

Medi-Cal Rx Pediatric Integration – Frequently Asked Questions (FAQs)

Version 6.0

March 28, 2025

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Introduction

Medi-Cal Rx Pediatric Integration aims to improve health care services for members 21 years of age and younger covered under Medi-Cal Rx. This initiative focuses on optimizing care coordination and treatment effectiveness by integrating pediatric-specific guidelines and monitoring into the Medi-Cal Rx framework.

The following Frequently Asked Questions (FAQs) document provides guidance and clarification regarding Pediatric Integration.

General Questions

1. What is Pediatric Integration?

Pediatric Integration refers to the ending of the Medi-Cal Rx Transition Policy and reinstatement of claim utilization management (UM) edits, including, but not limited to, quantity and frequency limitations and prior authorization (PA) request requirements, for members 21 years of age and younger.

2. What occurred on January 31, 2025, during Pediatric Integration?

As of January 31, 2025, the following occurred:

- For new start pharmacy claims:
 - All pharmacy claims are subject to claim UM edits and PA requirements, as outlined in Medi-Cal Rx and [California Children's Services](#) (CCS) pharmacy benefit policies.
- For continuation of therapy claims:
 - If a claim would otherwise reject with Reject Code 75 – Prior Authorization Required but there is recent claims history (15-month lookback period), the claim will process without the need for an additional PA. This approach was intended to give providers and prescribers additional time to adjust their internal processes and better plan for Pediatric Integration requirements, as well as submit proactive PAs.
 - Continuing therapies/prescriptions are still subject to all other Medi-Cal Rx policy requirements, including but not limited to claim UM edits for quantity and frequency limits. These may result in a claim rejection for reason other than Reject Code 75. A PA request may be needed to establish medical necessity relative to the identified UM edit.
- All currently approved PAs remain active for the duration of the approval; approved and active PA dates will not be modified.

3. What will occur on April 25, 2025, during Pediatric Integration?

On April 25, 2025, Medi-Cal Rx will complete implementation of claim UM edits and PA requirements for all members, including members 21 years of age and younger, for all drugs/products. Claims for continuing therapy prescriptions for pediatric members 21 years of age and younger will be subject to Reject Code 75 – Prior Authorization Required.

4. What is a continuation of therapy claim?

“Continuation of therapy” claims are defined as claims that are submitted for an NDC (refer to the [Medi-Cal Rx Approved NDC List](#)) of the same drug/product found in previous paid claims within 15 months prior to the current claim’s date of service (DOS).

Note: Pharmacy providers cannot use the “55555” override code attesting to the previous paid claims history because it was deactivated on October 18, 2024. Refer to the alert titled [Deactivation of Override Code “55555” for All Drugs/Products – Medi-Cal Rx Program Integrity Update](#) for more information.

5. Are there visual resources or quick reference materials to share with providers who are not familiar with PA requirements or UM edits?

Providers may refer to the [Medi-Cal Rx Utilization Management and Claim Reject Codes Visual Aid](#) and the [Medi-Cal Rx Pediatric Integration Webinar](#) slide deck for more information about how to address PA requirements and UM edits.

6. What is the CCS Panel Authority policy?

As of January 31, 2025, Medi-Cal Rx implemented the CCS Panel Authority policy for CCS Paneled Providers who are physicians or certified nurse practitioners and enrolled in Medi-Cal. CCS Panel Authority enables CCS Paneled Providers to prescribe for members 20 years of age and younger without submitting a PA request for Medi-Cal Rx covered drugs/products, with some exceptions.

CCS Panel Authority covers the PA requirement when all of the following conditions are met:

- The member is younger than 21 years of age.
- The prescription is written by the member’s physician or certified nurse practitioner who has CCS Panel Authority.
- The claim denies with one of the following reject codes:
 - Reject Code 75 – Prior Authorization Required (some exceptions apply)
 - Reject Code 83 – Duplicate Paid/Captured Claim (when submitted for enteral nutrition products)

Prescriptions written by providers that do not meet the CCS Panel Authority policy requirements or by providers without CCS Panel Authority will be subject to PA requirements.

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7. When a claim is denied, who is called?

When a claim is denied, the provider will be notified of the claim status via the claim transaction; Medi-Cal Rx does not telephone to notify the provider, prescriber, or member of the denial. The provider, prescriber, or member may call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273 for assistance. The CSC is available 24 hours a day, 7 days a week, 365 days per year.

Pharmacy providers should review the [Medi-Cal Rx Utilization Management and Claim Reject Codes Visual Aid](#) for information about addressing common reject codes that claims may deny with and the [Medi-Cal Rx Billing Tips](#) for information about claim adjudication.

Note: If applicable, pharmacy providers may consider the dispensing of a 14-day emergency supply of all products that are Medi-Cal Rx benefits for which delays in access to therapy due to UM claim edits would withhold a medically necessary service is permitted electronically and via paper claim. For more information, refer to the *Emergency Fills* section in the [Medi-Cal Rx Provider Manual](#).

8. How did Medi-Cal Rx prepare prescribers and pharmacies for Pediatric Integration changes that occurred on January 31, 2025?

Similar to adult reinstatement, Medi-Cal Rx took a multi-step approach to Pediatric Integration education and outreach, which included the following:

- Releasing advance notice alerts, as follows:
 - *90-Day Countdown: Pediatric Integration of Members 21 Years of Age and Younger*
 - *60-Day Countdown: Pediatric Integration of Members 21 Years of Age and Younger*
 - [30-Day Countdown: Pediatric Integration of Members 21 Years of Age and Younger](#)
 - [Update: Important Policy Adjustment for Pediatric Integration](#)
- Creating Pediatric Integration resources based on stakeholder feedback and publishing materials on the [Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#).
- Delivering live, interactive presentations beginning in November and continuing through January to key stakeholder groups and associations within the pediatric community representing children's hospitals, managed care plans (MCPs), physician organizations, advocates, and those who serve this population.
- Hosting weekly webinars beginning January 17, 2025, to review policies and procedures for submission of pharmacy claims and PA requests for pediatric members.
- Offering to arrange and schedule individual technical assistance/support sessions at the request of stakeholder groups.
- Deploying additional Medi-Cal Rx CSC representatives to help address increased call volume and answer questions.

9. How did Medi-Cal Rx prepare prescribers and pharmacies for Pediatric Integration changes that will occur on April 25, 2025?

Similar to adult reinstatement, Medi-Cal Rx took a multi-step approach to Pediatric Integration education and outreach, which included the following:

- Releasing the following advance notice alerts:
 - [*Coming Soon: Completion of Pediatric Integration of Members 21 Years of Age and Younger*](#)
 - [*30-Day Countdown: Completion of Pediatric Integration of Members 21 Years of Age and Younger*](#)
- Creating Pediatric Integration resources based on stakeholder feedback and publishing materials on the [Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#).
- Hosting weekly webinars from March 28, 2025, through May 23, 2025, to review policies and procedures for submission of pharmacy claims and PA requests for pediatric members.
- Offering to arrange and schedule individual technical assistance/support sessions at the request of stakeholder groups.
- Preparing Medi-Cal Rx CSC representatives to address increased call volume and answer questions.

10. Where can stakeholders obtain more information about Pediatric Integration?

Medi-Cal Rx will begin hosting a new series of weekly webinars beginning Friday, March 28, 2025, and ending May 23, 2025, to discuss the April 25, 2025, implementation and conclusion of Pediatric Integration.

Refer to the Pediatric Integration tab on the [Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#) for the meeting link, as well as other Pediatric Integration resources. Additionally, stakeholders may email the Medi-Cal Rx Education & Outreach (E&O) team at MediCalRxEducationOutreach@primetherapeutics.com.

11. Do claim UM edits and PA requirements apply to all claims (including both new start and continuation of therapy claims)?

Yes. As of January 31, 2025, Medi-Cal Rx implemented claim UM edits and PA requirements for members 21 years of age and younger for new start claims. However, continuation of therapy claims will not deny with Reject Code 75 – Prior Authorization Required until the completion of Pediatric Integration on April 25, 2025, at which point all claims will be subject to Reject Code 75.

To better understand applicable claim UM edits and other PA requirements, refer to the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#) for contracted drugs/products and the [Medi-Cal Rx Approved NDC List](#) for a comprehensive list of all NDCs eligible for coverage under Medi-Cal Rx.

12. Will PAs for patients awaiting discharge be expedited?

PA requests will continue to be reviewed in the order they are received. When a PA request is submitted, providers may contact the Medi-Cal Rx CSC and inform them that a patient's discharge is pending the approval of a PA. The CSC will do their best to review and address PA requests as soon as possible.

13. If an infant's formula PA request is denied prior to the member being discharged, how will this affect discharge?

The provider, prescriber, or member may call the Medi-Cal Rx CSC at 1-800-977-2273 for assistance. The CSC is available 24 hours a day, 7 days a week, 365 days per year. Refer to the *PA Appeal Requests* section in the [Medi-Cal Rx Provider Manual](#) for more information.

14. Can a member who is unable to swallow pills receive liquid formulations of a drug without a PA?

A number of liquid formulations of drugs have been added to the lists located on the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#). For liquid formulation of drugs not on these lists, providers may submit a PA request including clinical rationale why alternate formulations of the drug on these lists cannot be tried and considered. This may include addressing why tablets cannot be crushed or capsules cannot be opened for administration.

15. How should pharmacy providers submit claims for newborns when using the mother's ID number?

Pharmacy providers should submit claims for newborns using the mother's Medi-Cal Rx ID number. Newborns will be covered under their mother's Medi-Cal Rx ID from birth to the end of the following month (up to 60 days). After this time, the infant must have their own Medi-Cal Rx ID number. Claims for newborns will be identified via the relationship code and prior authorization type code (PATC). A submitted value of '03' – Dependent and a PATC value of '8' will identify the member as a newborn on the claim. If the pharmacy appropriately identifies the claim as a newborn, the CCS Panel Authority policy will apply, and the claim will be processed with an age younger than 1 year of age. If the claim is not appropriately identified as a newborn, the claim will be processed using the mother's age.

Note: Medi-Cal Rx UM edits and PA requirements will apply to all claims submitted for newborns.

16. Is the 14-day emergency override applicable during Pediatric Integration?

Yes. Products continue to be available for emergency dispensing provided they are benefits of Medi-Cal Rx. Refer to the *Emergency Fills* section in the [Medi-Cal Rx Provider Manual](#) for more information.

17. The Department of Health Care Services (DHCS) shared that there will be internal quarterly monitoring; what is the purpose and focus of this monitoring and will this information be publicly released?

The purpose of the additional quarterly monitoring is to regularly gather claims and PA data and will be used by DHCS to glean information and make data-driven changes, if necessary, to the Medi-Cal Rx pharmacy benefits and CCS Panel Authority policy. This information is for internal use only and will not be publicly released.

18. Will DHCS publicly release any data to report the impact of Pediatric Integration?

Similar to reporting released after each implementation phase for adult reinstatement, DHCS will publish a weekly summary report that includes data on the volume of claims, PA requests, and calls to the Medi-Cal Rx CSC. DHCS supports transparency in this process and is committed to working closely with stakeholders who have specific questions and/or concerns.

19. How did Medi-Cal Rx prepare for the increased volume in PA requests, claim rejections, and Medi-Cal Rx CSC calls associated with Pediatric Integration?

Pediatric Integration is a data-driven effort that began with analysis of historical claims and PA data, similar to adult reinstatement. In collaboration with stakeholders, Medi-Cal Rx identified opportunities to reduce the administrative workload associated with PA request submission by initiating the CCS Panel Authority policy and adding pediatric-focused medications and products to the lists on the [Contract Drugs & Covered Products Lists](#) page and aligning Medi-Cal and CCS clinical criteria. Additional data-driven impact analyses were then performed to ensure that Medi-Cal Rx would be adequately resourced to meet all service level agreements (SLAs).

Prior Authorizations

20. If a member is younger than 1 year of age and their PA is expiring, can I submit a PA renewal request 100 days before the previous PA approval period ends?

No. Due to the potential rapid changes in an infant's health status, Medi-Cal Rx will not accept PA renewal requests submitted 100 days before the previous PA approval period ends. Providers will need to submit the PA request when the approval period has ended.

21. Why are PA requests and claim UM edits necessary for CCS-eligible members if treatment has been authorized for the CCS-eligible condition?

Claim UM edits, including PAs, are necessary for program integrity and safety of all members. DHCS has worked diligently to improve coordination and reduce administrative burdens associated with PA request submission by initiating the CCS Panel Authority policy and adding pediatric-focused medications and products to the lists on the [Contract Drugs & Covered Products Lists](#) page and aligning Medi-Cal and CCS clinical criteria.

PA oversight of prescribed medications, medical supplies, and enteral nutrition products provides an added layer of safety, efficacy, essential need, cost, and misuse potential, as outlined in *Welfare and Institutions Code* (W&I Code) Section 14105.39 and *California Code of Regulations* (CCR), Title 22, Section 51313.6, in cases where use falls outside expected parameters including, but not limited to, U.S. Food and Drug Administration (FDA) guidelines and community practice standards.

22. If a pediatric member is being discharged from a hospital, will drugs/products require a PA?

PA requirements for pediatric members are driven by several factors including, but not limited to, whether the prescriber has CCS Panel Authority, if the medications are included under the CCS Panel Authority policy, and the program scope of coverage. Additional factors such as claim UM edits (including quantity and frequency limits) could also impact whether a PA is required.

Note: The CCS Panel Authority policy will apply to claims submitted for members younger than 21 years of age when applicable. If the member has an active previously approved PA, then the approved PA will apply.

23. When can pharmacy providers and prescribers submit PA requests?

As of January 31, 2025, pharmacy providers and prescribers may proactively submit PA requests up to 100 days in advance of new start therapy or PA expiration for members 21 years of age and younger.

Note: Due to potential rapid changes in an infant's health status, PA requests for children younger than 1 year of age should be submitted with the prescription.

24. Will newborn member claims require a PA request submission?

Yes. Coverage restrictions for drugs and products apply to all claims submitted to Medi-Cal Rx for newborn members. When submitting a PA request, clearly state the request is for a newborn member and include any clinical information to establish medical necessity. Pharmacy providers should submit claims using the value of '03' – Dependent and a PATC value of '8.' This will be used by Medi-Cal Rx to identify the member as a newborn.

Note: Newborn members will be covered under the mother's Medi-Cal Rx ID from birth to the end of the following month (up to 60 days). After this time, the infant must have their own Medi-Cal Rx ID number. If the pharmacy appropriately identifies the claim as a newborn claim, the CCS Panel Authority policy will apply to the claim as the claim is processed for members younger than 1 year of age. Additionally, the CCS Panel Authority policy will only apply to those claims if the mother is younger than 21 years of age. For more information about newborn claims, refer to the *Newborns* section in the [Medi-Cal Rx Provider Manual](#).

25. Does Pediatric Integration impact the review time for PA requests?

No. Pediatric Integration does not impact the review time. Medi-Cal Rx ensures PA requests are reviewed and the PA submitter receives notification of determination of the PA request within 24 hours. The Medi-Cal provider will receive a confirmation and/or notice of approval, deferral, modification (change in therapy), and/or denial, as directed by DHCS.

26. Are physician administered drugs (PADs) also subject to PA requirements for members 21 years of age and younger?

Yes. All claims submitted to Medi-Cal Rx are subject to claim UM edits under Pediatric Integration for members 21 years of age and younger. Refer to the [Medi-Cal Rx Approved NDC List](#) to determine if the drug is a covered pharmacy benefit and if a PA is required.

As of January 31, 2025, only new start pharmacy claims for members 21 years of age and younger are subject to Reject Code 75 – Prior Authorization Required. Continuation of therapy claims will be subject to Reject Code 75 beginning April 25, 2025, concluding Pediatric Integration.

Note: Claims submitted for PADs that are not a pharmacy benefit will deny with Reject Code 816 – Pharmacy Benefit Exclusion. Refer to the *Physician Administered Drugs (PADs)* section in the [Medi-Cal Rx Provider Manual](#) for additional information.

Enteral Nutrition

27. Does Medi-Cal Rx have a preferred channel for PA request submission for enteral nutrition products (such as CoverMyMeds® or the *Medi-Cal Rx Enteral Nutrition Prior Authorization Request* form)?

Providers can submit a PA request using any of the five approved PA request submission methods:

- [CoverMyMeds](#)
- [Medi-Cal Rx Secured Provider Portal](#)
- NCPDP P4 Transaction
- Fax
- U.S. Mail

When submitting a PA request via fax or U.S. mail, the [Medi-Cal Rx Enteral Nutrition Prior Authorization Request](#) form is preferred.

28. What information should be included when completing an enteral nutrition PA request?

Pharmacy providers and prescribers should complete all required fields, as well as provide relevant clinical information to establish medical necessity. This also includes ensuring the PA request addresses any product category and product specific requirements. Refer to the *Enteral Nutrition Products* section in the [Medi-Cal Rx Provider Manual](#) to ensure all prescription, billing requirements/limitations, and documentation requirements are met.

Note: The [Medi-Cal Rx Enteral Nutrition Prior Authorization Request](#) form was specifically designed to gather essential information to streamline the review process when submitting a PA request via fax or U.S. mail.

29. What are the daily caloric limits for enteral nutrition products?

The maximum daily caloric limits are based on feeding status, age, and product category/type as follows:

- **Tube Fed:** Up to 2,000 calories/day.
- **Orally Fed and 22 years of age and older:** Up to 1,200 calories/day.
- **Orally Fed and 21 years of age and younger:** Up to 1,000 calories/day.
- **Infant Products and younger than 1 year of age:** Up to 800 calories/day.

Note: Daily caloric requirements will be assessed during the PA request review. Enteral nutrition products are restricted to a maximum quantity limit based on the maximum daily caloric limit for each product for a maximum of a 31-day supply. Refer to the [List of Contracted Enteral Nutrition Products](#) for product-specific quantity limits.

30. Why does Medi-Cal Rx set the daily caloric limits for orally fed and tube fed members?

Enteral nutrition quantity limits are based on published recommendations from the [Dietary Guidelines for Americans 2020 – 2025](#), National Institutes of Health recommendations, and American Society for Parenteral and Enteral Nutrition (ASPEN) daily caloric recommendations. Additionally, the established quantity limits (QLs) are reviewed by DHCS clinicians to sculpt the benefit specific to the needs of our members. Reviewers include the Pharmacy Benefits Division (PBD), the Integrated Systems of Care Division (ISCD), and Medi-Cal Rx clinical teams. While most members' needs will be met within the defined parameters as supplementation to an orally fed diet or a tube fed diet, DHCS recognizes that some may need greater caloric intake. For these cases, a PA request demonstrating medical necessity can be submitted. DHCS routinely monitors for UM concerns and will continue to review clinical literature to assess the efficacy of the QLs for enteral nutrition products. Refer to the *Enteral Nutrition Dispensing Quantity Limitations* section in the [Medi-Cal Rx Provider Manual](#) for additional information.

31. If a PA for an infant was approved, but the infant's weight and caloric needs change while the PA is in effect, is a new PA request needed?

Yes. If the daily caloric needs have changed, a new PA request should be submitted to establish medical necessity for the new quantity needed.

32. Does Pediatric Integration impact Medi-Cal Rx members 21 years of age and younger who receive enteral nutrition products?

Yes. As of January 31, 2025, Medi-Cal Rx implemented claim UM edits and PA requirements for members 21 years of age and younger for new start claims for enteral nutrition requests. However, continuation of therapy enteral nutrition claims will not deny with Reject Code 75 – Prior Authorization Required until the completion of Pediatric Integration on April 25, 2025, but will be subject to all other claim UM edits. Enteral nutrition products must be on the [List of Contracted Enteral Nutrition Products](#) for coverage consideration as a prescription benefit.

Note: Contracted enteral nutrition products are included in the CCS Panel Authority policy; refer to the [Medi-Cal Rx Enteral Nutrition – Frequently Asked Questions \(FAQs\)](#) and the *Enteral Nutrition Products* section in the [Medi-Cal Rx Provider Manual](#).

33. Are enteral nutrition products included in the CCS Panel Authority policy?

Yes. The CCS Panel Authority policy will bypass Reject Code 75 – Prior Authorization Required and Reject Code 83 – Duplicate Paid/Captured Claim for contracted enteral nutrition products.

Refer to the [Advancing Medi-Cal Rx: Pediatric Utilization Management \(UM\) Integration](#) slide deck for additional information.

34. Does the provider need to submit an updated PA request for an alternative enteral nutrition flavor if the originally approved flavor is on backorder?

Enteral nutrition coverage policy allows for interchangeability among contracted enteral nutrition products within the same product categories/types. For additional information about product shortages and product interchangeability, refer to the [Medi-Cal Rx Enteral Nutrition – Frequently Asked Questions \(FAQs\)](#) and the *Shortages and Product Interchangeability* section in the [Medi-Cal Rx Provider Manual](#).

35. How did DHCS establish the quantity limits for enteral nutrition products?

The enteral nutrition quantity limits are based on published guidelines, including national Food and Nutrition recommendations, which were reviewed by DHCS and are included in the published Medi-Cal Rx policy. Claims submitted for quantities that exceed published policy limitations can be approved with a PA request demonstrating medical necessity. PA requests are reviewed by Medi-Cal Rx and responses are sent to the submitter within 24 hours. If medical necessity cannot be established for the quantity requested, Medi-Cal Rx will have the ability to approve the request with modifications that reflect the pediatric member's daily caloric needs and other pertinent clinical considerations that may apply. In the meantime, the pediatric member may obtain the needed formula within caloric limits. Refer to the *Enteral Nutrition Dispensing Quantity Limitations* section in the [Medi-Cal Rx Provider Manual](#) for additional information. Maximum quantity limits for each product for a 31-day supply are published on the [List of Contracted Enteral Nutrition Products](#).

36. Are thickeners included in the CCS Panel Authority policy?

Thickeners are excluded from Medi-Cal coverage in accordance with the California State Plan Amendment 7c.3 Enteral Formulae and W&I Code Section 14105.39.

However, these products are eligible for coverage considerations for CCS and Genetically Handicapped Persons Program (GHPP) members or for members who qualify under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit upon PA submission to Medi-Cal Rx.

Refer to the [Advancing Medi-Cal Rx: Pediatric Utilization Management \(UM\) Integration](#) slide deck for additional information.

37. What enteral nutrition product claims are excluded from the CCS Panel Authority policy?

Claims submitted for non-contracted enteral nutrition products and claims exceeding the product-specific maximum dispense quantity per claim or the maximum 31-day supply per claim are excluded from the CCS Panel Authority policy.

Refer to the [Advancing Medi-Cal Rx: Pediatric Utilization Management \(UM\) Integration](#) slide deck for additional information.

CCS Paneled Providers

38. Once Medi-Cal Rx completes Pediatric Integration on April 25, 2025, will the CCS Panel Authority policy apply to continuation of therapy claims that are subject to Reject Code 75 – Prior Authorization Required?

Yes. The CCS Panel Authority policy will apply to continuation of therapy and new start claims, so long as all other requirements are met.

39. Where is the list of drugs and products excluded from the CCS Panel Authority policy located?

A detailed list of drugs and products included in or excluded (by NDC) from the CCS Panel Authority policy is available in the [Medi-Cal Rx Approved NDC List](#) as of January 31, 2025, and updated monthly thereafter.

40. Will the CCS Panel Authority policy apply to continuous glucose monitoring (CGM) devices and disposable insulin delivery devices (DIDDs)?

No. The CCS Panel Authority policy does not apply to CGM devices, DIDDs, and other exempt medical supplies. A PA will be required for coverage. For more information about drugs/products exempt from the CCS Panel Authority policy, refer to the [Medi-Cal Rx Approved NDC List](#).

41. How will the CCS Panel Authority policy be applied to pharmacy claims submitted to Medi-Cal Rx?

The CCS Panel Authority policy will be applied to pharmacy claims submitted to Medi-Cal Rx when submitted using a prescriber National Provider Identifier (NPI) for a CCS Paneled Provider who has authority to prescribe for members 20 years of age and younger.

42. I am a certified nurse practitioner and a CCS Paneled Provider. I was told I need to submit a PA request for a medication that should not require a PA for CCS Paneled Providers. Why would that be the case?

If you applied to be a CCS Paneled Provider prior to October 2023, you were designated as a registered nurse at that time. To be eligible for the CCS Panel Authority policy as a certified nurse practitioner, you will need to be registered as a certified nurse practitioner. To verify provider status and/or submit a new CCS application, visit the [California Children's Services \(CCS\) Provider Paneling Portal](#).

43. I am a Medi-Cal enrolled physician but am not currently a CCS Paneled Provider. Can I apply to become a CCS Paneled Provider?

Yes. Health care providers who treat CCS-eligible members are encouraged to apply to become a CCS Paneled Provider. Questions regarding qualifications and application process may be submitted to ProviderPaneling@dhcs.ca.gov. Becoming a CCS Paneled Provider is not limited to physicians and certified nurse practitioners; however, CCS Panel Authority that enables prescribers to write scripts for most medications and pharmacy products for pediatric members without submitting a PA request is restricted to physicians and certified nurse practitioners. For more information, visit the [Becoming a California Children's Services Provider](#) page.

44. Why are physician assistants not currently part of the CCS Panel Authority?

To align CCS and Medi-Cal policy, the ISCD approved the inclusion of only physicians and certified nurse practitioners under the CCS Panel Authority policy. The current CCS policy does not allow a certified nurse practitioner or a physician assistant to bill for CCS services. Under the CCS policy, a physician co-signature is required for all prescriptions for medical benefits under CCS. ISCD is updating the certified nurse practitioner policy to align with Medi-Cal and will provide more information as it becomes available.

45. Can I qualify for CCS Panel Authority if I am not a CCS Paneled Provider?

No. To qualify for CCS Panel Authority, health care providers must be a Medi-Cal enrolled clinician and registered CCS Paneled Provider. Currently, only physicians and certified nurse practitioners qualify for CCS Panel Authority.

46. If a prescription is signed by a non-CCS Paneled Provider, but co-signed by a CCS Paneled Provider with CCS Panel Authority, will the prescription still require a PA?

Pharmacy claims submitted to Medi-Cal Rx are processed with one NPI; co-signatures are not accepted. To exercise the CCS Panel Authority, the prescription should be submitted by the CCS Paneled Provider (physician or nurse practitioner). If the claim is submitted with the NPI of the non-paneled provider, the claim will deny with Reject Code 75 – Prior Authorization Required.

47. If a CCS member's claim did not require a PA (Reject Code 75 – Prior Authorization Required) due to the CCS Panel Authority policy and the CCS member's claim is later submitted using a non-CCS Paneled Provider, will the provider need to submit a PA request?

Yes. The provider will need to submit a PA request. If the member is no longer being prescribed their medication by a CCS Paneled Provider, and the claim is processed using a non-CCS Paneled Provider's NPI, the CCS Panel Authority policy will not apply to the claim. Providers should consider the following steps:

1. Review the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#) and consider prescribing an alternate drug that does not require a PA.
2. If a change in therapy is not appropriate, submit a PA request. Note that when submitting a PA request for a drug that is being used off-label, providers should include clinical information or literature that establishes medical necessity for the drug being used for a specific indication. If a PA request is denied, providers may appeal the decision.
3. If submission of a PA request could result in delays in access to therapy of a medically necessary service, providers may consider dispensing an emergency dispensing of a 14-day supply. For more information, refer to the *Emergency Fills* section in the [Medi-Cal Rx Provider Manual](#).

48. Why does the CCS Panel Authority only apply to pediatric members 20 years of age and younger?

Adult reinstatement applied to members 22 years of age and older. Pediatric Integration applies to pediatric members 21 years of age and younger. During adult reinstatement, a temporary additional grace year was added to the claim UM edits for the pediatric population for members who are 21 years of age. The defined pediatric population for members is younger than 21 years of age, pursuant to federal EPSDT requirements.

49. What if I have additional questions about CCS Paneled Provider enrollment?

For additional answers to questions about CCS Paneled Provider enrollment, review the [Pediatric Integration Question & Answer \(Q&A\) Document](#) located on the DHCS website. Additionally, providers can contact ProviderPaneling@dhcs.ca.gov for questions regarding qualifications and application process.

Resources

50. How can I contact Medi-Cal Rx?

You can contact Medi-Cal Rx via the following methods:

- **By Phone:** Call the Medi-Cal Rx CSC at 1-800-977-2273, 24 hours a day, 7 days a week, 365 days per year.
- **By Email:** Send an email to the Medi-Cal Rx E&O team at MediCalRxEducationOutreach@primetherapeutics.com. If you are including member information, send via secured email.
- **By Message or Chat:** Visit the [Contact Us](#) page on the [Medi-Cal Rx Web Portal](#).