

# Memo

To: Providers of Gold Coast Health Plan  
From: Charles Cho, M.D., Chief Medical Officer  
Date: 8/1/2012  
Re: Prior Authorization

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Dear Providers:

Gold Coast Health Plan has just completed its one year of operation on July 1, 2012 and we thank you for all the support. I hope you understand that the prior authorization process is a necessity in operating an effective managed health care, although our aim has been to devise a system that is least onerous for you to work with. After a year of experience behind us, it is now the time to update the prior authorization lists that we hope are reasonable and make sense. Actually, you will note that the changes are only few, while most of them remain the same which you have been familiar with over the past year. Should you have questions in any of these regulations, please do not hesitate to contact the Provider Relations Department at [providerrelations@goldchp.org](mailto:providerrelations@goldchp.org) or call 888.301.1228. (Please see attached Prior Authorization list.)

Thank you,

Charles Cho, M.D.  
Chief Medical Officer  
Gold Coast Health Plan  
Phone: 805.981.5315  
Cell: 805.750.8207

**SERVICES REQUIRING PRIOR AUTHORIZATION**

SERVICE	EXPLANATION																																																						
<p><b>All Hospital Admissions</b></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 <b>MUST</b> 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><b>Ambulatory Surgery</b></p> <p>(All place of service 24 services require authorization.)</p>	<p>All Outpatient surgeries require pre-authorization.</p>																																																						
<p><b>LTC</b></p>	<p>All Long Term Care and Skilled Nursing Services require authorization.</p>																																																						
<p><b>Genetic Testing</b></p>	<table border="0"> <tr> <td>81200</td> <td></td> <td></td> </tr> <tr> <td>81205-81217</td> <td>81220-81229</td> <td>81240-81245</td> </tr> <tr> <td>81250-81251</td> <td>81255-81257</td> <td>81260-81268</td> </tr> <tr> <td>81270</td> <td></td> <td></td> </tr> <tr> <td>81275</td> <td></td> <td></td> </tr> <tr> <td>81280-81282</td> <td>81290-81304</td> <td></td> </tr> <tr> <td>81310</td> <td></td> <td></td> </tr> <tr> <td>81315-81319</td> <td>81330-81332</td> <td>81340-81342</td> </tr> <tr> <td>81350</td> <td></td> <td></td> </tr> <tr> <td>81355</td> <td></td> <td></td> </tr> <tr> <td>81400-81408</td> <td>83890-83914</td> <td></td> </tr> <tr> <td>84999</td> <td></td> <td></td> </tr> <tr> <td>88245-88249</td> <td>88261-88264</td> <td>88271-88275</td> </tr> <tr> <td>88280-88291</td> <td>88384-88386</td> <td></td> </tr> <tr> <td>S0265</td> <td></td> <td></td> </tr> <tr> <td>S3713</td> <td></td> <td></td> </tr> <tr> <td>S3800</td> <td></td> <td></td> </tr> <tr> <td>S3818-S3855</td> <td>S3860-S3862</td> <td>S3865-S3866</td> </tr> </table>	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
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<p><b>Home Health Care</b> (All Home Health Care requires authorization.)</p>	<p>99341-99350 99374-99375 S5180-S5181 S9122-S9124 T1021-T1022</p>	<p>S9127-S9131 S9490-S9810 S9208-S9214 S9125-S9131 Z6902 Z6920</p>
<p><b>Outpatient diagnostic Studies</b> (MRI, CT Scan, PET Scans, Nuclear Medicine Imaging, Trans-cranial Doppler, Sleep Studies)</p>	<p>70336 70450-70492 70496-70598 70540-70553 70554-70555 70557-70559 71250 71260 71270 71275 71550-71552 71555 72125-72133 72141-72159 72191-72198 72255 72265 72270 73200-73202 73206 73218-73225 73700-73702 73706 73718-73725 74150-74170 74174-74178 74181-74185 74261-74263</p>	<p>74740-74742 75557-75574 76380 76390-76499 76801-76828 77058-77059 77084 78491 78600-78606 78607-78609 78610-78645 78647 78650 78660 78700-78709 78710 78725-78761 95800-95801 95805-95811  Z7600-Z7602 G0398-G0400</p>
<p><b>Pain Management</b></p>	<p>62350-62351 62360-62362 99601-99602</p>	
<p><b>All Speech Therapy</b></p>	<p>92506-92508 X4300-X4320 X4544 Z5918-Z5920 Z5962 Z6908 V5362 X4544</p>	
<p><b>All Occupational Therapy</b></p>	<p>97003-97004 X4100—X4120 Z6906</p>	



<p><b>Physical Therapy</b> (Authorization required after 10 visits – includes evaluation and 9 visits.)</p>	<p>97001-97002 97010-97028 97032-97039 97110-97530 X3900-X3936 Z6904</p>
<p><b>Podiatry Services</b> (Services are limited to the following: Pregnant women if related to their pregnancy; children under 21 years of age with full scope Medi-Cal; members who live in SNF or ICF; those who are developmentally disabled living in an ICF or Sub- acute facility. All Podiatry requires an authorization.)</p>	<p>Provider type PO with the following codes:  10060 10160 10180 99201-99203 99211-99213 11720-11721 11730-11732 27650-27654 27658-27698 27704 27760-27766 27786-27829 27840-27848 28415 28430-28515 28190 28192-28193</p>
<p><b>Out of Network Services</b> (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><b>Renal, Hemo, and Peritoneal Dialysis</b> (Dialysis requires authorization.)</p>	<p>4052F-4054F 4055F 90935-90937 90945-90947 90997-90999 Z600-Z6022 Z6030 Z6036-Z6042</p>

<b>Phototherapy</b> (All Phototherapy requires authorization.)	96900 96910 96912 96913 E0202 S9098 S0812		
<b>DME</b>	Authorization required for purchase >\$500 and rental >\$200 per month.		
<b>Dental Anesthesia</b> (All dental anesthesia requires authorization.)	D9210-D9248		
<b>Hyperbaric Oxygen Chamber</b>	99183 A4575 C1300		
<b>Supplies</b>	Authorization is required for any <b>like</b> monthly supply greater than \$200.		
<b>Home Infusion Therapy</b>	99601-99602 S5035-S5036 S5497-S5523 S9325-S9368 S9370-S9379 S9400-S9404 S9490-S9810 S9494-S9497		
<b>Non Emergent Transportation</b>	A0080-A0160 A0180-A0210 T2001-T2005 X0200-X0222 X0400-X0416 X0506 – X0522 Z8597		
<b>Prosthetics and Orthotics</b>	E1800-1802 E1805-E1806 E1810-1812 E1815-E1816 E1818 E1820-E1821 E1825 E1830-E1831 E1840-E1841 E2631-E2633 L0112-L3649 L3671 L3674	L3720-L3760 L3763-L3766 L3806-L3807 L3891-L3906 L3915 L3936 L3960-L3962 L3967 L3971 L3973 L3975-L3978 L3980-L3982 L4000	L4010-L4070 L4030 L5000-L9900 S1040 V2623-V2629



<b>Hearing Devices</b>	L8614 V5030 V5040 V5050 V5060 V5070 V5080 V5090 V5095 V5100 V5110 V5120	V5130 V5140 V5150 V5170 V5180 V5190 V5210 V5220 V5230 V5240 V5242-V5275 V5298
<b>Therapies (Sclerotherapy, Proton Beam, Neutron Beam, MEG, IMRT)</b>	36470 36471 36475 36476 36478 36479 37799 36468 96999 S2202	77520-77525 77435 61796-61800 63620-63621 95965-95967 77422-77423 77301 77338 77418 0073T
<b>Injectables</b>	J0725 J1950 J3355 J3490 J8499 J3590 J1110 J2325 J2315 J0775 S0122 S0126	J7312 J7311 J9303 J3357 J3262 J0490 J9228 J9999 C9287 C9286 S0128 S0132
<b>IN NETWORK BUT OUT OF AREA</b>	<b>AUTHORIZATION REQUIRED FOR ALL OUT OF VENTURA COUNTY PROVIDERS INCLUDING THOSE WHO HAVE CONTRACTS WITH GCHP.</b>	