



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	All cardiac rehabilitation requires authorization.	93797 93798 G0422 G0423
Community-Based Adult Services (CBAS)	All Community-Based Adult Services (CBAS) require authorization.	H2000 S5102
Community Supports (CS)	<p>All Community Supports require an authorization. Exceptions include: first 90 days of Medically Supportive Food / Medically Tailored Meals. Authorization will not be required until after 90 days of service.</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 	



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	<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	<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"> 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	<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"> Metabolic conditions: Prediabetes, diabetes, obesity Cardiovascular conditions: Hypertension, Coronary Artery Disease, Heart Failure Renal conditions: Chronic Kidney Disease (III-V) HIV Chronic Liver Failure Chronic Lung Disease Cancer High risk pregnancy and limited postpartum period Malnutrition Non-healing wounds Gluten intolerance Pediatric conditions: preterm birth, iron deficiency anemia, failure to thrive High utilizers: frequent hospitalization, at high risk of hospitalization or nursing facility placement, and/or with intensive care coordination needs. Chronic disabling mental and behavioral health conditions 	S5170 S9470 S9977 With modifier U6



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	Other conditions to be considered and evaluated by clinical staff with adequate documentation of medical need. 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.	
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
Chiropractic Services	Covered for the following members: <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. Chiropractic Services are also covered for adults when performed at a Federally Qualified Health Center (FQHC) or a Rural Health Center (RHC). No prior authorization required for first two visits per calendar month. Authorization required for any additional visits per calendar month.	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 With modifiers U1, U1 & GQ G9012 With Modifiers U2, U2 & GQ
Enteral Nutrition	All enteral nutrition requires authorization. NOTE: Enteral nutrition provided through a Specialty Pharmacy should be referred to Medi-Cal Rx.	B4102-B4104 B4149 B4150-B4155 B4157-B4162



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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	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
Home Health Care	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)



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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	
Injectables	Actemra (Tocilizumab)	J0129	J2325
	Avastin (Bevacizumab)	J0480	J2326
	Basiliximab (Simulect)	J0490	J3262
	Benlysta (Belimumab)	J0585-J0588	J3490
	Bivigam (Immune Globulin)	J0775	J3590
	Botox (Botulinum Toxin)	J1459	J7311
	Carimune NF (Immune Globulin)	J1460	J7312
	Dysport (AbobotulinumtoxinA)	J1556	J7321
	Euflexxa (Hyaluronic Acid)	J1557	J7323
	Flebogamma (Immune Globulin)	J1559	J7324
	Flebogamma DIF (Immune Globulin)	J1561	J7325
	Gammagard Liquid (Immune Globulin)	J1562	J7326
	Gamma Globulin (Immune Globulin)	J1566	J7327
	Gammaked (Immune Globulin)	J1568	J7328
	Gammaplex (Immune Globulin)	J1569	J9035
	Gamunex (Immune Globulin)	J1572	90378
	Gamunex-C (Immune Globulin)		
	Gel-One (Hyaluronate)		
	Hizentra (Immune Globulin)		
	Hyalgan (Hyaluronic Acid)		
	Hyaluronic Acid, Intra-articular Injection		
	Immune Globulin, Powder		
	Myobloc (Rimabotulinumtoxinb)		
	Natreacor (Nesiritide)		
	Octagam (Immune Globulin)		
	Orencia (Abatacept)		
	OrthoVisc (Hyaluronic Acid)		
	Ozurdex (Dexamethasone)		
	Privigen (Immune Globulin)		
	Retisert (Fluocinolone Acetonide)		
	Spinraza (Nusinersen)		
	Supartz (Hyaluronic Acid)		
	Supartz FX (Hyaluronic Acid)		



SERVICE	EXPLANATION	CODES	
	Synagis (Palivizumab) Synvisc (Hyaluronic Acid) Synvisc One (Hyaluronic Acid) Unclassified Drugs Visco-3 (Sodium Hyaluronate) Vivaglobin (Immune Globulin) Xiaflex (Collagenase Clostridium Histolyticum)		
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	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	
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 71271 71275 71550-71552 71555 72125-72133 72141-72159 72191-72198	76380 76496-76499 76820-76828 77049 78600-78606 78608-78610 78630 78635 78645 78650 78660 78700-78701 78707-78709 78725 78730



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		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	93866
		75561	95808
		75565	95810-95811
		75571-75574	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.	97166-97168 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 97162-97164 97530 X3902-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	
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	



SERVICE	EXPLANATION	CODES	
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	S2202
		36466	G6016
		36468	G6015
		36470	77520-77525
		36471	77435
		36475	61796-61800
		36476	63620-63621
		36478	95965-95967
		36479	77423
		37799	77301
		36468	77338
		96999	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.