



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 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	<p>All outpatient surgeries require prior authorization. Exceptions include:</p> <ul style="list-style-type: none"> • Excisions / biopsies • I&D / debridement • Bronchoscopy • Endoscopy • Thoracoscopy • Arthroscopy • Laryngoscopy • Treatment for fractures / dislocations • Flaps / grafts • Device Insertions / Removals including catheters, neurostimulators • Injections for lesions, blocks, facet joints 	ALL
Cardiac Rehabilitation	<p>All cardiac rehabilitation requires authorization.</p>	93797 93798 G0422 G0423
Community-Based Adult Services (CBAS)	<p>All Community-Based Adult Services (CBAS) require authorization.</p>	H2000 S5102
Community Supports (CS)	<p>All Community Supports require an authorization with the exception of: the first 90 days / 12 weeks of CS Medically Supportive Food / Medically Tailored Meals will not require an authorization.</p> <p>Eligible population for Housing Transition / Navigation, Housing Deposit and Housing Tenancy and Sustaining:</p> <p>Homeless / at risk of homelessness AND at least one of the following:</p> <ul style="list-style-type: none"> • One or more serious chronic conditions • Serious Mental Illness (SMI) / Substance Use Disorder (SUD) • At risk of institutionalization 	



SERVICE	EXPLANATION	CODES
	<ul style="list-style-type: none"> • Serious Emotional Disturbance (SED) (children / adolescents), OR • Exiting incarceration • Transitional-aged youth with significant barriers to housing (juvenile justice involvement, one or more convictions, SMI/SUD/SED, welfare system involvement, and victims of trafficking / family violence) 	
CS Housing Transition/Navigation	CS criteria listed above.	H0043 H2016 With Modifier U6
CS Housing Tenancy and Sustaining Services	CS criteria listed above.	H0044 With modifier U2
CS Housing Deposit	MUST be receiving Housing Transition / Navigation.	T2040 T2050 T2041 T2051 With modifier U6
CS Recuperative Care	Eligible members include: Members who are at risk of hospitalization or post hospitalization, AND at least one of the following: <ul style="list-style-type: none"> • Are homeless or at risk of homelessness • Live alone with no formal supports • Housing insecurity jeopardizing their health and safety 	T2033 With modifier U6
CS Medically Supportive Food / Medically Tailored Meals	Members with a chronic condition including but not limited to: Cardiovascular disorders, Congestive Heart Failure (CHF) and Diabetes. NOTE: No authorization required for the first 90 days / 12 weeks. Authorization required after 90 days / 12 weeks.	S5170 D9470 S9977
CS Short-Term Post-Hospitalization Housing	Members who are exiting Recuperative Care / Inpatient Stay and have one of the following: <ul style="list-style-type: none"> • Homeless / risk of homelessness / unstable housing • Serious chronic condition • Serious mental illness • At risk if institution, overdose • Receiving ECM • Transitional youth 	H0043 H0044 With modifier U3



SERVICE	EXPLANATION	CODES	
Chiropractic Services	<p>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) or an Intermediate Care Facility for the Developmentally Disabled (ICF/DD). 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	
Enhanced Care Management (ECM)	All ECM requires authorization.	G9008 G9012	
Enteral Nutrition	<p>All enteral nutrition requires authorization.</p> <p>NOTE: Enteral nutrition provided through a Specialty Pharmacy should be referred to Medi-Cal Rx.</p>	B4102-B4104 B4149 B4150-B4155 B4157-B4162	
Genetic Testing	<p>All genetic testing requires authorization.</p> <p>Exceptions include biomarker testing associated with a federal Food and Drug Administration (FDA)-approved therapy for:</p> <ul style="list-style-type: none"> Advanced or metastatic stage 3 or 4 cancer. Cancer progression or recurrence in the member with advanced or metastatic stage 3 or 4 cancer. <p>Due to rapid advancement of genetic testing, the codes requiring authorization may include, but are not limited to, the following:</p>	81105-81112 81120-81121 81161-81168 81170-81190 81191-81194 81201-81204 81206-81208 81210 81212 81215-81225 81233-81239 81243-81250 81256-81260 81265-81279 81283-81289 81292-81301 81305-81306 81309-81312	81400-81408 81413-81414 81419 81420 81430-81432 81434-81440 81442 81448 81455 81460 81470, 81471 81479 81546-81554 81595-81599 84999 88245



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		81314-81323 88248-88249 81329 88261-88264 81331 88271-88275 81334-81339 88280 81343-81345 88283 81347-81348 88285 81351-81353 88289 81357 88291 81360-81364
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) 99600 G0152 (rev code 0431) S9122-S9124 G0153 (rev code 0441) T1002-T1003 G0155 (rev code 0561) G0156 (rev code 0571) G0162 (rev code 0583) G0162 (rev code 0589) G0299 (rev code 0552) G0300 (rev code 0551)
Home Infusion Delivery and Supplies	Delivery of home infusion and specified supplies requires authorization.	99601-99602 S9370-S9379 S5498-S5523 S9490 S9326-S9336 S9810 S9338 S9494 S9341-S9343 S9497 S9345 S9500-S9504 S9348-S9351 S9537-S9538 S9355, S9357 S9542 S9359 S9558-S9560 S9365-S9368 S9590
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 Avastin Basiliximab Benlysta Bivigam Botox Carimune NF Dysport Euflexxa Flebogamma Flebogamma DIF Gammagard Liquid Gammagard SD Gamma Globulin Gammaked Gammaplex Gamunex Gamunex-C Gel-One Hizentra Hyalgan	Hyaluronic Acid, Intra-articular Injection Immune globulin, powder Myobloc Natrecor Octagam Orencia OrthoVisc Ozurdex Privigen Retisert Spinraza Supartz Supartz FX Synagis Synvisc Synvisc One Unclassified Drugs Visco-3 Vivaglobin Xiaflex	J0129 J0480 J0490 J0585-J0588 J0775 J0935 J1459 J1460 J1556 J1557 J1559 J1561 J1562 J1566 J1568 J1569 J1572 J2325 J2326 J3262 J3490 J3590 J7311 J7312 J7321 J7323 J7324 J7325 J7326 J7327 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.	70450-70492 70496-70598 70540-70553 70554-70555 70557-70559 71250 71260 71270 71275 71550-71552 71555 72125-72133 72141-72159 72191-72198 72240 72255 72265 72270 73200-73202 73206 73218-73225 73700-73702 73706 73718-73725 74150-74170 74174-74178 74181-74185 74261-74263 74740-74741 75561 75565 75571-75574	76380 76496-76499 76820-76828 77058-77059 78600-78606 78608-78610 78630 78635 78645 78647 78650 78660 78700-78701 78707-78709 78725 78730 78740 78761 78800-78806 78808 78811-78816 78999 79005 79101 79200 79300 79403 79440 70445 79999 95808 95810-95811 95782-95783
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.	97166 X4102-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	97150 97163 97530 X3902-X3936
Outpatient Speech Therapy	All outpatient speech therapy requires authorization.	92507-92508 X4300-X4320 X4544 Z5918-Z5920	



SERVICE	EXPLANATION	CODES	
Phototherapy	All phototherapy requires authorization.	96900 96910 96912 96913	
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.	36465 36466 36470 36471 36475 36476 36478 36479 37799 36468 96999 S2202	G6016 G6015 77520-77525 77435 61796-61800 63620-63621 95965-95967 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.