



SERVICES REQUIRING PRIOR AUTHORIZATION

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

SERVICE	EXPLANATION																																																			
<p>All Hospital Admissions</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 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 Gold Coast Health Plan’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>																																																			
<p>Ambulatory Surgery</p>	<p>All outpatient surgeries require prior authorization.</p>																																																			
<p>Long-Term Care (LTC)</p>	<p>All Long-Term Care and Skilled Nursing Services require authorization.</p>																																																			
<p>Genetic Testing</p>	<table border="0"> <tr> <td>81200</td> <td></td> <td></td> </tr> <tr> <td>81205-81217</td> <td>81220-81229</td> <td>81240-81245</td> </tr> <tr> <td>81250-81251</td> <td>81255-81257</td> <td>81260-81268</td> </tr> <tr> <td>81270</td> <td></td> <td></td> </tr> <tr> <td>81275</td> <td></td> <td></td> </tr> <tr> <td>81280-81282</td> <td>81290-81304</td> <td></td> </tr> <tr> <td>81310</td> <td></td> <td></td> </tr> <tr> <td>81315-81319</td> <td>81330-81332</td> <td>81340-81342</td> </tr> <tr> <td>81350</td> <td></td> <td></td> </tr> <tr> <td>81355</td> <td></td> <td></td> </tr> <tr> <td>81400-81408</td> <td>83890-83914</td> <td></td> </tr> <tr> <td>84999</td> <td></td> <td></td> </tr> <tr> <td>88245-88249</td> <td>88261-88264</td> <td>88271-88275</td> </tr> <tr> <td>88280-88291</td> <td>88384-88386</td> <td></td> </tr> <tr> <td>S3713</td> <td></td> <td></td> </tr> <tr> <td>S3800</td> <td></td> <td></td> </tr> <tr> <td>S3818-S3855</td> <td>S3860-S3862</td> <td>S3865-S3866</td> </tr> </table>	81200			81205-81217	81220-81229	81240-81245	81250-81251	81255-81257	81260-81268	81270			81275			81280-81282	81290-81304		81310			81315-81319	81330-81332	81340-81342	81350			81355			81400-81408	83890-83914		84999			88245-88249	88261-88264	88271-88275	88280-88291	88384-88386		S3713			S3800			S3818-S3855	S3860-S3862	S3865-S3866
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<p>Home Health Care</p> <p>*HCPC Codes G0151-G0156 must be billed with corresponding revenue codes.*</p>	<table border="0"> <tr> <td>99341-99350</td> <td>S9127-S9131</td> </tr> <tr> <td>99374-99375</td> <td>S9490-S9810</td> </tr> <tr> <td>S5180-S5181</td> <td>S9208-S9214</td> </tr> <tr> <td>S9122-S9124</td> <td>S9125-S9131</td> </tr> <tr> <td>T1021-T1022</td> <td></td> </tr> <tr> <td>G0151 (rev code 0421)</td> <td></td> </tr> <tr> <td>G0152 (rev code 0431)</td> <td></td> </tr> <tr> <td>G0153 (rev code 0441)</td> <td></td> </tr> <tr> <td>G0155 (rev code 0561)</td> <td></td> </tr> <tr> <td>G0156 (rev code 0571)</td> <td></td> </tr> <tr> <td>G0299 (rev code 0552)</td> <td></td> </tr> <tr> <td>G0300 (rev code 0551)</td> <td></td> </tr> </table>	99341-99350	S9127-S9131	99374-99375	S9490-S9810	S5180-S5181	S9208-S9214	S9122-S9124	S9125-S9131	T1021-T1022		G0151 (rev code 0421)		G0152 (rev code 0431)		G0153 (rev code 0441)		G0155 (rev code 0561)		G0156 (rev code 0571)		G0299 (rev code 0552)		G0300 (rev code 0551)																												
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SERVICE	EXPLANATION	
Outpatient Diagnostic Studies (MRI, CT Scan, PET Scan, Nuclear Medicine Imaging, Trans-cranial Doppler)	70336 70450-70492 70496-70598 70540-70553 70554-70555 70557-70559 71250 71260 71270 71275 71550-71552 71555 72125-72133 72141-72159 72191-72198 72255 72265 72270 73200-73202 73206 73218-73225 73700-73702 73706 73718-73725 74150-74170	74174-74178 74181-74185 74261-74263 74740-74742 75557-75574 76380 76390-76499 76820-76828 77058-77059 77084 78491 78600-78606 78607-78609 78610-78645 78647 78650 78660 78700-78709 78710 78725-78761 78800-79999 Z7600-Z7602 G0398-G0400
Pain Management	62350-62351 62360-62362 99601-99602	
All Speech Therapy	92506-92508 X4300-X4320 X4544 Z5918-Z5920 Z5962 V5362 X4544	
Occupational Therapy (Authorization required after 10 visits; includes one evaluation and nine visits.)	97003-97004 X4100—X4120	
Podiatry Services	No prior authorization required.	
Outpatient Physical Therapy (Authorization required after 10 visits; includes one evaluation and nine visits.)	97001-97002 97010-97028 97032-97039 97110-97530 X3900-X3936	



SERVICE	EXPLANATION
Pulmonary Rehab	G0237 G0238 G0239 G0424
Cardiac Rehab	93797 93798 G0422 G0423
Chiropractic Services Only 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). • 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
Out-of-Network (OON) Services All OON 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) These services do not require authorization and can be provided to members by any willing Medi-Cal provider.	Non-Participating Facility services require authorization. Non-Participating Provider services require authorization.
Renal, Hemo, and Peritoneal Dialysis	No prior authorization required.
Phototherapy (All Phototherapy requires authorization.)	96900 96910 96912 96913 E0202 S9098 S0812
DME	Authorization required for purchase > \$500 and rental > \$200 per month.
Dental Anesthesia	All dental anesthesia and IV sedation requires authorization when performed by a medical anesthesiologist.



SERVICE	EXPLANATION
Hyperbaric Oxygen Chamber	99183 Z7606 Z7608
Supplies	No prior authorization required.
Home Infusion Therapy	99601-99602 S5035-S5036 S5497-S5523 S9325-S9368 S9370-S9379 S9400-S9404 S9490-S9810 S9494-S9497
Non-Emergency Medical Transportation (NEMT)	Prior authorization is required. Transportation covered by Ventura Transit System.
Enteral Nutrition	B4102-B4104 B4149 B4150-B4155 B4157-B4162
Prosthetics and Orthotics	Prior authorization required only for services/equipment costing greater than \$200.
Hearing Devices	L8614
Therapies: (Sclerotherapy, Proton Beam, Neutron Beam, MEG, IMRT)	36470 77520-77525 36471 77435 36475 61796-61800 36476 63620-63621 36478 95965-95967 36479 77422-77423 37799 77301 36468 77338 96999 S2202 G6016 77385 G6015



SERVICE	EXPLANATION	
Injectables	J2325 J0775 C9257 J7312 J7311 J3262 J0490 J0129 J1459 J1556 J1557 J1559 J1561 J1562 J1566	J1568 J1569 J1572 J3490 J3590 J0585-J0588 J7321 J7323 J7324 J7325 J7326
Hospice	Z7106	
MyGoldCare Palliative Care Program Palliative Care codes must be billed with modifier PE for payment.	99202-99205 99212-99215 99241-99245 99304-99310 99324-99328 99334-99337 99341-99345 99347-99350 99354-99359 99487-99490	G0151 G0152 G0153 G0155 G0156 G0162 G0299 G0300 G0505 G0506
In-Network but Out of Area	AUTHORIZATION REQUIRED FOR ALL OUT OF VENTURA COUNTY PROVIDERS INCLUDING THOSE WHO HAVE CONTRACTS WITH GCHP. EXCEPTIONS INCLUDE CONTRACTED DME AND MEDICAL SUPPLY VENDORS.	

*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

*Preventive and pre-natal care do not require prior authorization but must be delivered by in-network providers.