

PROVIDER Update



CONTRACTUAL | DECEMBER 19, 2024 | UPDATE 24-1316 | 6 PAGES

New Prior Authorization Changes, Effective March 1, 2025

Learn which drugs have been added, changed or removed for medical benefit medications

View the tables below for prior authorization (PA) requirement changes for the Los Angeles County Department of Health Services (LA-DHS) participating physician groups (PPGs), hospitals and clinics. These changes apply to outpatient pharmaceuticals (submitted under the medical benefit).

Supplemental form for outpatient PA requests

A supplemental form is now available with the Outpatient Prior Authorization Form that you can complete and use when an authorization request involves more than four procedure codes. This page is optional. It does not need to be included with outpatient PA requests with four codes or less.

You can access the Outpatient Prior Authorization Form, which now includes the supplemental form, on Health Net's [Prior Authorization](https://bit.ly/HN-Prior-Auth) web page at <https://bit.ly/HN-Prior-Auth>. You can also access the form in the [Medi-Cal Provider Library](#) under *Forms and References*.

PA additions, changes and deletions

The below PA requirement changes are for Health Net's Medi-Cal fee-for-service physicians and other providers.

Outpatient pharmaceuticals (submitted under medical benefit)

Additions, effective March 1, 2025

The following require PA.

Requirement	Code and description
Amtagvi™	N/A, unclassified.
Gazyva®	J9301, injection, obinutuzumab, 10 mg
Hepzato®	J9248, Injection, melphalan (hepzato), 1 mg
Lymphir™	N/A, unclassified
Niktimvo™	N/A, unclassified

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Hospitals/Clinics
- Ancillary Providers
- Behavioral Health Providers

LINES OF BUSINESS:

- Medi-Cal
 - Los Angeles (LA-DHS)

PROVIDER SERVICES

provider_services@healthnet.com

Medi-Cal (including CS and ECM providers)

– 800-675-6110

Behavioral Health providers –

844-966-0298

PROVIDER PORTAL

provider.healthnetcalifornia.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

Changes, effective March 1, 2025

The following are changes to existing PA requirements.

Requirement	Code and description	Comments
Camcevi®	J1952, leuprolide injectable, camcevi, 1 mg	No longer requires PA for urology/oncology.
Eligard®	J9217, leuprolide acetate (for depot suspension), 7.5 mg.	Remove PA exclusion for oncology/urology. Now requires PA for all physicians and other providers.
Fensolvi®	J951, Injection, leuprolide acetate (for depot suspension), 0.25 mg	Remove PA exclusion for oncology/urology. Now requires PA for all physicians and other providers.
Leuprolide Acetate	J1950, Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Remove PA exclusion for oncology/urology. Now requires PA for all physicians and other providers.
Lupron®	J1954, Injection, leuprolide acetate (for depot suspension) (Cipla), 7.5 mg	Remove PA exclusion for oncology/urology. Now requires PA for all physicians and other providers.
Octagam®	J1568 Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Added to list for clarification; existing requirement: Immune globulin agents
Panzyga®	J1576 Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Added to list for clarification; existing requirement: Immune globulin agents
Tecelra®	N/A, unclassified	Added to list for clarification; existing requirement: Gene therapy CAR-T.
Tremfya®	J1628, Injection, guselkumab, 1 mg	Added to list for clarification; existing requirement: self-injectable.
Zoladex®	J9202, Goserelin acetate implant, per 3.6 mg	Remove PA exclusion for oncology/urology. Now requires PA for all physicians and other providers.

Deletions, effective March 1, 2025

The following no longer require PA.

Requirement	Code and description	Comments
Bethkis®, Katabis®, TOBI®	J7682, Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	Tobramycin (inhaled) agents

Requirement	Code and description	Comments
Gamastan® SD	J1560, Injection, gamma globulin, intramuscular, over 10 cc	Discontinued, Immune globulin agent
Upravi®	No code, unclassified	Pulmonary arterial hypertension (PAH) agent

New CPT and HCPCS codes, effective October 1, 2024

The below procedures, services (including durable medical equipment (DME)) and outpatient pharmaceuticals require PA per new CPT and HCPCS codes issued by the Centers for Medicare & Medicaid Services (CMS).

CPT Copyright 2024 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Code	Description	Category
C9169	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 mcg	Outpatient Pharmaceuticals (Part B Medications): Anktiva®
C9170	Injection, tarlatamab-dlle, 1 mg	Outpatient Pharmaceuticals (Part B Medications): Imdelltra™
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Outpatient Pharmaceuticals (Part B Medications): Beqvez™
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	DME – Items with a total Medi-Cal purchase price greater than \$1,500
E0683	Nonpneumatic, nonsequential, peristaltic wave compression pump	DME – Items with a total Medi-Cal purchase price greater than \$1,500
E0715	Intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises	Reconstructive and cosmetic surgery, services and supplies
E0721	Transcutaneous electrical nerve stimulator, stimulates nerves in the auricular region	Neuro and spinal cord stimulators
E0737	Transcutaneous tibial nerve stimulator, controlled by phone application	Neuro and spinal cord stimulators
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	Neuro and spinal cord stimulators

Code	Description	Category
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	Experimental
J0175	Injection, donanemab-azbt, 2 mg	Outpatient Pharmaceuticals (Part B Medications): Kisunla™
J9329	Injection, tislelizumab-jsgr, 1 mg	Outpatient Pharmaceuticals (Part B Medications): Tevimbra®
L1006	Scoliosis orthosis (SO), sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Custom Orthotics
L8720	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	Prosthetics
0476U	Drug metabolism, psychiatry (e.g., major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis and reported phenotypes	Genetic Testing
0477U	Drug metabolism, psychiatry (e.g., major depressive disorder, general anxiety disorder, ADHD, schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes	Genetic Testing
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of nine genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection	Genetic Testing
0479U	Tau, phosphorylated, pTau217	Genetic Testing
0480U	Bacteria, Viruses, Fungus, and Parasite Metagenomic Sequencing, Spinal Fluid (MSCSF), Mayo Clinic, Laboratory Developed Test	Genetic Testing
0486U	Oncology (pan-solid tumor), next-generation sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction	Genetic Testing

Code	Description	Category
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	Genetic Testing
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	Genetic Testing
0496U	Oncology (colorectal), cell-free DNA, eight genes for mutations, seven genes for methylation by real-time RT-PCR, and four proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk	Genetic Testing
0497U	Oncology (prostate), mRNA gene-expression profiling by real-time RT-PCR of six genes (FOXM1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer	Genetic Testing
0498U	Oncology (colorectal), next-generation sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue, report of variants and methylation pattern with interpretation	Genetic Testing
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of eight genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	Genetic Testing
0500U	Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.118-9_118-2del, S56F, S621C)	Genetic Testing
0501U	Oncology (colorectal), blood, quantitative measurement of cell-free DNA (cfDNA)	Genetic Testing
0503U	Neurology (Alzheimer disease), beta amyloid (A1340, A1342, A1342/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/np-tau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as likelihood of positive or negative amyloid plaques	Genetic Testing
0506U	Gastroenterology (Barrett's esophagus), esophageal cells, DNA methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's esophagus	Genetic Testing

Code	Description	Category
0507U	Oncology (ovarian), DNA, whole- genome sequencing with 5-hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected	Genetic Testing
0508U	Transplantation medicine, quantification of donor-derived cell-free DNA using 40 single-nucleotide polymorphisms (SNPs), plasma, and urine, initial evaluation reported as percentage of donor-derived cell-free DNA with risk for active rejection	Genetic Testing
0509U	Transplantation medicine, quantification of donor-derived cell-free DNA using up to 12 single-nucleotide polymorphisms (SNPs) previously identified, plasma, reported as percentage of donor-derived cell-free DNA with risk for active rejection	Genetic Testing
0516U	Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status	Genetic Testing
Q5135	Injection, tocilizumab-aazg (Tyenne®), biosimilar, 1 mg	Outpatient Pharmaceuticals (Part B Medications): Tyenne
Q5136	Injection, denosumab-bbdz (Jubbonti®/Wyost®), biosimilar, 1 mg	Outpatient Pharmaceuticals (Part B Medications): Jubbonti/Wyost

Additional information

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center at 800-675-6110. Behavioral health providers can call 844-966-0298.