

Authorization Rules

As a Contra Costa Health Plan member using a participating provider, you are entitled to covered benefits described in your Evidence of Coverage if the services are medically necessary, referred by your Primary Care Provider (except when such referral is not required, such as for access to an OB/GYN or in an Emergency), and are pre-authorized by Contra Costa Health Plan when such authorization is required by Health Plan rules. Services provided by non-physician health care practitioners must also be medically necessary, referred by your Primary Care Provider (except when referral is not required), and pre authorized by the Health Plan when such authorization is required by Health Plan rules. Services received from your Primary Care Provider require no authorization from the Health Plan. Your Primary Care Provider or the Health Plan must provide, prescribe or authorize all of your health care except for services related to emergency and out-of area urgent care.

A copy of CCHP's policies and procedures, and a description of the process by which CCHP reviews and approves, modifies, delays, or denies requests by providers prior to, retrospectively, or concurrent with the provision of health care services to members is available to providers, members and the public upon request. This includes information about the Plan's utilization review criteria and guidelines for a specific condition or procedure. Please call our Authorizations Department for more information: 1-877-661-6230 (Press 4).