

## Updates to the Prior Authorization Process, and New and Upcoming Requirements Changes

### Stay aligned with available options for submitting prior authorization requests; discover what's changed or will change for procedures, services and drugs

The following update includes information about the prior authorization (PA) process, and PA requirement changes for Medi-Cal fee-for-service physicians and other providers who service CalViva Health members.

These changes apply to services, procedures, equipment and outpatient pharmaceuticals (submitted under the medical benefit).

PA requirements changes are listed in order of their effective date, as follows:

Page number	Description
2-8	New CPT and HCPCS codes, effective January 1, 2025
8	Additions, effective immediately
8	Addition, effective April 1, 2025
9	Additions, effective June 15, 2025
9	Changes, effective immediately
10	Removals, effective June 15, 2025

#### Options for submitting prior authorization requests

Physicians and other providers can submit requests for prior authorization via any of following:

- **Fax** – Complete the appropriate CalViva Health Inpatient or Outpatient Prior Authorization Request form, and fax to 800-743-1655. Forms are available at <https://bit.ly/HN-Prior-Auth>.
- **Online** – Log on to the secure provider portal at <https://provider.healthnetcalifornia.com>.

#### THIS UPDATE APPLIES TO:

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

#### PROVIDER SERVICES

**CalViva Health Medi-Cal (including ECM and CS providers) –**  
888-893-1569

**Behavioral health providers –**  
844-966-0298

#### PROVIDER PORTAL

[provider.healthnetcalifornia.com](https://provider.healthnetcalifornia.com)

- **Phone** – Call Provider Services at 888-893-1569. Behavioral health providers may contact 844-966-0298.

## How to access prior authorization requirements

Access the Medi-Cal Prior Authorization requirements via either option below:

- Go to the Provider Library at [providerlibrary.healthnetcalifornia.com](https://providerlibrary.healthnetcalifornia.com), select *Medi-Cal*, then select *Prior Authorization Requirements* on the left-hand side.
- Go to <https://bit.ly/HN-Prior-Auth> and select the *Fresno, Kings and Madera counties – CalViva Health* Prior Authorization List.

## New CPT and HCPCS codes, effective January 1, 2025

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 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Code	Description	Category	Age qualifier
C7562	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed with intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	Cardiac procedures	0 to 20 years
C7563	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, initial artery and all additional arteries	Cardiac procedures	0 to 20 years
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)	Wound care	N/A
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (e.g., fluoroscopy)	Joint surgeries	N/A
C9173	Injection, filgrastim-txid (Nypozi®), biosimilar, 1 mcg	Outpatient Pharmaceuticals: Filgrastim agents – Nypozi	N/A
C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, nonopioid medical device (must be a	Neuro and spinal cord stimulators, including procedures	N/A

<b>Code</b>	<b>Description</b>	<b>Category</b>	<b>Age qualifier</b>
	qualifying Medicare nonopioid medical device for postsurgical pain relief in accordance with Section 4135 of the CAA, 2023)		
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	Durable medical equipment (DME)	0 to 20 years
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	DME	N/A
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	DME	0 to 20 years
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	DME	0 to 20 years
E1813	Dynamic adjustable knee extension only device, includes soft interface material	DME	0 to 20 years
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	DME	0 to 20 years
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	DME	0 to 20 years
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	DME	0 to 20 years
E1826	Dynamic adjustable finger extension only device, includes soft interface material	DME	0 to 20 years
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	DME	0 to 20 years
E1828	Dynamic adjustable toe extension only device, includes soft interface material	DME	0 to 20 years
E1829	Dynamic adjustable toe flexion only device, includes soft interface material	DME	0 to 20 years
G0552	Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan	DME	0 to 20 years
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to one or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to one or more lesions, entire course not to exceed five fractions	Radiation therapy – Stereotactic radiosurgery and stereotactic body radiotherapy (SBRT)	N/A
G0564	Creation of subcutaneous pocket with insertion of 365-day implantable interstitial glucose sensor, including system activation and patient training	Outpatient elective surgery	0 to 20 years
G0565	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 365-day implantable sensor, including system activation	Outpatient elective surgery	0 to 20 years

<b>Code</b>	<b>Description</b>	<b>Category</b>	<b>Age qualifier</b>
J0139	Injection, adalimumab, 1 mg	Outpatient Pharmaceuticals: Self-injectable – Humira®	N/A
J0870	Injection, imetelstat, 1 mg	Outpatient Pharmaceuticals: Rytelo®	N/A
J1307	Injection, crovalimab-akkz, 10 mg	Outpatient Pharmaceuticals: PiaSky®	N/A
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Outpatient Pharmaceuticals: Gene therapy – Beqvez™	N/A
J1552	Injection, immune globulin (Alyglo™), 500 mg	Outpatient Pharmaceuticals: Immune globulin agents – Alyglo	N/A
J2802	Injection, romiplostim, 1 mcg	Outpatient Pharmaceuticals: Nplate®	N/A
J3392	Injection, exagamglogene autotemcel, per treatment	Outpatient Pharmaceuticals: Gene therapy – Casgevy®	N/A
J7601	Ensifentrine, inhalation suspension, U.S. Food and Drug Administration (FDA)-approved final product, noncompounded, administered through DME, unit dose form, 3 mg	Outpatient Pharmaceuticals: Ohtuvayre™	N/A
J9026	Injection, tarlatamab-dlle, 1 mg	Outpatient Pharmaceuticals: Imdelltra™	N/A
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 mcg	Outpatient Pharmaceuticals: Anktiva®	N/A
J9292	Injection, pemetrexed (Avyxa™), not therapeutically equivalent to J9305, 10 mg	Outpatient Pharmaceuticals: Axtle™	N/A
Q4346	Shelter™ DM Matrix, per sq cm	Wound care – Skin substitutes and biologicals	N/A
Q4347	Rampart™ DL Matrix, per sq cm	Wound care – Skin substitutes and biologicals	N/A

<b>Code</b>	<b>Description</b>	<b>Category</b>	<b>Age qualifier</b>
Q4348	Sentry™ SL Matrix, per sq cm	Wound care – Skin substitutes and biologicals	N/A
Q4349	Mantle™ DL Matrix, per sq cm	Wound care – Skin substitutes and biologicals	N/A
Q4350	Palisade™ DM Matrix, per sq cm	Wound care – Skin substitutes and biologicals	N/A
Q4351	Enclose™ TL Matrix, per sq cm	Wound care – Skin substitutes and biologicals	N/A
Q4352	Overlay™ SL Matrix, per sq cm	Wound care – Skin substitutes and biologicals	N/A
Q4353	Xceed™ TL Matrix, per sq cm	Wound care – Skin substitutes and biologicals	N/A
Q5139	Injection, eculizumab-aeab (Bkemv™), biosimilar, 10 mg	Outpatient Pharmaceuticals: Eculizumab agents – Bkemv	N/A
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	Outpatient Pharmaceuticals: Self-injectable	N/A
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Outpatient Pharmaceuticals: Self-injectable	N/A
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	Outpatient Pharmaceuticals: Self-injectable	N/A
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Outpatient Pharmaceuticals: Self-injectable	N/A
Q5144	Injection, adalimumab-aacf (Idacio®), biosimilar, 1 mg	Outpatient Pharmaceuticals: Self-injectable	N/A
Q5145	Injection, adalimumab-afzb (Abrilada™), biosimilar, 1 mg	Outpatient Pharmaceuticals: Self-injectable	N/A
Q5146	Injection, trastuzumab-strf (Hercessi™), biosimilar, 10 mg	Outpatient Pharmaceuticals:	N/A

<b>Code</b>	<b>Description</b>	<b>Category</b>	<b>Age qualifier</b>
		Trastuzumab agents Hercessi – “non-preferred” biosimilar	
Q9996	Injection, ustekinumab-ttwe (Pyzchiva®), subcutaneous, 1 mg	Outpatient Pharmaceuticals: Ustekinumab agents – Pyzchiva	N/A
Q9997	Injection, ustekinumab-ttwe (Pyzchiva), intravenous, 1 mg	Outpatient Pharmaceuticals: Ustekinumab agents – Pyzchiva	N/A
Q9998	Injection, ustekinumab-aekn (Selarsdi™), 1 mg	Outpatient Pharmaceuticals: Ustekinumab agents – Selarsdi	N/A
0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of single-nucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffin-embedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change	Genetic testing	N/A
0529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE	Genetic testing	N/A
0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, next-generation sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, with therapy association	Genetic testing	N/A
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	Outpatient elective surgery	0 to 20 years
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Outpatient Pharmaceuticals: Gene therapy, includes CAR-T therapy	N/A
38226	CAR-T therapy; preparation of blood-derived T lymphocytes for transportation (e.g., cryopreservation, storage)	Outpatient Pharmaceuticals: Gene therapy, includes CAR-T therapy	N/A
38227	CAR-T therapy; receipt and preparation of CAR-T cells for administration	Outpatient Pharmaceuticals: Gene	N/A

<b>Code</b>	<b>Description</b>	<b>Category</b>	<b>Age qualifier</b>
		therapy, includes CAR-T therapy	
38228	CAR-T therapy; CAR-T cell administration, autologous	Outpatient Pharmaceuticals: Gene therapy, includes CAR-T therapy	N/A
49186	Excision or destruction, open, intra-abdominal (i.e., peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less	Outpatient elective surgery	0 to 20 years
49187	Excision or destruction, open, intra-abdominal (i.e., peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm	Outpatient elective surgery	0 to 20 years
49188	Excision or destruction, open, intra-abdominal (i.e., peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm	Outpatient elective surgery	0 to 20 years
49189	Excision or destruction, open, intra-abdominal (i.e., peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm	Outpatient elective surgery	0 to 20 years
49190	Excision or destruction, open, intra-abdominal (i.e., peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm	Outpatient elective surgery	0 to 20 years
51721	Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	Outpatient elective surgery	0 to 20 years
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (i.e., pressure necrosis) of bladder neck and prostate	Outpatient elective surgery	0 to 20 years
53866	Catheterization with removal of temporary device for ischemic remodeling (i.e., pressure necrosis) of bladder neck and prostate	Outpatient elective surgery	0 to 20 years
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation	Outpatient elective surgery	0 to 20 years
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound,	Outpatient elective surgery	0 to 20 years

Code	Description	Category	Age qualifier
	including suprapubic tube placement and placement of an endorectal cooling device, when performed		
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	Outpatient elective surgery	0 to 20 years
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (list separately in addition to code for primary procedure)	Outpatient elective surgery	0 to 20 years
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	Outpatient elective surgery	0 to 20 years
81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	Genetic testing	N/A
81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection	Genetic testing	N/A

### Additions, effective immediately

The below outpatient pharmaceuticals, newly approved by the U.S. Food and Drug Administration, require PA immediately.

Category	Requirement	Code description
Outpatient Pharmaceuticals: PD-1/PD-L1 inhibitors	Tecentriq Hybreza™	Unclassified drug HCPCS codes (e.g., C9399, J3590 and J3490)
Outpatient Pharmaceuticals: Gene therapy	Kebilidi™	
Outpatient Pharmaceuticals	Ziihera®	
Outpatient Pharmaceuticals: Ustekinumab agents	Otulfi™	
Outpatient Pharmaceuticals: Ustekinumab agents	Imuldosa™	

### Changes, effective immediately

The following category changes have been applied. There are no changes to the authorization requirements or related enforcement based on these changes.

Category	Description
Outpatient Services: Trigger point and sacroiliac (SI) joint injections	Category name changed to "Sacroiliac (SI) joint injections"

Outpatient Pharmaceuticals: Denosumab agents	Moved Prolia®/Jubbonti®, Xgeva®/Wyost® as examples under new "Denosumab agents" grouping
Outpatient Pharmaceuticals: Alpha-1 proteinase inhibitors	Moved Aralast® NP, Glassia®, Prolastin®-C, and Zemaira® as examples under new "Alpha-1 proteinase inhibitors" grouping
Outpatient Pharmaceuticals: Exon-skipping therapies	Moved Amondys-45™, Exondys-51™, Viltepso®, and Vyondys-53® as examples under new "Exon-skipping therapies" grouping
Outpatient Pharmaceuticals: Pemetrexed agent	Added Axtle™ as an example under "Pemetrexed agents"
Outpatient Pharmaceuticals: Gene therapy, includes CAR-T therapy	Moved Lenmeldy™ and Lyfgenia™ to examples under grouping
Exclusions and Limitations	Added for adult and pediatric members: A member or provider is not required to obtain prior authorization for non-emergency medical transportation (NEMT) services if the member is being transferred from an emergency room to an inpatient setting, or from an acute care hospital, immediately following an inpatient stay at the acute level of care, to a skilled nursing facility, an intermediate care facility or imbedded psychiatric units, free standing psychiatric inpatient hospitals, psychiatric health facilities, or any other appropriate inpatient acute psychiatric facilities.

### Addition, effective April 1, 2025

The below outpatient pharmaceutical requires PA per a new HCPCS code issued by CMS.

**Note:** Additional procedures, services (including DME) and outpatient pharmaceuticals that require PA, per new CPT and HCPCS codes issues by CMS, will be communicated in a forthcoming provider update.

Code	Code description	Category
Q5151	Injection, eculizumab-aagh (Epysqli®), biosimilar, 2 mg	<ul style="list-style-type: none"> <li>Outpatient Pharmaceuticals: Eculizumab agents – Epysqli</li> <li>Existing medications, Bkempv and Soliris®, moved to new "Eculizumab agents" grouping</li> </ul>

### Additions, effective June 15, 2025

The below procedures and outpatient pharmaceuticals require PA effective June 15, 2025.

Code (if applicable)	Code description	Category
Not applicable	Unclassified drug HCPCS codes (e.g., C9399, J3590 and J3490)	Outpatient Pharmaceuticals: <ul style="list-style-type: none"> <li>Lantidra™</li> <li>Omisirge®</li> <li>Pavblu™</li> <li>Rethymic® (implant)</li> </ul>
J9041	Injection, bortezomib (Velcade®), 0.1 mg	<ul style="list-style-type: none"> <li>Outpatient Pharmaceuticals: Velcade</li> <li>Prior authorization required for all ages (was previously required for ages 0–20 only)</li> </ul>

Code (if applicable)	Code description	Category
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	<ul style="list-style-type: none"> <li>Outpatient Pharmaceuticals: Pemetrexed agents examples – Alimta® generic equivalent</li> <li>Alimta currently requires PA</li> </ul>
G0138	Intravenous infusion of cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of cipaglucosidase alfa-atga	<ul style="list-style-type: none"> <li>Outpatient Pharmaceuticals: Lysosomal storage disorders examples – Pombiliti™</li> <li>Pombiliti currently requires PA, but code G0138 requires PA as of June 15, 2025</li> </ul>
J1941	20 mg injection of furosemide (Furoscix®)	Outpatient Pharmaceuticals: Furoscix
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	Outpatient Services: Reconstructive and cosmetic surgery, services and supplies – nasal surgery

### Removals, effective June 15, 2025

The below CPT and HCPCS no longer require PA, effective June 15, 2025.

Code	Code description	Category
J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to J9305, 10 mg	Outpatient Pharmaceuticals: Pemetrexed agents – generic
J9323	Injection, pemetrexed ditromethamine, 10 mg	Outpatient Pharmaceuticals: Pemetrexed agents – generic
J9051	Injection, bortezomib (maia), not therapeutically equivalent to J9041, 0.1 mg	Outpatient Pharmaceuticals: Velcade
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	Trigger point and sacrolilac (SI) joint injections
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	Trigger point and sacrolilac (SI) joint injections
E0601	Continuous positive airway pressure (CPAP) device	DME: CPAP

### Additional information

Relevant sections of the provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library on the provider portal at [provider.healthnetcalifornia.com](https://provider.healthnetcalifornia.com) > *Provider Library* under Quick Links, or go directly to [providerlibrary.healthnetcalifornia.com](https://providerlibrary.healthnetcalifornia.com).

If you have questions regarding the information contained in this update, contact CalViva Health at 888-893-1569. Behavioral Health providers can call at 844-966-0298.