



**Gold Coast  
Health Plan**<sup>SM</sup>  
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# Provider Operations Bulletin

JUNE 2026

[www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)

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The Provider Operations Bulletin is published bi-monthly by Gold Coast Health Plan's Communications Department as a service for the provider community.

Information comes from GCHP and its partners. If you have any concerns or questions related to specific content, please contact the Network Operations Department at [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org) or call GCHP Provider Services at 1-888-301-1228 and request to speak to your Provider Relations representative.

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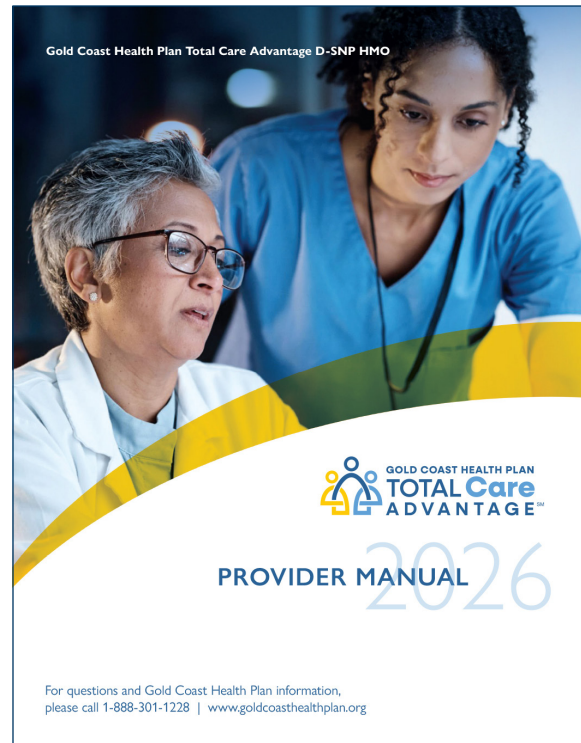
## SECTION 1:

# 2026 Gold Coast Health Plan (GCHP) Provider Manual

The 2026 Gold Coast Health Plan (GCHP) Provider Manuals are now available on the GCHP website. New this year is a Provide Manual for Total Care Advantage (HMO D-SNP), in addition to the Medi-Cal Provider Manual. The Provider Manuals describe operational policies and procedures related to the provision of health care services to GCHP and Total Care Advantage members. When revisions and updates are made during the year, GCHP sends notification to providers.

To view the GCHP Provider Manuals, [click here](#).

If you have any questions related to the Provider Manuals, contact [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).



**SECTION 2:**

# Authorization Changes: Additional Documentation

Once an authorization has been submitted via the ProAuth Portal, additional documents or attachments cannot be added to the submission once your request is in pending status. Any additional documentation needs to be submitted via fax to 1-855-883-1552. Please ensure you reference the original authorization/tracking number for your request.

**SECTION 3:**

# Claim Denial Reason 317 – Claim Line Denied by Primary External Editor

If you receive claim denial reason “317 – Claim line denied by primary external editor” in the Provider Portal and wish to obtain the descriptive denial reason, you will need to request a paper Explanation of Payment (EOP) from Provider Relations.

**Denial RSN/Description:**

317 — Claim line denied by primary external editor.

When submitting a request for EOP, please include the following:

- Tax ID number
- NPI
- Check / EFT number
- Check EFT date
- Check EFT amount

Email your request to [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).

**SECTION 4:**

# Timely Access Standards and Methods to Improve Member Access and Availability

The state Department of Health Care Services (DHCS) requires access and availability standards for Medi-Cal providers. Gold Coast Health Plan (GCHP) maintains quality care for our members, which includes monitoring access and availability within the network and ensuring that contracted providers comply with access standards.

Please review the table below with your practice's scheduling staff and ensure the standards are being incorporated into your clinic workflow. Make note of the in-office wait times for scheduled appointments.

Type of Care	Wait Time
Emergency Services	Immediately.
Urgent Care	Within 48 hours for services that do not require prior authorization.  Within 96 hours for services that do require prior authorization.
Non-Urgent Primary Care Appointment	Within 10 business days of request for appointment.
Non-Urgent Behavioral Health Appointment	Within 10 business days of request for appointment.
Non-Urgent Specialty Care Appointment	Within 15 business days of request for appointment.
Phone Wait Time	Within three to five minutes, whenever possible.
Ancillary Services for Diagnosis or Treatment	Within 15 business days of request for appointment.
Initial Health Appointment (IHA)	Within 120 calendar days from enrollment.
Waiting Time in Office	Not to exceed 45 minutes after the time of appointment.
Sensitive Services	Ensure confidentiality and ready access to sensitive services in a timely manner and without barriers – NO AUTHORIZATION REQUIRED.
Long-Term Care (LTC) Availability	Within seven business days of request.

Providers can use the following methods to improve member access and availability:

- Have appointment availability with other contracted, in-area providers within the same office or in a different location.
- Have appointment availability with other contracted, in-area, mid-level practitioners, such as a physician assistant or nurse practitioner, within the same office or different location.
- Have weekend appointment availability.
- Have telehealth appointment availability.
- Have cancelled appointment availability.

Email GCHP's Provider Relations Team with any questions or concerns you may have at [ProviderRelations@goldchp.org](mailto:ProviderRelations@goldchp.org).

## SECTION 5:

# Immunization Discussion Guides from the American Academy of Pediatrics

The California Department of Public Health (CDPH) is urging vaccination, as measles cases are on the rise. As of May 2026, there have been [48 cases of measles](#) reported in California, with 54% of those cases being people between 5 and 19 years old. More than ever, public health leaders need to focus on strengthening public trust in the safety and effectiveness of vaccines again.

A strong recommendation from a healthcare provider is an effective way to improve vaccine uptake. The American Academy of Pediatrics (AAP) has created immunization guides to help providers engage with parents and guardians about vaccine recommendations. Each guide contains infographics and effective language for discussing recommended vaccines.

Below are three [digital immunization discussion guides](#) for different patient populations available for download and use:

1. [Maternal and Infant Immunization Discussion Guide](#)
2. [Childhood Immunization Discussion Guide](#)
3. [Adolescent Immunization Guide](#)

If you would like more information about vaccination tools for your maternal, pediatric, and adolescent patients, please contact the Quality Improvement Department at [QualityImprovement@goldchp.org](mailto:QualityImprovement@goldchp.org).

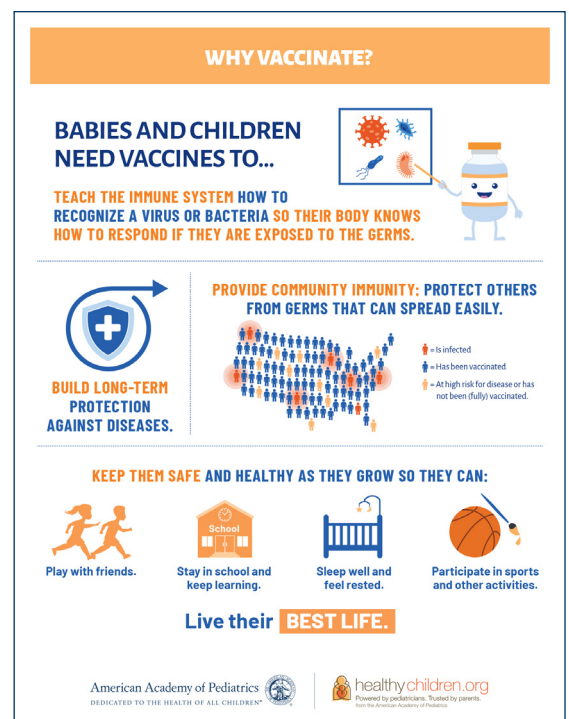
## Adolescent Healthcare Toolkit

Routine health visits for adolescents and young adults are critical to assess developmental milestones and to help them navigate their transition to adulthood. To support the unique healthcare needs of adolescents and young adults, the AAP has created an educational resource guide, [Investing in Adolescent and Young Adult Health](#) for pediatricians, adolescents, and parents. The guide consists of evidence-based practices to help clinics shape their workflows and environments to provide clinically recommended healthcare for adolescents and young adults.

The guide outlines strategies for fostering an adolescent-supportive practice environment.

Some strategies include:

- Ensuring adolescent patient confidentiality through policy development and confidentiality practices.
- Training staff about effective communication with adolescent patients.
- Offering after-hour appointments to accommodate school or work schedules.
- Offering brochures/resources about common adolescent health concerns in the office such as behavioral health and sexual activity.
- Ensuring the office is LGBTQ+ inclusive with strategies such as including gender-identify on clinic forms.



After reviewing the guide, please work with your clinic staff to integrate the strategies into your practice setting. If you would like to know more about how GCHP can support your office becoming an adolescent-supportive practice, please reach out to [QualityImprovement@goldchp.org](mailto:QualityImprovement@goldchp.org).

## Controlling Blood Pressure Best Practices

According to the American Heart Association, half of the American population over the age of 20 has high blood pressure, which is a leading preventable risk factor for heart disease, stroke, vision loss, kidney failure, and other health conditions.

GCHP offers the following resources and tips to help providers improve management and treatment of high blood pressure (BP).

- Check blood pressure for all patients ages 18 to 85 during annual, sick, and follow-up visits.
- Ensure clinic staff are retaking blood pressures for any elevated readings, taking a repeat reading after one to five minutes or at the end of a visit can often provide a more accurate assessment.
- Utilize your Electronic Medical Records (EMR) system to follow up with patients who have high or no prior blood pressure readings for the measurement year.

Blood pressure monitors and cuffs offer significant benefits for patients diagnosed with hypertension, including continuous home monitoring, improved patient engagement, improved adherence to treatment plans, and overall better health outcomes.

[GCHP's Blood Pressure Tool Kit](#) includes resources and educational material for providers and members including:

- Guidance on prescribing blood pressure monitors and cuffs covered by Medi-Cal Rx and DME
- Collecting BPs during telehealth visits
- Member education material on how to correctly check and track blood pressure
- Referral forms for GCHP Health Education and Care Management Services

GCHP's Health Education webpage offers additional health education resources on high blood pressure and free workshops to learn skills on managing chronic conditions, including hypertension.

**SECTION 6:**

# Cultural and Linguistic Services

## Best Practices When Working with an Interpreter

Communicating effectively with limited English proficiency (LEP) patients is critical for diagnostic accuracy, patient safety, and regulatory compliance. Under Section 1557 of the Affordable Care Act, healthcare organizations must provide qualified interpretation services.

To maximize the efficiency of interpreted visits, minimize clinical communication errors, and optimize your workflow, integrate these operational best practices into your daily practice.

### Key Best Practices

- **Prep the Interpreter:** Brief the interpreter on the goals of the appointment and any specific terminology expected.
- **Speak directly to the patient:** Face the patient, not the interpreter. Use phrases like “How are you feeling?” rather than “Ask him how he is feeling.”
- **Use first-person:** Use “I” statements. The interpreter will interpret in the first person, facilitating a direct connection between you and the patient.
- **Speak in short segments:** Pause frequently to allow the interpreter to convey information accurately without overwhelming them.
- **Avoid jargon and idioms:** Use simple language. Avoid metaphors, slang, or complex medical jargon that may not be translated directly.
- **Proper positioning:** position the interpreter next to or slightly behind the patient, allowing you to maintain eye contact with the patient.
- **Use professional interpreters:** Avoid using family members or bilingual staff, as they may lack medical vocabulary, which can lead to errors.
- **Manage turn-taking:** Allow the interpreter to complete their work before asking the next question. Avoid side conversations.
- **Check for understanding:** Use the “teach-back” method to ensure the patient understood instructions, as saying “yes” may sometimes only indicate politeness, not comprehension.

## Non-Verbal and Ethical Considerations

- **Observe non-verbal cues:** Pay attention to the patient’s body language and facial expressions, as these can provide context to their comfort level.
- **Assume everything is interpreted:** Assume everything said in the room will be relayed; avoid private conversations with staff while the interpreter is present.
- **Cultural competence:** Be aware of cultural differences that may affect the patient’s interaction with you and the interpreter.



## Documentation

- Interpreter information: Record the interpreter's full name, ID number, and agency.
- Modality: Note if the service was in-person, video (VRI), or phone (OPI).
- Refusal log: Document if the patient declined a professional interpreter.

### Source: Think Cultural Health

To learn more when working effectively with an interpreter click [here](#). As a reminder, Gold Coast Health Plan (GCHP) provides comprehensive language access services to meet the linguistic needs of our members. To request services, contact GCHP's Cultural and Linguistic Services Department at 1-805-970-2939, Monday through Friday, 8 a.m. to 5 p.m. (except some holidays). You can also email [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org). or download the GCHP Language Assistance and Auxiliary Services Request Form. Click [here](#) for [English](#) or [Spanish](#) or visit the [Provider Resources](#) page on the GCHP website.

**SECTION 7:**

# Health Education

## Men's Health

June is Men's Health Month and serves as an opportunity for providers to proactively engage male patients to get preventive care and close care gaps.

Men continue to experience higher rates of preventable illness and premature death. In the United States, men die on average six years earlier than women, often from conditions that are preventable or manageable with early detection and consistent care. This gap demonstrates the importance of education, awareness, and proactive engagement. Improving men's health outcomes requires a comprehensive approach that promotes preventive screenings, early intervention, and mental and emotional well-being.

### Resources

Empower your patients to make health a priority. Provide these tools and resources to help your patients to better their health outcomes:

- Men's Health: Tips for Taking Care of Yourself ([English](#) and [Spanish](#))
- Diabetes Exam Record ([English](#) and [Spanish](#))
- Cancer Resources flyer ([English](#) and [Spanish](#))
- [Self-Management Tools](#)

Source: Men's Health Network

## Tobacco, Vaping, and Nicotine Products – Helping members quit

Lung cancer is the leading type of cancer in men and women, and smoking causes 87 percent of lung cancer deaths. Cigarette smoking is the most common form of tobacco use among US adults, but with an increase in non-cigarette products like cigars and e-cigarettes. The American Academy of Pediatrics (AAP) sees the explosion of new tobacco and nicotine products as a serious threat to child and teen health.

Help members quit tobacco and nicotine use by asking them about it at every visit and providing resources to help quit. Kick It CA has many resources, including options for phone or chat, texting programs, self-help materials, and other mobile apps.

### Resources

- Free Help to Quit Smoking or Vaping ([English and Spanish](#))
- No Cost Medicines to Help You Quit Tobacco ([English](#) | [Spanish](#))
- Kick it CA: Self-Guided Quit Kit ([English](#) | [Spanish](#))
- Kick it CA: Quit Vaping ([English](#) and [Spanish](#))
- Health Library Resources ([English](#) | [Spanish](#))

## HabitNu Diabetes Prevention Program

Gold Coast Health Plan (GCHP) and Gold Coast Health Plan Total Care Advantage (HMO D-SNP) are partnering with HabitNu to bring the Diabetes Prevention Program (DPP) and Medicare Diabetes Prevention Program (MDPP) to help members lose weight, feel stronger, and lower the risk of diabetes. In this program, members will get:

- A personal coach.
- Tips to eat better and move more.
- A wireless scale and activity tracker.
- Access to a private community chat where members can share progress and stay motivated.

This program is available at no cost to GCHP and Total Care Advantage members. Refer members who are at risk for prediabetes or type 2 diabetes and may be eligible.

To enroll in DPP, members must complete a short online quiz: <https://form.jotform.com/253212533016444>.

If eligible, members will receive a welcome letter or email from HabitNu with next steps to begin their health journey.

If you have any questions, email GCHP's Health Education team at [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org).

## Health Education Services

GCHP's Health Education Team offers a variety of resources to help patients throughout their health journey. Services include evidence-based programs, presentations, health material, community resources, and more.

Refer your patients to self-management programs

Learn more about the program here.

- Chronic Disease Self-Management Program (CDSMP)
- Diabetes Self-Management Program (DSMP)

### **Request a presentation!**

The Health Education Team can provide a variety of presentations at your clinic. Presentation topics include well-care visits and immunizations, women's health, men's health, diabetes, and more.

## Access to Health Education Materials

Connect your members to health-related material including:

- Health Education Resources flyer ([English](#) and [Spanish](#)).
- [GCHP Health Education](#) site
- Health library - [WebMD](#), also known as Healthwise, which offers state Department of Health Care Services (DHCS) approved health education materials and videos in English and Spanish.

If you have any questions or would like to request services for your patients, call GCHP's Health Education team at 1-805-437-5961 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m. (except some holidays). Or email the team at [HealthEducation@goldchp.org](mailto:HealthEducation@goldchp.org).

**SECTION 8:**

# Gold Coast Health Plan (GCHP) Pharmacy Services and Medi-Cal Rx Updates

## GCHP website and Pharmacy Newsletter

GCHP provides Medi-Cal Rx updates in the Provider Pharmacy Services section of our website. GCHP Pharmacy Services also publishes a quarterly newsletter that includes important Medi-Cal Rx updates and useful articles and tips! Click here to view the most recent edition of our newsletter.

## Gold Coast Health Plan Total Care Advantage (HMO D-SNP) - New Medicare Advantage Plan

Effective Jan. 1, 2026, GCHP has introduced a new Medicare Advantage Special Needs Plan for members who have both Medicare and Medi-Cal (Medi-Medi members).

## Total Care Advantage Part B Drugs – Medical Benefit (managed by GCHP)

Medicare Part B covers physician-administered drugs (PADs) and biologics that are typically provided in a clinical setting (in-office, outpatient infusion centers). This includes chemotherapy infusions, IV infusions, and most injectable medications that are NOT self-administered. Certain preventative vaccines are also covered under Part B, including influenza, COVID-19, hepatitis B and pneumococcal vaccines. In addition, Part B covers diabetic testing supplies, continuous glucose monitors (CGMs), durable medical equipment (DME) and drugs and biologics related to ESRD.

## Part B Physician Administered Drugs (PADs)

Part B medications are billed under the medical benefit. GCHP will review prior authorization requests for some drugs that are administered at the physician's office. For a list of the Medicare Part B Drugs that require prior authorization and review for approval, please check the GCHP's TCA Medicare Part B Drug List. This list is updated quarterly in alignment with guidance and direction received by CMS and the GCHP Pharmacy and Therapeutics (P&T) Committee.

To avoid delays or denials, providers should submit a completed prior authorization request with all necessary clinical documentation. To submit prior authorization requests for Part B drugs, you may submit it electronically on the Provider Portal (preferred) or manually by completing and faxing a Prior Authorization Treatment Request Form. Claims may be delayed or denied until the required information is received to establish medical necessity. PADs that are billed on a medical claim are the responsibility of GCHP.

\*NOTE: Prior authorization requests are subject to Centers for Medicare & Medicaid Services (CMS) mandated turn-around-times (TATs). Standard requests will be reviewed within 72 hours from receipt of request. Expedited requests will be reviewed within 24 hours from receipt of request; however, a request should ONLY be deemed expedited if waiting the standard 72-hour TAT could jeopardize the member's life, health or ability to regain maximum function.

## Total Care Advantage – Pharmacy Benefit (Part D)

Medicare Part D covers outpatient prescription drugs that are typically self-administered, including oral medications, inhalers, self-administered injectables and maintenance medications for chronic conditions. All adult vaccines recommended by ACIP are also covered under Part D.

Over-the-counter medications are NOT covered under Part D, however certain OTC products may be covered under Medi-Cal Rx. For list of covered Part D medications, refer to GCHP TCA 2026 Formulary or myPrime website (online searchable formulary).

Part D medications are dispensed through contracted retail and mail-order pharmacies, up to a 100-day supply for maintenance medications, which can be found on the GCHP website or by visiting the myPrime website. GCHP contracts with Prime Therapeutics as the Pharmacy Benefit Manager (PBM) for the Part D pharmacy benefit for Total Care Advantage members. Prime Therapeutics is responsible for processing Part D pharmacy claims, some Part B pharmacy claims, and diabetic testing supplies (DTS) and continuous glucose monitors (CGMs) billed by pharmacies.

\*NOTE: these medications and supplies may be subject to co-pays.

<b>Preferred Diabetes Testing Supplies</b> Manufacturers: <i>Abbott and Ascensia</i>	
<b>Glucose Monitoring Systems</b> (meter, tests strips, lancets)	Freestyle Lite Freestyle Freedom Lite Freestyle Precision Neo Freestyle Optium Neo Precision Xtra Contour Next EZ Contour Next GEN Contour Next ONE
<b>Continuous Glucose Monitors</b> (sensors, receiver, transmitter)	Dexcom G6 Dexcom G7 Freestyle Libre 2 PLUS Freestyle Libre 3 PLUS

ALL other brands of diabetic testing supplies will require prior authorization submitted to Prime Therapeutics. In addition, ALL continuous glucose monitors will require prior authorization submitted to Prime, including preferred manufacturers.

Medications covered by our Part D formulary that may require additional supporting documentation will require a Prior Authorization; drugs not covered on the TCA Part D Formulary will require a Formulary Exception. Both prior authorizations and formulary exceptions should be submitted to Prime. All forms can be found on the MyPrime website.

## Medicare Part D Excluded Drugs

Medicare does NOT cover the following medication classes; prescriptions MAY be covered by Medi-Cal Rx for D-SNP members. Providers should refer to the Medi-Cal Contracted Drugs List for more specific coverage information.

- Drugs for anorexia, weight gain or weight loss (including GLP-1's)
  - » Does NOT apply to members using GLP-1's for Diabetes and non-obesity indications
- Fertility drugs
- Drugs for cosmetic purposes or hair growth
- Drugs for relief of cold/cough symptoms
- Drugs to treat erectile dysfunction
- Prescription vitamins and minerals (except prenatal vitamins and fluoride preparations)
- Over-the-counter drugs (non-prescription)
- DESI drugs and other non-FDA approved drugs (e.g. Armour Thyroid, NP Thyroid)
- Line flushes (e.g. normal saline IV flush, heparin flush)

## Total Care Advantage – Submitting Coverage Determination (CD) or Prior Authorization (PA) Requests

You can submit Prior Authorizations to Prime electronically using CoverMyMeds. For Total Care Advantage members – please use one of the two options below to ensure that the appropriate insurance information is entered:

- **Option 1:** Entering the RxBIN 610455, RxPCN GCMAPD, RxGroup H9623 (which will take you directly to the Prime Gold Coast Health Plan Medicare Coverage Determination Form), or

**Patient Insurance** ? MORE INFO

Enter the patient's drug insurance ID card to find the most accurate form. Alternatively, you can enter a patient's insurance plan or PBM name.

**Option 1: Drug insurance ID card**

Patient Insurance State  
California

RxBIN **610455**

RxPCN Number **GCMAPD**

RxGroup **H9623**

- **Option 2:** When manually searching for the insurance plan or PBM name, enter “California” as the state, enter “Gold Coast” as the plan name, and selecting the “Prime Gold Coast Health Plan Medicare Coverage Determination Form” and not the Medi-Cal Rx Medicaid Prior Authorization Request Form (which is for Medi-Cal members only)

**Option 2: Insurance plan or PBM name**


Patient Insurance State  
California

Plan or PBM Name  
Gold coast

- » Search result will return 2 Forms. **Select Prime Gold Coast Health Plan Medicare Coverage Determination Form**

**Select a Form**

Pharmacy benefits for California Medicaid are now processed by Medi-Cal Rx. Please search for "Medi-Cal Rx" and select the Medi-Cal Rx Medicaid form.




PHARMACY BENEFIT

**Prime Gold Coast Health Plan Medicare Coverage Determination Form**

Prior Authorization Form for Gold Coast Health Plan Medicare Members

[More Info](#) [Start Request](#)



PHARMACY BENEFIT

**Medi-Cal Rx Medicaid Prior Authorization Request Form**

Prior Authorization for General Requests

[More Info](#) [Start Request](#)

- Retain CMM Key# to follow up

Prime Therapeutics *Member Services* can be reached directly at 1-855-681-7966, 24/7 to assist with any questions or issues regarding pharmacy claims or prior authorizations.

For more information regarding pharmacy services, please check the [GCHP pharmacy website](#). For additional questions, the GCHP Pharmacy Team can be reached at 1-805-437-5738 or by email at [Pharmacy@goldchp.org](mailto:Pharmacy@goldchp.org).

## Medi-Cal - Medi-Cal Rx Changes to the Contract Drugs List (CDL) and Covered Products Lists

Please check the [CDL](#) for the most recent changes to the medications and other covered products lists. These updates typically occur at the beginning of every month. You may also view the Medi-Cal Rx [Drug Lookup Tool](#). This easy-to-use feature has been upgraded and now allows you to look up drugs by brand or generic name. It also lists the NDC and available dosages, any restrictions, and whether prior authorization is required. There is also a link to CoverMyMeds to submit an electronic prior authorization (ePA). For instructions on how to use this feature, [click here](#).

For more information regarding the Medi-Cal Rx, please click on the [Medi-Cal Rx Education & Outreach page](#) and look for any new updates under [Medi-Cal Rx's Bulletins & News](#) to be sure that you are up to date on the changes.

DHCS has a website for [Medi-Cal Rx](#) that contains the most accurate, up-to-date information. Please make sure to bookmark this website today and sign up for the [Medi-Cal Rx Subscription Services \(MCRxSS\)](#). The website includes an overview and background information, frequently asked questions (FAQs), [Bulletins & News](#), [Contract Drugs List \(CDL\)](#), [Medi-Cal Rx Provider Manual](#) and other helpful information.

For assistance regarding a pharmacy claim or prior authorization, please contact the Medi-Cal Rx Customer Service Center at 1-800-977-2273. Agents are available 24 hours a day, 7 days a week, 365 days per year.

For pharmacy billing, claims will process under: **BIN 022659, PCN 6334225, Group MEDICALRX.**

For assistance regarding submitting a prior authorization or appeals for a pharmacy claim to Medi-Cal Rx, please fax to 1-800-869-4325.

To locate a Medi-Cal Rx contracted pharmacy, please [click here](#).

## Medi-Cal Rx Provider Enrollment Requirement

In order for pharmacy claims to be processed and paid, the individual prescriber on the claim (such as doctors, nurse practitioners, or physician assistants) must be enrolled in Medi-Cal using their individual (Type 1) National Provider Identifier (NPI). Affiliation with a managed care plan (MCP) and/or enrollment as a provider with the federal Medicare program is not sufficient to meet the requirements for Medi-Cal enrollment.

DHCS will initiate a phased approach for full enforcement of this requirement soon, and more specific information will be released once available. The phased approach is intended to support a smooth transition, mitigate potential impacts to members, and ensure adequate time for prescribers to submit and DHCS to process Medi-Cal provider enrollment applications.

### What Prescribers Need to Do

- ✓ Verify Medi-Cal Provider enrollment status using Enrolled Providers List
- ✓ If the Type 1 NPI is not found on the Enrolled Fee-for-Service (FFS) Provider List, submit an application with the DHCS Provider Application and Validation for Enrollment
- ✓ For more information, refer to Provider Enrollment Requirement section on Medi-Cal Rx Education & Outreach

## Medi-Cal Rx ICD-10-CM Diagnosis Code Requirement on Pharmacy Claims

Effective fall 2026, ICD-10-CM diagnosis code(s) will be required for ALL pharmacy claims including claims for refills. Please include ICD-10-CM Diagnosis code on all prescriptions.

For additional information, refer to ICD-10-CM Diagnosis Code Requirement section on [Medi-Cal Rx Education & Outreach](#).

## Medi-Cal - Medical Benefit Drugs or Physician Administered Drugs

This section serves as a reminder that Physician Administered Drugs (PADs) include all infused, injectable drugs provided or administered to a member that is billed by a provider on a medical claim by a Procedure Code (i.e. J-Code). These providers include, but are not limited to, physician offices, clinics, outpatient infusion centers, and hospitals.

Gold Coast Health Plan maintains risk for PADs and with few exceptions these medications are not billable under the California Medi-Cal pharmacy benefit program (Medi-Cal Rx). Certain PAD drugs require prior authorization to ensure medical necessity prior to receiving the drug therapy. Any request for a PAD medication (administered at a provider's office or infusion/hospital facility) via Procedure Code (i.e. J-Code) requiring a prior authorization must be submitted as a [Prior Authorization Treatment Request Form](#) to Gold Coast Health Plan (GCHP) to be considered for coverage under the medical benefit. For the most part PADs are covered under the medical benefit and billed by the provider on a medical claim to GCHP. The provider will need to purchase the drugs from their wholesaler, distributor, or manufacturer (or another internal process at their site of practice), then administer to the member, and later bill GCHP for reimbursement.

GCHP, with direction from the Department of Health Care Services (DHCS/State Medi-Cal) and the Pharmacy & Therapeutics (P&T) Committee, updates the Physician Administered Drugs (PAD) list quarterly. The PAD list and its clinical guidelines are posted on GCHP website, [Medical Drug Benefit for Providers](#).



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JUNE 2026

For additional information, contact  
Customer Service at 1-888-301-1228.

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