

**Government Business Division  
Policies and Procedures**

<b>Section (Primary Department)</b> Utilization Management		<b>SUBJECT (Document Title)</b> Self-Referable Services - CA	
<b>Effective Date</b> 03/04/2002	<b>Date of Last Review</b> 10/31/2024	<b>Date of Last Revision</b> 03/31/2023	<b>Dept. Approval Date</b> 10/31/2024
<b>Department Approval/Signature:</b>			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

<b>Products</b>	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

**POLICY:**

Anthem Blue Cross (Anthem) Medicaid ensures that members can self-refer to a provider without prior authorization for specified services, per contract, to assist in timely access of needed service. These services include family planning, sexually transmitted infection (STI) services, preventive services, emergency services, basic prenatal care, annual well woman exams, abortion services, and Human Immunodeficiency Virus (HIV) testing. Adolescent Medi-Cal members may self-refer for sensitive services without parental consent.

**DEFINITIONS:**

None

**PROCEDURE:**

Anthem members may self-refer to a provider without prior authorization for the following services:

**Emergency Services**

Anthem facilitates the provision of 24-hour/7 day a week access to all needed emergency services and covers the cost of emergency services necessary to screen and stabilize members without pre-authorization, whether provided in or out of network. *For additional information concerning emergency services, refer to CA Medicaid Policy #CA\_UMXX\_101 "24-hour Access to Emergency Department Services".*

**Family Planning Services**

Members have the right to access family planning services through any family planning provider without prior authorization. The provider may be in or out of network. *For additional information pertaining to Access to Family Planning Services, refer to CA Medicaid Policy "Family Planning Services (including Sexually Transmitted Infections) – Access to".*

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**Sexually Transmitted Infection Services**

Anthem Medicaid members have access to STI services without prior authorization to any provider regardless of whether that provider is within or outside its network. Members may access out-of-plan STI services through local health department (LHD) clinics, family planning clinics, or through other community STI service providers. *For additional information pertaining to Access to Family Planning Services, refer to CA Medicaid Policy “Family Planning Services (including Sexually Transmitted Infections) – Access to”.*

**HIV Testing and Counseling**

Members may access confidential HIV counseling and testing services through Anthem Medicaid’s provider network and through the out-of-network local health department and family planning providers. *For additional information pertaining to HIV care management, refer CA Medicaid Policy# CA\_CAXX\_002 “HIV and AIDS - Care Management”*

**Basic Prenatal Care**

Anthem Medicaid members may self-refer to any in-network Obstetrics/Gynecologist (OB/GYN) specialist for routine obstetrical (OB) care.

**Minor Consent/Sensitive Services**

Medi-Cal adolescent members may self-refer to any in or out-of-network provider for Sensitive Services. *For more specific information pertaining to adolescent sensitive services, refer to CA Medicaid Policy # CA\_UMXX\_113 “Adolescent/Confidential Sensitive Services”*

**Annual Well Woman Exam and Preventive Services**

Anthem Medicaid allows women direct access to a women's health specialist (e.g., gynecologist, certified nurse midwife) within the network for women's routine and preventive health care services. This is in addition to the member’s designated source of primary care if that source is not a woman’s health specialist.

**Abortion Services**

Anthem Medicaid does not require medical justification and/or prior authorization for outpatient abortion services. However, prior authorization may be required for inpatient hospital abortions and inpatient abortions. *For more specific information pertaining to abortion services, refer to CA Medicaid Policy #CA\_UMXX\_067 “Abortion Services”.*

**REFERENCES:**

- Anthem Medicaid Provider Operations Manual, Last updated January 2023
- CA Medicaid Policy #CA\_CAXX\_002 “HIV and AIDS - Care Management”
- CA Medicaid Policy #CA\_UMXX\_067 “Abortion Services”

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- CA Medicaid Policy #CA\_UMXX\_101 “24-hour Access to Emergency Department Services”
- CA Medicaid Policy “Family Planning Services (including Sexually Transmitted Infections) – Access to”
- Central Valley/Bay Area, Sacramento, Tulare, Tri-County (Fresno, Kings, Madera) and Department of Health Services (DHS) LA Care Contracts, Exhibit A, Attachment 5 & 9
- Medi-Cal Managed Care Division (MMCD) Policy Letter 16-003 “Family Planning Services Policy for Contraceptive Supplies”
- Medi-Cal Managed Care Division (MMCD) Policy Letter 99-008
- Member Evidence of Coverage, 2023

**RESPONSIBLE DEPARTMENTS:**

**Primary Department:**

Utilization Management

**Secondary Department(s):**

None

**EXCEPTIONS:**

None

**REVISION HISTORY:**

Review Date	Changes
10/31/24	<ul style="list-style-type: none"> <li>• Annual Review—no content changes</li> <li>• Updated Anthem reference in Policy section to specify Health Plan as directed by Compliance</li> </ul>
04/08/24	<ul style="list-style-type: none"> <li>• Annual Review; no changes</li> </ul>
03/31/23	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Updated References section</li> <li>• Updated primary department from “Medical Management: Utilization &amp; Case Management” to “Utilization Management”</li> <li>• Added “Secondary Department(s)” sub-header under Responsible Departments section to match template</li> </ul>
03/24/22	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Changed STD to STI</li> <li>• Updated References and placed in alphabetical order</li> </ul>
03/10/21	<ul style="list-style-type: none"> <li>• Annual review, no changes</li> </ul>

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Review Date	Changes
03/11/20	<ul style="list-style-type: none"> <li>• Annual review</li> <li>• Updated references</li> </ul>
03/06/19	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Update References</li> </ul>
03/20/18	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Updated References</li> </ul>
03/31/17	<ul style="list-style-type: none"> <li>• Annual Review, no changes</li> </ul>
04/29/16	<ul style="list-style-type: none"> <li>• Annual Review.</li> <li>• Updated References</li> </ul>
05/30/15	<ul style="list-style-type: none"> <li>• Removed Healthy Families</li> <li>• Updated provider manual dates</li> </ul>
06/25/13	<ul style="list-style-type: none"> <li>• Aligned this policy with its title and removed specific language about Family Planning Services and STDs, along with their reporting and confidentiality requirements to a new and separate policy. See CA Policy titled “Family Planning Services (including Sexually Transmitted Diseases – Access to”</li> <li>• Added specifics about what was self-referable or exempt from prior authorization as per CA Contracts.</li> </ul>
07/24/12	<ul style="list-style-type: none"> <li>• Changed references from Anthem Blue Cross and Blue Shield State Sponsored Business to Anthem Medicaid</li> <li>• Added more detailed sterilization requirement per LA Care audit finding</li> <li>• Corrected formatting</li> <li>• Added state reference to policy references</li> <li>• Updated references</li> <li>• Added revision history to policy</li> </ul>