

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.

SCFHP Utilization Management Department:

Telephone: 408-874-1821

Prior Authorization Request Submission Fax Lines: 408-874-1957 or
408-376-3548

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 Eligibility: 1-800-720-3455

SCFHP Customer Service:

Medi-Cal & Health Kids: 1-800-260-2055

Cal MediConnect: 1-877-723-4795

For Non-Emergency Medical Transportation & Non-Emergency Transportation contact SCFHP Customer Service

Benefits Authorized by Vendors:

Dental Services:

Medi-Cal & Cal MediConnect: Contact Denti-Cal at 1-800-322-6384

Healthy Kids: Contact Liberty Dental at 1-888-902-0403

Vision Services: Contact Vision Service Plan (VSP) at 1-844-613-4479

Durable Medical Equipment (DME) for Medi-Cal & Healthy Kids: Fax CHME at 650-931-8928

Category of Service	Services Requiring Prior Authorization	
Behavioral Health Treatment	All Behavioral Health Treatment Services	
Durable Medical Equipment	Cal MediConnect	Medi-Cal & Healthy Kids HMO
	<ul style="list-style-type: none"> • Custom made items • Any other DME or medical supply item exceeding \$1000 allowable • Prosthetics & customized orthotics exceeding \$1000 allowable 	Most DME is capitated to CHME for authorization review including the following: <ul style="list-style-type: none"> • Enteral nutrition • Incontinence supplies • Home medical equipment: walkers, wheelchairs, commodes • Mobility devices including motorized wheelchairs and scooters • Respiratory: Oxygen, BIPAP, CPAP, ventilators
	Specialty DME for Medi-Cal, Healthy Kids and Cal MediConnect: <ul style="list-style-type: none"> • All Prosthetics & Orthotics • Hearing Aids • Other Specialty Devices 	
Experimental Procedure	<ul style="list-style-type: none"> • Experimental Procedures • Investigational Procedures • New Technologies 	
Home Health	<ul style="list-style-type: none"> • All Home Health Services • Home IV Infusion Services 	
Inpatient Admissions	All elective medical and surgical inpatient admissions to: <ul style="list-style-type: none"> • Acute Hospital • Long Term Acute Care (LTAC) All admissions for: <ul style="list-style-type: none"> • Acute Inpatient Psychiatric • Partial Hospital Psychiatric Treatment • Substance Use Disorder including Detoxification Rehabilitation and Therapy Services <ul style="list-style-type: none"> • Acute Rehabilitation Facilities • Skilled Nursing Facilities (SNF) 	
Long-Term Services and Supports (LTSS)	<ul style="list-style-type: none"> • Community-Based Adult Services (CBAS) • Long-Term Care 	
Medications	<ul style="list-style-type: none"> • Refer to the 2019 Medical Benefit Drug Prior Authorization Grid • Drugs administered in the doctor's office or in an outpatient setting 	
Non-Contracted Providers	All non-urgent/emergent services provided by non-contracted providers	
Organ Transplant	All Organ Transplants	

Category of Service	Services Requiring Prior Authorization
Outpatient Services and Procedures	<ul style="list-style-type: none"> • Abdominoplasty/Panniculectomy • Bariatric Surgery • Breast Reduction and Augmentation Surgery • Cataract Surgery • Cochlear Auditory Implant • Dental Surgery, Jaw Surgery and Orthognathic Procedures • Dermatology: <ul style="list-style-type: none"> • Laser treatment • Skin Injections • Implants • All types of Endoscopy, except Colonoscopy • Gender Reassignment Surgery • Genetic Testing and Counseling • Hyperbaric Oxygen Therapy • Intensive Outpatient Palliative Care (IOPC) • Neuro and Spinal Cord Stimulators • Outpatient Diagnostic Imaging: <ul style="list-style-type: none"> • Magnetic Resonance Imaging (MRI) • Magnetic Resonance Angiography (MRA) • Nuclear Cardiology Procedures • Single-Photon Emission Computerized Tomography (SPECT) • Positron-Emission Tomography (PET/PET-CT) • Outpatient Therapies <ul style="list-style-type: none"> • Occupational Therapy (OT) • Physical Therapy (PT) • Speech Therapy (ST) • All Plastic Surgery and Reconstructive Procedures • All Podiatric procedures and surgery • Radiation Therapy: <ul style="list-style-type: none"> • Intensity Modulated Radiation Therapy (IMRT) • Proton Beam Therapy • Stereotactic Radiation Treatment (SBRT) • Sleep studies • Spinal Procedures, except Epidural Injections • Surgery for Obstructive Sleep Apnea • Temporomandibular Disorder (TMJ) Treatment • Transplant-related services (EXCEPT Cornea transplant): Prior to surgery • Unclassified Procedures • Varicose Vein Treatment
Transportation	Non-Emergency Medical Transportation for ground and air except ground transportation from facility to facility and hospital to home.