

PROVIDER Update



CONTRACTUAL | MARCH 26, 2026 | UPDATE 26-407 | 4 PAGES

Updates to Prior Authorization Requirements

Changes to prior authorization codes, effective January 1 through June 1, 2026

This provider update includes prior authorization (PA) requirement changes for Commercial (Individual & Family Plan (Ambetter HMO/PPO) and Employer Group HMO/POS and PPO), Medi-Cal and Wellcare By Health Net (Health Net*).

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

Changes are listed in the following order:

Page	Description
2-4	New CPT and HCPCS codes requiring authorization, effective January 1, 2026
4	Change and removal, effective immediately
4	Additions, effective June 1, 2026

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 PA requirements via either option below:

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

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 phone 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 and Practitioners
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Behavioral Health Providers

LINES OF BUSINESS:

- IFP
 - Ambetter HMO
 - Ambetter PPO
- Employer Group
 - HMO/POS
 - PPO
- Wellcare By Health Net
 - Medicare Advantage (HMO)
- 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

Medicare (individual & employer group)
(Wellcare By Health Net) – 800-929-9224

Medicare Supplement – 800-641-7761

Medi-Cal (including CS and ECM providers)
– 800-675-6110

Behavioral Health providers –
844-966-0298

PROVIDER PORTAL

provider.healthnetcalifornia.com

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Additions, effective January 1, 2026

The below services, procedures, equipment and outpatient pharmaceuticals require PA as of January 1, 2026, per new CPT and HCPCS codes issued by the Centers for Medicare & Medicaid Services.

HMO/POS	PPO	Medi-Cal	Medicare	Category	CPT/HCPCS code
X	X	X	X	Ablative techniques for prostate tumors	55877
X	X	X	X	Ablative techniques for treating Barrett's esophagus and for treatment of primary and metastatic liver malignancies	47384
X – authorized by Evolent	X – authorized by Evolent	X	X	Advanced imaging – CT	70471, 70472
N/A	N/A	N/A	X		70473
X	X	X	X	Bariatric surgery	43889
N/A	X – authorized by TurningPoint	X – under age 21	N/A	Cardiovascular procedures	C7568, C7569, C7570, C7571, 37254, 37255, 37256, 37257, 37258, 37259, 37260, 37261, 37263, 37264, 37265, 37266, 37267, 37268, 37269, 37270, 37271, 37272, 37273, 37274, 37275, 37276, 37277, 37278, 37280, 37281, 37282, 37283, 37284, 37285, 37286, 37287, 37288, 37289, 37290, 37291, 37292, 37293, 37294, 37295, 92930, 92945
N/A	N/A	N/A	X	Cosmetic procedure	97007, 97008, 97009
N/A	N/A	X – items exceeding \$1,500 in billed charges	X	Durable medical equipment	C9810, C9817
X	X	X	X	Genetic testing	0607U, 0608U, 0609U, 0610U, 0611U, 0612U, 0613U, 0602U, 0605U, 81354, 81524
N/A	N/A	N/A	X	Joint surgery	27458, 27713
X	X	X	X	Neurostimulator	64567
X	X	X	X	Outpatient pharmaceuticals – Avgemsi®	J9184
X	X	X	X	Outpatient pharmaceuticals – Emrelis®	J9326
X	X	X	X	Outpatient pharmaceuticals – gene therapy: Skysona®	J3387
X	X	X	X	Outpatient pharmaceuticals – Imaavy™	J9256

HMO/POS	PPO	Medi-Cal	Medicare	Category	CPT/HCPCS code
X	X	X	X	Outpatient pharmaceuticals – Jobevne®	Q5160
X	X	X	X	Outpatient pharmaceuticals – Lynozofic®	C9307
N/A	N/A	N/A	X	Outpatient pharmaceuticals – part B medications	C9308, J7528
X	X	X	X	Outpatient pharmaceuticals – Spravato®	J0013
X	X	X	X	Outpatient pharmaceuticals – testosterone therapy	J1073
X	X	X	X	Outpatient pharmaceuticals – Zevaskyn®	J3389
X	X	X	X	Outpatient pharmaceuticals – Zusduri®	J9282
X	X	X	X	Outpatient surgery	52443, 64654, 64655, 64656
N/A	N/A	N/A	X		64728
X – items exceeding \$2,500 in billed charges	X – items exceeding \$2,500 in billed charges	X – under age 21	X	Prosthetics	C1608
X	X	X	X	Quantitative drug screening	0603U
X – authorized by eviCore	X – authorized by eviCore	N/A	N/A	Radiation therapy	77437, 77438, 77439
X – authorized by TurningPoint	X – authorized by TurningPoint	X – Adult: authorized by TurningPoint Pediatric: authorized by Health Net	X	Spinal surgery	62330, 62331, 63032
X	X	X	X	Wound care – skin substitutes and biologicals	Q4398, Q4399, Q4400, Q4401, Q4402, Q4403, Q4404, Q4405, Q4406, Q4407, Q4408, Q4409, Q4410, Q4411, Q4412, Q4413, Q4414, Q4415, Q4416, Q4417, Q4420, Q4431, Q4432, Q4433, Q4398, Q4399, Q4400, Q4401, Q4402, Q4403, Q4404, Q4405, Q4406, Q4407, Q4408, Q4409, Q4410, Q4411, Q4412, Q4413, Q4414, Q4415, Q4416, Q4417, Q4420, Q4431, Q4432, Q4433

Change, effective immediately

The following biosimilar has been added as a non-preferred bevacizumab agent, effective immediately.

HMO/POS	PPO	Medi-Cal	Medicare	Category	CPT code
X	X	X	N/A	Outpatient pharmaceuticals: Avzivi® – non-preferred Bevacizumab agent	J3490

Removal, effective immediately

The following code no longer requires PA, effective immediately.

HMO/POS	PPO	Medi-Cal	Medicare	Category	CPT code
X	X	X	N/A	Magnetic resonance elastography	76391

Additions, effective June 1, 2026

The following codes require PA, effective June 1, 2026.

HMO/POS	PPO	Medi-Cal	Medicare	Category	CPT/HCPCS code
N/A	N/A	X	N/A	Applied behavioral analysis	S5111
X	X	N/A	N/A		97157

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