



Medi-Cal Rx

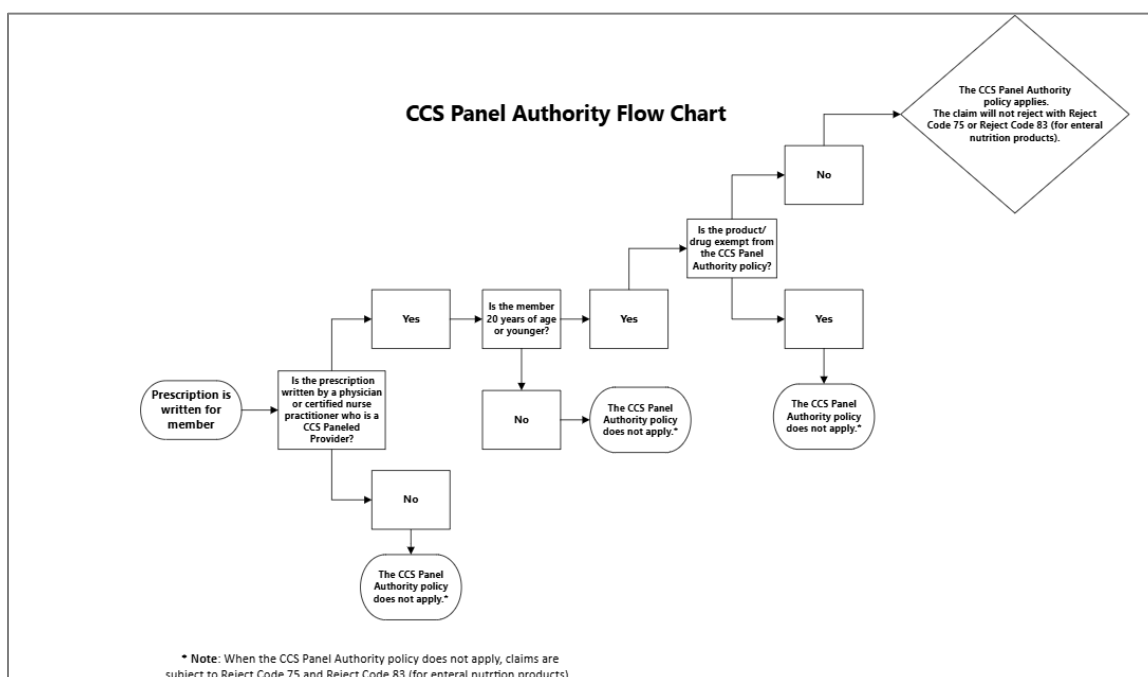
# California Children's Services Panel Authority Policy Tips

April 4, 2025

## California Children's Services Panel Authority Policy

Under the California Children's Services (CCS) Panel Authority policy, CCS Paneled Providers who are prescribing Medi-Cal Rx covered drugs/products do not need to submit a prior authorization (PA) request for the following reject codes:

- Reject Code 75 – Prior Authorization Required (some exceptions apply)
- Reject Code 83 – Duplicate Paid/Captured Claims (when submitted for enteral nutrition products)



## How to Become a CCS Paneled Provider

- Refer to the [Becoming a California Children's Services Provider](#) page and determine if being a CCS Paneled Provider is right for you.
- Submit a CCS Panel application via the [California Children's Services \(CCS\) Provider Paneling Portal](#). Once the application is submitted, you can track your application status.

## Advantages of Being a CCS Paneled Provider

- CCS Paneled Providers can prescribe Medi-Cal Rx covered drugs, enteral nutrition products, and disposable medical supplies for members 20 years of age or younger without submitting a PA request, with some exceptions.
- The CCS Panel Authority policy reduces unnecessary administrative burden and improves timely access to pharmacy benefits for members 20 years of age or younger.

## Identifying CCS Panel Authority Drugs/Products

To find which drugs/products are included and excluded (by NDC) from the CCS Panel Authority policy, review the [Medi-Cal Rx Approved NDC List](#) on the [Medi-Cal Rx Web Portal](#).

## Reminders for Reject Codes Not Impacted by CCS Panel Authority

### Reject Code 76 – Plan Limitations Exceeded: Quantity Limits (QL)

- If Reject Code 76 is received, a pre-established QL has been exceeded. Reject Code 76 occurs when the pharmacy claim has been denied due to the prescribed quantity exceeding the maximum dose or the total quantity allowed over a specific time period or per dispensing.
- For additional information, review the alert titled [How to Resolve Reject Code 76 – Plan Limitations Exceeded](#).

### Reject Code 78 – Cost Exceeds Maximum

- If Reject Code 78 is received, the total dollar amount for the claim exceeds the cost ceiling threshold for that drug/product type category and you may need to submit a PA request. Cost ceilings are in place to improve pharmacy claim submission, processing quality, and to mitigate potential Fraud, Waste, and Abuse (FWA) on high-cost drugs and products.
- For additional information, review the alert titled [How to Resolve Claim Reject Code 78: Cost Exceeds Maximum](#).

## Contact Information

You can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

For other questions, email Medi-Cal Rx Education & Outreach at [MediCalRxEducationOutreach@primetherapeutics.com](mailto:MediCalRxEducationOutreach@primetherapeutics.com).