

SERVICES REQUIRING PRIOR AUTHORIZATION

SERVICE	EXPLANATION
<p>All Hospital Admissions</p> <p>(All Place of service 21 services require authorization.)</p>	<p><u>Elective Admission</u>- All hospital admissions require review by Gold Coast Health Plan Health Services Department. For elective admissions, prior authorization is required for the procedure and the hospitalization.</p> <p><u>Emergency admissions</u> – While the admission for emergencies does not require prior approval, hospitals MUST notify Gold Coast Health Plan Health Services department within 24 hours or the next business day of the patient admission. All days will be reviewed for medical necessity.</p>
<p>Ambulatory Surgery</p> <p>(All places of service 24 require authorization.)</p>	<p>All Outpatient surgeries require pre-authorization.</p>
<p>LTC</p>	<p>All Long Term Care and Skilled Nursing Services require authorization.</p>
<p>Genetic Testing</p>	<p>81200 81205-81217 81220-81229 81240-81245 81250-81251 81255-81257 81260-81268 81270 81275 81280-81282 81290-81304 81310 81315-81319 81330-81332 81340-81342 81350 81355 81400-81408 83890-83914 84999 88245-88249 88261-88264 88271-88275 88280-88291 88384-88386 S0265 S3713 S3800 S3818-S3855 S3860-S3862 S3865-S3866</p>
<p>Home Health Care</p>	<p>99341-99350 S9127-S9131 99374-99375 S9490-S9810 S5180-S5181 S9208-S9214 S9122-S9124 S9125-S9131 T1021-T1022 Z6900, Z6902, Z6904, Z6906, Z6908, Z6910, Z6920</p>

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SERVICE	EXPLANATION
<p>Outpatient diagnostic Studies (MRI, CT Scan, PET Scans, Nuclear Medicine Imaging, Trans-cranial Doppler, Sleep Studies)</p>	<p>70336 74174-74178 70450-70492 74181-74185 70496-70598 74261-74263 70540-70553 74740-74742 70554-70555 75557-75574 70557-70559 76380 71250 76390-76499 71260 76820-76828 71270 77058-77059 71275 77084 71550-71552 78491 71555 78600-78606 72125-72133 78607-78609 72141-72159 78610-78645 72191-72198 78647 72255 78650 72265 78660 72270 78700-78709 73200-73202 78710 73206 78725-78761 73218-73225 95800-95801 73700-73702 95805-95811 73706 73718-73725 Z7600-Z7602 74150-74170 G0398-G0400</p>
<p>Pain Management</p>	<p>62350-62351 62360-62362 99601-99602</p>
<p>All Speech Therapy</p>	<p>92506-92508 X4300-X4320 X4544 Z5918-Z5920 Z5962 Z6908 V5362 X4544</p>
<p>Occupational Therapy (Authorization required after 10 visits. Includes 1 evaluation and 9 visits.)</p>	<p>97003-97004 X4100—X4120 Z6906</p>
<p>Podiatry Services</p>	<p>All services with provider type PO require authorization with the exception of services for the following:</p> <ul style="list-style-type: none"> • Pregnant members • Members under the age of 21 • Members who reside in a Long Term Care Facility

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<p>Physical Therapy (Authorization required after 10 visits – includes 1 evaluation and 9 visits.)</p>	<p>97001-97002 97010-97028 97032-97039 97110-97530 X3900-X3936 Z6904</p>
<p>Out of Network Services (All OON services require authorization.)</p>	<p>Non-Participating <u>Facility</u> services require authorization. Non-Participating <u>Provider</u> services require authorization.</p>
<p>Renal, Hemo, and Peritoneal Dialysis</p>	<p><u>No prior-authorization required</u></p>
<p>Phototherapy (All Phototherapy requires authorization.)</p>	<p>96900 96910 96912 96913 E0202 S9098 S0812</p>
<p>DME</p>	<p>Authorization required for purchase >\$500 and rental >\$200 per month.</p>
<p>Dental Anesthesia</p>	<p><u>No prior-authorization required</u></p>
<p>Hyperbaric Oxygen Chamber</p>	<p>99183 A4575 C1300</p>
<p>Supplies</p>	<p><u>No prior-authorization required</u></p>
<p>Home Infusion Therapy</p>	<p>99601-99602 S5035-S5036 S5497-S5523 S9325-S9368 S9370-S9379 S9400-S9404 S9490-S9810 S9494-S9497</p>

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<p>Non Emergent Transportation Transportation covered by Ventura transit.</p>	<p>A0080–A0160 A0180–A0210 T2001–T2005 X0200–X0222 X0400–X0416 X0506–X0522 Z8597</p>																										
<p>Prosthetics and Orthotics</p>	<p>Prior authorization required only for services/equipment costing greater than \$200.</p>																										
<p>Hearing Devices</p>	<table> <tr><td>L8614</td><td>V5140</td></tr> <tr><td>V5030</td><td>V5150</td></tr> <tr><td>V5040</td><td>V5170</td></tr> <tr><td>V5050</td><td>V5180</td></tr> <tr><td>V5060</td><td>V5190</td></tr> <tr><td>V5070</td><td>V5210</td></tr> <tr><td>V5080</td><td>V5220</td></tr> <tr><td>V5090</td><td>V5230</td></tr> <tr><td>V5095</td><td>V5240</td></tr> <tr><td>V5100</td><td>V5242-V5263</td></tr> <tr><td>V5110</td><td>V5265-V5275</td></tr> <tr><td>V5120</td><td>V5298</td></tr> <tr><td>V5130</td><td></td></tr> </table>	L8614	V5140	V5030	V5150	V5040	V5170	V5050	V5180	V5060	V5190	V5070	V5210	V5080	V5220	V5090	V5230	V5095	V5240	V5100	V5242-V5263	V5110	V5265-V5275	V5120	V5298	V5130	
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<p>Therapies: (Sclerotherapy, Proton Beam, Neutron Beam, MEG, IMRT)</p>	<table> <tr><td>36470</td><td>77520-77525</td></tr> <tr><td>36471</td><td>77435</td></tr> <tr><td>36475</td><td>61796-61800</td></tr> <tr><td>36476</td><td>63620-63621</td></tr> <tr><td>36478</td><td>95965-95967</td></tr> <tr><td>36479</td><td>77422-77423</td></tr> <tr><td>37799</td><td>77301</td></tr> <tr><td>36468</td><td>77338</td></tr> <tr><td>96999</td><td>77418</td></tr> <tr><td>S2202</td><td>0073T</td></tr> </table>	36470	77520-77525	36471	77435	36475	61796-61800	36476	63620-63621	36478	95965-95967	36479	77422-77423	37799	77301	36468	77338	96999	77418	S2202	0073T						
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SERVICE	EXPLANATION
Injectables	J2325 J1569 J0775 J1572 90736 J9035 J7312 C9257 J7311 J0585-J0588 J3262 J7321 J0490 J7323 J0129 J7324 J1459 J7325 J1556 J7326 J1557 J1559 J1561 J1562 J1566 J1568
HOSPICE	Z7106
IN NETWORK BUT OUT OF AREA	AUTHORIZATION REQUIRED FOR ALL OUT OF VENTURA COUNTY PROVIDERS INCLUDING THOSE WHO HAVE CONTRACTS WITH GCHP.

Updated 4/28/14

***The following services do not require authorization and can be provided to members by any willing Medi-Cal provider.**

- **Family planning services (including pregnancy testing)**
- **Sexually transmitted disease testing and treatment**
- **HIV testing**
- **Abortion services**

***Preventive and pre-natal care do not require prior-authorization but must be delivered by in-network providers.**