



<b>Policy and Procedure No: UM 21.9</b>		<b>Revision No: 9</b>
<b>Division: Care Management</b>		
<b>Department: Utilization Management</b>		
<b>Title: PHC-CA Access to Self-Referred Covered Services</b>		
<b>Effective Date: 3/1/2008</b>		
<b>Supersedes Policy No: UM 21.0, UM 21.1, UM 21.2, UM 21.3, UM 21.4, UM 21.5, UM 21.6, UM 21.7, UM 21.8</b>		
<b>Reviewed/Revised by: Sandy Johansson</b>		<b>Review/Revision Date: 10/15/2025</b>
<b>Approving Committee: Utilization Management Committee</b>		<b>Date: 12/15/2025</b>
<b>Executive Oversight Committee Date: 12/16/2025</b>		

**Purpose:**

To define which covered services are accessible to enrollees via self-referral (no prior authorization or provider referral is required).

**Policy and Procedure:**

1. The Health Plan ensures access to the following self-referred covered services. The plan provides these services to enrollees without requiring prior authorization.
  - a. Primary care provider (PCP) visits
  - b. Preventive care services
  - c. Urgent or emergency care services, including behavioral health services and substance use disorder services
  - d. Emergency care and follow-up health care for an enrollee who seeks treatment following rape or sexual assault
  - e. Confidential HIV testing and counseling services
  - f. Treatment of sexually transmitted infections
  - g. Family planning services
  - h. Obstetrics/gynecology care
  - i. Therapeutic and elective pregnancy termination
  - j. Initial mental health assessment
  - k. Sensitive and confidential services (e.g. services related to sexual assault, drug and alcohol abuse for children aged twelve (12) and over), however the Health Plan is not contracted to enroll individuals under the age of twenty-one (21).
  - l. Immunizations

- m. Services provided by certified nurse practitioners (CNP) within the scope of their practice as authorized by California law.
    - n. Chiropractic Services -as described in the [Medi-Cal Provider Manual](#), chiropractic services when rendered by a chiropractor, limited to a maximum of two services per calendar month. Authorization is required for chiropractic services that exceed the two-visit per month limit. A referral may be required when chiropractic services are provided by out-of-network FQHCs, RHCs, and IHCPs.
    - o. Routine eye exams.
- 2. As described in PHC California Policy and Procedure CM 44, Adult Preventive Services, immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) are viewed as preventive services. In instances where the Medi-Cal Provider Manual outlines immunization criteria that are less restricted than ACIP criteria, the Health Plan provides immunization in accordance with the less restrictive Medi-Cal Provider Manual criteria. As noted in Policy #1 of this policy and procedure, immunizations are not subject to prior authorization by the Health Plan.
- 3. The Health Plan does not restrict the enrollee's choice of a qualified provider of family planning services [ref: Section 1396d (a)(4)(C) of Title 42]. Enrollees are allowed the freedom of choice of family planning providers and may receive such services from any qualified family planning provider, including out-of-network providers, without the need to obtain prior authorization.
  - a. Enrollees requiring pregnancy termination are referred to an approved Family Planning Service agency that provides these services in accordance with the California Code of Regulations Title 22.
  - b. The Health Plan ensures the provision of pregnancy termination procedures performed as a physician service in accordance with California Code of Regulations Title 22.
    - i. The termination is a covered benefit as outlined in the Medi-Cal Provider Manual for abortions.
    - ii. Medical justification and prior authorization are NOT required.
    - iii. If the termination requires non-emergency inpatient hospitalization, the provider is required to request prior authorization as the admission will be reviewed according to the same criteria as other procedures requiring an acute inpatient stay.
- 4. As required by DHCS All Plan Letter (APL) 24-002, the Health Plan permits an American Indian enrollee to obtain covered services from an out-of-network IHCP, including IHCPs outside the Health Plan's service area, without requiring a referral from a network PCP or prior authorization.
  - a. An American Indian enrollee may receive services from an out-of-network IHCP even if an in-network IHCP becomes available.

- b. When an American Indian enrollee requests to receive services from an IHCP, and there is no in-network IHCP available, the Health Plan assists the enrollee in locating and connecting with an out-of-network IHCP.
  - c. Out-of-network IHCPs may provide referrals directly to Network Providers without a referral from a Network PCP or prior authorization.
  - d. American Indian enrollees are not subject to enrollment fees, premiums, deductibles, copayments, cost sharing, or other similar charges. The Health Plan does not impose such fees or charges on any American Indian enrollee who receives an item or service directly from an IHCP or through a referral to an IHCP, or reduce payments due to a provider, including an IHCP, by the amount of any enrollment fee, premium, deductible, copayment, cost sharing, or similar charge.
5. Enrollees requiring diagnosis and treatment of any sexually transmitted infection (STI) are treated according to STI treatment policies set forth by the Health Plan in accordance with the most current Centers for Disease Control and Prevention, Sexually Transmitted Disease (STD) Treatment Guidelines.
- a. In addition to network providers, enrollees may access out-of-network services such as the Local Health Department, family planning clinics and/or community STD service providers.
  - b. For community providers other than the Local Health Department, the Health Plan limits one visit per episode of STDs where immediate diagnosis and treatment is clinically indicated and is within the general standard of care. This includes:
    - i. Diagnosis and treatment of vaginal discharge and urethral discharge
    - ii. STI's that are amendable to immediate diagnosis and treatment such as syphilis, gonorrhea, chlamydia, herpes simplex, chancroid, trichomoniasis, HPV, non-gonococcal urethritis, lymphogranuloma venereum and granuloma inguinale
    - iii. Evaluation and treatment of pelvic inflammatory disease
6. Enrollees requiring HIV Testing and Counseling Services are provided with these services according to HIV Testing and Counseling policies set forth by the health plan in accordance with the most current Centers for Disease Control and Prevention, Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings.
- c. In addition to network providers, members may access out-of-network services for confidential HIV counseling and testing.
  - d. Members may seek testing and counseling services at such places as local health departments and family planning providers
  - e. All enrollees must have an AIDS diagnosis to be enrolled in the Health Plan and, by default, are referred for ongoing monitoring and management of HIV/AIDS through primary care, case management and referral to appropriate specialists to address presenting health conditions.

7. Enrollees requiring immunizations are provided this service according to immunization policies set forth by the health plan and in accordance with the most current Centers for Disease Control Child, Adolescent and Adult Immunization Standards and Guidelines from the US Preventative Services Task Force and the CDC Guidelines HIV Infection and Adult Vaccination. Enrollees may also access local health departments for immunizations. Reference CM 44 PHC-CA Adult Preventative Services for additional guidelines and vaccine registry information and requirements.
8. Family planning services are those services that are provided to enrollees of childbearing age that enable them to determine the number and spacing of their children, and to help reduce the incidence or maternal and fetal deaths and diseases by promoting the health and education of potential parents. In addition to network providers, enrollees can access the following services from out-of-network family planning providers:
  - The necessary health education and counseling to make an informed decision and understand contraceptive methods
  - Limited history and physical
  - Laboratory tests when medically indicated as part of the decision-making process. The Health Plan is not required to reimburse out of network providers for pap smears when it has provided the service to the meet the USPSTF guidelines.
  - When medically indicated, diagnosis and treatment of a sexually transmitted disease episode, as defined by DHCS for each STI.
  - Screening, testing and counseling of at-risk enrollees for HIV and referral for treatment (Note: all Health Plan enrollees have HIV/AIDS and are referred for treatment and management regardless of family planning services)
  - Follow-up care for complications related to contraceptive methods provided or prescribed by the family planning provider.
  - Provision of contraceptive pills, devices and supplies
  - Tubal ligation
  - Vasectomies
  - Pregnancy testing and counseling

All claims related to the above referenced services will be paid in accordance with PHC California Policy and Procedure CL 14 Provider Reimbursement.

9. As described in PHC California Policy and Procedure UM 40, Emergency and Follow-up Care for Rape and Sexual Assault, the Health Plan provides coverage of emergency room medical care and follow-up treatment for enrollees who are treated following a rape or sexual assault without imposing cost sharing, consistent with state regulations that require no cost sharing for the first nine months after enrollees initiate treatment. The Health Plan does not require the enrollee to file a police report on the rape or sexual assault, charges to be brought against an

assailant, or an assailant to be convicted of rape or sexual assault.

10. Enrollees are not subject to enrollment fees, premiums, deductibles, copayments, cost sharing, or other similar charges.

**Definitions:**

1. Informed consent: The Health Plan ensures that informed consent is obtained from enrollees for all contraceptive methods including sterilization, consistent with requirements of Title 22, CCR, Sections 51305.1 and 51305.3.
2. Minor Consent Services: Medical services provided to minors under State-specified conditions without the consent of a parent or guardian in accordance with the California Family Code, Sections 6920-6929.
  - a. The Health Plan does not enroll minors into its health plan. In the event a minor were to be enrolled, the Health Plan would follow those guidelines based on the California Code and that are displayed in California Minor Consent and Confidentiality Laws.

**Monitoring:**

This policy is updated, as necessary, reviewed and approved annually by the Utilization Management Committee.

**Reference(s):**

1. 2002 California Reproductive Privacy Act. <http://leginfo.ca.gov/>
2. [California Family Code, Sections 6920-6929](#)
3. DHCS Contract #23-30211, Exhibit A, Attachment III 5.2.8 Specific Requirements for Access to Programs and Covered Services
4. DHCS APL 23-008, Proposition 56 Directed Payments for Family Planning Services (Supersedes APL 22-011) (Revised), published June 27, 2023.
5. PHC California Policy and Procedure CM 44, Adult Preventive Services
6. The Guide to Clinical Preventive Services, 2017, U.S. Preventive Services Task Force <https://www.uspreventiveservicestaskforce.org/uspstf/>
7. National Center for Youth Law 2022 <https://youthlaw.org/>
8. CCR Title 22, Section 51327 <https://dhcs.ca.gov>
9. United States Code, Title 42, Section 1396d (a)(4)(C)
10. [DHCS APL 24-003, Abortion Services](#) (Supersedes APL 22-022), published March 28, 2024.
11. DHCS APL 24-002, [Medi-Cal Managed Care Plan Responsibilities for Indian Health Care Providers and American Indian Members](#), published February 8, 2024.

- 12. DHCS APL 24-008 (supersedes APL 18-004 and 16-009), Immunization Requirements, published June 21, 2024.
- 13. PHC California Policy & Procedure CL 14, Provider Reimbursement
- 14. [Medi-Cal Provider Manual for Abortions](#)
- 15. [Medi-Cal Provider Manual for Chiropractic Services](#)
- 16. PHC California Policy and Procedure UM 40, Emergency and Follow-up Care for Rape and Sexual Assault

**Regulatory Agency Approval(s):**

<b>Date</b>	<b>Version</b>	<b>Regulatory Agency</b>	<b>Purpose</b>	<b>Response</b>
Not avail.	21.3	Department of Health Care Services (DHCS)	2024 Operational Readiness (O/R) R.0213	Approved
1/9/2024	21.4	DHCS	2024 O/R R.0186 AIR1	Approved
7/5/2024	21.6	DHCS	APL 24-002	Approved
7/10/2024	21.7	DHCS	APL 24-003	Approved
10/24/2024	21.8	DHCS	APL 24-008	Approved
TBD	21.8	DHCS	Managed Care Oversight Division (MCO) Portal D.0416	Pending
TBD	21.8	DHCS	MCO Portal D.0390	Pending
TBD	21.9	Department of Managed Health Care (DMHC)	Filing No. 20251258 (DMHC APL 24-023)	Administratively Closed

