

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**

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

**REQUIRES PRIOR AUTHORIZATION – Services**

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

**Radiology Services - Sorted by CPT Code**

| CPT Code Range | Description                               | No Prior Authorization Required | Requires Prior Authorization |
|----------------|-------------------------------------------|---------------------------------|------------------------------|
| 70010-70015    | Radiography: Diagnostic Radiology         |                                 | X                            |
| 70030-70330    | Radiography: Head, neck                   | X                               |                              |
| 70332-70390    | Radiography: Head, neck                   |                                 | X                            |
| 70450-70492    | CT: head, neck, face                      | X                               |                              |
| 70496-70498    | CT angio head and neck                    |                                 | X                            |
| 70540-70543    | MRI Face Neck Orbits                      | X                               |                              |
| 70544-70549    | MRA: Head and Neck                        |                                 | X                            |
| 70551-70553    | MRI: Brain and Brain Stem                 | X                               |                              |
| 70554-70555    | MRI: Brain mapping                        |                                 | X                            |
| 70557-70559    | MRI: Intraoperative                       |                                 | X                            |
| 71045-71130    | Radiography: thorax                       | X                               |                              |
| 71275          | CT Angio: Thorax                          |                                 | X                            |
| 71250-71271    | CT: Thorax                                | X                               |                              |
| 71550-71552    | MRI: Thorax                               | X                               |                              |
| 71555          | MRA: Thorax                               |                                 | X                            |
| 72020-72120    | Radiography spine                         | X                               |                              |
| 72125-72133    | CT: Spine                                 |                                 |                              |
| 72141-72158    | MRI: Spine                                | X                               |                              |
| 72159          | MRA: Spine                                |                                 | X                            |
| 72170-72190    | Radiography: Pelvis                       | X                               |                              |
| 72191          | CTA: Pelvis                               |                                 | X                            |
| 72192-72194    | CT: Pelvis                                | X                               |                              |
| 72195-72197    | MRI: Pelvis                               | X                               |                              |
| 72198          | MRA: Pelvis                               |                                 | X                            |
| 72200-72220    | Radiography: Pelvisacral                  | X                               | X                            |
| 72240-72270    | Myelography with contrast: Spinal Cord    |                                 | X                            |
| 72275          | Radiography: Epidural Space               | X                               |                              |
| 72285          | Radiography: Intervertebral Disc          | X                               |                              |
| 72295          | Radiography: Intervertebral Disc (Lumbar) | X                               |                              |
| 73000-73085    | Radiography: Shoulder and upper Arm       | X                               |                              |
| 73090-73140    | Radiography: Forearm and Hand             | X                               |                              |
| 73200-73202    | CT: Shoulder, Arm, Hand                   | X                               |                              |
| 73206          | CTA: Shoulder, Arm and Hand               |                                 | X                            |
| 73218-73223    | MRI: Shoulder, Arm, Hand                  | X                               |                              |

| CPT Code Range | Description                                 | No Prior Authorization Required | Requires Prior Authorization |
|----------------|---------------------------------------------|---------------------------------|------------------------------|
| 73225          | MRA: Should, Arm, Hand                      |                                 | X                            |
| 73501-73552    | Radiography: Pelvic Region and Thigh        | X                               |                              |
| 73560-73660    | Radiography: Loew leg, Ankle, and foot      | X                               |                              |
| 73700-73720    | CT: Leg, Ankle, Foot                        | X                               |                              |
| 73718-73723    | MRI: Leg, Ankle, Foot                       | X                               |                              |
| 73725          | MRA: Leg, Ankle, Foot                       |                                 | X                            |
| 74018-74022    | Radiography: Abdomen                        | X                               |                              |
| 74150-74170    | CT: Abdomen                                 | X                               |                              |
| 74174-74175    | CTA: Abdomen and Pelvis                     |                                 | X                            |
| 74176-74178    | CT: Abdomen and Pelvis                      | X                               |                              |
| 74181-74183    | MRI: Abdomen                                | X                               |                              |
| 74185          | MRA: Abdomen                                |                                 | X                            |
| 74190          | Peritoneography                             |                                 | X                            |
| 74210-74235    | Radiography: Throat and Esophagus           | X                               |                              |
| 74240-74283    | Radiography: Intestines                     | X                               |                              |
| 74290-74330    | Radiography: Biliary Tract                  | X                               |                              |
| 74340-74363    | Radiography: Bilidigestive Intubation       | X                               |                              |
| 74400-74755    | Radiography: Urogenital                     | X                               |                              |
| 75557-75565    | MRI: Heart Structure and Physiology         | X                               |                              |
| 75571-75574    | CT: Heart                                   | X                               |                              |
| 75600-75774    | Radiography: Arterial                       | X                               |                              |
| 75801-75893    | Radiography: Lymphatic And Venous           | X                               |                              |
| 75894-75902    | Transcatheter Procedures                    |                                 | X                            |
| 75956-75959    | Endovascular Aneurysm Repair                |                                 | X                            |
| 75970          | Percutaneous Transluminal Angioplasty       |                                 | X                            |
| 75984-75989    | Percutaneous Drainage                       |                                 | X                            |
| 76000-76140    | Misc Techniques                             |                                 | X                            |
| 76376-76377    | 3-D Manipulation                            |                                 | X                            |
| 76380          | CT: Delimited                               |                                 | X                            |
| 76390-76391    | Magnetic Resonance Spectroscopy             |                                 | X                            |
| 76496-76499    | Unlisted Radiology Procedures               |                                 | X                            |
| 76506          | US: Brain                                   | X                               |                              |
| 76510-76529    | US: Eyes                                    | X                               |                              |
| 76536-76800    | US: Neck, Thorax, Abdomen, Spine            | 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                               |                              |

| CPT Code Range | Description                                 | No Prior Authorization Required | Requires Prior Authorization |
|----------------|---------------------------------------------|---------------------------------|------------------------------|
| 76813-76828    | US: Other Fetal Evaluations                 | X                               |                              |
| 76830-76873    | US: Male and Female Genitalia               | X                               |                              |
| 76881-76886    | US: Extremities                             | X                               |                              |
| 76930-76970    | Imagin Guidance: US                         | X                               |                              |
| 76975          | Endoscopic US                               | X                               |                              |
| 76977          | Bone Density: US                            | X                               |                              |
| 76978-76979    | Targeted Dynamic Microbubble, etc.: US      |                                 | X                            |
| 76981-76983    | Elastography: US                            |                                 | X                            |
| 76998-76999    | Imaging Guidance During Surgery: US         |                                 | X                            |
| 77001-77022    | Imaging Guidance Techniques                 |                                 | X                            |
| 77046-77062    | Radiography: Breast                         | X                               |                              |
| 77063-77067    | HEDIS Breast Cancer Screening               | X                               |                              |
| 77071-77081    | Bone/Joint Studies/DEXA Scans               | X                               |                              |
| 77084          | Magnetic Resonance bone marrow blood supply |                                 | X                            |
| 77085-77086    | DEXA axial skeleton                         | X                               |                              |
| 77261-79999    | Therapeutic, nuclear, invasive Radiology    |                                 | X                            |
| G0202          | Screening mammography bilat with CAD        | X                               |                              |
| G0204          | Diag mammography bilat with CAD when p      | X                               |                              |
| G0206          | Diag mammography unilat with CAD when       | X                               |                              |

**Radiology Services - Sorted CPT Code Description**

| CPT Code Range | Description                                 | No Prior Authorization Required | Requires Prior Authorization |
|----------------|---------------------------------------------|---------------------------------|------------------------------|
| 76376-76377    | 3-D Manipulation                            |                                 | X                            |
| 76977          | Bone Density: US                            | X                               |                              |
| 77071-77081    | Bone/Joint Studies/DEXA Scans               | X                               |                              |
| 70496-70498    | CT angio head and neck                      |                                 | X                            |
| 71275          | CT Angio: Thorax                            |                                 | X                            |
| 74150-74170    | CT: Abdomen                                 | X                               |                              |
| 74176-74178    | CT: Abdomen and Pelvis                      | X                               |                              |
| 76380          | CT: Delimited                               |                                 | X                            |
| 70450-70492    | CT: head, neck, face                        | X                               |                              |
| 75571-75574    | CT: Heart                                   | X                               |                              |
| 73700-73720    | CT: Leg, Ankle, Foot                        | X                               |                              |
| 72192-72194    | CT: Pelvis                                  | X                               |                              |
| 73200-73202    | CT: Shoulder, Arm, Hand                     | X                               |                              |
| 72125-72133    | CT: Spine                                   | X                               |                              |
| 71250-71271    | CT: Thorax                                  | X                               |                              |
| 74174-74175    | CTA: Abdomen and Pelvis                     |                                 | X                            |
| 72191          | CTA: Pelvis                                 |                                 | X                            |
| 73206          | CTA: Shoulder, Arm and Hand                 |                                 | X                            |
| 77085-77086    | DEXA axial skeleton                         | X                               |                              |
| G0204          | Diag mammography bilat with CAD when p      | X                               |                              |
| G0206          | Diag mammography unilat with CAD when       | X                               |                              |
| 76981-76983    | Elastography: US                            |                                 | X                            |
| 76975          | Endoscopic US                               | X                               |                              |
| 75956-75959    | Endovascular Aneurysm Repair                |                                 | X                            |
| 77063-77067    | HEDIS Breast Cancer Screening               | X                               |                              |
| 76930-76970    | Imagin Guidance: US                         | X                               |                              |
| 76998-76999    | Imaging Guidance During Surgery: US         |                                 | X                            |
| 77001-77022    | Imaging Guidance Techniques                 |                                 | X                            |
| 77084          | Magnetic Resonance bone marrow blood supply |                                 | X                            |
| 76390-76391    | Magnetic Resonance Spectroscopy             |                                 | X                            |
| 76000-76140    | Misc Techniques                             |                                 | X                            |
| 74185          | MRA: Abdomen                                |                                 | X                            |
| 70544-70549    | MRA: Head and Neck                          |                                 | X                            |
| 73725          | MRA: Leg, Ankle, Foot                       |                                 | X                            |
| 72198          | MRA: Pelvis                                 |                                 | X                            |
| 73225          | MRA: Should, Arm, Hand                      |                                 | X                            |

| CPT Code Range | Description                               | No Prior Authorization Required | Requires Prior Authorization |
|----------------|-------------------------------------------|---------------------------------|------------------------------|
| 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          | 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: Pelvisacral                  | X                               |                              |
| 73000-73085    | Radiography: Shoulder and upper Arm       | X                               |                              |
| 71045-71130    | Radiography: thorax                       | X                               |                              |

| CPT Code Range | Description                                 | No Prior Authorization Required | Requires Prior Authorization |
|----------------|---------------------------------------------|---------------------------------|------------------------------|
| 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                               |                              |