

## Services Requiring Prior Authorization – JMHPN All Plans

(Revised January 2026)

All Providers must obtain **prior authorization** from the JMHPN Utilization Management Department for any service listed below.

Requests can be submitted electronically through **Epic** or **PlanLink**. Offices that do not have access can submit via fax to (925) 952-2865. Medically urgent requests may also be called in to (925) 952-2887.

If you have questions regarding the criteria used in the review process, please call Customer Services at (925) 952-2887.

**NOTE: All MRI's, CT's, Home Sleep studies with diagnosis of snoring or apnea, Home Health, Hospice and Wound Care Center Services** still require a submission of a prior authorization to facilitate provider and member notifications of approval and to facilitate claims payment.

### The following services ALWAYS require authorization, regardless of place of service:

- Inpatient—which includes hospital inpatient and observations, SNF, LTAC, Acute Rehab
- Out of network referrals to and services by providers not listed on the John Muir Physician Network Physician Panel
- Bariatric surgery (Gastric Bypass surgery) – all services, including the initial consult, nutrition consult, and psych evaluation
- Acupuncture
- Biofeedback
- Blepharoplasty
- Bone density screening/Dexa Scans in women < age 65 and men < age 70
- Bone density screening or Dexa Scans if done more frequently than every 2 years, regardless of age
- Cardiac Event Monitoring, external & implantable - 93228-93229, 93268, 93270-93272, 33285
- Chiropractic services, including the initial referral to a chiropractor
- Cologuard Testing 81528 and 0464U
- CT Scans –outpatient-- ordered by a non-JMHPN in-network specialist or primary care physician, Low Dose CT scan of the chest for lung cancer screening, Heart/Cardiac CT of the chest for calcium scoring
- Dietary (Nutritional) counseling referrals only for Bariatric Surgery
- Durable medical equipment Orthotics & prosthetics see codes below; all other codes submit an authorization to facilitate payment of claims. The codes below must undergo review for medical necessity including medical information facilitates timely turnaround:  
A4520, A4553, A4554, A4605, A4624, A4628, A5500-A5513, A6550, A7000-A7002, A9276-A9278, A9286  
A9900  
B4034-B4036, B4081-B4088, B4100-B4104, B4149-B4162, B4164-B4199, B4216, B4220-B4224, B5000,  
B5100, B5200, B9002, B9004, B9006, B9998-B9999  
E0172, E0181-E0199, E0218, E0245, E0260-E0297, E0371-E0373, E0431-E0446, E0455, E0470-E0471, E0485-  
E0486, E0555, E0580, E0600- E0601, E0621-E0640, E0650-E0673, E0676, E0705, E0745, E0747-E0748, E0760,  
E0776, E0840-E0860, E0950-E0995, **All codes between E1002-E2402**, E2500-E2512, E2599, E2601, E2625  
K0001-K0009, K0013, K0015-K0077, K0105, K0108, K0195, K0553, K0554 K0606, K0669, K0733, K0738,  
K0743K0746, K0800-K0899  
L3000-L3020, L5000-L5999, L7367-L7700, L7900, L7902, L8000-L8030, L8400-L8480  
T4521-T4545
- Electrophysiologist referrals when requested by other than a cardiologist

- Genetic testing – excludes testing done in conjunction with an amniocentesis and biomarker testing, as well as testing that is associated with a federal FDA-approved therapy for members with advanced or metastatic stage 3 or 4 cancer, including in cases of cancer progression or recurrence.
- GI Procedures – Capsule Endoscopy 91110, 91111
- Hyperbaric Oxygen treatments
- Infertility services (consult does not require prior authorization)
- Injectable medications – excludes vaccines and drugs from office stock – except for Viscosupplementation. Please note, for Canopy HealthNet members, prior authorizations should be submitted to Health Net directly for the below high-cost drugs and for immunotherapy prior to administration. HealthNet pharmacy services contact information and prior auth form can be found by clicking on this link: [Pharmacy Services](#).

Brand Name	Generic Name	HCPCS
Danyelza	Naxitamab-gqgk	J9348
Hemgenix	Etranacogene dezaparvovec-drlb	J7199
Lamzede	Velmanase alfa-Tycv	J0217
Luxturna	Voretigene neparvovec-rzyl	J3398
Myalept	Metreleptin for injection	J3490
Roctavian	Valoctocogene roxaparvovec	J1412
Skysona	Elivaldogene autotemcel (eli-cel)	J3590
Veopoz	Pozelimab-bbfg	J9376
Zolgensma	Onasemnogene abeparvovec-xioi	J3399
Zyntelgo	Betibeglogene autotemcel	J3590

- Investigational/experimental procedures or treatments
- Mohs surgeon referrals/consultations & procedures--for sites other than--head, scalp, face and/or chest
- MRI – outpatient--ordered by non-JMHPN in-network specialist or primary care physician, any type of MRI of the breast, MRI of the prostate for screening of prostate cancer
- Neuropsych testing
- Orthopedic surgery procedures with the following CPTs:  
0001T-9999T, 20930-20938, 20985, 20999, 21899, 22100-22865, 22867-22870, 22899, 23929, 24999, 25999, 26989, 27299, 27412, 27599, 27899, 28899, 29999, 63001-63687, excluding 63661 (63661 does not require Medical Necessity review), 63700-63746, J7330
- All Outpatient Rehabilitation Services
- PET Scans—
- Plastic Surgery services, including the initial referral to a plastic surgeon
- Sleep studies - excluding home sleep studies where there is a diagnosis of snoring or sleep apnea •
- Spine surgery
- Transportation—medically necessary transport (BLS and CCT)
- Transplant Services (includes all: work-up, transplant and post-transplant follow up services)
- Urologic procedures with the following CPTs:  
50300-50380, 53854, 54161, 54400-54408, 55400, 55899, 55970-55980
- Vascular procedures in CPT range: 36468 – 36479 and 37700 – 37785

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