



## SERVICES REQUIRING PRIOR AUTHORIZATION

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

SERVICE	EXPLANATION	CODES
<p><b>All Hospital Admissions</b></p> <p>(All place of service 21 services require authorization.)</p>	<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
<p><b>Ambulatory / Outpatient Surgery</b></p>	<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
<p><b>Cardiac Rehabilitation</b></p>	<p>All cardiac rehabilitation requires authorization.</p>	93797 93798 G0422 G0423
<p><b>Community-Based Adult Services (CBAS)</b></p>	<p>All Community-Based Adult Services (CBAS) require authorization.</p>	H2000 S5102
<p><b>Chiropractic Services</b></p>	<p>Only 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).</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>	98940-98942
<p><b>Cochlear Implants</b></p>	<p>All cochlear implants require authorization.</p>	L8614



SERVICE	EXPLANATION	CODES	
<b>Dental Anesthesia</b>	All dental anesthesia and intravenous (IV) sedation requires authorization when performed by a medical anesthesiologist.	00170	
<b>Durable Medical Equipment (DME)</b>	Authorization required for purchases over \$500 and rental over \$200 per month.	ALL	
<b>Enteral Nutrition</b>	All enteral nutrition requires authorization.	B4102-B4104 B4149 B4150-B4155 B4157-B4162	
<b>Genetic Testing</b>	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 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 81314-81323 81329 81331 81334-81339 81343-81345 81347-81348 81351-81353 81357 81360-81364	81400-81408 81413-81414 81419 81420 81430-81432 81434-81440 81442 81448 81455 81460 81470, 81471 81479 81546 81554 81595 81599 84999 88245 88248-88249 88261-88264 88271-88275 88280 88283 88285 88289 88291
<b>Home Health Care</b>	All home health care requires authorization.	<p><b>*HCPC Codes G0151-G0300 must be billed with corresponding revenue codes.*</b></p> 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)	



SERVICE	EXPLANATION	CODES																																										
<b>Home Infusion Delivery and Supplies</b>	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																																										
<b>Hospice</b>	Only general inpatient hospice requires authorization.	T2045 (rev code 656)																																										
<b>Hyperbaric Oxygen Chamber</b>	All hyperbaric oxygen chamber services require authorization.	99183 Z7606 Z7608																																										
<b>Injectables</b>	<table border="0"> <tr><td>Actemra</td><td>Hyaluronic Acid, Intra-articular</td></tr> <tr><td>Avastin</td><td>Injection</td></tr> <tr><td>Basiliximab</td><td>Immune globulin, powder</td></tr> <tr><td>Benlysta</td><td>Myobloc</td></tr> <tr><td>Bivigam</td><td>Natrecor</td></tr> <tr><td>Botox</td><td>Octagam</td></tr> <tr><td>Carimune NF</td><td>Orencia</td></tr> <tr><td>Dysport</td><td>OrthoVisc</td></tr> <tr><td>Euflexxa</td><td>Ozurdex</td></tr> <tr><td>Flebogamma</td><td>Privigen</td></tr> <tr><td>Flebogamma DIF</td><td>Retisert</td></tr> <tr><td>Gammagard Liquid</td><td>Spinraza</td></tr> <tr><td>Gammagard SD</td><td>Supartz</td></tr> <tr><td>Gamma Globulin</td><td>Supartz FX</td></tr> <tr><td>Gammaked</td><td>Synagis</td></tr> <tr><td>Gammaplex</td><td>Synvisc</td></tr> <tr><td>Gamunex</td><td>Synvisc One</td></tr> <tr><td>Gamunex-C</td><td>Unclassified Drugs</td></tr> <tr><td>Gel-One</td><td>Visco-3</td></tr> <tr><td>Hizentra</td><td>Vivaglobin</td></tr> <tr><td>Hyalgan</td><td>Xiaflex</td></tr> </table>	Actemra	Hyaluronic Acid, Intra-articular	Avastin	Injection	Basiliximab	Immune globulin, powder	Benlysta	Myobloc	Bivigam	Natrecor	Botox	Octagam	Carimune NF	Orencia	Dysport	OrthoVisc	Euflexxa	Ozurdex	Flebogamma	Privigen	Flebogamma DIF	Retisert	Gammagard Liquid	Spinraza	Gammagard SD	Supartz	Gamma Globulin	Supartz FX	Gammaked	Synagis	Gammaplex	Synvisc	Gamunex	Synvisc One	Gamunex-C	Unclassified Drugs	Gel-One	Visco-3	Hizentra	Vivaglobin	Hyalgan	Xiaflex	J0129 J2325 J0480 J2326 J0490 J3262 J0585-J0588 J3490 J0775 J3590 J1459 J7311 J1460 J7312 J1556 J7321 J1557 J7323 J1559 J7324 J1561 J7325 J1562 J7326 J1566 J7327 J1568 J7328 J1569 90378 J1572
Actemra	Hyaluronic Acid, Intra-articular																																											
Avastin	Injection																																											
Basiliximab	Immune globulin, powder																																											
Benlysta	Myobloc																																											
Bivigam	Natrecor																																											
Botox	Octagam																																											
Carimune NF	Orencia																																											
Dysport	OrthoVisc																																											
Euflexxa	Ozurdex																																											
Flebogamma	Privigen																																											
Flebogamma DIF	Retisert																																											
Gammagard Liquid	Spinraza																																											
Gammagard SD	Supartz																																											
Gamma Globulin	Supartz FX																																											
Gammaked	Synagis																																											
Gammaplex	Synvisc																																											
Gamunex	Synvisc One																																											
Gamunex-C	Unclassified Drugs																																											
Gel-One	Visco-3																																											
Hizentra	Vivaglobin																																											
Hyalgan	Xiaflex																																											
<b>Non-Emergency Medical Transportation (NEMT)</b>	Prior authorization is required. Transportation covered by Ventura Transit System (VTS).	T2005 A0130 A0140																																										
<b>Nursing Facilities</b>	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.																																											



SERVICE	EXPLANATION	CODES	
<b>Out-of-Area (OOA) In-Network Services</b>	<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	
<b>Out-of-Network (OON) Services</b>	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	
<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 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	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



SERVICE	EXPLANATION	CODES	
		75565 75571-75574	95808 95810-95811 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 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 97022-97028 97032-97039 97110-97124 97139-97140	97150 97163 97530 X3902-X3936
<b>Outpatient Speech Therapy</b>	All outpatient speech therapy requires authorization.	92507-92508 X4300-X4320 X4544 Z5918-Z5920	
<b>Phototherapy</b>	All phototherapy requires authorization.	96900 96910 96912 96913	
<b>Pulmonary Rehabilitation</b>	All pulmonary rehabilitation requires authorization.	G0237 G0238 G0239 G0424	
<b>Pumps</b>	Pain pumps, insulin pumps, and continuous glucose monitoring require authorization.	62350-62351 62360-62362 A9276 A9277 A9278	
<b>Prosthetics and Orthotics</b>	Prior authorization required only for services / equipment costing more than \$200.		
<b>Therapies</b>	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.