



Policy: GG.1118  
Title: **Family Planning Services,  
Out-of-Network**  
Department: Medical Management  
Section: Utilization Management

*CEO Approval: /s/ Michael Hunn 07/25/2024*

Effective Date: 03/01/1999

Revised Date: 07/01/2024

Applicable to: ☒ Medi-Cal  
☒ OneCare  
☐ PACE  
☐ Administrative

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## I. PURPOSE

This policy outlines the process by which CalOptima Health ensures that a Member is able to access Family Planning Services from any Qualified Family Planning Provider and provides information on State-allowed limitations on reimbursement to an Out-of-Network Practitioner.

## II. POLICY

- A. A Member may access Family Planning and Sensitive Services on a self-referral basis to any Qualified Family Planning Provider, including an Out-of-Network Practitioner, without Prior Authorization, in accordance with the Omnibus Budget Reconciliation Act (OBRA) of 1987, Section 4113(c)(1)(B). Members shall be informed of their rights to access these services through the CalOptima Health Member Handbook / Evidence of Coverage (EOC), and CalOptima Health Policies DD.2001: Member Rights and Responsibilities and MA.4001: Member Rights and Responsibilities.
- B. CalOptima Health and its Health Networks shall provide Family Planning Services in a manner that protects and enables Member freedom to choose the method of family planning.
- C. CalOptima Health and its Health Networks shall ensure access to Minor Consent Services for Members twelve (12) years old or older and less than eighteen (18) years of age from any Out-of-Network Provider without requiring Prior Authorization. Members shall be informed of the availability of these services that do not require Prior Authorization.
- D. All records (medical and billing) of minors and adults relating to pregnancy, Family Planning and Sensitive Services, shall be handled in a strictly confidential manner.
- E. Parental consent shall not be required for Minor Consent Services for Members under the age of twenty-one (21) years to access pregnancy-related services, including Family Planning and Sensitive Services, in accordance with the Medi-Cal Minor consent program .
- F. CalOptima Health and its Health Networks shall reimburse for a twelve (12)-month supply of oral contraceptive pills, hormone-containing contraceptive transdermal patches, or hormone-containing contraceptive vaginal rings when dispensed at one time at a Member's request by a Qualified Family Planning Provider or pharmacist, including Out-of-Network providers in accordance with CalOptima Health Policy FF.1003: Payment for Covered Services Rendered to a Member for which

CalOptima Health is Financially Responsible, MA.3101: Claims Processing, and the Department of Health Care Services (DHCS) All Plan Letter (APL) 18-019: Family Planning Services Policy for Self-Administered Hormonal Contraceptives, and subsequent updates. CalOptima Health or a Health Network shall not require written consent for other contraceptive methods, except as required by this policy.

- G. A physician, physician assistant, certified nurse midwife, nurse practitioner and pharmacist may dispense contraceptive supplies. When furnished by a pharmacist, self-administered hormonal contraceptives must be dispensed in accordance with a protocol approved by the California State Board of Pharmacy and the Medical Board of California. A registered nurse who has completed the required training pursuant to Business and Professions Code section 2725.2(b) may also dispense.
- H. CalOptima Health and its Health Networks shall not impose utilization controls limiting the supply of FDA-approved, self-administered hormonal contraceptives to an amount that is less than a twelve (12)-month supply or that are more restrictive than those described in the Medi-Cal Provider Manual.
- I. Parental consent shall not be required for minors twelve (12) years of age or older to obtain medical care related to the diagnosis and treatment of STDs.
- J. Special precautions shall be taken to ensure that communication regarding the medical information of a minor related to Sensitive Services is protected (e.g., letters and phone calls shall not be directed to the home without the minor's authorization).
- K. A Qualified Family Planning Provider shall obtain informed consent for sterilization, consistent with requirements of Title 22, California Code of Regulations, sections 51305.1 through 51305.4.
- L. A Qualified Family Planning Provider shall advise a Member of their options for all contraceptive methods to allow them to provide informed consent for their choice of contraceptive method, including sterilization.
- M. CalOptima Health and its Health Networks shall pay for Out-of-Network Family Planning Services that are not duplicative of services previously provided by a Health Network Practitioner or another Qualified Family Planning Provider.
- N. CalOptima Health shall ensure its Health Networks comply with statutory, regulatory, contractual and CalOptima Health policy requirements in accordance with CalOptima Health Policy GG.1619: Delegation Oversight.
- O. CalOptima Health and its Health Networks shall inform Members that some hospitals, clinics, and other Providers in their Network may refuse to provide abortion services. In such cases CalOptima Health and its Health Networks shall assist Members to find another provider for the needed services to ensure Members have timely access.
  - 1. CalOptima Health may not require a Practitioner, health care provider, or person to perform or participate in the performance of an abortion, nor be subject to penalty or discipline in any form for such a choice.
    - a. If a PCP, hospital, or other provider refuse to provide a covered service such as family planning or abortion a CalOptima Health Member may call the CalOptima Health's Customer Service department for assistance in finding another provider who will provide

the services needed as outlined in the CalOptima Health Medi-Cal Member Handbook (Section 3. How to get care).

### **III. PROCEDURE**

- A. A Member may self-refer to any Qualified Family Planning Provider within the scope of coverage as defined.
- B. Confidentiality of Medical Information
  - 1. Maintenance and release of Member medical records and consents for release of medical information shall conform to the requirements set forth in CalOptima Health Policy GG.1603: Medical Record Maintenance.
  - 2. Individual medical records of Members cannot be released without the written consent of the Member except in accordance with CalOptima Health Policies HH.3010: Protected Health Information (PHI) Disclosures Required by Law, and HH.3011: Use and Disclosure of PHI for Treatment, Payment, and Health Care Operations.
- C. Informed Consent for Sterilization
  - 1. Department of Health Care Services (DHCS) Consent for Sterilization form, PM 330, must be completed by the Member, witnessed, and completed by the Practitioner who will perform the sterilization procedure.
  - 2. The informed consent process may be conducted either by a Practitioner or by a Practitioner's designee.
  - 3. A Member cannot waive the thirty (30)-day waiting period.
  - 4. Informed consent may not be obtained while the Member is:
    - a. In labor or within twenty-four (24) hours postpartum or post termination of pregnancy;
    - b. Seeking to obtain, or obtaining, an abortion; or
    - c. Under the influence of alcohol or other substances that affect the Member's state of awareness.
  - 5. A Practitioner or Practitioner's designee shall follow any other requirements of Title 22, California Code of Regulations, Sections 51305.3 and 51305.4, related to informed consent for sterilization.
- D. Cervical Cancer Screening (PAP Smear)
  - 1. A Pap Smear is included as a Family Planning Service if performed according to the United States Preventive Services Task Force (USPSTF) Guidelines.
  - 2. Pap Smear annual frequency may be reduced if three (3) or more annual smears are normal.

3. Follow-up of abnormal Pap Smear results, such as Cervical Intraepithelial Neoplasia or more invasive lesions, are to be referred by the Out-of-Network Practitioner to the Member's Primary Care Practitioner (PCP), unless there is Prior Authorization to provide treatment.
- E. Sexually Transmitted Diseases (STD)
1. STD diagnosis or treatment and Human Immunodeficiency Virus (HIV) testing or counseling provided during a family planning encounter are considered part of Family Planning Services.
  2. CalOptima Health and its Health Networks shall follow the latest STD guidelines recommended by the Centers for Disease Control and Prevention, as published in the most current Morbidity and Mortality Weekly Report.
  3. A health care Provider or laboratory shall report specific sexually transmitted diseases (STD) or conditions listed in Title 17, California Code of Regulations (CCR), Section §2500 and §2505, and in accordance with CalOptima policy GG: 1630: Reporting Communicable Diseases.
- F. Abortion Services (Sensitive Services)
1. CalOptima Health and its Health Networks shall cover abortion services, as well as the medical services and supplies incidental or preliminary to an abortion.
- G. Minor Consent Services include but are not limited to:
1. Services for rape and other sexual assaults;
  2. Pregnancy testing and counseling;
  3. Contraception services such as birth control (excludes sterilization);
  4. Abortion services;
  5. Outpatient mental health services in accordance with CalOptima Health Policies GG.1900: Behavioral Health Services and MA.7020: Behavioral Health Services;
  6. HIV/AIDS counseling, prevention, testing and treatment;
  7. Sexually transmitted infection, prevention, testing and treatment;
  8. Substance use disorder treatment for drug and alcohol abuse in accordance with CalOptima Health Policy GG 1100: Alcohol and Substance Use Disorder Treatment Services.
- H. Health Networks shall reimburse Out-of-Network Practitioners for Family Planning and Sensitive Services at CalOptima Health's rate structure as defined by the Contract for Health Care Services.
- I. Out-of-Network Billing Conditions
1. An Out-of-Network Practitioner shall meet the following conditions when billing CalOptima Health or a Member's Health Network for Family Planning and Sensitive Services:
    - a. The Out-of-Network Practitioner shall be qualified to provide Family Planning and Sensitive Services based on licensed scope of practice.

- b. The Out-of-Network Practitioner shall submit claims on appropriate CalOptima Health or Health Network billing forms.
- c. The Out-of-Network Practitioner shall provide medical records sufficient to allow CalOptima Health or the Health Network to meet its case management, coordination of care, and quality performance responsibilities. If the Member refuses the release of medical information, the Out-of-Network Practitioner shall document such refusal in the medical record.
- d. A copy of DHCS Sterilization Consent Form PM 330 shall be submitted with the billing form for tubal ligation or vasectomy claims.

**J. Duplication of Services**

- 1. Comprehensive physicals are the responsibility of a Member's PCP.
- 2. CalOptima Health and its Health Networks shall not pay for Out-of-Network Family Planning and Sensitive Services that are duplicative of services previously provided by the Health Network Practitioner or another Qualified Family Planning Services Practitioner, except in the following situations:
  - a. It is medically necessary to repeat the service; or
  - b. The Member refuses to have his or her medical record released.

**K. The following procedures are not considered Family Planning Services for the purposes of reimbursement to Out-of-Network Practitioners:**

- 1. Routine infertility studies or procedures;
- 2. Reversal of voluntary sterilization;
- 3. Hysterectomy for sterilization purposes only;
- 4. All terminations of pregnancies\*/\*\*, including, but not limited to, therapeutic abortions; spontaneous, abortion services under Minor Consent Program, missed, or septic abortions; and related services, except pregnancy testing and counseling.

(\*CalOptima Health and its Health Networks are required to provide these services, but they are not included as a Family Planning Service under the DHCS definition of family planning.

\*\* Non-emergency inpatient hospitalization for the performance of an abortion may require Prior Authorization.)

**IV. ATTACHMENT(S)**

- A. Sterilization Consent Form PM 330 (1/99) [English and Spanish]
- B. Sterilization Consent Correction Form (Sample) [English]

**V. REFERENCE(S)**

- A. Billing Codes for Out of Plan Family Planning Office Visits

- B. CalOptima Health Contract for Health Services
- C. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- D. CalOptima Health Contract with the Centers for Medicare & Medicaid Services for OneCare
- E. CalOptima Health Policy DD.2001: Member Rights and Responsibilities
- F. CalOptima Health Policy FF.1003: Payment for Covered Services Rendered to a Member for which CalOptima Health is Financially Responsible
- G. CalOptima Health Policy GG.1100: Alcohol and Substance Use Disorder Treatment Services
- H. CalOptima Health Policy GG.1619: Delegation Oversight
- I. CalOptima Health Policy GG.1630: Reporting Communicable Diseases
- J. CalOptima Health Policy GG.1900: Behavioral Health Services
- K. CalOptima Health Policy HH.3010: Protected Health Information (PHI) Disclosures Required by Law
- L. CalOptima Health Policy HH.3011: Use and Disclosure of PHI for Treatment, Payment, and Health Care Operations
- M. CalOptima Health Policy MA.3101: Claims Processing
- N. CalOptima Health Policy MA.4001: Member Rights and Responsibilities
- O. CalOptima Health Policy MA.7020: Behavioral Health Services
- P. Department of Health Care Services (DHCS) All Plan Letter (APL) 10-003: Augmented Reimbursement for Family Planning Services
- Q. Department of Health Care Services (DHCS) All Plan Letter (APL) 10-014: Correction to All Plan Letter 10-003 Regarding Augmented Reimbursement For Family Planning Services
- R. Department of Health Care Services (DHCS) All Plan Letter (APL) 18-019: Family Planning Services Policy for Self-Administered Hormonal Contraceptives (Supersedes APL 16-003)
- S. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-008: Proposition 56 Directed Payments for Family Planning Services (Supersedes APL 22-011)
- T. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-003: Abortion Services (Supersedes APL 22-022)
- U. Department of Health Care Services (DHCS) Policy Letter (PL) 96-009: Sexually Transmitted Disease Services in Medi-Cal Managed Care
- V. Department of Health Care Services (DHCS) Policy Letter (PL) 98-011: Family Planning Services in Medi-Cal Managed Care
- W. Department of Health Care Services (DHCS) Policy Letter (PL) 07-018: Senate Bill (SB) 94 – Family Planning Services
- X. U.S. Preventive Services Task Force Guidelines: Cervical Cancer: Screening, Issued 08/21/2018, <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>
- Y. Business and Professions Code § 2725.2
- Z. Medi-Cal Provider Manual, Part 2- Family Planning
- AA. Medi-Cal Provider Manual, Part 2 -Minor Consent Program
- BB. Omnibus Budget Reconciliation Act (OBRA) of 1987, Section 4113(c)(1)(B)
- CC. Department of Health Services (DHCS) MMCD Policy Letter (PL) 98-11: Family Planning Services in Medi-Cal Managed Care
- DD. Title 17, California Code of Regulations (CCR), Section §2500 and §2505
- EE. Title 22, California Code of Regulations, §§51009, 51200, 51305, 51305.1, 51305.3, and 51305.4
- FF. Title 42, Code of Federal Regulations, §441.20 and §1396d (a)(4)(C) (with limited exceptions)
- GG. CalOptima Health Member Handbook- Medi-Cal Evidence of Coverage (EOC)
- HH. CalOptima Health Member Handbook- OneCare (HMO D-SNP)

## VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
02/01/2023	Department of Health Care Services (DHCS)	Approved as Submitted - AIR
02/23/2023	Department of Health Care Services (DHCS)	Approved as Submitted

<b>Date</b>	<b>Regulatory Agency</b>	<b>Response</b>
07/10/2024	Department of Health Care Services (DHCS)	Approved as Submitted

## **VII. BOARD ACTION(S)**

None to Date

## **VIII. REVISION HISTORY**

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Effective	03/01/1999	GG.1118	Family Planning Services, Out-of-Network	Medi-Cal
Revised	11/01/1999	GG.1118	Family Planning Services, Out-of-Network	Medi-Cal
Revised	05/01/2007	GG.1118	Family Planning Services, Out-of-Network	Medi-Cal
Revised	11/01/2015	GG.1118	Family Planning Services, Out-of-Network	Medi-Cal OneCare OneCare Connect
Revised	03/01/2016	GG.1118	Family Planning Services, Out-of-Network	Medi-Cal OneCare OneCare Connect
Revised	03/01/2017	GG.1118	Family Planning Services, Out-of-Network	Medi-Cal OneCare OneCare Connect
Revised	07/01/2018	GG.1118	Family Planning Services, Out-of-Network	Medi-Cal OneCare OneCare Connect
Revised	03/01/2019	GG.1118	Family Planning Services, Out-of-Network	Medi-Cal OneCare OneCare Connect
Revised	08/01/2020	GG.1118	Family Planning Services, Out-of-Network	Medi-Cal OneCare OneCare Connect
Revised	04/01/2021	GG.1118	Family Planning Services, Out-of-Network	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	GG.1118	Family Planning Services, Out-of-Network	Medi-Cal OneCare
Revised	01/01/2023	GG.1118	Family Planning Services, Out-of-Network	Medi-Cal OneCare
Revised	07/01/2023	GG.1118	Family Planning Services, Out-of-Network	Medi-Cal OneCare
Revised	07/01/2024	GG.1118	Family Planning Services, Out-of-Network	Medi-Cal OneCare

## IX. GLOSSARY

Term	Definition
CalOptima Health	For purposes of this policy, CalOptima Health means CalOptima Health Direct – Administrative (COHD-A) and CalOptima Health Community Network (CHCN).
Cervical Intraepithelial Neoplasia	Changes of the cells in the cervix that may be a precursor to cancer.
Covered Services	<p><u>Medi-Cal</u>: Those health care services, set forth in W&amp;I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> <li>1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services;</li> <li>2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services;</li> <li>3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services);</li> <li>4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services);</li> <li>5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members);</li> <li>6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis);</li> <li>7. Dental services as specified in W&amp;I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health</li> </ol>



Term	Definition
	<p>is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services;</p> <ol style="list-style-type: none"> <li>8. Prayer or spiritual healing as specified in 22 CCR section 51312;</li> <li>9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services);</li> <li>10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH);</li> <li>11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services;</li> <li>12. State Supported Services;</li> <li>13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&amp;I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005;</li> <li>14. Childhood lead poisoning case management provided by county health departments;</li> <li>15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living;</li> <li>16. End of life services as stated in Health and Safety Code (H&amp;S) section 443 et seq., and DHCS APL 16-006; and</li> <li>17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012.</li> </ol> <p><u>OneCare</u>: Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers of Medicare &amp; Medicaid Services (CMS) Contract.</p>
Family Planning	The concept or a program of limiting the size of families through the spacing or prevention of pregnancies through the practice of contraception or other methods of birth control.
Family Planning Services	Covered Services that are provided to individuals of childbearing age to enable them to determine the number and spacing of their children, and to help reduce the incidence of maternal and infant deaths and diseases by promoting the health and education of potential parents. Family Planning includes, but is not limited to:

<b>Term</b>	<b>Definition</b>
	<ol style="list-style-type: none"> <li>1. Medical and surgical services performed by or under the direct supervision of a licensed Physician for the purpose of Family Planning;</li> <li>2. Laboratory and radiology procedures, drugs and devices prescribed by a license Physician and/or are associated with Family Planning procedures;</li> <li>3. Patient visits for the purpose of Family Planning;</li> <li>4. Family Planning counseling services provided during regular patient visit;</li> <li>5. IUD and UCD insertions, or any other invasive contraceptive procedures or devices;</li> <li>6. Tubal ligations;</li> <li>7. Vasectomies;</li> <li>8. Contraceptive drugs or devices; and</li> <li>9. Treatment for the complications resulting from previous Family Planning procedures.</li> </ol> <p>Family Planning does not include services for the treatment of infertility or reversal of sterilization.</p>
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Member	A beneficiary enrolled in a CalOptima Health program.
Minor Consent Program/Services	<p>Those Covered Services of a sensitive nature which minors do not need parental consent to access, including but not limited to the following situations:</p> <ol style="list-style-type: none"> <li>1. Sexual assault, including rape;</li> <li>2. Drug or alcohol abuse for minors 12 years of age or older;</li> <li>3. Pregnancy;</li> <li>4. Family planning;</li> <li>5. Sexually transmitted diseases (STDs) in minors 12 years of age or older;</li> <li>6. Diagnosis or treatment of infectious, contagious, or communicable diseases in minors 12 years of age or older if the disease or condition is one that is required by law or regulation adopted pursuant to law to be reported to the local health officer; and</li> <li>7. Outpatient mental health care for minors 12 years of age or older who are mature enough to participate intelligently in their health care pursuant to Family Code section 6924 and where either (1) there is a danger of serious physical or mental harm to the minor or others or (2) the minors are the alleged victims of incest or Child abuse.</li> </ol>
Out-of-Network	Outside of the selected Health Network's participating provider network within the Service Area.
Practitioner	A licensed independent practitioner including, but not limited to, a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA),

<b>Term</b>	<b>Definition</b>
	Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), or Speech and Language Therapist, furnishing Covered Services.
Prior Authorization	A formal process requiring a Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services.
Qualified Family Planning Provider	A qualified provider licensed to furnish family planning services within their scope of practice, is an enrolled Medi-Cal provider, and is willing to furnish family planning services a Member as specified in title 22, Code of California Regulations, section 51200. A Physician, Physician Assistant (under the supervision of a Physician), Certified Nurse Midwife, Nurse Practitioner, and Pharmacist are authorized to dispense medications. Pursuant to California Business and Professions Code section 2725.2, if these contraceptives are dispensed by a Registered Nurse (RN), the RN must have completed required training pursuant to Business and Professions Code section 2725.2 and the contraceptives must be billed with Evaluation and Management (E&M) procedure codes 99201, 99211, or 99212 with modifier TD (TD modifier as used for RN for (Behavioral Health) as found in the Medi-Cal Provider Manual.
Sensitive Services	All health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence, and includes services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.
Sterilization	Surgical procedure that results in infertility.