



## SERVICES REQUIRING PRIOR AUTHORIZATION

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

SERVICE	EXPLANATION	CODES
<b>All Hospital Admissions</b>  (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
<b>Ambulatory / Outpatient Surgery</b>	<p>All outpatient surgeries require prior authorization. Exceptions include:</p> <ul style="list-style-type: none"> <li>• Excisions / biopsies</li> <li>• I&amp;D / debridement</li> <li>• Bronchoscopy</li> <li>• Endoscopy</li> <li>• Thoracoscopy</li> <li>• Arthroscopy</li> <li>• Laryngoscopy</li> <li>• Treatment for fractures / dislocations</li> <li>• Flaps / grafts</li> <li>• Device Insertions / Removals including catheters, neurostimulators</li> <li>• Injections for lesions, blocks, facet joints</li> </ul>	ALL
<b>Cardiac Rehabilitation</b>	All cardiac rehabilitation requires authorization.	93797 93798 G0422 G0423
<b>Community-Based Adult Services (CBAS)</b>	All Community-Based Adult Services (CBAS) require authorization.	H2000 S5102
<b>Community Supports (CS)</b>	<p>All Community Supports require an authorization. <b>Exceptions include: first 90 days of Medically Supportive Food / Medically Tailored Meals. Authorization will not be required until after 90 days of service.</b></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"> <li>• One or more serious chronic conditions</li> <li>• Serious Mental Illness (SMI) / Substance Use Disorder (SUD)</li> <li>• At risk of institutionalization</li> </ul>	



SERVICE	EXPLANATION	CODES
	<ul style="list-style-type: none"> <li>Serious Emotional Disturbance (SED) (children / adolescents), OR</li> <li>Exiting incarceration</li> <li>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)</li> </ul>	
<b>CS Housing Transition / Navigation</b>	CS criteria listed above.	H0043 H2016 With Modifier U6
<b>CS Housing Tenancy and Sustaining Services</b>	CS criteria listed above.	H0044 With modifier U2
<b>CS Housing Deposit</b>	MUST be receiving Housing Transition / Navigation.	T2040 T2050 T2041 T2051 With modifier U6
<b>CS Recuperative Care</b>	<p>Eligible members include: Members who are at risk of hospitalization or post hospitalization, AND at least one of the following:</p> <ul style="list-style-type: none"> <li>Are homeless or at risk of homelessness</li> <li>Live alone with no formal supports</li> <li>Housing insecurity jeopardizing their health and safety</li> </ul>	T2033 With modifier U6
<b>CS Medically Supportive Food / Medically Tailored Meals</b>	<p>Members with a chronic condition including but not limited to: Cardiovascular disorders, Congestive Heart Failure (CHF) and Diabetes.</p> <ul style="list-style-type: none"> <li>Metabolic conditions: Prediabetes, diabetes, obesity</li> <li>Cardiovascular conditions: Hypertension, Coronary Artery Disease, Heart Failure</li> <li>Renal conditions: Chronic Kidney Disease (III-V)</li> <li>HIV</li> <li>Chronic Liver Failure</li> <li>Chronic Lung Disease</li> <li>Cancer</li> <li>High risk pregnancy and limited postpartum period</li> <li>Malnutrition</li> <li>Non-healing wounds</li> <li>Gluten intolerance</li> <li>Pediatric conditions: preterm birth, iron deficiency anemia, failure to thrive</li> <li>High utilizers: frequent hospitalization, at high risk of hospitalization or nursing facility placement, and/or with intensive care coordination needs.</li> <li>Chronic disabling mental and behavioral health conditions</li> </ul>	S5170 S9470 S9977 With modifier U6



SERVICE	EXPLANATION	CODES
	<p>Other conditions to be considered and evaluated by clinical staff with adequate documentation of medical need.</p> <p><b>NOTE: No authorization required for the first 90 days (180 meals). Authorization required after 90 days. Authorization period is up to six months per authorization.</b></p>	
<b>CS Short-Term Post-Hospitalization Housing</b>	<p>Members who are exiting Recuperative Care / Inpatient Stay and have one of the following:</p> <ul style="list-style-type: none"><li>• Homeless / risk of homelessness / unstable housing</li><li>• Serious chronic condition</li><li>• Serious mental illness</li><li>• At risk if institution, overdose</li><li>• Receiving ECM</li><li>• Transitional youth</li></ul>	<p>H0043 H0044 With modifier U3</p>
<b>Chiropractic Services</b>	<p>Covered for the following members:</p> <ul style="list-style-type: none"><li>• Members 20 years of age and under.</li><li>• Members in a skilled nursing facility (long-term care) or an Intermediate Care Facility for the Developmentally Disabled (ICF/DD).</li><li>• Members who are pregnant.</li></ul> <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>	<p>98940-98942</p>
<b>Cochlear Implants</b>	<p>All cochlear implants require authorization.</p>	<p>L8614</p>
<b>Dental Anesthesia</b>	<p>All dental anesthesia and intravenous (IV) sedation requires authorization when performed by a medical anesthesiologist.</p>	<p>00170</p>
<b>Durable Medical Equipment (DME)</b>	<p>Authorization required for purchases over \$500 and rental over \$200 per month.</p>	<p>ALL</p>
<b>Enhanced Care Management (ECM)</b>	<p>All ECM requires authorization.</p>	<p>G9008 With modifiers U1, U1 &amp; GQ G9012 With Modifiers U2, U2 &amp; GQ</p>
<b>Enteral Nutrition</b>	<p>All enteral nutrition requires authorization. <b>NOTE: Enteral nutrition provided through a Specialty Pharmacy should be referred to Medi-Cal Rx.</b></p>	<p>B4102-B4104 B4149 B4150-B4155 B4157-B4162</p>



SERVICE	EXPLANATION	CODES	
<b>Genetic Testing</b>	<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"> <li>Advanced or metastatic stage 3 or 4 cancer.</li> <li>Cancer progression or recurrence in the member with advanced or metastatic stage 3 or 4 cancer.</li> </ul> <p>Due to rapid advancement of genetic testing, the codes requiring authorization may include, but are not limited to, the following:</p>	81105-81112	81360-81364
		81120-81121	81309-81312
		81161-81168	81400-81408
		81170-81190	81413-81414
		81191-81194	81419
		81201-81204	81420
		81206-81208	81430-81433
		81210	81434-81442
		81212	81448
		81215-81225	81455
		81233-81239	81460
		81243-81250	81470, 81471
		81256-81260	81479
		81265-81279	81546-81554
		81283-81289	81595-81599
		81292-81301	84999
		81305-81306	88245
		81314-81323	88248-88249
		81329	88261-88264
		81331	88271-88275
		81334-81339	88280
		81343-81345	88283
		81347-81348	88285
		81351-81353	88289
		81357	88291
<b>Home Health Care</b>	All home health care requires authorization.	*HCPC Codes must be billed with corresponding revenue codes.*	
		99341-99350	97802-97804 (rev code 0940)
		99600	
		S9122	S9123-S9124 (rev code 0940)
			T1002-T1003 (rev code 0551)
			T1016 (rev code 0940)
			G0151 (rev code 0421)
			G0152 (rev code 0431)
			G0153 (rev code 0441)
			G0155 (rev code 0561)
			G0156 (rev code 0571, 0572)
			G0162 (rev code 0583, 0589, or 0551)
			G0299 (rev code 0551 or 0552)
			G0300 (rev code 0551)



SERVICE	EXPLANATION	CODES
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
Non-Emergency Medical Transportation (NEMT)	Prior authorization is required. Transportation provided 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	<b>AUTHORIZATION REQUIRED FOR ALL OUT-OF-VENTURA-COUNTY PROVIDERS INCLUDING THOSE WHO HAVE CONTRACTS WITH GCHP.</b> <b>EXCEPTIONS INCLUDE CONTRACTED DME AND MEDICAL SUPPLY VENDORS.</b>	ALL
Out-of-Network (OON) Services	All OON services require authorization. Non-participating facility services require authorization. Non-participating provider services require authorization. <b>Exceptions include:</b> <ul style="list-style-type: none"><li>Family planning services (including pregnancy testing).</li><li>Sexually transmitted disease testing and treatment.</li><li>HIV testing.</li><li>Abortion services.</li><li>Emergency room services (facility and professional).</li><li>Routine Hospice.</li></ul> <b>These services do not require authorization and can be provided to members by any willing Medi-Cal provider.</b>	ALL



SERVICE	EXPLANATION	CODES	
<b>Outpatient Diagnostic Studies</b>	MRI, CT Scan, PET Scan, Nuclear Medicine Imaging, Trans-cranial Doppler, CT Angiogram, Polysomnography Studies and CPAP / BiPAP titration require authorization.	70450-70492	76380
		70496-70598	76496-76499
		70540-70553	76820-76828
		70554-70555	77049
		70557-70559	78600-78606
		71250	78608-78610
		71260	78630
		71270	78635
		71271	78645
		71275	78650
		71550-71552	78660
		71555	78700-78701
		72125-72133	78707-78709
		72141-72159	78725
		72191-72198	78730
		72240	78740
		72255	78761
		72265	78800-78805
		72270	78808
		73200-73202	78811-78816
		73206	78999
		73218-73225	79005
		73700-73702	79101
		73706	79200
		73718-73725	79300
		74150-74170	79403
		74174-74178	79440
		74181-74185	79445
		74261-74263	79999
		74740	93886
		75561	95808
		75565	95810-95811
		75571-75574	95782-95783
<b>Outpatient Occupational Therapy</b>	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.	97166-97168	
		X4102-X4120	
<b>Outpatient Physical Therapy</b>	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	97150
		97022-97028	97162-97164
		97032-97039	97530
		97110-97124	X3902-X3936
		97139-97140	
<b>Outpatient Speech Therapy</b>	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	
Physician Administered Drugs	Actemra (Tocilizumab) Avastin (Bevacizumab) Benlysta (Belimumab) Bivigam (Immune Globulin) Botox (Botulinum toxin) Dysport (AbobotulinumtoxinA) Euflexxa (Hyaluronic acid) Flebogamma DIF (Immune Globulin) Gamma Globulin (Immune Globulin) Gammagard Liquid (Immune Globulin) Gammaked (Immune Globulin) Gammaplex (Immune Globulin) Gamunex-C (Immune Globulin) Gel-One (Hyaluronic acid) Gelsyn-3 (Hyaluronic acid) Hizentra (Immune Globulin) Hyalgan (Hyaluronic acid) Hyaluronic Acid, Intra-articular Injection Immune globulin, powder Monovisc (Hyaluronic acid) Myobloc (Rimabotulinumtoxinb) Octagam (Immune Globulin) Orencia (Abatacept) OrthoVisc (Hyaluronic acid) Ozurdex (Dexamethasone) Privigen (Immune Globulin) Retisert (Fluocinolone Acetonide) Simulect (Basiliximab) Spinraza (Nusinersen) Supartz FX (Hyaluronic acid) Synagis (Palivizumab) Synvisc (Hyaluronic acid) Synvisc-One (Hyaluronic acid) Unclassified Biologics Unclassified Drugs Visco-3 (Hyaluronic acid) Xeomin (Incobotulinumtoxina) Xiaflex (Collagenase clostridium histolyticum)	J0129 J0480 J0490 J0585-J0588 J0775 J1459 J1460 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572	J2326 J3262 J3490 J3590 J7311 J7312 J7321 J7323 J7324 J7325 J7326 J7327 J7328 J9035 90378
Pulmonary Rehabilitation	All pulmonary rehabilitation requires authorization.	G0237 G0238 G0239 G0424	



SERVICE	EXPLANATION	CODES	
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 36468 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.