

PROVIDER Update



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Prior Authorization Changes, Effective April 1, 2025, through August 1, 2025

Learn what codes for medical benefit medications and other services have been added or removed

The following update includes information about prior authorization (PA) requirement changes for Medi-Cal fee-for-service physicians and other providers who service Community Health Plan of Imperial Valley members.

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

Changes are listed in order of their effective date, as follows:

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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, select *Medi-Cal*, then select *Prior Authorization Requirements* on the left-hand side.
- Go to <https://bit.ly/HN-Prior-Auth> and select the *Imperial County – Community Health Plan of Imperial Valley (CHPIV)* Prior Authorization List.

Additions and changes, effective immediately

The following additions and changes are effective immediately.

THIS UPDATE APPLIES TO:

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

PROVIDER SERVICES

CHPIV Medi-Cal (including ECM and CS providers) –
833-236-4141

Behavioral health providers –
844-966-0298

PROVIDER PORTAL

provider.healthnetcalifornia.com

Category	Description
Outpatient pharmaceuticals: Datroway®, Opdivo Qvantiq™ Ryoncil®	Newly approved by the U.S. Food & Drug Administration (FDA) that requires PA
Outpatient pharmaceuticals: Tyruko®, Tysabri®	Moved to 'Natalizumab' category under outpatient pharmaceuticals (no change to requirements)
Outpatient pharmaceuticals: Actemra®, Tofidence™, Tyenne®	Moved to 'Tocilizumab' category under outpatient pharmaceuticals (no change to requirements)

New CPT and HCPCS codes, effective April 1, 2025

The following procedures, services (including durable medical equipment [DME]) and outpatient pharmaceuticals require PA, effective April 1, 2025, per new CPT and HCPCS codes issued by the Centers for Medicare & Medicaid Services (CMS).

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Code	Description	Category	Age qualifier ¹
A2030	Miro3D® fibers, per mg	Wound care	N/A
A2031	MiroDry™® Wound Matrix, per sq cm	Wound care	N/A
A2032	Myriad Matrix™, per sq cm	Wound care	N/A
A2033	Myriad Morcells™, 4 mg	Wound care	N/A
A2034	Foundation DRS Solo®, per sq cm	Wound care	N/A
A2035	Corplex P™ or Theracor P™ or Allacor P™, per mg	Wound care	N/A
C8005	Bronchoscopy, rigid or flexible, non-thermal transbronchial ablation of lesion(s) by pulsed electric field (PEF) energy, including fluoroscopic and/or ultrasound guidance, when performed, with computed tomography acquisition(s) and 3D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) of all mediastinal and/or hilar lymph node stations or structures, and therapeutic intervention(s)	Experimental/investigational services and new technologies	N/A
C9301	Obecabtagene autoleucel, up to 410 million CD19 chimeric antigen receptor (CAR)-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Outpatient pharmaceuticals: Gene therapy, includes CAR-T therapy - Aucatzyl®	N/A
C9302	Injection, zanidatamab-hrii, 2 mg	Outpatient pharmaceuticals: Ziihera®	N/A
C9303	Injection, zolbetuximab-clzb, 1 mg	Outpatient pharmaceuticals: Vyloy®	N/A
C9304	Injection, marstacimab-hncq, 0.5 mg	Outpatient pharmaceuticals: self-injectable	N/A

Code	Description	Category	Age qualifier¹
E0201	Penile contracture device, manual, greater than 3 lbs traction force	DME – pediatric	Under age 21
E1022	Wheelchair transportation securement system, any type, includes all components and accessories	DME – pediatric	Under age 21
E1023	Wheelchair transit securement system, includes all components and accessories	DME – pediatric	Under age 21
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	DME – pediatric	Under age 21
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	DME – pediatric	Under age 21
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	DME – pediatric	Under age 21
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	DME – pediatric	Under age 21
J1072	Injection, testosterone cypionate (Azmiro™), 1 mg	Outpatient pharmaceuticals: Testosterone therapy	N/A
J1299	Injection, eculizumab, 2 mg	Outpatient pharmaceuticals: eculizumab agents - Soliris®	N/A
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	Outpatient pharmaceuticals: Ocrevus Zunovo™	N/A
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Outpatient pharmaceuticals: Tecentriq Hybreza™	N/A
J9038	Injection, axatilimab-csfr, 0.1 mg	Outpatient pharmaceuticals: Niktimvo™	N/A
J9054	Injection, bortezomib (Boruzu™), 0.1 mg	Outpatient pharmaceuticals: Boruzu	N/A
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	Outpatient pharmaceuticals: Lymphir™	N/A
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by L6692	Prosthetics	Under age 21
L6029	Upper extremity addition, test socket/interface, partial hand including fingers	Prosthetics	Under age 21
L6030	Upper extremity addition, external frame, partial hand including fingers	Prosthetics	Under age 21
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	Prosthetics	Under age 21

Code	Description	Category	Age qualifier¹
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	Prosthetics	Under age 21
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	Prosthetics	Under age 21
L6037	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers	Prosthetics	Under age 21
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement	Prosthetics	Under age 21
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system	Prosthetics	Under age 21
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Outpatient pharmaceuticals: Tecelra®	N/A
Q4354	PalinGen® Dual-Layer Membrane, per sq cm	Wound care	N/A
Q4355	Abiomend® Xplus Membrane and Abiomend Xplus Hydromembrane, per sq cm	Wound care	N/A
Q4356	Abiomend Membrane and Abiomend Hydromembrane, per sq cm	Wound care	N/A
Q4357	XWRAP Plus®, per sq cm	Wound care	N/A
Q4358	XWRAP Dual®, per sq cm	Wound care	N/A
Q4359	ChoriPly, per sq cm	Wound care	N/A
Q4360	AmchoPlast FD®, per sq cm	Wound care	N/A
Q4361	EPIXPRESS™, per sq cm	Wound care	N/A
Q4362	CYGNUS® Disk, per sq cm	Wound care	N/A
Q4363	Amnio Burgeon Membrane and Hydromembrane, per sq cm	Wound care	N/A
Q4364	Amnio Burgeon Xplus Membrane and Xplus Hydromembrane, per sq cm	Wound care	N/A
Q4365	Amnio Burgeon Dual-Layer Membrane, per sq cm	Wound care	N/A
Q4366	Dual Layer Amnio Burgeon X-Membrane, per sq cm	Wound care	N/A
Q4367	AmnioCore SL™, per sq cm	Wound care	N/A
Q5147	Injection, aflibercept-ayyh (Pavblu™), biosimilar, 1 mg	Outpatient pharmaceuticals: Pavblu	N/A
Q5148	Injection, filgrastim-txid (Nypozi™), biosimilar, 1 mcg	Outpatient pharmaceuticals: Nypozi	N/A
Q5149	Injection, aflibercept-abzv (Enzeevu™), biosimilar, 1 mg	Outpatient pharmaceuticals: Aflibercept category – Enzeevu	N/A

Code	Description	Category	Age qualifier¹
Q5150	Injection, aflibercept-mrbb (Ahzantive®), biosimilar, 1 mg	Outpatient pharmaceuticals: Aflibercept category – Ahzantive	N/A
Q5151	Injection, eculizumab-aagh (Epysqli®), biosimilar, 2 mg	Outpatient pharmaceuticals: eculizumab agents – Epysqli	N/A
Q5152	Injection, eculizumab-aeeb (Bkemv™), biosimilar, 2 mg	Outpatient pharmaceuticals: eculizumab agents – Bkemv	N/A
Q9999	Injection, ustekinumab-aaaz (Otulfi™), biosimilar, 1 mg	Outpatient pharmaceuticals: Otulfi	N/A
0531U	Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), next-generation sequencing, plasma	Genetic testing	N/A
0532U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative	Genetic testing	N/A
0533U	Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (i.e., ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLCO1B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function	Genetic testing	N/A
0534U	Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk score	Genetic testing	N/A
0536U	Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation known to be RhD negative, reported as fetal RhD status	Genetic testing	N/A
0537U	Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next-generation sequencing, > 2500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative	Genetic testing	N/A
0538U	Oncology (solid tumor), next-generation targeted sequencing analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant	Genetic testing	N/A
0539U	Oncology (solid tumor), cell-free circulating tumor DNA (ctDNA), 152 genes, next-generation sequencing, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant	Genetic testing	N/A

Code	Description	Category	Age qualifier ¹
0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor-derived cell-free DNA to determine probability of rejection	Genetic testing	N/A
0543U	Oncology (solid tumor), next-generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single-nucleotide variants, multi-nucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden	Genetic testing	N/A
0544U	Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA from plasma, donor-derived cell-free DNA, percentage reported as risk for rejection	Genetic testing	N/A
0549U	Oncology (urothelial), DNA, quantitative methylated real-time PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)	Genetic testing	N/A

Changes, effective July 1, 2025

Effective July 1, 2025, gene therapy used for sickle cell disease will be carved out to Medi-Cal FFS through the Department of Health Care Services (DHCS) including the following outpatient pharmaceuticals.

Code	Code description	Category
J3392	Injection, efgartigimod alfa-fcab, 2mg	Outpatient pharmaceuticals: Casgevy™
J3394	Injection, lovetibeglogene autotemcel, per treatment	Outpatient pharmaceuticals: Lyfgenia™

Additions, effective August 1, 2025

The following CPT and HCPCS require PA effective August 1, 2025.

Code	Code description	Category
A9607	Lutetium Lu 177 vipivotide tetraxetan (Pluvicto®)	Outpatient pharmaceuticals: Pluvicto
76391	Magnetic resonance (e.g., vibration) elastography	Advanced imaging – authorized by Evolent Specialty Services, Inc. (Evolent)

Removals, effective August 1, 2025

The following HCPCS codes no longer require PA, effective August 1, 2025.

Code	Code description	Category
J9247	Melphalan Flufenamide (Pepaxto®)	Outpatient pharmaceuticals: Pepaxto
J1444	Ferric Pyrophosphate (Triferic®, Triferic Avnu®)	Outpatient pharmaceuticals: Triferic, Triferic Avnu

Additional Information

Providers are encouraged to access the provider portal online at provider.healthnetcalifornia.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact Community Health Plan of Imperial Valley at 833-236-4141. Behavioral Health providers can call 844-966-0298.

¹ N/A = not applicable