



## AUTHORIZATION REQUIREMENTS

In office based diagnostic testing/procedures do require authorization. Some exceptions may exist based on the Health Plan guidelines or benefits. Please refer to the below to confirm which specialties, services, or items do or do not require prior authorization. For questions regarding authorization requirements, please call 661-695-5990.

Note: Although the below services do not require authorization, submission of a *Referral/Prior Authorization Form* and supporting documentation may be required for tracking purposes. Absence of an authorization requirement does not relieve the provider of the requirements to use contracting providers (as applicable) and verify eligibility.

### DO NOT REQUIRE PRIOR AUTHORIZATION

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|---|---|
| 1. Bone Density/Osteoporosis Screening for females 65 or older. | 13. OB services   |
| 2. Cardiology Consults  | 14. Ophthalmology Consults                              |
| 3. Dermatology Consults   | 15. Orthopedics Consults                                |
| 4. Family Planning <i>*Verify benefit coverage.</i>             | 16. Otolaryngology Consults                             |
| 5. Elective Termination   | 17. Pain Management Consults                            |
| 6. Emergency care   | 18. Podiatry Consults                                   |
| 7. Endocrinology Consults                                       | 19. Preventative services                               |
| 8. Gastroenterology Consults                                    | 20. Pulmonary Medicine/PFTs                             |
| 9. General Surgery Consults                                     | 21. Radiology <i>*Limited - See radiology services.</i> |
| 10. Infectious Disease Consults                                 | 22. Rheumatology Consult                                |
| 11. Routine Laboratory  | 23. Urgent Care visits                                  |
| a. Lab Corp   | 24. Urology Consult                                     |
| 12. Neurology Consults  | 25. Well woman exams                                    |

### REQUIRE PRIOR AUTHORIZATION – Specialties

- |   |  |
|---|--|
| 1. Burn Center                                | 13. Physical Medicine & Rehabilitation |
| 2. Cardiac Rehab                              | 14. Plastic Surgery                    |
| 3. Chiropractic                               | 15. Rehabilitation Therapy             |
| 4. Colon & Rectal Surgery                     | 16. Physical Therapy                   |
| 5. Hematology/Oncology                        | 17. Occupational Therapy               |
| 6. Neurosurgery                               | 18. Speech Therapy                     |
| 7. Nephrology                                 | 19. Surgical Oncology                  |
| 8. Ophthalmology procedures                   | 20. Aquatic Therapy                    |
| 9. Oral Surgery                               | 21. Radiation Oncology                 |
| 10. Pain Management injections/procedures     | 22. Retinal Specialist                 |
| 11. Pediatric Specialty referrals (0-21 ages) | 23. Wound Care                         |
| 12. Perinatologist/Maternal-Fetal Medicine    | 24. Vascular Surgery                   |

### REQUIRES PRIOR AUTHORIZATION – Services

1. Admissions – Elective
2. Allergy/Serum
3. Bariatric Surgery
4. Biofeedback
5. Blood transfusion
6. Cardiology testing
7. Chemotherapy
8. Custom Rehab Equipment
9. Diabetic supplies *\*Carve out to Medi-Cal RX for Medi-Cal Members*
10. Dialysis
11. Durable Medical Equipment
12. Follow up visits
13. Hearing Aid Evaluations/Testing
14. Hearing testing \*Not done by ENT/PCP
15. Home health/Home Infusion
16. Injections/Infusions
17. Infusion therapy
18. Out of Network Lab/Pathology
19. Medical Supplies for home unit
20. Nuclear Medicine
21. Orthotics
22. Ostomy Supplies
23. Out of Network/Tertiary Referrals
24. PET scans
25. Prosthetics
26. Out of Network Providers
27. Radiology *\*See Radiology Services*
28. Second Opinions
29. Specialty Lab/Genetic testing
30. Surgical Procedures *\*Hospital or Ambulatory Surgery Centers*
31. Varicose Vein Treatment and Surgery.

**Radiology Services**

CPT Code Range	Description	No Prior Authorization Required	Requires Prior Authorization
76376-76377	3-D Manipulation		<b>X</b>
76977	Bone Density: US	<b>X</b>	
77071-77081	Bone/Joint Studies/DEXA Scans	<b>X</b>	
70496-70498	CT angio head and neck		<b>X</b>
71275	CT Angio: Thorax		<b>X</b>
74150-74170	CT: Abdomen	<b>X</b>	
74176-74178	CT: Abdomen and Pelvis	<b>X</b>	
76380	CT: Delimited		<b>X</b>
70450-70492	CT: head, neck, face	<b>X</b>	
75571-75574	CT: Heart		<b>X</b>
73700-73720	CT: Leg, Ankle, Foot	<b>X</b>	
72192-72194	CT: Pelvis	<b>X</b>	
73200-73202	CT: Shoulder, Arm, Hand	<b>X</b>	
72125-72133	CT: Spine	<b>X</b>	
71250-71271	CT: Thorax	<b>X</b>	
74174-74175	CTA: Abdomen and Pelvis		<b>X</b>
72191	CTA: Pelvis		<b>X</b>
73206	CTA: Shoulder, Arm and Hand		<b>X</b>
77085-77086	DEXA axial skeleton	<b>X</b>	
G0204	Diag mammography bilat with CAD when p	<b>X</b>	
G0206	Diag mammography unilat with CAD when	<b>X</b>	
76981-76983	Elastography: US		<b>X</b>
76975	Endoscopic US		<b>X</b>
75956-75959	Endovascular Aneurysm Repair		<b>X</b>
77063-77067	HEDIS Breast Cancer Screening	<b>X</b>	
76930-76970	Imagin Guidance: US	<b>X</b>	
76998-76999	Imaging Guidance During Surgery: US		<b>X</b>
77001-77022	Imaging Guidance Techniques		<b>X</b>
77084	Magnetic Resonance bone marrow blood supply		<b>X</b>
76390-76391	Magnetic Resonance Spectroscopy		<b>X</b>
76000-76140	Misc Techniques		<b>X</b>
74185	MRA: Abdomen		<b>X</b>
70544-70549	MRA: Head and Neck		<b>X</b>
73725	MRA: Leg, Ankle, Foot		<b>X</b>
72198	MRA: Pelvis		<b>X</b>

CPT Code Range	Description	No Prior Authorization Required	Requires Prior Authorization
73225	MRA: Should, Arm, Hand		X
72159	MRA: Spine		X
71555	MRA: Thorax		X
70540-70543	MRI Face Neck Orbits		X
74181-74183	MRI: Abdomen		X
70551-70553	MRI: Brain and Brain Stem		X
70554-70555	MRI: Brain mapping		X
75557-75565	MRI: Heart Structure and Physiology		X
70557-70559	MRI: Intraoperative		X
73718-73723	MRI: Leg, Ankle, Foot		X
72195-72197	MRI: Pelvis		X
73218-73223	MRI: Shoulder, Arm, Hand		X
72141-72158	MRI: Spine		X
71550-71552	MRI: Thorax		X
72240-72270	Myelography with contrast: Spinal Cord		X
75984-75989	Percutaneous Drainage		X
75970	Percutaneous Transluminal Angioplasty		X
74190	Peritoneography		X
72020-72120	Radiography spine	X	
74018-74022	Radiography: Abdomen	X	
75600-75774	Radiography: Arterial		X
74290-74330	Radiography: Biliary Tract		X
74340-74363	Radiography: Bilidigestive Intubation		X
77046-77062	Radiography: Breast	X	
70010-70015	Radiography: Diagnostic Radiology		X
72275	Radiography: Epidural Space	X	
73090-73140	Radiography: Forearm and Hand	X	
70030-70330	Radiography: Head, neck	X	
70332-70390	Radiography: Head, neck		X
72285	Radiography: Intervertebral Disc (Cervical-T	X	
72295	Radiography: Intervertebral Disc (Lumbar)	X	
74240-74283	Radiography: Intestines	X	
73560-73660	Radiography: Loew leg, Ankle, and foot	X	
75801-75893	Radiography: Lymphatic and Venous		X
73501-73552	Radiography: Pelvic Region and Thigh	X	
72170-72190	Radiography: Pelvis	X	
72200-72220	Radiography: Pelvis-sacral	X	
73000-73085	Radiography: Shoulder and upper Arm	X	

CPT Code Range	Description	No Prior Authorization Required	Requires Prior Authorization
71045-71130	Radiography: thorax	X	
74210-74235	Radiography: Throat and Esophagus	X	
74400-74755	Radiography: Urogenital		X
G0202	Screening mammography bilat with CAD	X	
76978-76979	Targeted Dynamic Microbubble, etc.: US		X
77261-79999	Therapeutic, nuclear, invasive Radiology		X
75894-75902	Transcatheter Procedures		X
76496-76499	Unlisted Radiology Procedures		X
76506	US: Brain	X	
76881-76886	US: Extremities	X	
76510-76529	US: Eyes	X	
76830-76873	US: Male and Female Genitalia	X	
76536-76800	US: Neck, Thorax, Abdomen, Spine	X	
76813-76828	US: Other Fetal Evaluations	X	
76801-76802	US: Pregnancy <14 weeks	X	
76805-76810	US: Pregnancy =or>14 weeks	X	
76811-76812	US: Pregnancy with Additional Studies of Fe	X	