

Services Requiring Prior Authorization

Please refer to Centers for Medicare & Medicaid Services (CMS) guidelines to validate the below information.

Listed procedure codes are subject to change.

Service	Details	Procedure Codes (CPT, HCPCS)
Out-of-Area (OOA) Services	Prior authorization <i>is</i> required for all providers outside of Ventura County, even in cases where the provider is within the AmericasHealth Plan (AHP) network. <u>Exceptions:</u> In-network Durable Medical Equipment (DME) vendors and other medical supply vendors outside of Ventura County do <i>not</i> require prior authorization (unless the purchase will exceed \$500 or rental will exceed \$200 per month).	Any
Out-of-Network (OON) Services	Out-of-Network (OON) services <i>do</i> require prior authorization. Requests for both facility or professional OON services <i>do</i> require prior authorization. <u>Exceptions:</u> <ul style="list-style-type: none"> • Family planning services. • Sexually transmitted disease testing and treatment. • HIV testing. • Abortion services. • Emergency room services. • Routine hospice care. • Other 'Sensitive Services' as defined by Medi-Cal. These services do not require prior authorization. They may be provided by any Medi-Cal provider, whether in-network, out-of-network, or out-of-area.	Any
Inpatient Admissions (Hospital)	<u>Elective Admissions</u> All hospital admissions require utilization review by AmericasHealth Plan (AHP) Authorizations Department. The submission of prior authorization <i>is</i> required for elective admissions. Prior authorization must be submitted for both the procedure and the hospitalization. <u>Emergency Admissions</u> Emergency admissions to the hospital do not require prior authorization or approval. However, hospitals must notify AmericasHealth Plan (AHP) within twenty-four (24) hours, or by the next business day, in the event that an AHP member is admitted to the hospital. All bed days will be reviewed for medical necessity.	Any
Outpatient Surgery	Outpatient surgeries <i>do</i> require prior authorization and approval. <u>Exceptions:</u> <ul style="list-style-type: none"> • Excisions or Biopsies • Treating Fractures or Dislocations • Thoracoscopy • Arthroscopy • Bronchoscopy • Endoscopy • Laryngoscopy • Injections (for facet joints, lesions, blocks) • Insertion or removal of devices (i.e. Catheter, Neurostimulator) • Irrigation & Debridement • Incision & Drainage • Skin Flap / Skin Graft 	Any
Cardiac Rehabilitation	Cardiac rehabilitation <i>does</i> require prior authorization.	<ul style="list-style-type: none"> • 93797 • 93798 • G0422 • G0423
Community-Based Adult Services (CBAS)	Community-Based Adult Services (CBAS) <i>do</i> require prior authorization.	<ul style="list-style-type: none"> • H2000 • S5102
Chiropractic Services	The following members are eligible for chiropractic services: <ul style="list-style-type: none"> • Members aged 20 years and below. • Members in a Skilled Nursing Facility or Long-Term Care Facility for a long duration. • 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). For the first two (2) chiropractic visits per calendar month, no prior authorization is required. Any additional visits beyond two (2) per calendar month <i>do</i> require prior authorization.	<ul style="list-style-type: none"> • 98940 • 98941 • 98942

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Cochlear Implants	Cochlear implants <i>do</i> require prior authorization.	<ul style="list-style-type: none"> • L8614
Dental Anesthesia	Dental anesthesia and intravenous (IV) sedation <i>does</i> require prior authorization when performed by a medical anesthesiologist.	<ul style="list-style-type: none"> • 00170
Durable Medical Equipment (DME)	Prior authorization <i>is</i> required for DME purchases greater than \$500 or DME rental(s) greater than \$200 per month.	Any
Enteral Nutrition	Enteral nutrition <i>does</i> require prior authorization.	<ul style="list-style-type: none"> • B4102 • B4103 • B4104 • B4149 • B4150 - B4155 • B4157 - B4162
Genetic Testing	Genetic testing <i>does</i> require prior authorization. <u>Exceptions:</u> Biomarker testing associated with a federal Food & Drug Administration (FDA) approved therapy for one of the following: <ul style="list-style-type: none"> • Advanced (or metastatic) Stage III or Stage IV Cancer. • Cancer progression or recurrence in an individual with advanced (or metastatic) Stage III or Stage IV cancer. NOTE: <i>The list of codes requiring prior authorization may be incomplete or subject to change due to the rapidly evolving advancements in the area of genetic testing.</i>	<ul style="list-style-type: none"> • 81105 - 81112 • 81120 - 81121 • 81161 - 81168 • 81170 - 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 • 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

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Home Health Care	Home Health Care services <i>do</i> require prior authorization.	<ul style="list-style-type: none"> • 99341 - 99350 • 99600 • S9122 - S9124 • T1002 - T1003 • G0151 (rev code 0421) • G0152 (rev code 0431) • G0153 (rev code 0441) • G0155 (rev code 0561) • G0156 (rev code 0571) • G0162 (rev code 0583) • G0162 (rev code 0589) • G0299 (rev code 0552) • G0300 (rev code 0551) <p style="text-align: right;">**Must bill revenue code with HCPCS codes**</p>
Home Infusion Delivery and Supplies	Delivery of home infusion and other supplies <i>does</i> require authorization.	<ul style="list-style-type: none"> <li style="width: 50%;">• 99601 - 99602 <li style="width: 50%;">• S9370 - S9379 <li style="width: 50%;">• S5498 - S5523 <li style="width: 50%;">• S9490 <li style="width: 50%;">• S9326 - S9336 <li style="width: 50%;">• S9810 <li style="width: 50%;">• S9338 <li style="width: 50%;">• S9494 <li style="width: 50%;">• S9341 - S9343 <li style="width: 50%;">• S9497 <li style="width: 50%;">• S9345 <li style="width: 50%;">• S9500 - S9504 <li style="width: 50%;">• S9348 - S9351 <li style="width: 50%;">• S9537 <li style="width: 50%;">• S9355 <li style="width: 50%;">• S9538 <li style="width: 50%;">• S9357 <li style="width: 50%;">• S9542 <li style="width: 50%;">• S9359 <li style="width: 50%;">• S9558 - S9560 <li style="width: 50%;">• S9365 - S9368 <li style="width: 50%;">• S9590
Hospice	Inpatient hospice services <i>do</i> require prior authorization.	<ul style="list-style-type: none"> • T2045 (rev code 656) <p style="text-align: right;">**Must bill revenue code**</p>
Hyperbaric Oxygen Chamber	Hyperbaric oxygen chamber services <i>do</i> require prior authorization.	<ul style="list-style-type: none"> • 99183 • Z7606 • Z7608
Injectables	The following is a list of common injectables that <i>do</i> require prior authorization: <ul style="list-style-type: none"> <li style="width: 33%;">• Actemra <li style="width: 33%;">• Gammaked <li style="width: 33%;">• Orenia <li style="width: 33%;">• Avastin <li style="width: 33%;">• Gammaplex <li style="width: 33%;">• OrthoVisc <li style="width: 33%;">• Basiliximab <li style="width: 33%;">• Gamunex <li style="width: 33%;">• Ozurdex <li style="width: 33%;">• Benlysta <li style="width: 33%;">• Gamunex-C <li style="width: 33%;">• Pravigen <li style="width: 33%;">• Bivigam <li style="width: 33%;">• Gel-One <li style="width: 33%;">• Retisert <li style="width: 33%;">• Botox <li style="width: 33%;">• Hizentra <li style="width: 33%;">• Spinraza <li style="width: 33%;">• Carimune NF <li style="width: 33%;">• Hyalgan <li style="width: 33%;">• Supartz <li style="width: 33%;">• Dysport <li style="width: 33%;">• Hyaluronic Acid, Intra-articular Injection <li style="width: 33%;">• Supartz FX <li style="width: 33%;">• Euflexxa <li style="width: 33%;">• Immune globulin, powder <li style="width: 33%;">• Synagis <li style="width: 33%;">• Flebogamma <li style="width: 33%;">• Myobloc <li style="width: 33%;">• Synvisc <li style="width: 33%;">• Flebogamma DIF <li style="width: 33%;">• Natrecor <li style="width: 33%;">• Synvisc One <li style="width: 33%;">• Gammagard Liquid <li style="width: 33%;">• Octagam <li style="width: 33%;">• Unclassified Drugs <li style="width: 33%;">• Gammagard SD <li style="width: 33%;">• Visco-3 <li style="width: 33%;">• Gamma Globulin <li style="width: 33%;">• Vivaglobin 	<ul style="list-style-type: none"> <li style="width: 50%;">• J0129 <li style="width: 50%;">• J1572 <li style="width: 50%;">• J0480 <li style="width: 50%;">• J2325 <li style="width: 50%;">• J0490 <li style="width: 50%;">• J2326 <li style="width: 50%;">• J0585 - J0588 <li style="width: 50%;">• J3262 <li style="width: 50%;">• J0775 <li style="width: 50%;">• J3490 <li style="width: 50%;">• J1459 - J1460 <li style="width: 50%;">• J3590 <li style="width: 50%;">• J1556 - J1557 <li style="width: 50%;">• J7311 <li style="width: 50%;">• J1559 <li style="width: 50%;">• J7312 <li style="width: 50%;">• J1561 - J1562 <li style="width: 50%;">• J7321 <li style="width: 50%;">• J1566 <li style="width: 50%;">• J7323 - J7328 <li style="width: 50%;">• J1568 - J1569 <li style="width: 50%;">• 90378
Non-Emergency Medical Transportation (NEMT)	Non-Emergency Medical Transportation <i>does</i> require prior authorization. Transportation services are provided by Ventura Transit System (VTS).	<ul style="list-style-type: none"> • T2005 • A0130 • A0140
Nursing Facilities	Inpatient stays at Long-Term Care Facilities (LTCF), Skilled Nursing Facilities (SNF), and Intermediate Care Facilities (ICF) <i>do</i> require prior authorization. Bed Hold Days for members at Sub-Acute and Skilled Nursing Facilities <i>do</i> require prior authorization.	Any

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Outpatient Diagnostic Studies	The following studies <i>do</i> require prior authorization: <ul style="list-style-type: none"> • MRI • CT Scan • PET Scan • Nuclear Medicine Imaging • Trans-cranial Doppler • CT Angiogram • Polysomnography Studies • CPAP / BiPAP Titration • Magnetoencephalography (MEG) 	<ul style="list-style-type: none"> • 70445 • 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 • 75571 - 75574 • 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 • 79999 • 95808 • 95810 - 95811
Outpatient Occupational Therapy	<p><u>Members Under 21 Years of Age</u> Outpatient occupational therapy <i>does</i> require prior authorization.</p> <p><u>Members Aged 21 Years and Older</u> Outpatient occupational therapy <i>does not</i> require prior authorization for the first ten (10) visits (i.e. One evaluation/consultation and nine visits). After ten (10) visits, occupational therapy <i>does</i> require prior authorization.</p>	<ul style="list-style-type: none"> • 97166 • X4102 - X4120
Outpatient Physical Therapy	<p><u>Members Under 21 Years of Age</u> Outpatient physical therapy <i>does</i> require prior authorization.</p> <p><u>Members Aged 21 Years and Older</u> Outpatient physical therapy <i>does not</i> require prior authorization for the first ten (10) visits (i.e. One evaluation/consultation and nine visits). After ten (10) visits, occupational therapy <i>does</i> require prior authorization.</p>	<ul style="list-style-type: none"> • 97010 - 97018 • 97022 - 97028 • 97032 - 97039 • 97110 - 97124 • 97139 - 97140 • 97150 • 97163 • 97530 • X3902 - X3936
Outpatient Speech Therapy	Outpatient speech therapy <i>does</i> require prior authorization.	<ul style="list-style-type: none"> • 92507 - 92508 • X4300 - X4320 • X4544 • Z5918 - Z5920
Prosthetics & Orthotics	Prosthetics and orthotics <i>do</i> require prior authorization <u>only</u> for services/equipment costing greater than \$200.	Any
Pulmonary Rehabilitation	Pulmonary rehabilitation <i>does</i> require prior authorization.	<ul style="list-style-type: none"> • G0237 - G0239 • G0424
Pumps	The following pumps/devices <i>do</i> require prior authorization: <ul style="list-style-type: none"> • Pain pumps • Insulin pumps • Continuous glucose monitoring 	<ul style="list-style-type: none"> • 62350 - 62351 • 62360 - 62362 • A9276 - A9278

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Therapies	The following therapies <i>do</i> require prior authorization: <ul style="list-style-type: none"> • Sclerotherapy • Proton Beam • Neutron Beam • Intensity-modulated Radiation Therapy (IMRT) 	<ul style="list-style-type: none"> • 36465 - 36466 • 36468 • 36470 - 36471 • 36475 - 36476 • 36478 - 36479 • 37799 • 61796 - 61800 • 63620 - 63621 • 77301 <ul style="list-style-type: none"> • 77338 • 77385 • 77423 • 77435 • 77520 - 77525 • 95965 - 95967 • 96999 • G6015 - G6016 • S2202

AmericasHealth Plan reviews authorization requests to determine if the requested services are medically necessary. All medically necessary services are approved by AmericasHealth Plan.

Sensitive Services *(no prior auth required)*

The following services do NOT require prior 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.
- Emergency room services.
- Routine hospice care.
- Other 'Sensitive Services' as defined by Medi-Cal.

Prenatal Care *(no prior auth required)*

Prenatal care does NOT require prior authorization. However, prenatal services must

Preventive Services *(no prior auth required)*

Preventive care does NOT require prior authorization. However, preventive services must

If you have any questions about prior authorization requests (or how to submit a request), please contact **1-800-633-3313** for assistance.