

PROVIDER Update



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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 Ambetter HMO/PPO, Employer Group (HMO, Point of Service (POS), PPO) – referred to as “Commercial”, and Medi-Cal fee-for service physicians and other providers.

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

Where applicable, changes are grouped by line of business and are in order of their effective date, as follows:

Page number	Description
2-4	New CPT and HCPCS codes, effective July 1, 2025
4	Additions, effective immediately
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5	Addition, effective November 1, 2025

In the tables on the following pages, “X” applies to the lines of business indicated; N/A refers to “not applicable.”

How to access prior authorization requirements

Access the Prior Authorization requirements via either option below:

- Go to the Provider Library at providerlibrary.healthnetcalifornia.com > select a line of business > *Prior Authorization Requirements* (on the left side).
- Go to <https://bit.ly/HN-Prior-Auth> and select the *Medi-Cal Fee-for-Service Health Net* or the *Commercial – California* Prior Authorization List.

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at provider_services@healthnet.com, by telephone or through the Health Net provider portal as listed in the right-hand column. Behavioral health providers can call 844-966-0298.

THIS UPDATE APPLIES TO:

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

LINES OF BUSINESS:

- IFP
 - Ambetter HMO
 - Ambetter PPO
- Employer Group
 - HMO/POS
 - PPO
- Medi-Cal
 - Amador
 - Calaveras
 - Inyo
 - Los Angeles
 - Molina
 - Mono
 - Sacramento
 - San Joaquin
 - Stanislaus
 - Tulare
 - Tuolumne

PROVIDER SERVICES

provider_services@healthnet.com

Ambetter from Health Net IFP
Ambetter HMO – 888-926-2164

Ambetter from Health Net IFP
Ambetter PPO – 844-463-8188

Health Net Employer Group
HMO, POS & PPO – 800-641-7761

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

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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).

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Code	Description	Category
0552U	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophoctoderm 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 trophoctoderm 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 trophoctoderm 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 trophoctoderm 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	Genetic testing

Code	Description	Category
	human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants.	
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
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™

Code	Description	Category
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®
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 (Opviz™), biosimilar, 1 mg.	Outpatient Pharmaceuticals: Biosimilar Aflibercept agents, Opviz

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.

Commercial	Medi-Cal	Category Change Description
N/A	X	<p>Ustekinumab agents</p> <ul style="list-style-type: none"> • Preferred: Otulfi®, Selarsdi®, Steqeyma, Pyzchiva®, Yesintek • Non preferred: Imuldosa, Stelara®, Wezlana™
X	X	<p>Immune Globulin agents</p> <ul style="list-style-type: none"> • Gamunex-C is preferred
N/A	X	<p>Hospice services</p> <ul style="list-style-type: none"> • 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. <p>Required documentation:</p> <ul style="list-style-type: none"> • 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 <p>Refer to APL 25-008 for additional information: https://bit.ly/APL25-008.</p>

Additions, effective November 1, 2025

The below outpatient pharmaceuticals require PA November 1, 2025.

Commercial	Medi-Cal	Code	Description	Category
X	X	J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg.	Outpatient Pharmaceuticals: Corticosteroid Ophthalmic Injections - Dextenza®
X	N/A	S5000	Generic prescription drug.	Outpatient Pharmaceuticals– requires prior authorization if billed greater than \$500
X	N/A	S5001	Brand name prescription drug.	Outpatient Pharmaceuticals– requires prior authorization if billed greater than \$500