



As an L.A. Care Health Plan member, your Primary Care Provider (PCP) will make sure you get the care you need. Some services or medications need prior authorization. This means your PCP must get approval from L.A. Care first. Other services do not need prior authorization. This page helps you know the difference.

You **DO NOT NEED** prior authorization for:

- ⌘ Emergency services provided in the United States, Canada, or Mexico
- ⌘ Urgent care provided in or out of network
- ⌘ Women's health services such as breast or pelvic exams done by a network provider
- ⌘ Basic prenatal care provided by a network provider
- ⌘ Family planning services - counseling, pregnancy tests, and termination of pregnancy (abortion)
- ⌘ Treatment for sexually transmitted diseases - testing, counseling, treatment, and prevention

You **DO NEED** prior authorization for:

- ⌘ Emergency services provided outside the United States, Canada, or Mexico
- ⌘ Non-emergency services provided outside of L.A. County.
- ⌘ Out of network care - care not provided by a contracted network doctor
- ⌘ Inpatient admissions - non-emergency/elective
- ⌘ Inpatient admission to skilled nursing facility or nursing home
- ⌘ Outpatient hospital services or surgery
- ⌘ Outpatient, non-hospital services such as surgeries or sleep studies
- ⌘ Outpatient diagnostic services - such as CT Scans, MRIs, colonoscopy, endoscopy, etc.
- ⌘ Durable medical equipment - standard or customized; rented or purchased
- ⌘ Medical supplies
- ⌘ Prosthetics and orthotics
- ⌘ Home health care - nurse, aide, therapies, and social worker
- ⌘ Hospice
- ⌘ Experimental or investigation services
- ⌘ Cancer clinical trials

