

Medi-Cal Prior Authorization List Updated August 1, 2026

This August 1, 2026, list is the latest update for prior authorization codes for Blue Shield of California Promise Health Plan members.

Changes made to the list include:

- None

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less
17999	UNLISTED PX SKIN MUC MEMBRANE &SUBQ TISSUE
19300	MASTECTOMY GYNECOMASTIA
19316	MASTOPEXY
19318	BREAST REDUCTION
19325	BREAST AUGMENTATION WITH IMPLANT
21120	GENIOPLASTY AUGMENTATION
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE
21122	GENIOPLASTY 2/> SLIDING OSTEOTOMIES
21123	GENIOP SLIDING AGMNTJ W/INTERPOSAL BONE GRAFTS
21127	AGMNTJ MNDBLR BDY/ANGL W/B1 GRF ONLAY/INTERPOSAL
21137	REDUCTION FOREHEAD CONTOURING ONLY
21138	RDCTJ FHD CNTRG&PROSTHETIC MATRL/BONE GRAFT
21193	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF
21194	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/GRF
21195	RCNSTJ MNDBLR RAMI&/BODY SGTL SPLT W/O INT RGD
21196	RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FIXJ
21208	OSTEOPLASTY FACIAL BONES AUGMENTATION
21209	OSTEOPLASTY FACIAL BONES REDUCTION
21210	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL
21299	UNLISTED CRANIOFACIAL&MAXILLOFACIAL PROCEDURE
22612	Single-Level Lumbar Spinal Fusion, Posterior or Posterolateral Approach
22860	SPINAL INSTRUMENTATION PROCEDURES
30400	RHINP PRIM LAT&ALAR CRTLGs&/ELVTN NSL TIP
30410	RHINP PRIM COMPLETE XTRNL PARTS
30420	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR
30430	RHINOPLASTY SECONDARY MINOR REVISION
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION
30450	RHINOPLASTY SECONDARY MAJOR REVISION
30468	IMPLANT(S)
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve.

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31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve.
31599	UNLISTED PROCEDURE LARYNX
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed.
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure).
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s).
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only.
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only.
41899	Unlisted procedure, dentoalveolar structures
49591	HERNIA OPEN PROCEDURES
49617	HERNIA OPEN PROCEDURES
49621	HERNIA OPEN PROCEDURES
55867	UNDER LAPAROSCOPIC PROCEDURES ON THE PROSTATE
56620	VULVECTOMY SMPL PRTL
56625	VULVECTOMY SMPL COMPL
56800	PLSTC RPR INTROITUS
56805	CLITOROPLASTY INTERSEX STATE
56810	PRINEOPLASTY RPR PR NONOBAL SPX
57106	VAGNC PRTL RMVL VAG WALL
57107	VAGNC PRTL RMVL VAG WALL PARAVAG TISS
57110	VAGNC COMPL RMVL VAG WALL
57111	VAGNC COMPL RMVL VAG WALL PARAVAG TISS
57291	CONSTJ ARTIF VAG W/O GRF
57292	CONSTJ ARTIF VAG W/GRF

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Code	Description
57295	REVJ RMVL PROSTC VAG GRF VAG APPR
57296	REVJ W/RMVL PROSTHETIC VAG GRF ABD APPRO
57335	VAGINOPLASTY INTERSEX STATE
57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC
58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX
58940	OOPHORECTOMY PRTL/TOT UNI/BI
70554	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION
70555	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION
72125	CT CRV SPI C-MATRL
72126	CT CRV SPI C+ MATRL
72127	CT CRV SPI C-/C+
72128	CT THRC SPI C-MATRL
72129	CT THRC SPI C+ MATRL
72130	CT THRC SPI C-/C+
72131	CT LMBR SPI C-MATRL
72132	CT LMBR SPI C+ MATRL
72133	CT LMBR SPI C-/C+
74712	MRI FETAL SNGL/1ST GESTATION
75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING
76014	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes
76015	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure)

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76016	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report
76017	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report
76018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report
76019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report
77299	UNLIS PX THER RAD CLINICAL TX PLNNING
78429	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY
78430	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY
78431	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY
78432	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY
78433	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY
78434	TOMOGRAPHY PET REST AND PHARMACOLOGIC STRES
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK

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Code	Description
78812	PET IMAGING SKULL BASE TO MID-THIGH
78813	PET IMAGING WHOLE BODY
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY
78835	ADD TO CODE FOR PRIMARY PROC)
81162	BRCA1/BRCA2 Gene Analysis
81170	ABL1 GENE
81171	GENE ANALYSIS FRAGILE X MENTAL RETARDATION
81172	GENE ANALYSIS FRAGILE X MENTAL RETARDATION
81173	GENE ANALYSIS ANDROGEN RECEPTOR FULL SEQUENCE
81174	GENE ANALYSIS ANDROGEN RECEPTOR KNOWN VARIANT
81175	ASXL1
81176	ASXL1
81177	GENE ANALYSIS ATROPIN 1 FOR ABNORMAL ALLELES
81178	GENE ANALYSIS ATAXIN 1 FOR ABNORMAL ALLELES
81179	GENE ANALYSIS ATAXIN 2 FOR ABNORMAL ALLELES
81180	GENE ANALYSIS ATAXIN 3 FOR ABNORMAL ALLELES
81181	GENE ANALYSIS ATAXIN 7 FOR ABNORMAL ALLELES
81182	GENE ANALYSIS ATAXIN 8 OPPOSITE STRAND
81183	GENE ANALYSIS ATAXIN 10 FOR ABNORMAL ALLELES
81184	GENE ANALYSIS CALCIUM VOLTAGE-GATED CHANNEL
81185	GENE ANALYSIS CALCIUM VOLTAGE-GATED CHANNEL
81186	GENE ANALYSIS CALCIUM VOLTAGE-GATED CHANNEL
81187	GENE ANALYSIS CCH-TYPE ZINC FINGER NUCLEIC ACID
81188	GENE ANALYSIS CYSTATIN B FOR ABNORMAL ALLELES
81189	GENE ANALYSIS CYSTATIN B OF FULL SEQUENCE
81190	GENE ANALYSIS CYSTATIN B KNOWN FAMILIAL VARIANTS
81191	TRANSLOCATION ANALYSIS
81192	TRANSLOCATION ANALYSIS
81193	TRANSLOCATION ANALYSIS
81194	SOLID TUMORS) TRANSLOCATION ANALYSIS
81204	GENE ANALYSIS ANDROGEN RECEPTOR
81206	BCR/ABL1 GENE MAJOR BP
81207	BCR/ABL1 GENE MINOR BP
81208	BCR/ABL1 GENE OTHER BP

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81218	CEBPA GENE FULL SEQUENCE
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)
81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81222	CFTR GENE DUP/DELET VARIANTS
81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)
81226	CYP2D6 gene analysis, common variants
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5), gene analysis, common variants
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)
81233	GENE ANALYSIS BRUTON'S TYROSINE KINASE COMMON
81234	GENE ANALYSIS DM1 PROTEIN KINASE ABNORMAL ALLELE
81235	EGFR (Epidermal Growth Factor Receptor) Gene Analysis, Common Variants
81236	GENE ANALYSIS ZESTE 2 FULL SEQUENCE
81237	GENE ANALYSIS ZESTE 2 COMMON VARIANTS
81238	F9 FULL GENE SEQUENCE
81239	GENE ANALYSIS DM1 PROTEIN KINASE CHARAC ALLELES
81243	FMR1 GENE DETECTION
81245	FLT3 GENE
81246	FLT3 GENE ANALYSIS
81247	G6PD (glucose-6-phosphate dehydrogenase), gene analysis; common variant(s)
81250	G6PC GENE
81256	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS
81257	HBA1/HBA2 GENE
81258	HBA1 HBA2 GENE KNOWN VARIANT
81259	HBA1 HBA2 GENE ANAL FULL GENE SEQ
81260	IKBKAP GENE
81265	STR MARKERS SPECIMEN ANAL

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81266	STR MARKERS SPEC ANAL ADDL
81267	CHIMERISM ANAL NO CELL SELEC
81268	CHIMERISM ANAL W/CELL SELECT
81269	HBA1 HBA2 GENE ANAL DUP DEL VARIANT
81271	GENE ANALYSIS HUNTINGTIN FOR ABNORMAL ALLELES
81272	KIT GENE TARGETED SEQ ANALYS
81273	KIT GENE ANALYS D816 VARIANT
81274	GENE ANALYSIS HUNTINGTIN FOR CHARAC ALLELES
81275	KRAS GENE VARIANTS EXON 2
81276	KRAS GENE ADDL VARIANTS
81277	CYTOGENOMIC NEOPLASIA GENOME-WIDE MICROARRAY ANALYSIS INTERROGATION
81278	BREAKPOINT REGION (MBR) AND MINOR CLUSTER REGION (MCR) BREAKPOINTS,
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant
81284	GENE ANALYSIS FRAXIN FOR ABNORMAL ALLELES
81285	GENE ANALYSIS FRAXIN FOR CHARACTER ALLELES
81286	GENE ANALYSIS FRAXIN OF FULL SEQUENCE
81287	MGMT PROMOTER METHYLATION ANALYSIS
81288	MLH1 GENE
81289	GENE ANALYSIS FRAXIN FOR KNOWN FAMILIAL VARIANTS
81301	MICROSATELLITE INSTABILITY
81305	GENE ANALYSIS FOR P.LEU265PRO VARIANT
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)
81309	PIK3CA PHOSPHATIDYLINOSITOL-4 5-BIPHOSPHATE 3-KINASE CATALYTIC SUBUNIT ALPHA
81310	NPM1 GENE
81311	NRAS GENE VARIANTS EXON 2&3
81312	GENE ANALYSIS POLY[A] BIND PROTEIN NUCL 1 ABNORM
81314	PDGFRA GENE
81315	PML/RARALPHA COM BREAKPOINTS
81316	PML/RARALPHA 1 BREAKPOINT
81320	GENE ANALYSIS PHOSPHO C GAMMA 2 COMMON VARIANTS

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Code	Description
81321	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Full Sequence Analysis
81322	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Known Familial Variant
81323	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Duplication/Deletion Variant
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1), gene analysis, common variant(s)
81331	SNRPN/UBE3A GENE
81334	RUNX1 GENE ANALYSIS TARGET SEQ ANAL
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)
81336	GENE ANALYSIS MOTOR NEURON 1 TELOMERIC
81337	GENE ANALYSIS MOTOR NEURON 1 TELOMERIC
81343	GENE ANALYSIS PROTEIN PHOSPH2 ABNORMAL ALLELES
81344	GENE ANALYSIS TATA BOX BINDING PROTEIN ABNORMAL
81345	GENE ANALYSIS TELOMERASE REVERSE SEQ ANALYSIS
81347	Genetic Analysis Procedures
81348	GENE ANALYSIS (E.G., Srsf2 GENE COMMON VARIANTS)
81350	UGT1A1 gene analysis
81351	SEQUENCE
81352	SEQUENCE ANALYSIS (EG, 4 ONCOLOGY)
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
81355	VKORC1 gene analysis
81357	Genetic Analysis Procedures
81360	GENE ANALYSIS (E.G., Zrsr2 GENE COMMON VARIANTS)
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each
81400	MOLECULAR PATH PROC LEVEL 1
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)

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Code	Description
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons)
81407	MOPATH PROCEDURE LEVEL 8
81408	MOPATH PROCEDURE LEVEL 9
81418	Drug metabolism (e.g., pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis
81419	EPILEPSY GENOMIC SEQ ANALYSIS PANEL
81455	Genomic Sequence Analysis, 51+ Genes
81479	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden.
81479	Unlisted molecular pathology procedure
81541	ONCO GENE EXPRESS PROFILING
81542	CONTENT GENES
81546	MULTIANALYTE ASSAYS WITH ALGORITHMIC ANALYSES
81599	Unlisted Multianalyte Assay
82233	Beta-amyloid; 1-40 (Abeta 40)
82234	Beta-amyloid; 1-42 (Abeta 42)
84393	Tau, phosphorylated (eg, pTau 181, pTau 217), each
84394	Tau, total (tTau)
93896	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)
93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)

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Code	Description
93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)
95965	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY
95966	MAGNETOENCEPHALOGRAPHY EVOKED FIELDS 1 MODALITY
95967	MAGNETOENCEPHALOGRAPHY EVOKED FIELDS EACH ADDL
95999	Unlisted neurological or neuromuscular diagnostic procedure
96549	UNLIS CHEMOTX PX
97007	Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education
97008	Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and precooling period
97009	Mechanical scalp cooling; provided after discontinuation of chemotherapy, each 30 minutes (List separately in addition to code for primary procedure)
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823).
0037U	DNA GENE ANALYSIS OF 324 GENES
0046U	GENE ANALYSIS FOR INTERNAL TANDEM DUP VARIANTS
0049U	GENE ANALYSIS (NUCLEOPHOSMIN)
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)

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0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, nonduplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/ multiplication) (List separately in addition to code for primary procedure)
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association
0242U	Targeted Genomic Sequence Analysis (Guardant360)
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants

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Code	Description
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden.
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and cyp2d6 deletion or duplication analysis with reported genotype and phenotype
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug

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0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype
0421U	(Oncology [colorectal] screening, quantitative real-time target and signal amplification of 8 RNA markers [GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2] and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk) is a Medi-Cal benefit for members who are ages 45 through 75
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition
0424T	PHRENIC NERVE STIMULATION SYSTEM PROCEDURES
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations
0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden

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0475U	Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer
0476U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [adhd], schizophrenia), whole blood, buccal swab and pharmacogenomic genotyping of 14 genes and cyp2d6 copy number variant analysis and reported phenotypes
0477U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [adhd], schizophrenia), whole blood, buccal swab and pharmacogenomic genotyping of 14 genes and cyp2d6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes
0478U	Oncology (non-small cell lung cancer), dna and rna, digital pcr analysis of 9 genes (egfr, kras, braf, alk, ros1, ret, ntrk 1/2/3, erbb2, and met) in formalin-fixed paraffin-embedded (ffpe) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements and reported as actionable detected variants for therapy selection
0480U	Infectious disease (bacteria, viruses, fungi and parasites), cerebrospinal fluid (csf), metagenomic next-generation sequencing (dna and rna), bioinformatic analysis, with positive pathogen identification
0481U	Idh1 (isocitrate dehydrogenase 1 [nadp+]), idh2 (isocitrate dehydrogenase 2 [nadp+]) and tert (telomerase reverse transcriptase) promoter (eg, central nervous system [cns] tumors), next-generation sequencing (single-nucleotide variants [snv], deletions, and insertions)

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Code	Description
0485U	Oncology (solid tumor), cell-free dna and rna by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability and tumor mutational burden
0486U	Oncology (pan-solid tumor), next-generation sequencing analysis of tumor methylation markers present in cell-free circulating tumor dna, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction
0487U	Oncology (solid tumor), cell-free circulating dna, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements and microsatellite instability
0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential cd146, high molecular-weight melanoma-associated antigen, cd34 and cd45 protein biomarkers, peripheral blood
0491U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (epcam), cytokeratins 8, 18 and 19, cd45 protein biomarkers and quantification of estrogen receptor (er) protein biomarker-expressing cells, peripheral blood
0492U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (epcam), cytokeratins 8, 18, and 19, cd45 protein biomarkers, and quantification of pd-l1 protein biomarker-expressing cells, peripheral blood
0493U	Transplantation medicine, quantification of donor-derived cell-free dna (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free dna
0495U	Oncology (prostate), analysis of circulating plasma proteins (tpsa, fpsa, klk2, psp94, and gdf15), germline polygenic risk score (60 variants), clinical information (age, family history of prostate cancer, prior negative prostate biopsy), algorithm reported as risk of likelihood of detecting clinically significant prostate cancer

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Code	Description
0496U	Oncology (colorectal), cell-free dna, 8 genes for mutations, 7 genes for methylation by real-time rt-pcr and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk
0497U	Oncology (prostate), mrna gene-expression profiling by real-time rt-pcr of 6 genes (foxm1, mcm3, mtus1, ttc21b, alas1 and ppp2ca), utilizing formalin-fixed paraffin-embedded (ffpe) tissue, algorithm reported as a risk score for prostate cancer
0498U	Oncology (colorectal), next-generation sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood and formalin-fixed paraffin-embedded (ffpe) tissue, report of variants and methylation pattern with interpretation
0499U	Oncology (colorectal and lung), dna from formalin-fixed paraffin-embedded (ffpe) tissue, next-generation sequencing of 8 genes (nras, egfr, cttnb1, pik3ca, apc, braf, kras and tp53), mutation detection
0500U	Autoinflammatory disease (vexas syndrome), dna, uba1 gene mutations, targeted variant analysis (m41t, m41v, m41l, c.118-2a>c, c.118-1g>c, c.1189_118-2del, s56f, s621c)
0501U	Oncology (colorectal), blood, quantitative measurement of cell-free dna (cfdna)
0503U	Neurology (alzheimer disease), beta amyloid (ab40, ab42, ab42/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/nptau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (lc-ms/ms), algorithm score reported as likelihood of positive or negative for amyloid plaques
0506U	Gastroenterology (barrett's esophagus), esophageal cells, dna methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for barrett's esophagus
0507U	Oncology (ovarian), dna, whole-genome sequencing with 5hydroxymethylcytosine (5hmc) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected

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Code	Description
0508U	Transplantation medicine, quantification of donor-derived cell-free dna using 40 single-nucleotide polymorphisms (snps), plasma and urine, initial evaluation reported as percentage of donor-derived cell-free dna with risk for active rejection
0509U	Transplantation medicine, quantification of donor-derived cell-free dna using up to 12 single-nucleotide polymorphisms (snps) previously identified, plasma, reported as percentage of donor-derived cell-free dna with risk for active rejection
0510U	Oncology (pancreatic cancer), augmentative algorithmic analysis of 16 genes from previously sequenced rna whole-transcriptome data, reported as probability of predicted molecular subtype
0511U	Oncology (solid tumor), tumor cell culture in 3d microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug
0512U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (msi) status, formalin-fixed paraffin-embedded (ffpe) tissue, reported as increased or decreased probability of msi-high (msi-h)
0513U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (msi) and homologous recombination deficiency (hrd) status, formalin-fixed paraffin-embedded (ffpe) tissue, reported as increased or decreased probability of each biomarker
0514U	Gastroenterology (irritable bowel disease [ibd]), immunoassay for quantitative determination of adalimumab (adl) levels in venous serum in patients undergoing adalimumab therapy, results reported as a numerical value as micrograms per milliliter (g/ml)
0515U	Gastroenterology (irritable bowel disease [ibd]), immunoassay for quantitative determination of infliximab (ifx) levels in venous serum in patients undergoing infliximab therapy, results reported as a numerical value as micrograms per milliliter (g/ml)
0516U	Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and cyp2d6 copy number variant analysis, reported as metabolizer status

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Code	Description
0517U	Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, lc-ms/ms, plasma, qualitative and quantitative therapeutic minimally and maximally effective dose of prescribed and non-prescribed medications
0518U	Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, lc-ms/ms, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications
0519U	Therapeutic drug monitoring, medications specific to pain, depression and anxiety, lcms/ms, plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic minimally effective range of prescribed, non-prescribed and illicit medications in circulation
0520U	Therapeutic drug monitoring, 200 or more drugs or substances, lcms/ms, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications
0541T	Myocardial Imaging by Magnetocardiography (MCG)
0542T	Myocardial Imaging by Magnetocardiography (MCG)
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 human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants
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
0570U	Neurology (traumatic brain injury), analysis of glial fibrillary acidic protein (GFAP) and ubiquitin carboxyl-terminal hydrolase L1 (UCH-L1), immunoassay, whole blood or plasma, individual components reported with the overall result of elevated or nonelevated based on threshold comparison

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Code	Description
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
0606U	Hematology (red cell membrane disorders), RBCs, osmotic gradient ektacytometry, whole blood, quantitative
0609T	Magnetic Resonance Spectroscopy
0610T	Magnetic Resonance Spectroscopy
0611T	Magnetic Resonance Spectroscopy
0612T	Magnetic Resonance Spectroscopy
0716T	CORONARY ARTERY DISEASE (CAD) RISK SCORE ANALYSIS
0722T	TISSUE CHARACTERIZATION BY QUANTITATIVE CT
0723T	OMEZA COLLAGEN MATRIX,
0742T	PHOENIX WOUND MATRIX,
0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine.
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation
0906T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm
0907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation

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Code	Description
0946T	Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)
0947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed
0951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor
0952T	Totally implantable active middle ear hearing implant; revision or replacement, with mastoidectomy and replacement of sound processor
0953T	Totally implantable active middle ear hearing implant; revision or replacement, without mastoidectomy and replacement of sound processor
0954T	Totally implantable active middle ear hearing implant; replacement of sound processor only, with attachment to existing transducers
0955T	Totally implantable active middle ear hearing implant; removal, including removal of sound processor and all implant components
A2030	Miro3D Fibers, per mg
A2031	MiroDry Wound Matrix, per sq cm
A2032	Myriad Matrix, per sq cm
A2033	Myriad Morcells, 4 mg
A2034	Foundation DRS Solo, per sq cm
A2035	Corplex P or Theracor P or Allacor P, per mg
A2036	Cohealyx Collagen Dermal Matrix, per sq cm
A2037	G4Derm Plus, per ml
A2038	MariGen Pacto, per sq cm
A2039	InnovaMatrix FD, per sq cm
A2040	Microlyte PainGuard, per sq cm
A2041	Foundation DRS+ Duo, per sq cm
A2042	Foundation DRS+ Solo, per sq cm

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Code	Description
A2043	BIOBRANE, per sq cm
A2044	BIOBRANE Glove, each
A2045	NovaShield or NovoGen Wound Matrix, per sq cm
A8000	HELMET PROTECTVE SOFT PREFAB COMPONENT ACCSSRIES
A8001	HELMET PROTECTVE HARD PREFAB COMPONENT ACCSSRIES
A8002	HELMET PROTECTIVE SOFT CUSTOM FAB COMP ACCSSRIES
A8003	HELMET PROTECTIVE HARD CUSTOM FAB COMP ACCSSRIES
A8004	SOFT INTERFACE FOR HELMET REPLACEMENT ONLY
A9602	FLUORODOPA F-18, DIAGNOSTIC, PER MILLICURIE
A9800	a radioactive diagnostic agent indicated for positron emission tomography (PET) of prostate-specific
A9900	DME SUP/ACCESS/SRV-COMPON/OTH HCPCS
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS
B4185	PARENTERAL NUTR SOL NOS 10 GRMS
C1062	INTRAVERTEBRAL BODY FRACTURE AUGMENTATION WITH IMPLANT (E.G., METAL, POLYMER)
C1820	GEN, NEURO, NON-HF RECHG BAT
C1822	GEN, NEURO, HF, RECHG BAT
C1823	Generator neurostimulator
C1824	GENERATOR CCM IMPLANT
C1825	SINUS BARORECEPTOR STIMULATION LEAD(S)
C2596	PROBE ROBOTIC WATER-JET
C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE
C8001	3D anatomical segmentation imaging for preoperative planning, data preparation and transmission, obtained from previous diagnostic computed tomographic or magnetic resonance examination of the same anatomy
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])
E0181	PWR PRESSURE REDUCING MATTRESS OVERLY/PAD PUMP
E0182	PUMP ALTERNATING PRESSURE PAD REPLACEMENT ONLY
E0184	DRY PRESSURE MATTRESS
E0193	POWERED AIR FLOTATION BED
E0199	DRY PRESS PAD MATTRSS STD MATTRSS LENGTH&WIDTH
E0271	MATTRESS INNER SPRING

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Code	Description
E0272	MATTRESS FOAM RUBBER
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS
E0293	HOSP BED VAR HT NO SR NO MAT
E0295	HOSP BED SEMI-ELEC W/O SIDE RAILS W/O MATTRSS
E0297	HOSP BED TOTAL ELEC W/O SIDE RAILS W/O MATTRSS
E0303	HOS BED HEVY DUTY W/WT CAP >350 PDS<=/TO 600 PDS
E0304	HOS BED EXTRA HEAVY DUTY WT CAP>600 PDS MATTRSS
E0305	BEDSIDE RAILS HALF-LENGTH
E0310	BEDSIDE RAILS FULL-LENGTH
E0316	SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE
E0328	HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATTRESS
E0329	HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS
E0371	NONPWR ADV PRSS RDUC OVLAY MATTRSS STD LEN&WDTH
E0372	PWR AIR OVLAY MATTRSS STD MATTRSS LENGTH&WIDTH
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS
E0424	STATION COMPRS GASOUS O2 SYS RENT;FLWMTR HUMIDFR
E0431	PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR&MASK
E0441	STATIONARY O2 CONTENTS GAS 1 MO SUPPLY=1 UNIT
E0465	HOME VENT INVASIVE INTERFACE
E0466	HOME VENT NON-INVASIVE INTER
E0467	Home ventilator
E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU
E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP
E0481	INTRAPULM PERCUSSIVE VENT SYSTEM&REL ACSSORIES
E0482	COUGH STIM DEVICE ALTRNAT POS&NEG ARWAY PRESS
E0486	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM
E0565	COMPRS AIR PWR EQP NOT SLF-CONTAINED/CYL DRVN
E0621	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON
E0630	PATIENT LIFT HYDRAULIC/MECH INCL SEAT SLING/PAD
E0635	PATIENT LIFT ELECTRIC WITH SEAT OR SLING
E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC
E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC
E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV
E0766	Electric Stimulation Device for Cancer Treatment
E0910	TRAPEZ BAR KNOWN AS PT HLPR ATTCH BED W/GRAB BAR
E0911	TRAPEZ BAR HEVY DUTY PT WT >250 LBS BED GRAB BAR

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Code	Description
E0912	TRAPEZ BAR HEVY DUTY PT WT > 250 LBS FREE STAND
E0940	TRAPEZE BAR FREESTANDING COMPLETE WITH GRAB BAR
E0950	WHEELCHAIR ACCESSORY TRAY EACH
E0951	HEEL LOOP/HOLDER TYPE W/WO ANKLE STRAP EACH
E0952	TOE LOOP/HOLDER ANY TYPE EACH
E0953	WHEELCHAIR ACCESSORY LAT THIGH
E0954	WHEELCHAIR ACCESSORY FOOT BOX
E0955	WC ACSS HEADREST CUSHNED FIX MOUNT HARDWARE EA
E0956	WC ACSS LAT TRNK/HIP SUPP FIX MOUNT HARDWARE EA
E0957	WC ACSS MED THI SUPP FIX MOUNT HARDWARE EA
E0960	WC ACSS SHLDR HRNSS/STRAPS/CHST STRAP W/TYPE MOU
E0961	MANUAL WHEELCHAIR ACCESS WHEEL LOCK BRAKE EXT EA
E0966	MANUAL WHEELCHAIR ACCESS HEADREST EXTENSION EA
E0967	MAN WC RIM/PROJECTION REP EA
E0971	MNL WHEELCHAIR ACCESSORY ANTI-TIPPING DEVC EACH
E0973	WC ACCSS ADJUSTBL HT DTACH ARMRST CMPL ASSMBL EA
E0974	MANUAL WHEELCHAIR ACCESS ANTI-ROLLBACK DEVICE EA
E0978	WHLCHAIR ACSS PSTN BELT/SFTY BELT/PELV STRAP EA
E0981	WHEELCHAIR ACCESS SEAT UPHLSTR REPLCMT ONLY EA
E0982	WHEELCHAIR ACCESS BACK UPHLSTR REPLCMT ONLY EA
E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC
E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC
E0985	WHEELCHAIR ACCESSORY SEAT LIFT MECHANISM
E0986	MAN W/C PUSH-RIM POWR SYSTEM
E0990	WHEELCHAIR ACCESS ELEV LEG REST CMPL ASSMBL EA
E0995	WC CALF REST, PAD REPLACEMNT
E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY
E1003	WC ACSS PWR SEAT SYS RECLINE W/O SHEAR RDUC
E1004	WC ACSS PWR SEAT SYS RECLINE W/MECH SHEAR RDUC
E1005	WC ACSS PWR SEAT SYS RECLINE W/PWR SHEAR RDUC
E1006	WC ACSS PWR SEAT SYS TILT&RECLINE NO SHEAR RDUC
E1007	WC ACSS PWR SEAT TILT&RECLINE MECH SHEAR RDUC
E1008	WC ACSS PWR SEAT TILT&RECLINE W/PWR SHEAR RDUC
E1009	WC ACCSS ADD PWR SEAT MECH LINKD LEG ELEV SYS EA
E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS EACH
E1012	CTR MOUNT PWR ELEV LEG REST

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Code	Description
E1014	RECLIN BACK ADDITION PEDIATRIC SIZE WHEELCHAIR
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR EACH
E1018	HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY PWR WC EA
E1020	Residual limb support system
E1022	Wheelchair transportation securement system, any type, includes all components and accessories.
E1023	Wheelchair transit securement system, includes all components and accessories
E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE/PSTN
E1029	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED
E1031	ROLLABOUT CHAIR ANY&ALL TYPES W/CASTERS 5 IN/GT
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
E1035	MULTI-PSTN PT TRNSF SYS W/SEAT PT WT <= 300 LBS
E1036	MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT >300 LBS
E1037	TRANSPORT CHAIR PEDIATRIC SIZE
E1038	TRNSPRT CHAIR ADLT SZ PT WT CAP TO&INCL 300 LBS
E1226	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR
E1230	PWR OPERATED VEH SPEC BRAND NAME & MODEL NUMBER
E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/SEAT SYS
E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W/O SEAT
E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W/SEATING SYSTEM
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS
E1353	REGULATOR
E1355	STAND/RACK
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS
E2291	BACK PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE
E2292	SEAT PLANAR PED SZ WC INCL FIX ATTCHING HARDWARE
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type

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Code	Description
E2301	PWR STANDING
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER&ONE PWR
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER&TWO/MORE
E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE
E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA
E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL
E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL
E2323	PWR WC ACSS SPCLTY JOYSTCK HNDLE HND CNTRL PRFAB
E2324	POWER WHLCHAIR ACSS CHIN CUP CHIN CNTRL INTERFCE
E2325	PWR WC ACSS SIP&PUFF INTERFCE NONPROPRTNAL
E2326	PWR WC ACSS BREATH TUBE KIT SIP&PUFF INTERFCE
E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL
E2328	PWR WC ACSS HEAD CNTRL/EXT CNTRL ELEC PRPRTNL
E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL
E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL
E2331	PWR WC ACSS ATTENDANT CONTROL PROPORTIONAL
E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN
E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN
E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20/21 IN
E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN
E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC
E2358	GR 34 NONSEALED LEADACID
E2359	GR34 SEALED LEADACID BATTERY
E2360	PWR WC ACSS 22 NF NON-SEALED LEAD ACID BATTY EA
E2361	PWR WC ACSS 22NF SEALED LEAD ACID BATTY EA
E2362	PWR WC ACSS GRP 24 NON-SEALED LEAD ACID BATT EA
E2363	PWR WC ACSS GRP 24 SEALED LEAD ACID BATTY EA
E2364	PWR WC ACSS U-1 NON-SEALED LEAD ACID BATTY EA
E2365	PWR WHLCHAIR ACSS U-1 SEALED LEAD ACID BATTY EA
E2366	PWR WC ACSS BATTY CHRGR 1 MODE W/ONLY 1 BATTY
E2367	PWR WC ACSS BATT CHRGR DUL MODE W/EITHER BATT EA
E2368	Pwr wc drivewheel motor repl
E2369	Pwr wc drivewheel gear repl
E2370	Pwr wc dr wh motor/gear comb
E2371	POWER WC ACSS GRP 27 SEALED LEAD ACID BATTERY EA
E2372	PWR WC ACSS GRP 27 NONSEALED LEAD ACID BATTY EA

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Code	Description
E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK
E2374	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY
E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY
E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE
E2378	Pw actuator replacement
E2381	PWR WC PNEUMATIC DRIVE WHEEL TIRE REPL ONLY EACH
E2382	PWR WC TUBE PNEUMATIC DRIVE WHEEL TIRE REPL EACH
E2383	PWR WC INSERT PNEUMATIC WHEEL TIRE REPL ONLY EA
E2384	PWR WC PNEUMATIC CASTER TIRE REPL ONLY EACH
E2385	PWR WC TUBE PNEUMATIC CASTER TIRE REPL ONLY EACH
E2386	PWR WC FOAM FILLED DRIVE WHEEL TIRE REPL ONLY EA
E2387	PWR WC FOAM FILLED CASTER TIRE REPL ONLY EACH
E2388	PWR WC FOAM DRIVE WHEEL TIRE REPL ONLY EACH
E2389	PWR WC FOAM CASTER TIRE REPLACEMENT ONLY EACH
E2390	PWR WC SOLID DRIVE WHEEL TIRE REPL ONLY EACH
E2391	PWR WC SOLID CASTER TIRE REPLACEMENT ONLY EACH
E2392	PWR WC SOLID CASTER TIRE INTEGRATED WHEEL REPL EA
E2394	PWR WC DRIVE WHEEL EXCLUDES TIRE REPL ONLY EACH
E2396	PWR WC CASTER FORK REPLACEMENT ONLY EACH
E2397	POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTERY EA
E2398	WC DYNAMIC POS BACK HARDWARE
E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE
E2510	SPCH GEN DEVC SYNTHESIZED MX METH MESS&DEVC ACCSS
E2512	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room
G0552	Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan

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Code	Description
G0553	First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the DMHT device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month
G0554	Each additional 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing data generated from the DMHT device from patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month
G0562	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions
G0681	Application of a premarket approval (PMA), 510(k), 361 human cells, tissues or cellular and tissue-based products (HCT/P) nonsheet form skin substitute for a wound surface area up to 100 sq cm; first 25 sq cm or less of wound surface area
G0682	Application of a premarket approval (PMA), 510(k), 361 human cells, tissues or cellular and tissue-based products (HCT/P) nonsheet form skin substitute for a wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)

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Code	Description
G0683	Application of a premarket approval (PMA), 510(k), 361 human cells, tissues or cellular and tissue-based products (HCT/P) nonsheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
G0684	Application of a premarket approval (PMA), 510(k), 361 human cells, tissues or cellular and tissue-based products (HCT/P) nonsheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
H0031	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN
H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN
H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED
H2014	SKILLS TRAINING AND DEVELOPMENT
H2019	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES
K0002	STANDARD HEMI WHEELCHAIR
K0003	LIGHTWEIGHT WHEELCHAIR
K0004	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR
K0005	ULTRALIGHTWEIGHT WHEELCHAIR
K0010	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR
K0011	STD-WT FRME MOTRIZD/PWR WHLCHAIR W/PROG CNTRL
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR
K0013	Custom Power Whlchr Base
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE
K0015	DETACHABLE NONADJUSTABLE HEIGHT ARMREST EACH
K0017	DETACH ADJUST ARMREST BASE
K0018	DETACH ADJUST ARMREST UPPER
K0019	ARM PAD REPL, EACH
K0038	LEG STRAP EACH
K0039	LEG STRAP H STYLE EACH
K0040	ADJUSTABLE ANGLE FOOTPLATE EACH
K0042	STANDARD SIZE FTPLATE REP EA
K0043	FTRST LOWR EXTEN TUBE REP EA
K0044	FTRST UPR HANGER BRAC REP EA
K0045	FTRST COMPL ASSEMBLY REPL EA

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
K0046	ELEV LGRST LWR EXTEN REPL EA
K0052	SWINGAWAY DETACH FTREST REPL
K0053	ELEVATING FOOTRESTS ARTICULATING EACH
K0069	RR WHL COMPL SOL TIRE REP EA
K0070	REAR WHL ASSMBL CMPL-PNEUMAT TIRE SPOKE/MOLD EA
K0071	FR CSTR COMP PNE TIRE REP EA
K0072	FR CSTR SEMI-PNE TIRE REP EA
K0077	FR CSTR ASMB SOL TIRE REP EA
K0108	OTHER ACCESSORIES
K0195	ELEVATING LEGREST PAIR
K0606	AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE
K0743	PORTABLE HOME SUCTION PUMP
K0744	ABSORP DRG <= 16 SUC PUMP
K0745	ABSORP DRG >16 <=48 SUC PUMP
K0746	ABSORP DRG >48 SUC PUMP
K0800	PWR OP VEH GRP 1 STD PT WT CAP TO & INCL 300 LBS
K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS
K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS
K0806	PWR OP VEH GRP 2 STD PT WT CAP TO & INCL 300 LBS
K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS
K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS
K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED
K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS
K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS
K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO &= 300 LBS
K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO &=300 LBS
K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO &=300 LBS
K0821	PWR WC GRP 2 STD PORT CAPT CHAIR PT TO &=300 LBS
K0822	PWR WC GRP 2 STD SLING SEAT PT TO &=300 LBS
K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO &=300 LBS
K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS
K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS
K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB
K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS
K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB/>
K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS/>

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO &=300 LBS
K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB
K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS
K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS
K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS
K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS
K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS
K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS/>
K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO &=300 LBS
K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO &=300 LBS
K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS
K0848	PWR WC GRP 3 STD SLING SEAT PT TO & = 300 LBS
K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO & = 300 LBS
K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS
K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS
K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB
K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS
K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS/>
K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB/>
K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO &=300 LB
K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO &=300 LB
K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS
K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS
K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB
K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO &=300 LB
K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS
K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB
K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB/>
K0868	PWR WC GRP 4 STD SLING SEAT PT TO & = 300 LBS
K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO & = 300 LBS
K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS
K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB
K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO &=300 LB
K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO &=300 LB
K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS
K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO &=300 LB
K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO &=300 LBS
K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS
K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO &=125 LB
K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO &=125 LB
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED
L0150	CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP
L0160	CERV SR WIRE OCC/MAN PRE OTS
L0172	CERV COL SR FOAM 2PC PRE OTS
L0621	SIO FLEX PELVIC/SACR PRE OTS
L0622	SACROILIAC ORTHOTIC FLEXIBLE CUSTOM FABRICATED
L0623	SIO RIG PNL PELV/SAC PRE OTS
L0624	SACROIL ORTHOT W/ RIGD/SEMI-RIGD PANELS CSTM FAB
L0625	LO FLEX L1-BELOW L5 PRE OTS
L0626	LO SAG RIG PNL STAYS PRE CST
L0628	LSO FLEX NO RI STAYS PRE OTS
L0629	LUMBAR-SACRAL ORTHOTIC FLEXIBLE CUSTOM FAB
L0630	LSO R POST PNL SJ-T9 PRE CST
L0632	LUMBAR-SACR ORTHOT W/RIGD ANT&POST PANL CSTM FAB
L0633	LSO SC R POS/LAT PNL PRE CST
L0634	LUMBAR-SAC ORTHOT RIGD POST FRAME/PANL CSTM FAB
L0635	LSO LUMB FLEX RIGD POST FRAME/PANL PREFAB
L0636	LSO LUMB FLEX RIGD POST FRAME/PANL CSTM FAB
L0638	LSO W/RIGID ANT & POST FRAME/PANEL CUSTOM FAB
L0639	LSO S/C SHELL/PANEL PREFAB
L0640	LUMBAR-SACRAL ORTHOT RIGID SHELL/PANEL CSTM FAB
L0641	LO RIG POS PNL L1-L5 PRE OTS
L0643	LSO SAG CTR RIGI POS PRE OTS
L0648	LSO SAG R AN/POS PNL PRE OTS
L0649	LSO SC R POS/LAT PNL PRE OTS
L0651	LSO SAGIT-CORNL CNTRL RIGD SHLL/PNL
L0980	PERONEAL STRAPS PAIR PRE OTS
L0982	STOCKING SUP GRIPS 4 PRE OTS
L1900	AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB
L1904	AFO MOLDED ANKLE GAUNTLET
L1907	AFO SUPRAMALLEOLAR CUSTOM

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
L1910	AFO POST 1 BAR CLASP ATTCH SHOE COUNTER PRFAB
L1920	AFO SINGLE UPRT W/STATIC/ADJUSTBL STOP CSTM FAB
L1932	AFO RIGD ANT TIBL TOT CARB FIBER/EQUL MATL PRFAB
L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM
L1950	ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB
L1960	AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB
L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED
L1980	AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP FAB
L1990	AFO DBL UPRT PLANTR DORSIFLX SOLID STIRUP CSTM
L2000	KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM
L2005	KAFO ANY MATL AUTO LOCK&SWNG RLSE W/ANK JNT CSTM
L2010	KAFO 1 UPRT SOLID STIRUP W/O KNEE JNT CSTM FAB
L2020	KAFO DBL UPRT SOLID STIRUP THI&CALF CSTM FAB
L2030	KAFO DBL UPRT SOLID STIRUP W/O KNEE JNT CSTM
L2034	KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB
L2035	KAFO FULL PLSTC STAT PED W/O FREE MOT ANK PRFAB
L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB
L2037	KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB
L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB
L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB
L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB
L2114	AFO TIBL FX ORTHOS SEMI-RIGD PRFAB W/FIT & ADJ
L2116	AFO TIB FX ORTHOTIC RIGID PRFAB W/FIT & ADJ
L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB
L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB
L2132	KAFO FEM FX CAST ORTHOTIC SFT PRFAB W/FIT & ADJ
L2134	KAFO FEM FX CAST ORTHOT SEMI-RIGD PRFAB FIT&ADJ
L2136	KAFO FEM FX CAST ORTHOTIC RIGD PRFAB W/FIT & ADJ
L2180	ADD LW EXTRM FX ORTHOT PLSTC SHOE INSRT ANK JNT
L2182	ADD LOW EXTREM FX ORTHOTIC DROP LOCK KNEE JOINT
L2184	ADD LOW EXTREM FX ORTHOTIC LTD MOTION KNEE JOINT
L2186	ADD LW EXT FX ORTH ADJ MOT KNEE JNT LERMAN TYPE
L2188	ADD LOW EXTREM FRACTURE ORTHOTIC QUADRILAT BRIM
L2190	ADDITION LOW EXTREM FRACTURE ORTHOTIC WAIST BELT
L2192	ADD LW EXT ORTHOTIC HIP JNT THI FLNGE&PELV BELT
L2200	ADDITION LOWER EXTREMITY LTD ANK MOTION EA JOINT

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
L2210	ADDITION LOWER EXTREM DORSIFLEX ASSIST EA JOINT
L2220	ADD LW EXTRM DORSIFLX&PLANTR ASST/RSIST EA JNT
L2230	ADD LW EXTRM SPLIT FLAT CALIPRR STIRRUPS & PLATE
L2232	ADD LOW EXT ORTHOS ROCKR BOTTOM TOT CNTC CSTM
L2240	ADD LOW EXTREM ROUND CALIPER&PLATE ATTACHMENT
L2250	ADD LOW EXTREM FT PLATE MOLD PT MDL STIRUP ATTCH
L2260	ADDITION LOWER EXTREM REINFORCED SOLID STIRRUP
L2265	ADDITION TO LOWER EXTREMITY LONG TONGUE STIRRUP
L2270	ADD LW EXT VARUS/VALGUS CORR STRAP PAD/LINE PAD
L2275	ADD LW EXTRM VARUS/VULGUS CORR PLSTC MOD PADD/LN
L2280	ADDITION TO LOWER EXTREMITY MOLDED INNER BOOT
L2300	ADDITION LOW EXTREM ABDUCT BAR JOINTED ADJUSTBLE
L2310	ADDITION LOWER EXTREMITY ABDUCTION BAR STRAIGHT
L2320	ADD LOW EXT NONMOLD LACER CSTM FAB ORTHOS ONLY
L2330	ADD LOW EXT LACER MOLD PT MDL CSTM ORTHOTIC ONLY
L2335	ADDITION TO LOWER EXTREMITY ANTERIOR SWING BAND
L2340	ADD LOW EXTREM PRETIBL SHELL MOLDED PT MODEL
L2350	ADD LOW EXTREM PROSTHETIC TYPE SOCKT MOLD PT MDL
L2360	ADDITION TO LOWER EXTREMITY EXTENDED STEEL SHANK
L2370	ADDITION TO LOWER EXTREMITY PATTEN BOTTOM
L2375	ADD LW EXT TORSION CNTRL ANK JNT&HALF STIRUP
L2380	ADD LW EXT TORSION CNTRL STRAIT KNEE JNT EA JNT
L2385	ADD LOW EXTREM STRAIT KNEE JNT HEVY DUTY EA JNT
L2387	ADD LW EXT POLYCENTRIC KNEE JNT CSTM KAFO EA JNT
L2390	ADDITION LOWER EXTREM OFFSET KNEE JOINT EA JOINT
L2395	ADD LOW EXTREM OFFSET KNEE JNT HEVY DUTY EA JNT
L2397	ADDITION LOWER EXTREM ORTHOTIC SUSPENSION SLEEVE
L2405	ADDITION TO KNEE JOINT DROP LOCK EACH
L2415	ADD KNEE LOCK W/INTEGRATED RLSE MECH MATL EA JNT
L2425	ADD KNEE JNT DISC/DIAL LOCK ADJ KNEE FLX EA JNT
L2430	ADD KNEE JNT RATCHET LOCK KNEE EXT EA JNT
L2492	ADDITION TO KNEE JOINT LIFT LOOP DROP LOCK RING
L2500	ADD LW EXTRM THI/WT BEAR GLUTL/ISCH WT BEAR RING
L2510	ADD LW EXTRM THI/WT BEAR QUADRI-LAT BRIM MOLD PT
L2520	ADD LW EXTRM THI/WT BEAR QUADRI-LAT BRIM CSTM
L2525	ADD LW EXTRM ISCH M-L BRIM MOLD PT MDL

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
L2526	ADD LW EXTRM ISCH M-L BRIM CSTM FIT
L2530	ADD LOW EXTREM THIGH/WEIGHT BEAR LACER NONMOLDED
L2540	ADD LOW EXTREM THI/WEIGHT BEAR LACER MOLD PT MDL
L2550	ADD LOW EXTREM THIGH/WEIGHT BEAR HIGH ROLL CUFF
L2750	ADD LOW EXTREM ORTHOTIC PLATING CHROME/NICKL-BAR
L2755	ADD LOW EXT ORTHOTIC HYBRID COMPOS PER SEG CSTM
L2760	ADDITION LOW EXTREM ORTHOTIC EXT PER EXT PER BAR
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE PER BAR
L2780	ADD LOW EXTREM ORTHOTIC NONCORROSIVE FINISH BAR
L2785	ADDITION LOW EXTREM ORTHOTIC DROP LOCK RETAIN EA
L2795	ADD LOW EXTREM ORTHOTIC KNEE CNTRL FULL KNEECAP
L2800	ADD LOW EXT ORTHOT KNEE CNTRL KNEE CAP CSTM ONLY
L2810	ADD LOW EXTREM ORTHOTIC KNEE CONTROL CONDYL R PAD
L2820	ADD LW EXT ORTH SFT INTERFCE MOLD BELW KNEE
L2830	ADD LW EXT ORTHOTIC SOFT INTERFCE MOLD ABVE KNEE
L2840	ADD LOW EXTREM ORTHOTIC TIB LENGTH SOCK FX/= EA
L2850	ADD LOW EXTREM ORTHOT FEM LENGTH SOCK FX/EQUL EA
L3100	HALLUS-VALGUS NT DYN PRE OTS
L3140	FOOT ABDUCTION ROTATION BAR INCLUDING SHOES
L3150	FOOT ABDUCTION ROTATION BAR WITHOUT SHOES
L3160	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE
L3201	ORTHOPED SHOE OXFORD W/SUPINATOR/PRONATOR INFNT
L3202	ORTHOPED SHOE OXFORD W/SUPINATOR/PRONATOR CHILD
L3203	ORTHOPEDIC SHOE OXFORD W/SUPINATOR/PRONATOR JR
L3204	ORTHOPED SHOE HIGHTOP W/SUPINATOR/PRONATOR INFNT
L3206	ORTHOPED SHOE HIGHTOP W/SUPINATOR/PRONATOR CHILD
L3207	ORTHOPEDIC SHOE HIGHTOP W/SUPINATOR/PRONATOR JR
L3215	ORTHOPEDIC FOOTWEAR LADIES SHOE OXFORD EACH
L3217	ORTHOPED FTWEAR LADIES SHOE HITOP DEPTH INLAY EA
L3219	ORTHOPEDIC FOOTWEAR MENS SHOE OXFORD EACH
L3222	ORTHOPED FOOTWEAR MENS SHOE HITOP DEPTH INLAY EA
L3230	ORTHOPEDIC FOOTWEAR CUSTOM SHOE DEPTH INLAY EACH
L3250	ORTHOPED FTWEAR CSTM MOLD REMV INNR MOLD PROSTH
L3251	FOOT SHOE MOLDED PATIENT MODEL SILICONE SHOE EA
L3252	FOOT SHOE MOLDED PT MDL PLASTAZOTE CSTM FABR EA
L3253	FOOT MOLDED SHOE PLASTAZOTE CUSTOM FITTED EACH

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
L3254	NONSTANDARD SIZE OR WIDTH
L3255	NONSTANDARD SIZE OR LENGTH
L3257	ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE SPLIT SIZE
L3265	PLASTAZOTE SANDAL EACH
L3330	LIFT ELEVATION METAL EXTENSION
L3334	LIFT ELEVATION HEEL PER INCH
L3340	HEEL WEDGE SACH
L3360	SOLE WEDGE OUTSIDE SOLE
L3370	SOLE WEDGE BETWEEN SOLE
L3380	CLUBFOOT WEDGE
L3390	OUTFLARE WEDGE
L3400	METATARSAL BAR WEDGE ROCKER
L3410	METATARSAL BAR WEDGE BETWEEN SOLE
L3420	FULL SOLE AND HEEL WEDGE BETWEEN SOLE
L3430	HEEL COUNTER PLASTIC REINFORCED
L3440	HEEL COUNTER LEATHER REINFORCED
L3450	HEEL SACH CUSHION TYPE
L3455	HEEL NEW LEATHER STANDARD
L3460	HEEL NEW RUBBER STANDARD
L3465	HEEL THOMAS WITH WEDGE
L3470	HEEL THOMAS EXTENDED TO BALL
L3480	HEEL PAD AND DEPRESSION FOR SPUR
L3485	HEEL PAD REMOVABLE FOR SPUR
L3500	ORTHOPEDIC SHOE ADDITION INSOLE LEATHER
L3510	ORTHOPEDIC SHOE ADDITION INSOLE RUBBER
L3520	ORTHOPED SHOE ADDITION INSOLE FELT COVR W/LEATHR
L3530	ORTHOPEDIC SHOE ADDITION SOLE HALF
L3540	ORTHOPEDIC SHOE ADDITION SOLE FULL
L3550	ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD
L3560	ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE
L3570	ORTHOPEDIC SHOE ADDITION SPECIAL EXT INSTEP
L3580	ORTHOPED SHOE ADD CONVERT INSTEP VELCRO CLOS
L3590	ORTHO SHOE ADD CONVRT FIRM COUNTER SFT COUNTER
L3595	ORTHOPEDIC SHOE ADDITION MARCH BAR
L3600	TRNSF ER ORTHOTIC SHOE TO SHOE CALIPR PLAT XST
L3610	TRNSF ORTHOT ONE SHOE TO ANOTHER CALIP PLATE NEW

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
L3620	TRNSF ORTHOT 1 SHOE-ANOTHR SOLID STIRRUP EXIST
L3630	TRNSF ORTHOS 1 SHOE TO ANOTHER SOLID STIRRUP NEW
L3640	TRNSF ORTHOT SHOE TO SHOE DENNIS BROWNE SPLNT
L4002	REPL STRAP ANY ORTHOTIC ALL CMPNTS ANY LEN TYPE
L4010	REPLACE TRILATERAL SOCKET BRIM
L4020	REPLACE QUADRILAT SOCKET BRIM MOLDED PT MODEL
L4030	REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED
L4040	REPLACE MOLDED THI LACER CSTM FAB ORTHOTIC ONLY
L4045	REPLACE NONMOLD THI LACER CSTM FAB ORTHOSIS ONLY
L4050	REPLACE MOLDED CALF LACER CSTM FAB ORTHOTIC ONLY
L4055	REPLACE NONMOLD CALF LACER CSTM FAB ORTHOS ONLY
L4060	REPLACE HIGH ROLL CUFF
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO
L4080	REPLACE METAL BANDS KAFO PROXIMAL THIGH
L4090	REPLACE METAL BANDS KAFO-AFO CALF/DISTAL THIGH
L4100	REPLACE LEATHER CUFF KAFO PROXIMAL THIGH
L4110	REPLACE LEATHER CUFF KAFO-AFO CALF/DISTAL THIGH
L4130	REPLACE PRETIBIAL SHELL
L4205	REPAIR ORTHOTIC DEVC LABOR COMPONENT PER 15 MIN
L4210	REPAIR ORTHOTIC DEVC REPAIR/REPLACE MINOR PARTS
L4350	ANKLE CONTROL ORTHO PRE OTS
L4370	PNEUM FULL LEG SPLNT PRE OTS
L4398	FOOT DROP SPLINT PRE OTS
L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM
L5010	PARTIAL FT MOLDED SOCKET ANK HEIGHT W/TOE FILLER
L5020	PART FT MOLDED SOCKET TIB TUBERCLE HT W/TOE FIL
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT
L5060	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK
L5100	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT
L5105	BELOW KNEE PLSTC SOCKT JNT&THIGH LACER SACH FOOT
L5150	KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT
L5200	ABVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION
L5210	ABVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA
L5220	ABVE KNEE SHRT PROSTH W/ARTIC ANK/FOOT DYN
L5230	ABVE KNEE PROX FEM FOCAL DEFIC SACH FOOT

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
L5250	HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT
L5270	HIP DISRTC TILT TABLE; MOLD SCKT LOCK HIP JNT
L5280	HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT
L5301	BELW KNEE MOLD SOCKT SHIN SACH FT ENDOSKEL SYS
L5312	KNEE DISART MOLD SOCKET 1 AXIS KNEE
L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE
L5331	JOINT SINGLE AXIS KNEE SACH FOOT
L5341	SINGLE AXIS KNEE SACH FOOT
L5400	IMMED POSTSURG/ERLY FIT APPLY RIGD DRESS W/1 CHG
L5410	IMMED POSTSURG APPL RIGD DRESS W/EA ADD CAST CHG
L5420	IMMED POSTSURG INIT RIGD DRESS 1 CHG AK/KNEE
L5430	IMMED POSTSURG INIT RIGD DRSG AK EA ADD CAST CHG
L5450	IMMED POSTSURG APPLIC NONWT BEAR RIGD BELW KNEE
L5460	IMMED POSTSURG APPLIC NONWT BEAR RIGD ABVE KNEE
L5500	INIT BELW KNEE PTB SOCKT NON-ALIGN DIR FORMED
L5505	INIT ABVE KNEE-DISARTIC ISCH LEVL SOCKT NON-ALIGN
L5510	PREP BELW KNEE PTB SOCKT NON-ALIGN MOLD MDL
L5520	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/=DIR FORM
L5530	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/=MOLD MDL
L5535	PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END
L5540	PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL
L5560	PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL
L5570	PREP AK-DISRTC ISCH LEVL THERMOPLSTC/=DIR FORMED
L5580	PREP AK DISARTIC NON-ALIGN THERMOPLSTC/=MOLD MDL
L5585	PREP AK-DISARTIC NON-ALIGN PRFAB ADJ OPN END SCKT
L5590	PREP AK-DISARTIC NON-ALIGN LAMINATED SCKT MOLD
L5595	PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/=MOLD
L5600	PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD
L5610	ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS
L5611	ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W/FRICT
L5613	ADD LW EXTRM ENDO AK-DISARTIC 4-BAR W/HYDRAULIC
L5614	ADD LW EXT EXOSKEL SYS AK-DISARTIC 4-BAR PNEUMAT
L5616	ADD LW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT
L5617	ADD LW EXTRM QUICK CHG SLF-ALIGN U AK/BK EA
L5618	ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES
L5620	ADDITION LOWER EXTREMITY TEST SOCKET BELOW KNEE

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
L5622	ADDITION LOWER EXTREM TEST SOCKET KNEE DISARTIC
L5624	ADDITION LOWER EXTREMITY TEST SOCKET ABOVE KNEE
L5626	ADDITION LOWER EXTREM TEST SOCKET HIP DISARTIC
L5628	ADDITION LOWER EXTREM TEST SOCKET HEMIPELVECTOMY
L5630	ADD LOW EXTREM SYMES TYPE EXPANDABLE WALL SOCKET
L5631	ADD LW EXT ABVE KNEE/KNEE DISARTIC ACRYLC SOCKT
L5632	ADD LOW EXTREM SYMES TYPE PTB BRIM DESIGN SOCKET
L5634	ADD LOW EXTREM SYMES TYPE POST OPENING SOCKET
L5636	ADDITION LOW EXTREM SYMES TYPE MED OPENING SOCKET
L5637	ADDITION LOWER EXTREMITY BELOW KNEE TOTAL CNTC
L5638	ADDITION LOWER EXTREM BELOW KNEE LEATHER SOCKET
L5639	ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET
L5640	ADDITION LOWER EXTREM KNEE DISARTIC LEATHR SOCKT
L5642	ADDITION LOWER EXTREM ABOVE KNEE LEATHER SOCKET
L5643	ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME
L5644	ADDITION LOWER EXTREMITY ABOVE KNEE WOOD SOCKET
L5645	ADD LW EXT BELW KNEE FLXIBLE INNR SOCKT EXT FRME
L5646	ADD LOW EXT BELOW KNEE AIR FL GEL/= CUSHN SOCKT
L5647	ADDITION LOWER EXTREM BELOW KNEE SUCTION SOCKET
L5648	ADD LOW EXT ABOVE KNEE AIR FL GEL/= CUSHN SOCKT
L5649	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET
L5650	ADD LW EXT TOTAL CONTACT ABVE KNEE/KNEE DISARTC
L5651	ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME
L5652	ADD LW EXT SUCTN SUSP ABVE KNEE/KNEE DISARTIC
L5653	ADD LOW EXTREM KNEE DISARTIC XPNDABLE WALL SOCKET
L5654	ADDITION TO LOWER EXTREMITY SOCKET INSERT SYMES
L5655	ADDITION LOWER EXTREM SOCKET INSERT BELOW KNEE
L5656	ADDITION LOWER EXTREM SOCKT INSERT KNEE DISARTIC
L5658	ADDITION LOWER EXTREM SOCKET INSERT ABOVE KNEE
L5661	ADD LOW EXTREM SOCKT INSERT MULTIDUROMETER SYMES
L5665	ADD LW EXTRM SOCKT INSRT MXIDUROMETER BELW KNEE
L5666	ADDITION LOWER EXTREM BELOW KNEE CUFF SUSPENSION
L5670	ADD LOW EXTREM BELW KNEE MOLD SUPRACONDYL R SUSP
L5671	ADD LW EXTRM BELW/ABVE KNEE SUSP LOCK MECH
L5672	ADD LOW EXTREM BELOW KNEE REMV MED BRIM SUSP
L5673	ADD LW EXT CSTM MOLD/PRFAB FOR USE W/LOCK MECH

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
L5676	ADD LOW EXTREM BELW KNEE KNEE JNT 1 AXIS PAIR
L5677	ADD LOW EXTREM BELW KNEE KNEE JNT POLYCNTRC PAIR
L5678	ADDITION LOW EXTREM BELOW KNEE JOINT COVERS PAIR
L5679	ADD LW EXT BK/AK CSTM MOLD/PRFAB NOT W/LOCK MECH
L5680	ADD LOW EXTREM BELOW KNEE THIGH LACER NONMOLDED
L5681	ADD LW EXT CSTM INSRT CNGN/ATYP TRAUMAT AMP INIT
L5682	ADD LW EXTRM BELW KNEE THI LACER GLUTL/ISCH MOLD
L5683	ADD LW EXT CSTM INSRT NO CNGN/TRAUMAT AMP INIT
L5684	ADDITION LOWER EXTREMITY BELOW KNEE FORK STRAP
L5685	ADD LOW EXT PROS BELW KNEE SUSP/SEAL SLEEVE EA
L5686	ADDITION LOWER EXTREMITY BELOW KNEE BACK CHECK
L5688	ADD LOW EXTREM BELOW KNEE WAIST BELT WEBBING
L5690	ADD LOW EXTREM BELOW KNEE WAIST BELT PADD&LINED
L5692	ADD LOW EXTREM ABVE KNEE PELV CONTROL BELT LIGHT
L5694	ADD LOW EXTREM ABVE KNEE PELV CNTRL BELT PADD&LN
L5695	ADD LW EXTRM ABVE KNEE PELV CNTRL SLV NEOPRENE
L5696	ADD LOW EXTREM ABVE KNEE/KNEE DISARTIC PELV JNT
L5697	ADD LOW EXTREM ABVE KNEE/KNEE DISARTIC PELV BAND
L5698	ADD LW EXTRM AK/KNEE DISRTC SILESIA BANDGE
L5699	ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS
L5700	REPLACEMENT SOCKET BELOW KNEE MOLDED PT MODEL
L5701	REPL SOCKT ABVE KNEE/KNEE DISARTIC W/ATTCH PLAT
L5702	REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL
L5703	ANKLE SYMES MOLD PT MODEL SACH FOOT REPL ONLY
L5704	CUSTOM SHAPED PROTECTIVE COVER BELOW KNEE
L5705	CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE
L5706	CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC
L5707	CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC
L5710	ADD EXOSKEL KNEE-SHIN SYSTEM 1 AXIS MANUAL LOCK
L5711	ADD EXOSKEL KNEE-SHIN 1 AXIS MNL LOCK ULTRA-LGHT
L5712	ADD EXOSKEL KNEE-SHIN 1 AXIS FRICT SWING CNTRL
L5714	ADD EXOSKEL KNEE-SHIN VARIBL FRICT SWING CNTRL
L5716	ADD EXOSKEL KNEE-SHIN POLYCNTRC MECH STANCE LOCK
L5718	ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTRL
L5722	ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL
L5724	ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
L5726	ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL
L5728	ADD EXOSKEL KNEE-SHIN FLUID SWING&STANCE CNTRL
L5780	ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL
L5781	ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS
L5782	ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY
L5785	ADD EXOSKEL SYSTEM BELW KNEE ULTRA-LGHT MATERIAL
L5790	ADD EXOSKEL SYSTEM ABVE KNEE ULTRA-LGHT MATERIAL
L5795	ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL
L5810	ADD ENDOSKEL KNEE-SHIN SYSTEM 1 AXIS MANUAL LOCK
L5811	ADD ENDOSKEL KNEE-SHIN MNL LOCK ULTRA-LGHT MATL
L5812	ADD ENDOSKEL KNEE-SHIN FRICT SWING&STANCE CNTRL
L5814	ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK
L5816	ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK
L5818	ADD ENDOSKEL KNEE-SHIN FRICT SWING&STANCE CNTRL
L5822	ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL
L5824	ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL
L5826	ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME
L5828	ADD ENDO KNEE-SHIN FL SWING&STANCE PHASE CNTRL
L5830	ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL
L5840	ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT
L5845	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ
L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN
L5850	ADD ENDOSKEL SYS AK/HIP DISARTIC KNEE EXT ASST
L5855	ADD ENDOSKEL SYS HIP DISARTIC MECH HIP EXT ASST
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING&STANCE PHSE
L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY
L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY
L5859	Knee-shin pro flex/ext cont
L5910	ADD ENDOSKEL SYSTEM BELOW KNEE ALIGNABLE SYSTEM
L5920	ADD ENDOSKEL SYS AK/HIP DISARTIC ALIGNABLE SYS
L5925	ADD ENDOSKEL AK-DISARTIC/HIP DISARTIC MNL LOCK
L5930	ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME
L5940	ADD ENDOSKEL SYSTEM BELW KNEE ULTRA-LGHT MATL
L5950	ADD ENDOSKEL SYSTEM ABVE KNEE ULTRA-LGHT MATL
L5960	ADD ENDOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL
L5961	ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
L5962	ADD ENDOSKEL BK FLXIBLE PROTVE OUTR SURF COVRING
L5964	ADD ENDOSKEL AK FLXIBLE PROTVE OUTR SURF COVR
L5966	ADD ENDO HIP DISRTC FLXIBL PROTVE OUTR SURF COVR
L5968	ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE
L5970	ALL LOW EXTREM PROSTH FT EXTERNAL KEEL SACH FOOT
L5971	ALL LOWER EXTREM PROS SACH FOOT REPLACEMENT ONLY
L5973	ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC
L5974	ALL LOWER EXTREM PROSTH FT SINGLE AXIS ANK/FOOT
L5975	ALL LW EXTRM PRSTH COMB 1 AXIS ANK&FLXBL KEEL FT
L5976	ALL LOWER EXTREM PROSTHESES ENERGY STORING FOOT
L5978	ALL LOWER EXTREM PROSTH FT MULTI-AXIAL ANK/FOOT
L5979	ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE
L5980	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM
L5981	ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL
L5982	ALL EXOSKEL LOW EXTREM PROSTH AXIAL ROTAT UNIT
L5985	ALL ENDOSKEL LOW EXTREM PROSTH DYN PROSTH PYLN
L5986	ALL LOW EXTREM PROSTH MULTI-AXIAL ROTATION UNIT
L5987	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN
L5988	ADD LW LIMB PROSTH VERTCL SHOCK RDUC PYLN FEATUR
L5990	ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT
L6895	ADD UP EXT PROSTH GLOV TERM DEVC MATL CSTM FAB
L7510	REPR PROSTHETIC DEVICE REPR/REPLACE MINOR PARTS
L7520	REPAIR PROSTHETIC DEVICE LABOR CMPNT PER 15 MIN
L7700	PROS SOC INSERT GASKET SEAL
L9900	ORTHO&PROS SPL ACSS&/SRVC CMPNT OTH HCPCS L CODE
Q4133	Grafix Prime, Per Centimer Sq
Q4272	Esano A, per sq cm
Q4273	Esano AAA, per sq cm
Q4274	Esano AC, per sq cm
Q4275	Esano ACA, per sq cm
Q4276	ORION, per sq cm
Q4278	EPIEFFECT, per sq cm
Q4280	Xcell Amnio Matrix, per sq cm
Q4281	Barrera SL or Barrera DL, per sq cm.
Q4282	Cygnus Dual, per sq cm
Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
Q4284	DermaBind SL, per sq cm
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm
Q4286	NuDYN SL or NuDYN SLW, per sq cm
Q4346	Shelter DM Matrix, per sq cm
Q4347	Rampart DL Matrix, per sq cm
Q4348	Sentry SL Matrix, per sq cm
Q4349	Mantle DL Matrix, per sq cm
Q4350	Palisade DM Matrix, per sq cm
Q4351	Enclose TL Matrix, per sq cm
Q4352	Overlay SL Matrix, per sq cm
Q4353	Xceed TL Matrix, per sq cm
Q4354	PalinGen Dual-Layer Membrane, per sq cm
Q4355	Abiomend Xplus Membrane and Abiomend Xplus Hydromembrane, per sq cm
Q4356	Abiomend Membrane and Abiomend Hydromembrane, per sq cm
Q4357	XWRAP Plus, per sq cm
Q4358	XWRAP Dual, per sq cm
Q4359	ChoriPly, per sq cm
Q4360	AmchoPlast FD, per sq cm
Q4361	EPIXPRESS, per sq cm
Q4362	CYGNUS Disk, per sq cm
Q4363	Amnio Burgeon Membrane and Hydromembrane, per sq cm
Q4364	Amnio Burgeon Xplus Membrane and Xplus Hydromembrane, per sq cm
Q4365	Amnio Burgeon Dual-Layer Membrane, per sq cm
Q4366	Dual Layer Amnio Burgeon X-Membrane, per sq cm
Q4367	AmnioCore SL, per sq cm
Q4368	AmchoThick, per sq cm
Q4369	AmnioPlast 3, per sq cm
Q4370	AeroGuard, per sq cm
Q4371	NeoGuard, per sq cm
Q4372	AmchoPlast EXCEL, per sq cm
Q4373	Membrane Wrap-Lite, per sq cm
Q4375	duoGRAFT AC, per sq cm
Q4376	Duograft AA, per sq cm
Q4377	triGRAFT FT, per sq cm

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
Q4378	Renew FT Matrix, per sq cm
Q4379	AmnioDefend FT Matrix, per sq cm
Q4380	AdvoGraft One, per sq cm
Q4382	AdvoGraft Dual, per sq cm
Q4383	Axolotl Graft Ultra, per sq cm
Q4384	Axolotl DualGraft Ultra, per sq cm
Q4385	Apollo FT, per sq cm
Q4386	Acesso TrifACA, per sq cm
Q4387	NeoThelium FT, per sq cm
Q4388	NeoThelium 4L, per sq cm
Q4389	NeoThelium 4L Plus, per sq cm
Q4390	Ascendion, per sq cm
Q4391	AmnioPlast Double, per sq cm
Q4392	GRAFIX Duo, per sq cm
Q4393	SurGraft AC, per sq cm
Q4394	SurGraft ACA, per sq cm
Q4395	Acelagraft, per sq cm
Q4396	Natalin, per sq cm
Q4397	Summit AAA, per sq cm
Q4418	BioLab Membrane Wrap Flow, per sq cm (add-on, list separately in addition to primary procedure)
Q4419	BioLab Membrane Wrap Lite Flow, per sq cm (add-on, list separately in addition to primary procedure)
Q4421	BioLab Membrane Wrap Solo, per sq cm (add-on, list separately in addition to primary procedure)
Q4422	A/C Wrap, per sq cm (add-on, list separately in addition to primary procedure)
Q4423	BioLab Tri-Membrane Wrap Flow, per sq cm (add-on, list separately in addition to primary procedure)
Q4424	Revive FT, per sq cm (add-on, list separately in addition to primary procedure)
Q4425	Revive TL, per sq cm (add-on, list separately in addition to primary procedure)
Q4426	DermaBind TL + or DermaBind TL X, per sq cm (add-on, list separately in addition to primary procedure)

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
Q4427	DermaBind DL N, DermaBind DL +, or DermaBind DL X, per sq cm (add-on, list separately in addition to primary procedure)
Q4428	DermaBind SL N, DermaBind SL +, or DermaBind SL X, per sq cm (add-on, list separately in addition to primary procedure)
Q4429	DermaBind CH N or DermaBind CH X, per sq cm (add-on, list separately in addition to primary procedure)
Q4435	Renati Membrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4436	Renati AC Membrane, per sq cm (add-on, list separately in addition to primary procedure)
Q4437	Revival AC, per sq cm (add-on, list separately in addition to primary procedure)
Q4438	Pretect, per sq cm (add-on, list separately in addition to primary procedure)
Q4439	InstaGraft, per sq cm (add-on, list separately in addition to primary procedure)
Q4440	CuraMatrix, per sq cm (add-on, list separately in addition to primary procedure)
S4024	Air polymer-type A intrauterine foam, per study dose
S5102	Day care services, adult; per diem
S5111	HOME CARE TRAINING FAMILY; PER SESSION
S8035	MAGNETIC SOURCE IMAGING
T1016	CASE MANAGEMENT EACH 15 MINS
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
T2045	Hospice Inpatient Care, Per Diem
Medical Benefit Drug Codes	
A9513	Lutetium Lu 177 dotatate (Lutathera)
A9606	RADIUM RA 223 DICHLORIDE (Xofigo)
A9607	lutetium Lu 177 vipivotide tetraxetan (Pluvicto)
C9047	Caplacizumab-yhdp (Cablivi)
C9257	bevacizumab
C9309	onasemnogene abeparvovec-brve (Itivisma)
J0013	esketamine (Spravato)
J0129	Abatacept (Orencia)

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
J0139	adalimumab (Humira)
J0174	lecanemab-irmb (Leqembi)
J0175	donanemab-azbt (Kisunla)
J0177	aflibercept hd (Eylea)
J0178	Aflibercept (Eylea)
J0179	Brolucizumab-dbli (Beovu)
J0180	Agalsidase beta (Fabrazyme)
J0202	Alemtuzumab (Lemtrada)
J0208	Sodium thiosulfate (Pedmark)
J0217	velmanase alfa-tycv (Lamzedo)
J0218	Olipudase alfa (Xenpozyme)
J0219	Avalglucosidase alfa-ngpt (Nexviazyme)
J0221	Alglucosidase Alfa (Lumizyme)
J0222	Patisiran (Onpattro)
J0223	Givosiran (Givlaari)
J0224	Lumasiran (Oxlumo)
J0225	Vutrisiran (Amvuttra)
J0364	Apomorphine (Apokyn)
J0485	Belatacept (Nulojix)
J0490	Belimumab (Benlysta), intravenous
J0491	Anifrolumab-fnia (Saphnelo)
J0517	Benralizumab (Fasenra)
J0567	Cerliponase alfa (Brineura)
J0584	Burosumab-twza (Crysvita)
J0585	OnabotulinumtoxinA (Botox)
J0586	AbobotulinumtoxinA (Dysport)
J0587	RimabotulinumtoxinB (Myobloc)
J0588	IncobotulinumtoxinA (Xeomin)
J0589	daxibotulinumtoxina-lanm (Daxxify)
J0593	Lanadelumab-flyo (Takhzyro)
J0596	C1 Esterase Inhibitor, recombinant (Ruconest)
J0597	C1 Esterase Inhibitor (Berinert)
J0598	C1 Esterase Inhibitor (Cinryze)
J0599	C1 Esterase Inhibitor (Haegarda)
J0638	Canakinumab (Ilaris)
J0642	Levoleucovorin (Khapzory)

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
J0717	Certolizumab (Cimzia)
J0775	Collagenase clostridium histolyticum (Xiaflex)
J0791	Crizanlizumab-tmca (Adakveo)
J0801	Repository corticotropin (Acthar)
J0802	Repository corticotropin (Cortrophin)
J0850	Intravenous immune globulin (Cytogam)
J0870	imetelstat (Rytelo)
J0879	Difelikefalin (Korsuva)
J0881	Darbepoetin alfa, Non-ESRD (Aranesp)
J0885	Epoetin alfa, non-ESRD (Epogen, Procrit)
J0888	methoxy polyethylene glycolepoetin beta, non-ESRD (Mircera)
J0896	Luspatercept-aamt (Reblozyl)
J0897	Denosumab (Prolia)
J0897	Denosumab (Xgeva)
J1072	testosterone cypionate (Azmiro)
J1073	Multi-ligament Support Ankle Foot Orthosis
J1202	miglustat (Opfolda)
J1203	cipaglucosidase alfa-atga (Pombiliti)
J1290	Ecallantide (Kalbitor)
J1299	eculizumab (Soliris)
J1301	Edaravone (Radicava)
J1302	Sutimlimab-jome (Enjaymo)
J1303	Ravulizumab-cwvz (Ultomiris)
J1304	tofersen (Qalsody)
J1305	Evinacumab-dgnb (Evkeeza)
J1306	Inclisiran (Leqvio)
J1307	crovalimab-akkz (Piasky)
J1322	Elosulfase alfa (Vimizim)
J1323	elranatamab-bcmm (Elrexio)
J1325	Epoprostenol (Flolan Velettri)
J1326	zolbetuximab-clzb (Vyloy)
J1411	etranacogene dezaparvovec-drlb (Hemgenix)
J1412	valoctocogene roxaparvovec-rvox (Roctavian)
J1413	delandistrogene moxeparvovec-rokl (Elevidys)
J1426	casimersen (Amondys 45)
J1427	Viltolarsen (Viltepso)

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
J1428	Eteplirsen (Exondys 51)
J1429	Golodirsen (Vyondys 53)
J1437	Monoferic (ferric derisomaltose)
J1438	Etanercept (Enbrel)
J1439	Injectafer (ferric carboxymaltose, IV)
J1440	Fecal Microbiota, Live – jsIm (Rebyota™)
J1442	Filgrastim (Neupogen)
J1447	Tbo-filgrastim (Granix)
J1448	Trilaciclib (Cosela)
J1449	Eflapegrastim-xnst (Rolvedon)
J1458	Galsulfase (Naglazyme)
J1459	Intravenous immune globulin (Privigen)
J1551	Subcutaneous immune globulin (Cutaquig)
J1552	immune globulin (alyglo)
J1553	immune globulin (yimmugo)
J1554	Intravenous immune globulin (Asceniv)
J1555	Subcutaneous immune globulin (Cuvitru)
J1556	Immune globulin (Bivigam)
J1557	Intravenous immune globulin (Gammaplex)
J1558	Subcutaneous immune globulin (Xembify)
J1559	Subcutaneous immune globulin (Hizentra)
J1561	Intravenous immune globulin (Gammaked)
J1561	Intravenous immune globulin (Gamunex-C)
J1561	Subcutaneous immune globulin (Gammaked)
J1561	Subcutaneous immune globulin (Gamunex-C)
J1566	Intravenous immune globulin, lyophilized (e.g., powder), not otherwise specified (Gammagard S/D)
J1568	Intravenous immune globulin (Octagam)
J1569	Intravenous immune globulin (Gammagard liquid)
J1569	Subcutaneous immune globulin (Gammagard liquid)
J1572	Intravenous immune globulin (Flebogamma Dif)
J1572	Intravenous immune globulin (Flebogamma)
J1575	Subcutaneous immune globulin (HyQvia)
J1576	Immune Globulin (Panzyga)
J1595	Multiple Sclerosis Drug Therapy Glatiramer (Copaxone)

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
J1599	Immune globulin, intravenous, non-lyophilized, not otherwise specified
J1602	Golimumab (Simponi Aria)
J1628	Guselkumab (Tremfya)
J1743	Idursulfase (Elaprase)
J1744	Icatibant (Firazyr)
J1745	Infliximab (remicade)
J1747	Spesolimab-sbzo (Spevigo)
J1748	infliximab-dyyb (Zymfentra)
J1750	INFeD (iron dextran)
J1786	Imiglucerase (Cerezyme)
J1809	fosdenopterin (Nulibry)
J1823	Inebilizumab-cdon (Uplizna)
J1826	Interferon beta 1A (Avonex)
J1830	interferon beta-1b (Betaseron)
J1833	Isavuconazonium (Cresemba)
J1837	Electric Suction Pump, Portable or Stationary
J1930	Lanreotide (Somatuline)
J1931	Laronidase (Aldurazyme)
J1932	Lanreotide (ciplā)
J1951	Leuprolide acetate (Fensolvi)
J1952	Leuprolide mesylate (Camcevi)
J2170	Mecasermin (Increlex)
J2182	Mepolizumab (Nucala)
J2212	Methylnaltrexone (Relistor)
J2267	mirikizumab-mrkz (OmvoH)
J2277	motixafortide acetate (Aphexda)
J2278	Ziconotide (Prialt)
J2323	Natalizumab (Tysabri)
J2326	Nusinersen (Spinraza)
J2327	Risankizumab-rzaa (Skyrizi), intravenous
J2329	Ublituximab-xiiy (Briumvi™)
J2350	Ocrelizumab (Ocrevus)
J2351	ocrelizumab and hyaluronidase-ocsq (Ocrevus Zunovo)
J2353	Octreotide (Sandostatin LAR)
J2354	Octreotide (Sandostatin)

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
J2356	Tezepelumab-ekko (Tezspire)
J2357	Omalizumab (Xolair)
J2425	Palifermin (Kepivance)
J2502	Pasireotide (Signifor LAR)
J2506	Pegfilgrastim (Neulasta)
J2507	Pegloticase (Krystexxa)
J2508	pegunigalsidase alfa-iwxj (Elfabrio)
J2547	Peramivir (Rapivab)
J2562	Plerixafor (Mozobil)
J2724	Protein C concentrate (Ceprotin)
J2777	Faricimab-svoa (Vabysmo)
J2778	Ranibizumab (Lucentis)
J2779	Ranibizumab-sustained release intravitreal implant (Susvimo)
J2781	Pegcetacoplan (Syfovre)
J2782	avacincaptad pegol (Izervay)
J2786	Reslizumab (Cinqair)
J2793	Rilonacept (Arcalyst)
J2802	romiplostim (Nplate)
J2820	Sargramostim (GM-CSF, Leukine)
J2840	Sebelipase alfa (Kanuma)
J2860	Siltuximab (Sylvant)
J2941	Growth Hormone (GH) in Adults and Children,Somatropin Products:(Humatrope , Nutropin /NutropinAQ , Genotropin , Norditropin , Saizen , Tev-Tropin , Omnitrope)
J2998	Plasminogen, human-tvmh (Ryplazim)
J3030	Sumatriptan Injection (Imitrex)
J3031	Fremanezumab-vfrm (Ajovy)
J3032	eptinezumab-jjmr (Vyepti)
J3055	talquetamab-tgvs (Talvey)
J3060	Taliglucerase (Elelyso)
J3110	Teriparatide (Forteo)
J3111	Romosozumab-aqqg (Evenity)
J3145	Testosterone undecanoate (Aveed)
J3241	teprotumumab-trbw (Tepezza)
J3245	Tildrakizumab-asmn (Ilumya)
J3247	secukinumab IV (Cosentyx IV)

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
J3262	Tocilizumab (Actemra)
J3263	toripalimab-tpzi (Loqtorzi)
J3285	Treprostinil (Remodulin)
J3316	Triptorelin (Triptodur)
J3357	Ustekinumab (Stelara SC)
J3358	Ustekinumab (Stelara IV)
J3380	Vedolizumab (Entyvio)
J3385	Velaglucerase alfa (VPRIV)
J3387	Rigid Lumbar Orthosis
J3389	Ladies Footwear, Inlay
J3391	atidarsagene autotemcel (Lenmeldy)
J3393	betibeglogene autotemcel (Zynteglo)
J3397	Vestronidase alfa-vjkb (Mepsevii)
J3398	Voretigene neparvovec-rzyl (Luxturna)
J3399	Onasemnogene abeparvovec-xioi (Zolgensma)
J3401	Beremagene geperpavec-svdt (Vyjuvek)
J3402	remestemcel-L-rknd (Ryoncil)
J3403	Revakinagene taroretcel-lwey (Encelto)
J3404	zopapogene imadenovect-drba (Papzimeos)
J3490 / C9399	Abaloparatide (Tymlos)
J3490 / C9399	Alirocumab (Praluent)
J3490 / C9399	Anakinra (Kineret)
J3490 / C9399	Apomorphine (Apokyn)
J3490 / C9399	Asfotase alfa (Strensiq)
J3490 / C9399	Bremelanotide (Vyleesi)
J3490 / C9399	Brodalumab (Siliq)
J3490 / C9399	Defibrotide (Defitelio)
J3490 / C9399	Dupilumab (Dupixent)
J3490 / C9399	Elapegademase-lvlr (Revcovi)
J3490 / C9399	Epoprostenol (Flolan)
J3490 / C9399	Epoprostenol (Veletri)
J3490 / C9399	Erenumabaooe (Aimovig)
J3490 / C9399	Evolocumab (Repatha)
J3490 / C9399	Fosdenopterin (Nulibry)
J3490 / C9399	galcanezumab-gnlm (Emgality)
J3490 / C9399	Glatiramer (Copaxone)

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
J3490 / C9399	Glatiramer (Glatopa)
J3490 / C9399	Golimumab (Simponi)
J3490 / C9399	Iloprost (Ventavis)
J3490 / C9399	Inotersen (Tegsedi)
J3490 / C9399	Interferon beta 1A (Rebif)
J3490 / C9399	Interferon beta 1B (Betaseron)
J3490 / C9399	Interferon beta 1B (Extavia)
J3490 / C9399	Interferon gamma-1b (Actimmune)
J3490 / C9399	Isavuconazonium (Cresemba)
J3490 / C9399	ixekizumab (Taltz)
J3490 / C9399	ketamine (Ketalar)
J3490 / C9399	Letermovir (Prevymis)
J3490 / C9399	lonapegsomatropin-tcgd (Skytrofa)
J3490 / C9399	Mecasermin (Increlex)
J3490 / C9399	Methylnaltrexone (Relistor)
J3490 / C9399	Metreleptin (Myalept)
J3490 / C9399	Ofatumumab (Kesimpta)
J3490 / C9399	Omacetaxine (Synribo)
J3490 / C9399	Pasireotide (Signifor LAR)
J3490 / C9399	Pasireotide (Signifor)
J3490 / C9399	Peginterferon beta 1A (Plegridy)
J3490 / C9399	Pegvaliaseppqz (Palynziq)
J3490 / C9399	Pegvisomant (Somavert)
J3490 / C9399	Posaconazole (Noxafil)
J3490 / C9399	Risankizumab-rzaa (Skyrizi), subcutaneous
J3490 / C9399	Rivfloza (nedosiran sodium)
J3490 / C9399	Ropeginterferon alfa-2b-njft (Besremi)
J3490 / C9399	Sarilumab (Kevzara)
J3490 / C9399	Satralizumab-mwge (Enspryng)
J3490 / C9399	Secukinumab (Cosentyx)
J3490 / C9399	Selexipag (Uptravi)
J3490 / C9399	Setmelanotide (Imcivree)
J3490 / C9399	Sildenafil (Revatio)
J3490 / C9399	Somatropin (Genotropin)
J3490 / C9399	Somatropin (Humatrope)

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
J3490 / C9399	Somatropin (Norditropin)
J3490 / C9399	Somatropin (NutropinAQ)
J3490 / C9399	Somatropin (Omnitrope)
J3490 / C9399	Somatropin (Saizen)
J3490 / C9399	Somatropin (Serostim)
J3490 / C9399	Somatropin (Zomacton)
J3490 / C9399	Sumatriptan injection (Imitrex)
J3490 / C9399	Sumatriptan injection (Zembrace SymTouch)
J3490 / C9399	Teduglutide (Gattex)
J3490 / C9399	Teriparatide (Forteo)
J3490 / C9399	Tesamorelin (Egrifta)
J3490 / C9399	Testosterone enanthate (Xyosted)
J3490 / C9399	Tralokinumab-ldrm (Adbry)
J3490 / C9399	Treprostinil (Tyvaso)
J3490 / C9399	Velmanase alfa-tycv (Lamzedo)
J3490 / C9399	Vosoritide (Voxzogo)
J3590 / C9399 / J3490	adalimumab-aaty (Yuflyma)
J3590 / C9399 / J3490	adalimumab-adaz (Hyrimoz)
J3590 / C9399 / J3490	adalimumab-adbm (Cyltezo)
J3590 / C9399 / J3490	adalimumab-afzb (Abrilada)
J3590 / C9399 / J3490	adalimumab-aqvh (Yusimry)
J3590 / C9399 / J3490	adalimumab-atto (Amjevita)
J3590 / C9399 / J3490	adalimumab-bwwd (Hadlima)
J3590 / C9399 / J3490	adalimumab-fkjp (Hulio)
J3590 / C9399 / J3490	Aflibercept (Eylea HD)
J3590 / C9399 / J3490	belimumab (Benlysta), subcutaneous

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
J3590 / C9399 / J3490	Betibeglogene autotemcel (Zynteglo)
J3590 / C9399 / J3490	Elivaldogene autotemcel (Skysona)
J3590 / C9399 / J3490	etanercept (Enbrel)
J3590 / C9399 / J3490	Lenmeldy (atidarsagene autotemcel)
J3590 / C9399 / J3490	methotrexate (Otrexup, Rasuvo, RediTrex)
J3590 / C9399 / J3490	mirikizumab-mrkz (Omvoh), subcutaneous
J3590 / C9399 / J3490	Peanut (Arachis hypogaea) allergen powder-dnfp (Palforzia)
J3590 / C9399 / J3490	Pegcetacoplan (Empaveli™)
J3590 / C9399 / J3490	Sublingual immunotherapy (Grastek)
J3590 / C9399 / J3490	Sublingual immunotherapy (Odactra)
J3590 / C9399 / J3490	Sublingual immunotherapy (Oralair)
J3590 / C9399 / J3490	Sublingual immunotherapy (Ragwitek)
J3590 / C9399 / J3490	Winrevair (sotatercept)
J3590 / C9399 / J3490 / J9999	Amtagvi (lifileucel)
J7171	adamts13, recombinant-krhn (Adzynma)
J7172	marstacimab-hncq (Hympavzi)
J7311	Fluocinolone acetonide, intravitreal implant (Retisert)
J7312	Dexamethasone (Ozurdex)
J7313	Fluocinolone acetonide, intravitreal implant (Iluvien)
J7314	Fluocinolone acetonide, intravitreal implant (Yutiq)
J7336	capsaicin 8% patch (Qutenza)
J7351	Bimatoprost implant (Durysta)

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
J7352	Afamelanotide (Scenesse)
J7354	cantharidin (Ycanth)
J7355	travoprost (iDose TR)
J7356	foscarbidopa and foslevodopa (Vyalev)
J7686	Treprostinil Inhalation (Tyvaso)
J9003	Leuprolide (camcevi etm)
J9011	datopotamab deruxtecan-dlnk (Datroway)
J9015	Aldesleukin (Proleukin, IL-2, Interleukin)
J9021	Asparaginase erwinia chrysanthemi [recombinant]-rywn (Rylaze)
J9022	Atezolizumab (Tecentriq)
J9023	Avelumab (Bavencio)
J9024	atezolizumab and hyaluronidase-tqjs (Tecentriq Hybreza)
J9026	tarlatamab-dlle (Imdelltra)
J9028	nogapendekin alfa inbakicept-pmln (Anktiva)
J9029	Nadofaragene firadenovec-vncg (Adstiladrin®)
J9032	Belinostat (Beleodaq)
J9033	Bendamustine(Treanda)
J9034	Bendamustine (Bendeka)
J9035	Bevacizumab (Avastin)
J9036	Bendamustine (Belrapzo)
J9038	axatilimab-csfr (Niktimvo)
J9039	Blinatumomab (Blincyto)
J9041	Bortezomib (Velcade)
J9042	Brentuximab Vedotin (Adcetris)
J9043	Cabazitaxel (Jevtana)
J9046	bortezomib (dr. reddy's)
J9047	Carfilzomib (Kyprolis)
J9048	bortezomib (fresenius kabi)
J9049	bortezomib (hospira)
J9051	Bortezomib (maia)
J9054	bortezomib (boruzu)
J9055	Cetuximab (Erbix)
J9056	Bendamustine
J9057	Copanlisib (Aliqopa)
J9061	Amivantamab-vmjw (Rybrevant)
J9063	Mirvetuximab Soravtansine-gynx (Elahere™)

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
J9064	Cabazitaxel (sandoz)
J9118	Calaspargase pegol-mknl (Asparlas)
J9119	Cemiplimabrwlc (Libtayo)
J9144	Daratumumab and hyaluronidase-fihj (Darzalex Faspro)
J9145	Daratumumab (Darzalex)
J9153	Daunorubicin and cytarabine liposome (Vyxeos)
J9155	Degarelix
J9161	denileukin diftitox-cxdl (Lymphir)
J9173	Durvalumab (Imfinzi)
J9176	Elotuzumab (Empliciti)
J9177	Enfortumab vedotin-ejfv (Padcev)
J9179	Eribulin (Halaven)
J9203	Gemtuzumab ozogamicin (Mylotarg)
J9204	Mogamulizumab-kpkc (Poteligeo)
J9205	Irinotecan liposome (Onivyde)
J9207	Ixabepilone (Ixempra)
J9210	Emapalumab-lzsg (Gamifant)
J9216	interferon, gamma-1b (Actimmune)
J9223	Lurbinectedin (Zepzelca)
J9226	Histrelin Implant (Supprelin LA)
J9227	Isatuximab-irfc (Sarclisa)
J9228	Ipilimumab (Yervoy)
J9229	Inotuzumab ozogamicin (Besponsa)
J9248	melphalan (Hepzato)
J9256	Static / Dynamic Ankle Foot Orthosis
J9262	Omacetaxine (Synribo)
J9266	pegaspargase (Oncaspar)
J9269	tagraxofusp-erzs (Elzonris)
J9271	Pembrolizumab (Keytruda)
J9272	dostarlimab-gxly (Jemperli)
J9273	Tisotumab vedotin-tftv (Tivdak)
J9274	Tebentafusp-tebn (Kimmtrak)
J9275	cosibelimab-ipdl (Unloxcyt)
J9276	zanidatamab-hrii (Ziihera)
J9277	pembrolizumab and berahyaluronidase alfa-pmph (Keytruda Qlex)
J9282	Mitomycin (Zusduri)

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
J9286	glofitamab-gxbm (Columvi)
J9289	nivolumab and hyaluronidase-nvhy (Opdivo Qvantig)
J9292	pemetrexed (avyxa)
J9294	pemetrexed (hospira)
J9295	Necitumumab (Portrazza)
J9296	pemetrexed (accord)
J9297	pemetrexed (sandoz)
J9298	Nivolumab and relatlimab-rmbw (Opdualag)
J9299	Nivolumab (Opdivo)
J9301	Obinutuzumab (Gazyva)
J9303	Panitumumab (Vectibix)
J9304	Pemetrexed (Pemfexy)
J9305	Pemetrexed, not otherwise specified
J9306	Pertuzumab (Perjeta)
J9307	Pralatrexate (Folotyn)
J9308	Ramucirumab (Cyramza)
J9309	Polatuzumab vedotin-piiq (Polivy)
J9311	Rituximab hyaluronidase (Rituxan Hycela)
J9312	Rituximab (Rituxan)
J9314	pemetrexed (teva)
J9316	Pertuzumab, trastuzumab, and hyaluronidase-zzxf (Phesgo)
J9317	Sacituzumab govitecan-hziy (Trodelyv)
J9318	Romidepsin (Istodax)
J9319	Romidepsin lyophilized
J9321	epcoritamab-bysp (Epkinly)
J9322	Pemetrexed (Alimta®, Teva, Accord, Hospira, Sandoz and Bluepoint)
J9323	Pemetrexed (Alimta®, Teva, Accord, Hospira, Sandoz and Bluepoint)
J9324	pemetrexed (Pemrydi rtu)
J9325	Talimogene laherparepvec (Imlygic)
J9326	Prefabricated Lumbar-Sacral Orthosis
J9329	tislelizumab-jsgr (Tevimbra)
J9330	Temsirolimus (Torisel)
J9331	Sirolimus protein-bound suspension (Fyarro)
J9332	Efgartigimod alfa-fcab (Vyvgart)
J9333	rozanolixizumab-noli (Rystiggo)
J9334	efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo)

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
J9345	Retifanlimab (Zynyz)
J9347	tremelimumab-actl (Imjudo)
J9348	Naxitamab-gqgk (Danyelza)
J9349	tafasitamab-cxix (Monjuvi)
J9350	Mosunetuzumab-axgb (Lunsumio™)
J9352	Trabectedin (Yondelis)
J9353	Margetuximab-cmkb (Margenza)
J9354	Ado-trastuzumab (Kadcyla)
J9355	Trastuzumab (Herceptin)
J9356	Trastuzumab and hylaronidase-oysk (Herceptin Hylecta)
J9358	Fam-trastuzumab deruxtecan-nxki (Enhertu)
J9359	Loncastuximab tesirine-lpyl (Zynlonta)
J9361	efbemalenograstim alfa-vuxw (Ryzneuta)
J9376	pozelimab-bbfg (Veopoz)
J9380	Teclistamab-cgyv (TECVAYLI™)
J9381	Teplizumab-mzwv (TZIELD™)
J9382	zenocutuzumab-zbco (Bizengri)
J9400	Ziv-aflibercept (Zaltrap)
J9601	linvoseltamab-gcpt (Lynozyfic)
J9999	NOC, antineoplastic drugs
Q2041	Axicabtagene ciloleucel (Yescarta)
Q2042	Tisagenlecleucel (Kymriah)
Q2053	Brexucabtagene autoleucel (Tecartus)
Q2054	Lisocabtagene maraleucel (Breyanzi)
Q2055	Idecabtagene vicleucel (Abecma)
Q2056	Ciltacabtagene autoleucel (Carvykti)
Q2057	afamitresgene autoleucel (Tecelra)
Q2058	obecabtagene autoleucel (Aucatzyl)
Q3027	Interferon beta 1A (Avonex)
Q3028	interferon beta 1a (Rebif)
Q5098	ustekinumab-srlf (imuldosa)
Q5099	ustekinumab-stba (steqeyma)
Q5100	ustekinumab-kfce (yesintek)
Q5101	Filgrastim-sndz (Zarxio)
Q5103	Infliximab-dyyb (Inflectra)
Q5104	Infliximab-abda (Renflexis)

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
Q5106	Epoetin alfa-epbx, non-ESRD (Retacrit)
Q5107	Bevacizumab-awwb (Mvasi)
Q5108	Pegfilgrastim-jmdb (Fulphila)
Q5110	Filgrastim-aafi (Nivestym)
Q5111	Pegfilgrastim-cbqv (Udenyca)
Q5112	Trastuzumab-dttb (Ontruzant)
Q5113	Trastuzumab-pkrb (Herzuma)
Q5114	Trastuzumab-dkst (Ogivri)
Q5115	Rituximab-abbs (Truxima)
Q5116	Trastuzumab-qyyp (Trazimera)
Q5117	Trastuzumab-anns (Kanjinti)
Q5118	Bevacizumab-bvzr (Zirabev)
Q5119	Rituximab-pvvr (Ruxience)
Q5120	Pegfilgrastim-bmez (Ziextenzo)
Q5121	Infliximab-axxq (Avsola)
Q5122	Pegfilgrastim-apgf (Nyvepria)
Q5123	Rituximab-arrx (Riabni)
Q5124	Ranibizumab-numa (Byooviz)
Q5125	Filgrastim-ayow (Releuko)
Q5126	Bevacizumab-maly (Alymsys)
Q5127	Pegfilgrastim-fpgk (Stimufend)
Q5128	Ranibizumab-egrn (Cimerli)
Q5129	bevacizumab-adcd (Vegzelma)
Q5130	Pegfilgrastim-pbbk (Fylnetra)
Q5133	tocilizumab (Tofidence)
Q5134	natalizumab-sztn (Tyruko)
Q5135	tocilizumab-aazg (Tyenne)
Q5136	denosumab-bbdz (Jubbonti/Wyost)
Q5137	ustekinumab-auub SC (Wezlana SC)
Q5138	ustekinumab-auub IV (Wezlana IV)
Q5140	adalimumab-fkjp, biosimilar
Q5141	adalimumab-aaty, biosimilar
Q5142	adalimumab-ryvk biosimilar
Q5143	adalimumab-adbm, biosimilar
Q5144	adalimumab-aacf (idacio), biosimilar
Q5145	adalimumab-afzb (abrilada), biosimilar

Medi-Cal Prior Authorization List – Updated August 1, 2026	
Code	Description
Q5146	trastuzumab-strf (hercessi)
Q5147	aflibercept-ayyh (Pavblu)
Q5148	filgrastim-txid (nypozi)
Q5149	aflibercept-abzv (enzeevu)
Q5150	aflibercept-mrbp (ahzantive)
Q5151	eculizumab-aagh (epysqli)
Q5152	eculizumab-aeeb (bkemv)
Q5153	aflibercept-yszy (opuviz)
Q5154	omalizumab-igec (Omlyclo)
Q5155	aflibercept-jbvf (Yesafili)
Q5156	tocilizumab-anoh (Avtozma)
Q5157	denosumab-bmwo (Osenvelt)
Q5157	denosumab-bmwo (Stoboclo)
Q5158	denosumab-bnht (Bomyntra)
Q5158	denosumab-bnht (Conexxence)
Q5159	denosumab-dssb (Ospomyv)
Q5159	denosumab-dssb (Xbryk)
Q5161	denosumab-kyqq (aukelso/bosaya)
Q5162	denosumab-nxxp (bildyos/bilprevda)
Q9996	ustekinumab-ttwe (pyzchiva)
Q9997	ustekinumab-ttwe (pyzchiva)
Q9998	ustekinumab-aekn (selarsdi)
Q9999	ustekinumab-aauz (otulfi)