



SERVICES REQUIRING PRIOR AUTHORIZATION

Only valid codes will be reviewed. Please refer to CMS / MC guidelines to verify validity.

SERVICE	EXPLANATION	CODES
All Hospital Admissions (All place of service 21 services require authorization.)	<p>ELECTIVE ADMISSIONS – All hospital admissions require review by Gold Coast Health Plan’s (GCHP) Health Services Department. For elective admissions, prior authorization is required for the procedure and the hospitalization.</p> <p>EMERGENCY ADMISSIONS – While the admission for emergencies does not require prior approval, hospitals MUST notify GCHP’s Health Services Department within 24 hours or the next business day of the patient admission. All days will be reviewed for medical necessity.</p>	ALL
Ambulatory / Outpatient Surgery	All outpatient surgeries require prior authorization.	ALL
Cardiac Rehabilitation	All cardiac rehabilitation requires authorization.	93797 93798 G0422 G0423
Chiropractic Services	<p>Only covered for the following members:</p> <ul style="list-style-type: none"> • Members 20 years of age and under. • Members in a skilled nursing facility (long-term care). • Members who are pregnant. <p>Chiropractic Services are also covered for adults when performed at a Federally Qualified Health Center (FQHC) or a Rural Health Center (RHC).</p> <p>No prior authorization required for first two visits per calendar month. Authorization required for any additional visits per calendar month.</p>	98940-98942
Cochlear Implants	All cochlear implants require authorization.	L8614
Dental Anesthesia	All dental anesthesia and intravenous (IV) sedation requires authorization when performed by a medical anesthesiologist.	00170
Durable Medical Equipment (DME)	Authorization required for purchases over \$500 and rental over \$200 per month.	ALL
Enteral Nutrition	All enteral nutrition requires authorization.	B4102-B4104 B4149 B4150-B4155 B4157-B4162



SERVICE	EXPLANATION	CODES
Genetic Testing	All genetic testing requires authorization. Due to rapid advancement of genetic testing, the codes may include but are not limited to the following:	81105-81112 81334-81337 81120-81121 81343-81345 81161-81167 81361-81364 81170-81190 81400-81408 81201-81204 81413-81414 81206-81208 81420 81210 81432 81212 81435-81436 81215 81439 81217 81455 81219-81220 81479 81233-81239 81541-81542 81243-81244 81595 81246 84999 81250 88245 81256-81260 88248-88249 81265-81277 88261-88264 81283-81289 88271-88275 81292-81301 88280 81305-81306 88283 81310-81312 88285 81314-81323 88289 81329 88291 81331
Home Health Care	All home health care requires authorization.	*HCPC Codes G0151-G0300 must be billed with corresponding revenue codes.* 99341-99350 G0151 (rev code 0421) 99374-99375 G0152 (rev code 0431) S5180-S5181 G0153 (rev code 0441) S9122-S9124 G0155 (rev code 0561) S9127-S9131 G0156 (rev code 0571) S9490-S9810 G0162 (rev code 0583) S9208-S9214 G0162 (rev code 0589) S9125-S9131 G0299 (rev code 0552) T1002-T1003 G0300 (rev code 0551) T1021-T1022
Home Infusion Delivery and Supplies	Delivery of home infusion and specified supplies requires authorization.	99601-99602 S9370-S9379 S5035-S5036 S9400-S9404 S5497-S5523 S9490-S9810 S9325-S9368 S9494-S9497
Hospice	Only general inpatient hospice requires authorization.	T2045 (rev code 656)
Hyperbaric Oxygen Chamber	All hyperbaric oxygen chamber services require authorization.	99183 Z7606 Z7608



SERVICE	EXPLANATION	CODES
Injectables	Actemra Immune globulin, powder Avastin Myobloc Benlysta Natrecor Bivigam Octagam Botox Orencia Carimune NF OrthoVisc Dysport Ozurdex Euflexxa Privigen Flebogamma Retisert Flebogamma DIF Spinraza Gammagard Liquid Supartz Gammagard SD Supartz FX Gammaked Synagis Gammaplex Synvisc Gamunex Synvisc One Gamunex-C Unclassified Drugs Gel-One Visco-3 Hizentra Vivaglobin Hyalgan Xiaflex Hyaluronic Acid, Intra-articular Injection	J0129 J2325 J0490 J2326 J0585-J0588 J3262 J0775 J3490 J1459 J3590 J1556 J7311 J1557 J7312 J1559 J7321 J1561 J7323 J1562 J7324 J1566 J7325 J1568 J7326 J1569 J7327 J1572 J7328 90378
Non-Emergency Medical Transportation (NEMT)	Prior authorization is required. Transportation covered by Ventura Transit System (VTS).	T2005 A0130 A0140
Nursing Facilities	All Inpatient Long-Term Care, Skilled Nursing, and ICF stays require authorization. Authorization is required for Bed Hold Days for members at Sub-Acute and Skilled Nursing levels of care.	
Out-of-Area (OOA) In-Network Services	AUTHORIZATION REQUIRED FOR ALL OUT-OF-VENTURA-COUNTY PROVIDERS INCLUDING THOSE WHO HAVE CONTRACTS WITH GCHP. EXCEPTIONS INCLUDE CONTRACTED DME AND MEDICAL SUPPLY VENDORS.	ALL
Out-of-Network (OON) Services	All OON services require authorization. Non-participating facility services require authorization. Non-participating provider services require authorization. Exceptions include: <ul style="list-style-type: none"> Family planning services (including pregnancy testing). Sexually transmitted disease testing and treatment. HIV testing. Abortion services. Emergency room services (facility and professional). Routine Hospice. These services do not require authorization and can be provided to members by any willing Medi-Cal provider.	ALL



SERVICE	EXPLANATION	CODES
Outpatient Diagnostic Studies	MRI, CT Scan, PET Scan, Nuclear Medicine Imaging, Trans-cranial Doppler, CT Angiogram, Polysomnography Studies and CPAP / BiPAP titration require authorization.	70336 74181-74185 70450-70492 74261-74263 70496-70598 74740-74742 70540-70553 75557-75574 70554-70555 76380 70557-70559 76390-76499 71250 76820-76828 71260 77058-77059 71270 77084 71275 78491 71550-71552 78600-78606 71555 78607-78609 72125-72133 78610-78645 72141-72159 78647 72191-72198 78650 72255 78660 72265 78700-78709 72270 78710 73200-73202 78725-78761 73206 78800-79999 73218-73225 95808 73700-73702 95810-95811 73706 95782-95783 73718-73725 Z7600-Z7602 74150-74170 G0398-G0400 74174-74178
Outpatient Occupational Therapy	Members under 21 years of age: All outpatient occupational therapy requires authorization. Members 21 years of age and older: Authorization required after 10 visits; includes one evaluation and nine visits.	X4100-X4120
Outpatient Physical Therapy	Members under 21 years of age: All outpatient physical therapy requires authorization. Members 21 years of age and older: Authorization required after 10 visits; includes one evaluation and nine visits.	97010-97018 97022-97028 97032-97039 97110-97124 97139-97140 97530 X3900-X3936
Outpatient Speech Therapy	All outpatient speech therapy requires authorization.	92507-92508 X4300-X4320 X4544 Z5918-Z5920
Phototherapy	All phototherapy requires authorization.	96900 96910 96912 96913 E0202 S9098



SERVICE	EXPLANATION	CODES	
Pulmonary Rehabilitation	All pulmonary rehabilitation requires authorization.	G0237 G0238 G0239 G0424	
Pumps	Pain pumps, insulin pumps, and continuous glucose monitoring require authorization.	62350-62351 62360-62362 A9276 A9277 A9278	
Prosthetics and Orthotics	Prior authorization required only for services / equipment costing more than \$200.		
Therapies	Sclerotherapy, Proton Beam, Neutron Beam, MEG and IMRT require authorization.	36470 36471 36475 36476 36478 36479 37799 36468 96999 S2202 G6016 G6015	77520-77525 77435 61796-61800 63620-63621 95965-95967 77422-77423 77301 77338 77385

*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.
- Routine Hospice.

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