PROVIDER *Update*

CONTRACTUAL | AUGUST 27, 2025 | UPDATE 25-841 | 6 PAGES

Updates to the Prior Authorization Requirements

Stay informed on the latest changes to codes, medications and other services and procedures effective now and in the coming months

The following update includes 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:

Page number	Description
1-4	New CPT and HCPCS codes, effective July 1, 2025
4	Additions, effective immediately
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5	Addition, effective November 1, 2025

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

New CPT and HCPCS codes, effective July 1, 2025

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

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

Code	Description	Category
0552U	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophectoderm biopsy, linkage analysis of disease-causing locus, and when possible, targeted mutation analysis for known familial variant, reported as low-risk or high-risk for familial genetic disorder.	Genetic testing
0553U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, or mosaic, per embryo tested.	Genetic testing
0554U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal (euploidy), monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested.	Genetic testing
0555U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested.	Genetic testing
0560U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific DNA and RNA by real-time PCR, 12 targets, nasopharyngeal or oropharyngeal swab, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected.	Genetic testing
0561U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD.	Genetic testing
0562U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants.	Genetic testing
0565U	Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cell-free DNA, plasma, algorithm reported as cancer signal detected or not detected.	Genetic testing
0566U	Oncology (lung), qPCR-based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result.	Genetic testing

Code	Description	Category
0567U	Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants.	Genetic testing
0568U	Neurology (dementia), beta amyloid (AB40, AB42, AB42/40 ratio), tau-protein phosphorylated at residue (e.g., pTau217), neurofilament light chain (NfL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array detection, plasma, algorithm reported as positive, intermediate, or negative for Alzheimer pathology.	Genetic testing
0569U	Oncology (solid tumor), next-generation sequencing analysis of tumor methylation markers (> 20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate.	Genetic testing
0571U	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants.	Genetic testing
C9175	Injection, treosulfan, 50 mg.	Outpatient pharmaceuticals: Grafapex™
C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg.	Outpatient Pharmaceuticals: Datroway®
J1326	Injection, zolbetuximab-clzb, 2 mg.	Outpatient Pharmaceuticals: Vyloy®
J3391	Injection, atidarsagene autotemcel, per treatment.	Outpatient Pharmaceuticals: Lenmeldy™
J7172	Injection, marstacimab-hncq, 0.5 mg.	Outpatient Pharmaceuticals: Hemophilia - Hympavzi™
J7356	Injection, foscarbidopa, 0.25 mg/foslevodopa, 5 mg.	Outpatient Pharmaceuticals: Vyalev™
J9275	Injection, cosibelimab-ipdl, 2 mg.	Outpatient Pharmaceuticals: PD-1/PD-L1 inhibitors: Unloxcyt™
J9276	Injection, zanidatamab-hrii, 2 mg.	Outpatient Pharmaceuticals: Ziihera®
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy.	Outpatient Pharmaceuticals: Qvantig™
J9382	Injection, zenocutuzumab-zbco, 1 mg.	Outpatient Pharmaceuticals: Bizengri®

Code	Description	Category
Q2058	Obecabtagene autoleucel, 10 up to 400 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion.	Outpatient Pharmaceuticals: Gene therapy Car-T Aucatzyl®
Q4368	AmchoThick™, per square centimeter.	Wound therapy
Q4369	AmnioPlast 3, per square centimeter.	Wound therapy
Q4370	AeroGuard, per square centimeter.	Wound therapy
Q4371	NeoGuard, per square centimeter.	Wound therapy
Q4372	AmchoPlast™ EXCEL, per square centimeter.	Wound therapy
Q4373	Membrane Wrap-Lite, per square centimeter.	Wound therapy
Q4375	duoGRAFT AC™, per square centimeter.	Wound therapy
Q4376	Duograft AA™, per square centimeter.	Wound therapy
Q4377	triGRAFT FT™, per square centimeter.	Wound therapy
Q4378	Renew FT Matrix, per square centimeter.	Wound therapy
Q4379	AmnioDefend FT Matrix, per square centimeter.	Wound therapy
Q4380	AdvoGraft One, per square centimeter.	Wound therapy
Q4381	Matrix HD® allograft dermis, per square centimeter.	Wound therapy
Q4382	AdvoGraft Dual, per square centimeter.	Wound therapy
Q5098	Injection, ustekinumab-srlf (Imuldosa®), biosimilar, 1 mg.	Outpatient Pharmaceuticals: Self Injectable – Imuldosa
Q5099	Injection, ustekinumab-stba (Steqeyma®), biosimilar, 1 mg.	Outpatient Pharmaceuticals: Self Injectable – Ustekinumab agents, Steqeyma
Q5100	Injection, ustekinumab-kfce (Yesintek™), biosimilar, 1 mg.	Outpatient Pharmaceuticals: Self Injectable – Ustekinumab agents, Yesintek
Q5153	Injection, aflibercept-yszy (Opuviz™), biosimilar, 1 mg.	Outpatient Pharmaceuticals: Biosimilar Aflibercept agents, Opuviz

Additions, effective immediately

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

- Zevaskyn™ (Gene Therapy)
- Penpulimab-kcqx (PD-1 inhibitor)
- Emrelis™

Changes, effective immediately

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

Category	Change description
Ustekinumab agents	• **Preferred:** Otulfi®, Selarsdi®, Steqeyma, Pyzchiva®, Yesintek • **Non preferred:** Imuldosa, Stelara®, Wezlana™
Immune Globulin agents	Gamunex-C is preferred
Limitations and exclusions, and prior authorization exceptions	**Hospice services** • **Inpatient hospice care**: Prior authorization **is required**, subject to Health Net's standard prior authorization processes. Attach the required documentation (see below) and submit to **Health Net - Prior Authorization** (contact information can be found at https://bit.ly/PA-Contacts). • **Outpatient hospice services**: Prior Authorization **is not required** for routine home care, continuous home care and respite care, or hospice physician services. Submit all required documentation (see below) via encrypted email to **HospiceCTIforms@centene.com**. **Required documentation:** • Certification of the patient's terminal illness; • Medi-Cal Hospice Program Election form, available online at https://bit.ly/DHCS-MCL-Hospice-Election; • Revocation of hospice election, documenting the patient's decision to discontinue hospice care; • Copy of the written initial plan of care; • Written prescription signed by the patient's attending physician, which includes justification for general inpatient level of care; • Face-to-face encounter document that verifies clinical evaluation for continued eligibility; and • Transfer summary when the patient changes health plan carriers Refer to APL 25-008 for additional information: https://bit.ly/APL25-008.

Addition, effective November 1, 2025

The below outpatient pharmaceutical requires PA November 1, 2025.

Code	Description	Category
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg.	Outpatient Pharmaceuticals: Corticosteroid Ophthalmic Injections - Dextenza®

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 > *Provider Library* under Quick Links, or go directly providerlibrary.healthnetcalifornia.com.

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.