

PROVIDER Update



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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 requirements for Medi-Cal fee-for-service physicians and other providers who service Los Angeles County Department of Health Services (LA-DHS) members.

These changes apply to outpatient pharmaceuticals (submitted under the medical benefit).

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

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Options for submitting a prior authorization request

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

- **Fax** – Complete the appropriate Inpatient or Outpatient Medi-Cal 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

LINES OF BUSINESS:

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

PROVIDER SERVICES

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

- **Phone** – Call Provider Services at 800-675-6110. Behavioral health providers may contact 844-966-0298.

How to access prior authorization requirements

Access the Medi-Cal Prior Authorization requirements at <https://bit.ly/HN-Prior-Auth> and select the *Medi-Cal Los Angeles County Department of Health Services (LA-DHS) Participating Provider Groups* 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).

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Code	Description	Category
C9173	Injection, filgrastim-txid (Nypozi®), biosimilar, 1 mcg	Outpatient Pharmaceuticals: Filgrastim agents - Nypozi
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 qualifying Medicare nonopioid medical device for postsurgical pain relief in accordance with Section 4135 of the CAA, 2023)	Neuro and spinal cord stimulators, including procedures
J0139	Injection, adalimumab, 1 mg	Outpatient Pharmaceuticals: Self Injectable – Humira®
J0870	Injection, imetelstat, 1 mg	Outpatient Pharmaceuticals: Rytelo®
J1307	Injection, crovalimab-akkz, 10 mg	Outpatient Pharmaceuticals: PiaSky®
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Outpatient Pharmaceuticals: Beqvez™
J1552	Injection, immune globulin (Alyglo™), 500 mg	Outpatient Pharmaceuticals: Immune globulin agents – Alyglo
J2802	Injection, romiplostim, 1 mcg	Outpatient Pharmaceuticals: Nplate®
J3392	Injection, exagamglogene autotemcel, per treatment	Outpatient Pharmaceuticals: Gene therapy – Casgev®
J7601	Ensifentrine, inhalation suspension, FDA-approved final product, noncompounded, administered through DME, unit dose form, 3 mg	Outpatient Pharmaceuticals: Ohtuvayre™
J9026	Injection, tarlatamab-dlle, 1 mg	Outpatient Pharmaceuticals: Imdelltra™
J9028	Injection, nogapendekin alfa inbakicept-pmIn, for intravesical use, 1 mcg	Outpatient Pharmaceuticals: Anktiva®
J9292	Injection, pemetrexed (Avyxa™), not therapeutically equivalent to J9305, 10 mg	Outpatient Pharmaceuticals: Axtle™

Code	Description	Category
Q5139	Injection, eculizumab-aeeb (Bkemv™), biosimilar, 10 mg	Outpatient Pharmaceuticals: Bkemv
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	Outpatient Pharmaceuticals: Self-injectable
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Outpatient Pharmaceuticals: Self-Injectable
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	Outpatient Pharmaceuticals: Self-Injectable
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Outpatient Pharmaceuticals: Self-Injectable
Q5144	Injection, adalimumab-aacf (Idacio®), biosimilar, 1 mg	Outpatient Pharmaceuticals: Self-Injectable
Q5145	Injection, adalimumab-afzb (Abrilada™), biosimilar, 1 mg	Outpatient Pharmaceuticals: Self-Injectable
Q5146	Injection, trastuzumab-strf (Hercessi™), biosimilar, 10 mg	Outpatient Pharmaceuticals: Trastuzumab agents Hercessi – “Non-preferred” biosimilar
Q9996	Injection, ustekinumab-ttwe (Pyzchiva®), subcutaneous, 1 mg	Outpatient Pharmaceuticals: ustekinumab agents – Pyzchiva
Q9997	Injection, ustekinumab-ttwe (Pyzchiva), intravenous, 1 mg	Outpatient Pharmaceuticals: ustekinumab agents – Pyzchiva
Q9998	Injection, ustekinumab-aekn (Selarsdi™), 1 mg	Outpatient Pharmaceuticals: ustekinumab agents – Selarsdi
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
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
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
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

Code	Description	Category
38226	CAR-T therapy; preparation of blood-derived T lymphocytes for transportation (e.g., cryopreservation, storage)	Outpatient Pharmaceuticals: Gene therapy, includes CAR-T therapy
38227	CAR-T therapy; receipt and preparation of CAR-T cells for administration	Outpatient Pharmaceuticals: Gene therapy, includes CAR-T therapy
38228	CAR-T therapy; CAR-T cell administration, autologous	Outpatient Pharmaceuticals: Gene therapy, includes CAR-T therapy
81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	Genetic testing
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

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"> Outpatient Pharmaceuticals: Eculizumab agents – Epysqli Existing medications, Bkempv and Soliris®, moved to new "Eculizumab agents" grouping on the PA list

Additions, effective June 15, 2025

The below 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"> Lantidra™ Omisirge® Pavblu™ Rethymic® (implant)
J9041	Injection, bortezomib (Velcade®), 0.1 mg	<ul style="list-style-type: none"> Outpatient Pharmaceuticals: Velcade Prior authorization required for all ages (was previously required for ages 0-20 only)

Code (if applicable)	Code description	Category
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	<ul style="list-style-type: none"> Outpatient Pharmaceuticals: Pemetrexed agents examples – Alimta® generic equivalent. Alimta currently requires PA.
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"> Outpatient Pharmaceuticals: Lysosomal storage disorders examples – Pombiliti™ Pombiliti currently requires PA, but code G0138 requires PA as of June 15, 2025
J1941	20 mg injection of furosemide (Furoscix®)	Outpatient Pharmaceuticals: Furoscix

Removals, effective June 15, 2025

The below outpatient pharmaceuticals and DME no longer require PA, effective June 15, 2025.

Code (if applicable)	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
E0601	Continuous positive airway pressure (CPAP) device	DME: CPAP

Additional information

Relevant sections of Health Net’s 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 Health Net’s provider portal at provider.healthnetcalifornia.com > *Provider Library* under Quick Links, or go directly to providerlibrary.healthnetcalifornia.com.

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center as listed in the right-hand column on page 1. Behavioral health providers can call 844-966-0298.