



## 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
<b>Ambulatory / Outpatient Surgery</b>	All outpatient surgeries require prior authorization.	ALL
<b>Cardiac Rehabilitation</b>	All cardiac rehabilitation requires authorization.	93797 93798 G0422 G0423
<b>Chiropractic Services</b>	<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
<b>Cochlear Implants</b>	All cochlear implants require authorization.	L8614
<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



SERVICE	EXPLANATION	CODES
<b>Genetic Testing</b>	All genetic testing requires authorization.	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
<b>Home Health Care</b>	All home health care requires authorization.	<i>*HCPC Codes G0151-G0156 must be billed with corresponding revenue codes.*</i> 99341-99350      G0151 (rev code 0421) 99374-99375      G0152 (rev code 0431) S5180-S5181      G0153 (rev code 0441) S9122-S9124      G0155 (rev code 0561) S9127-S9131      G0156 (rev code 0571) S9490-S9810      G0299 (rev code 0552) S9208-S9214      G0300 (rev code 0551) S9125-S9131 T1021-T1022
<b>Home Infusion Delivery and Supplies</b>	Delivery of home infusion and specified supplies require authorization.	99601-99602 S5035-S5036 S5497-S5523 S9325-S9368 S9370-S9379 S9400-S9404 S9490-S9810 S9494-S9497
<b>Hospice</b>	Only general inpatient hospice requires authorization.	Z7106
<b>Hyperbaric Oxygen Chamber</b>	All hyperbaric oxygen chamber services require authorization.	99183 Z7606 Z7608



SERVICE	EXPLANATION	CODES
<b>Injectables</b>	Actemra Immune globulin, powder Avastin Myobloc Benlysta Natrecor Bivigam Octagam Botox Orencia Carimune NF OrthoVisc Dysport Ozurdex Euflexxa Privigen Flebogamma Retisert Flebogamma DIF Spinraza Gammagard Liquid Supartz Gammagard SD Supartz FX Gammaked Synagis Gammaplex Synvisc Gamunex Synvisc One Gamunex-C Unclassified Drugs Gel-One Visco-3 Hizentra Vivaglobin Hyalgan Xiaflex Hyaluronic Acid, Intra-articular Injection	J0129 J2325 J0490 J2326 J0585-J0588 J3262 J0775 J3490 J1459 J3590 J1556 J7311 J1557 J7312 J1559 J7321 J1561 J7323 J1562 J7324 J1566 J7325 J1568 J7326 J1569 J7327 J1572 J7328 90378
<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 level of care.	
<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> </ul> These services do not require authorization and can be provided to members by any willing Medi-Cal provider.	ALL



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<b>Outpatient Diagnostic Studies</b>	MRI, CT Scan, PET Scan, Nuclear Medicine Imaging, Trans-cranial Doppler, and CT Angiogram require authorization.	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
<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.	X4100-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 97530 X3900-X3936	
<b>Outpatient Speech Therapy</b>	All outpatient speech therapy requires authorization.	92507-92508 X4300-X4320 X4544 Z5918-Z5920	



SERVICE	EXPLANATION	CODES	
<b>Phototherapy</b>	All phototherapy requires authorization.	96900 96910 96912 96913 E0202 S9098	
<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.	36470 36471 36475 36476 36478 36479 37799 36468 96999 S2202 G6016 G6015	77520-77525 77435 61796-61800 63620-63621 95965-95967 77422-77423 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.

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