Attachment A for codes
<b>Specialist Referrals</b>	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.

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<b>Standard Diagnostic Procedures</b> (e.g., colonoscopy, mammogram, ECHO, EKG, PFT, DEXA, ultrasound, EGD, KUB, Nuchal Translucency Scan etc.)	All			X		
<b>Substance Use Disorder</b>	MC	N/A	N/A	N/A	Carved out to Alameda County Toll Free: 1-800-491-9099	
	GC		AAH			
<b>Surgery Services (Outpatient)</b>	MC		CHCN			
<b>Tertiary-Quaternary (TQ) Professional Services</b>	All		CHCN*		Office visits or consultations for TQ level of service at an academic center for highly specialized care. Examples of TQ hospitals include UC Davis, UCSF, and Stanford. *Refer to Attachment A for codes	
<b>Transplant Services</b>	MC		AAH		AAH is responsible for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program.	
	GC		AAH		All major organ and bone marrow transplants that are not experimental/investigational in nature.	
<b>Transportation</b>	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).	
	GC				X	Emergency Medical Transportation (EMT)
					X	Emergency Medical Transportation (EMT)
<b>UM Medications</b>	All		CHCN*		*Refer to Attachment A for codes	
<b>UV Light</b>	All			X		
<b>Vaccines</b>	All			X	No PA required for preventative health vaccines.	
		X			Not a covered benefit for vaccines related to/required for travel.	

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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.  March Vision Care Toll-Free: 1-844-336-2724
			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
Varicose Vein Treatment	MC		CHCN		
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