



# Prior Authorization Guide

## Medical

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**Prior Authorization Fax: 619-740-8111**

Requirement	Service / Procedure	Code	Info and Notes
<b>D</b>	Abortions	59840 – 59866	In-Network
<b>P</b>	Acupuncture	97810 – 97814	If member has acupuncture coverage under the medical benefit, must be referred to ASH by a PCP to be covered. All other acupuncture services are only covered if rider is purchased. Contact American Specialty Health (ASH).
<b>P</b>	Acute Inpatient	All	
<b>P</b>	Acute Inpatient Rehab	All	
<b>P</b>	Adults to Pediatric Specialist	All	
<b>P</b>	Allergy and Clinical Immunology – Allergen Immunotherapy Services	95004 – 95199	
<b>P</b>	Ambulance Services (gurney and wheelchair services non-emergent)	A0021 – A099 To include codes: A0080, A0130, A0210, A0390 & A0998	
<b>D</b>	Ambulance (emergent) Services	A0021 – A0999	
<b>D</b>	Amniocentesis	59000 – 59001	In-Network
<b>D</b>	Anorectal Manometry	91122	In-Network
<b>D,P</b>	Aquatic Therapy	97113	Direct referral for eval & 12 treatments. Prior auth required for further treatments.



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<b>P</b>	Aspiration of Ova	76948	
<b>D</b>	Artificial Eye – Ophthalmology	V2623 – V2629	In-Network
<b>P</b>	Artificial Insemination	58321 – 58322	
<b>D</b>	Audiometry – Brain Stem Evoked	92585 – 92586	In-Network
<b>P</b>	Audiometry – Diagnostic Hearing Test	92557 – 92596	
<b>D</b>	Audiometry – Routine Hearing Screening in PCP Office	All	In-Network
<b>D,P</b>	Balance Rehab (vestibular)	All	Direct referral for eval & 12 treatments. Prior auth required for further treatments.
<b>P</b>	Bariatric Consult and Surgery	All	
<b>See Behavioral Health PAR Guide.</b>	Behavioral Health	See Behavioral Health PAR Guide	See Behavioral Health PAR Guide.
<b>P</b>	Biofeedback	90901 – 90911	
<b>P</b>	Blepharoplasty	15820 – 15823	
<b>D</b>	Bloodless Surgery	All	In-Network
<b>P</b>	Blood Pressure Monitoring – Ambulatory	93784 – 93790	
<b>P</b>	Bone Electrical Stimulation to Aid in Healing / Non-Invasive	20974 – 20979	Also see HCPCS codes E0744-E0748.
<b>P</b>	Bone Marrow Transplant	38230 – 38243	



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Requirement	Service / Procedure	Code	Info and Notes
<b>D</b>	Brachytherapy	All	In-Network
<b>D</b>	Brain Stem Evoke Audiometry – Otorhinolaryngologic Services	92585 – 92586	In-Network
<b>D</b>	Breast Biopsy	19081 – 19086 19100 – 19101	In-Network
<b>P</b>	Breast Prosthesis	L8000 – L8035	
<b>D</b>	Breast Pump (electric or manual)	E0603, E0602, A4281 – A4286	In-Network
<b>P</b>	Breast Pump (hospital grade)	E0604	
<b>P</b>	Breast Reconstruction, Reduction, Repair	11960, 15756 – 15758, 19316 – 19499	
<b>P</b>	Breast Reduction	19318	
<b>P</b>	Breast Repair	19316 – 19499	
<b>P</b>	Calcium Scoring 3D CT	75571-75574	
<b>P</b>	Capsule Endoscopy	91110 – 91111	
<b>P</b>	Cardiac Ablation	93653-93657	
<b>P</b>	Cardiac Catheterization	93452-93461	
<b>D,P</b>	Cardiac Rehabilitation	93797 – 93798	Direct referral for eval & 12 treatments. Prior auth required for further treatments.
<b>D</b>	Cardiology Testing – Holter Monitor	All	In-Network



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<b>P</b>	Cardiology Testing (for example: loop recording, Event Monitors, Zio Patch)	All	
<b>P</b>	Cardiology Lexi Scan	All	
<b>P</b>	Chemical Dependency (inpatient or outpatient)	All	See Behavioral Health Prior Auth guide
<b>D</b>	Chemodervation of Extraocular Muscle	67345	In-Network
<b>D</b>	Chemotherapy	All	In-Network
<b>P</b>	Chiropractic Treatments	98940 – 98943	Prior auth given by ASH, only covered if chiropractic rider is purchased.
<b>P</b>	Chromotubation of Oviduct	58350	
<b>P</b>	Circumcision (after 30 days of life)	54150 – 54164	
<b>P</b>	Clinical Trials	All	
<b>P</b>	Cochlear Device Implant	69930 – 69949	
<b>D</b>	Colonoscopy	44388 – 44408, 45378 – 45393, G0105, G0121	In-Network
<b>D</b>	Colostomy / Ostomy Supplies	All	In-Network
<b>P</b>	Consultation–Second Opinion	99241 – 99245	Out-of-Network – only if Qualified Specialist not available in network.



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<b>D</b>	Contact Lens Service – Special Ophthalmological – Fitting for treatments of disease (includes supply of lens)	92015 – 92145	In-Network
<b>P</b>	Contact Lens Services	92310 – 92326	Prescription of optical and physical characteristics of contact lenses with medical supervision corneal lens.
<b>P</b>	Continuity of Care	All	
<b>P</b>	Cosmetic Procedures	All	All potential cosmetic procedures.
<b>P</b>	CPAP Machine – Pulmonary	94660, E0601	
<b>P</b>	CPAP Supplies	All over \$250	
<b>P</b>	CT Angiogram	70496,70498,71275,72191, 73206, 74174,74175,75635	
<b>D</b>	CT Scans	All	In-Network
<b>NCB</b>	Custodial Care	All	Not covered by Medical Insurance except medically necessary lab, radiology and pathology services which must be done in network.
<b>P</b>	Day Treatment – Medical	All	
<b>P</b>	Dental and Oral Surgery	All	
<b>D</b>	Dermatology – Non-Cosmetic	All	In-Network
<b>D</b>	Dermatology – PUVA Therapy	96910 – 96913	In-Network
<b>P</b>	Detox (medical)	All	
<b>D</b>	DEXA / DXA – Bone Mineral Density Study, QCT (Quantitative Computerized Tomography)	77078, 77082	In-Network



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Requirement	Service / Procedure	Code	Info and Notes
D	Diabetic Counseling (see Health Education)	97802 – 97804	In-Network (including SRS disease management referrals)
P	Diabetic Supplies	All over \$250	
P	DME	All over \$250 and rentals 3 months or greater	
P	Dorsal Column Stimulators (spinal cord stimulators)	63650 – 63688	
D	Echocardiogram	93000, 93005, 93010	
P	Echocardiogram-Transesophageal (TEE)	93312-93316, 93355	
D	Echocardiogram-Transthoracic (TTE)	93303, 93304, 93306, 93308	In-Network
P	Electroejaculation	55870	
P	Electromagnetic Bone Conduction Hearing Device	69710 – 69711	
P	Electrophysiology (EP) Study	93600-93603 93610-93612 93618-93620	
D	Emergency Services – In-Area/Out-of-Area (includes ancillary)	All	
D	Endoscopic Ultrasound	43231 – 43232	In-Network



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Requirement	Service / Procedure	Code	Info and Notes
<b>P</b>	Epidurals	All	
<b>P</b>	Erect-Aid	L7900	
<b>D</b>	Esophageal Motility Studies (as long as GI is requesting)	91010 – 91013	In-Network
<b>P</b>	Experimental / Investigational	All	
<b>P</b>	Extracorporeal Shock Wave Therapy for Treatment of Epicondylitis	All	
<b>D</b>	Fallopian Tube Cath	58345	In-Network
<b>D</b>	Gamma Knife Radiosurgery	61796 – 61800, 63620 – 63621	In-Network
<b>P</b>	Gastric Restrictive Procedures	All	
	<u>Without</u> Gastric Bypass for Morbid Obesity	43842, 43843	
	Vertical Banded Gastroplasty	43842	
	Other than Vertical Banded Gastroplasty	43843	
	<u>With</u> Gastric Bypass for Morbid Obesity	43846, 43847	
	Bypass; w/ Roux-en-Y	43846	
	Bypass w/ small intestine reconstruction to limit absorption	43847	
	Gastric Restrictive Procedure Revision	43848	
	Gastric Restrictive Procedure with Partial Gastrectomy	43845	
	Laparoscopic Bariatric Procedures	43770 – 73775	



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Requirement	Service / Procedure	Code	Info and Notes
<b>P</b>	Gender Dysphoria	All	
<b>D</b>	Genetic Counseling	All	
<b>P</b>	Genetic Testing	All	
<b>D</b>	Glasses / Spectacle Services (including prosthesis for Aphakia - Ophthalmology)	92352 - 92499	In-Network
<b>P</b>	Head-TMJ Arthroplasty and Reconstruction Mandible, Maxilla, Zygomatic Arch, Orbit	21193 - 21299	
<b>P</b>	Hearing Aids, or Examination for the Purpose of Prescribing, Fitting or Changing Hearing Aids	92570, 92590 - 92596	Only covered if rider is purchased.
<b>D</b>	Health Education Classes	All	In-Network (including SRS disease management referrals)
<b>P</b>	Heart / Lung Transplant	33930 - 33945	
<b>D</b>	HIV Specialist	Any	In-Network
<b>P</b>	Home Health	All	
<b>P</b>	Home Infusion Therapy	All	
<b>P</b>	Home Prenatal Monitoring		
	Uterine	S9001	
	Fetal	59020	
<b>P</b>	Blood Pressure Monitoring - Ambulatory	93784 - 93790	





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Requirement	Service / Procedure	Code	Info and Notes
<b>P</b>	Hospice	All	
<b>P</b>	Hyperbaric Oxygen Therapy	99183 – 99184	
<b>P</b>	Hyperhidrosis	32664, 64809, 64818	
<b>P</b>	Hyperthermia Treatment	77600 – 77620	
<b>D</b>	Hysterosalpingography	74740	
<b>NCB</b>	Travel or Employment Immunizations	All including but not limited to 90476 – 90749	<u>Immunizations for travel or required by employer are not a covered benefit.</u> [See more sections related to immunizations below.]
<b>D</b>	Immunizations – Adults	90476 – 90749	In-Network
<b>D</b>	Infectious Disease Consultation	Any	In-Network
<b>D</b>	Glasses / Spectacle Services (including prosthesis for Aphakia – Ophthalmology)	92352 – 92499	In-Network
<b>P</b>	Infertility	89250 – 89398, 99203, 99241-99245	Check for supplemental benefit.
	Artificial Insemination	58321-58322	Only covered if rider is purchased.
	Aspiration of Ova	76948	Only covered if rider is purchased.
	Chromotubation of Oviduct	58350	Only covered if rider is purchased.



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Requirement	Service / Procedure	Code	Info and Notes
	Electroejaculation	55870	Only covered if rider is purchased.
	In Vitro Fertilization (IVF)	58970 – 58999	Only covered if rider is purchased.
	Ovulation Testing	84830	Only covered if rider is purchased.
	Repair of Oviduct / Ovary-Tubotubal Anastomosis, Tubouterine Implantation, Fimbrioplasty, Salpingostomy	58750 – 58770	
	Sperm Washing for Artificial Insemination	58323	Only covered if rider is purchased.
	Surrogate Pregnancy	ALL	
<b>P</b>	Injectable Medications	Excludes Depo-Provera Injections	
<b>D</b>	Depo-Provera Injections	J1055	In-Network
<b>D</b>	Injection Procedure for Hysterosalpingography	58340 – 58345	
<b>P</b>	Inpatient Admissions	All	
<b>D</b>	Insertion of Heyman Capsules (intrauterine)	57155, 58346	In-Network
<b>D</b>	Interpretive Services	All	In-Network
<b>P</b>	Intersex Surgery – Female to Male	55980	
<b>P</b>	Intersex Surgery – Male to Female	55970	



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Requirement	Service / Procedure	Code	Info and Notes
<b>D</b>	IUD Insertion, Removal	58300 – 58301	In-Network
<b>P</b>	IV Medications	All	
<b>D</b>	Labs – Prometheus for GI only	All	In-Network
<b>P</b>	Lefort I, II, III	21141 – 21160 21345 – 21348 21421 – 21436 61586	
<b>D</b>	Lenses Status Post Cataract	92071 – 92072	In-Network
<b>P</b>	Liver Transplant	47133 – 47147	
<b>P</b>	Lung Transplant	32850 – 32856	
<b>P</b>	Lymphedema – Decongestive Physiotherapy	All	Initial approved will be eval + 8 to 10.
<b>P</b>	Mandibular Body Augmentation	21125 – 21127	
<b>P</b>	Mastectomy for Gynecomastia	19300	
<b>D</b>	Maternal – Fetal (perinatology) Services	All	In-Network – Must be directed by OB-GYN.
<b>P</b>	Maternal Plasma Cell – Fetal DNA Sequencing	All	
<b>P</b>	Maxillofacial Surgery	All	
<b>P</b>	Medical Detox	All	
<b>P</b>	Medical Nutritional Product	All	
<b>P</b>	Medical Treatment for Psych Patients Admitted to Psychiatric Facilities	All	
<b>P</b>	Mohs Micrographic Surgery	17311 – 17315	



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Requirement	Service / Procedure	Code	Info and Notes
<b>P</b>	MRA – Magnetic Resonance Angiography		PCP – Prior Auth Specialist – Direct
	Abdomen	74185	PCP – Prior Auth Specialist – Direct
	Arm	73225	PCP – Prior Auth Specialist – Direct
	Chest	71555	PCP – Prior Auth Specialist – Direct
	Head	70544 – 70546	PCP – Prior Auth Specialist – Direct
	Lower Extremity	73725	PCP – Prior Auth Specialist – Direct
	Neck	70547 – 70549	PCP – Prior Auth Specialist – Direct
	Pelvis	72198	PCP – Prior Auth Specialist – Direct
	Spine	72159	PCP – Prior Auth Specialist – Direct
<b>P/D</b>	MRI – Magnetic Resonance Imaging (PCP = Prior Auth)		PCP – Prior Auth Specialist – Direct
	Abdomen	74181 – 74190	PCP – Prior Auth Specialist – Direct
	Brain	70551 – 70559	PCP – Prior Auth Specialist – Direct
	Breast	77058 – 77059	PCP – Prior Auth Specialist – Direct
	Cardiac	75557 – 755	PCP – Prior Auth Specialist – Direct



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Requirement	Service / Procedure	Code	Info and Notes
	Chest	71550 - 71552	PCP - Prior Auth Specialist - Direct
	Lower Extremity	73718 - 73723	PCP - Prior Auth Specialist - Direct
	Orbit	70540 - 70543	PCP - Prior Auth Specialist - Direct
	Pelvis	72195 - 72197	PCP - Prior Auth Specialist - Direct
	Spinal Lumbar	72148 - 72149, 72158	PCP - Prior Auth Specialist - Direct
	Spinal Cervical	72141 - 72142, 72156	PCP - Prior Auth Specialist - Direct
	Spinal Thoracic	72146 - 72147, 72157	PCP - Prior Auth Specialist - Direct
	TMJ	70336	PCP - Prior Auth Specialist - Direct
	Tomographic	78800 - 78999	PCP - Prior Auth Specialist - Direct
	Upper Extremity	73218 - 73223	PCP - Prior Auth Specialist - Direct
	Other - MRI	76390, 77021 - 77022, 77084	PCP - Prior Auth Specialist - Direct
<b>P</b>	Nerve Blocks		
	Somatic Nerves	64400 - 64484	
	Sympathetic Nerves	64505 - 64530	
	Neurostimulators Peripheral Nerve	64550 - 64570	



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Requirement	Service / Procedure	Code	Info and Notes
<b>P</b>	Neuropsychiatric Testing	All	
<b>P</b>	Neurostimulator Pulse Generators	95970 – 95975	
<b>D</b>	Neurology Services (Neurosurgery – see below)	All	In-Network
<b>P</b>	Neurology – EEG Inpatient	All	
<b>P</b>	Neurosurgery Services	All	
<b>D</b>	Newborns	All	From birth through age 31 days or until enrolled with a medical group.
<b>P</b>	Non-Contracted Provider (requires prior auth, except ER and UR)		
<b>P</b>	Nuchal Translucency	All	
<b>P</b>	Nuclear Scans (see also PET Scan)	78012 – 79999	
<b>D</b>	Nutritional Counseling Adult (see Health Education)	All	In-Network (including SRS Disease Management Referrals)
<b>D</b>	OB (total)	All	In-Network
<b>P</b>	Observation over 48 hours	All	
<b>P</b>	Observation Status	Out-of-Network and Out-of-Area	UM review for Medical Necessity.
<b>D,P</b>	Occupational Therapy (including hand therapy)	97003 – 97004	Direct referral for eval & 12 treatments. Prior auth required for further treatments.



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Requirement	Service / Procedure	Code	Info and Notes
<b>D</b>	Ophthalmology Referral – Medical Condition	All	In-Network
<b>D</b>	Optometrist Referral – Yearly Exam (pediatric)		Only covered by VSP if rider is purchased.
<b>P</b>	Orthopedic Services	All	
<b>NCB</b>	Orthoptic Training – Ophthalmology	92065	Not a covered benefit.
<b>P</b>	Orthotics / Prosthetics (footwear, braces, splints)	All over \$250	
<b>P</b>	Out-of-Area Provider		Out-of-Network
<b>P</b>	Out of Plan Referral / Admission		Out-of-Network
<b>P</b>	Outpatient Surgeries	All	
<b>P</b>	Overnight Oximetry	94762	
<b>P</b>	Ovulation Testing	84830	
<b>P</b>	Oxygen	E1390, E0431, E0443	
<b>P</b>	Pain Management / Pain Rehab Services	All	
<b>P</b>	Pain Pumps–Implantable–Refills	All	
<b>P</b>	Pancreas Transplant	48550 – 48999	
<b>P</b>	Panniculectomy / Lipectomy	15830 – 15839, 15876 – 15879	
<b>P</b>	Pediatric Specialty Consultation for an Adult Patient	All	
<b>D</b>	Perinatal Services (maternal – fetal)	All	In-Network – Must be directed by OB-GYN.



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Requirement	Service / Procedure	Code	Info and Notes
<b>D</b>	Perineogram	50432 - 50435	In-Network
<b>P</b>	PET Scan (see Nuclear Scans)		
	Brain	78608 - 78609	
	Heart	78459	
	Perfusion Study	78491 - 78492	
	Skull Base to Mid-Thigh	78812, 78815	
	Whole Body	78813, 78816	
	Limited Area	78811, 78814	
<b>D,P</b>	Physical Therapy	All	Direct referral for eval & 12 treatments. Prior auth required for further treatments.
<b>P</b>	Plastic Surgery Services	All	
<b>D,P</b>	Pool (Aqua) Therapy	97113	Direct referral for eval & 12 treatments. Prior auth required for further treatments.
<b>NCB</b>	Postmortem Examinations	88000 - 88099	Not a covered benefit.
<b>D</b>	Pre-Radiation Density	All	In-Network
<b>P</b>	Proton Beam Treatment	77520 - 77525	
<b>See Behavioral Health PAR Guide</b>	Psychiatric Services	See Behavioral Health PAR Guide	See Behavioral Health PAR Guide.
<b>P</b>	Pulmonary Rehabilitation	All	Direct referral for eval & 12 treatments. Prior auth required for further treatments.





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<b>P</b>	Pulse Oximetry, Continuous Overnight Monitoring	94762	
<b>D</b>	PUVA Therapy	96910 – 96913	In-Network
<b>P</b>	Radial Keratotomy	65771	
<b>D</b>	Radiation Treatments	All	In-Network
<b>P</b>	Reconstruction Midface Lefort I, II, III	21141 – 21160, 21345 – 21348, 21421 – 21436, 61586	
<b>P</b>	Reconstruction Orbital Rim / Lower Forehead	21172 – 21184	
<b>P</b>	Referral to Any Provider Not Listed in Your SHP Directory	All	
<b>P</b>	Rehabilitation – Acute	All	
<b>D,P</b>	Rehabilitation – Cardiac	93797 – 93799	Direct referral for eval & 12 treatments. Prior auth required for further treatments.
<b>D,P</b>	Rehabilitation – Pulmonary	All	Direct referral for eval & 12 treatments. Prior auth required for further treatments.
<b>D</b>	Renal Dialysis	90935 – 90999	
<b>P</b>	Renal Transplant	50300 – 50380	
<b>P</b>	Repair of Oviduct / Ovary-Tubotubal Anastomosis, Tubouterine Implantation, Fimbrioplasty, Salpingostomy	58750 – 58770	



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Requirement	Service / Procedure	Code	Info and Notes
<b>P</b>	Rhinoplasty	30400 – 30450	
<b>P</b>	Sclerotherapy	36468 – 36471	
<b>P</b>	Shock Wave Therapy (Extracorporeal) for Treatment of Epicondylitis	All	
<b>P</b>	Skilled Nursing Facility (SNF) Admissions	All	
<b>P</b>	Sleep Studies (performed in home or at a facility)	95803 – 95783	
<b>D</b>	Specialist Physician	Excluding Orthopedic Surgeon, Bariatric Surgery, Neuro-Surgeon, Pain Mgmt, Infertility, and Plastic Surgeon who require prior authorization.	In-Network
<b>P</b>	Speech Therapy (ST) and Other Related Swallowing Studies	92507 – 92526 92610 – 92618	
<b>P</b>	Sperm Washing for Artificial Insemination	58323	
<b>P</b>	Spinal Cord – Catheter Implantations	62350 – 62351	
<b>P</b>	Spinal Cord – Injections, Drainage, or Aspirations (epidurals, caudal)	62280 – 62319	



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<b>P</b>	Spinal Cord – Neurostimulators	63650 – 63688	
<b>P</b>	Spinal Cord – Reservoir / Pump Implantation	62360 – 62368	
<b>P</b>	Strabismus Surgery – Adults Only	67311 – 67344	
<b>D</b>	Sterilization – Tubal Ligation	58565, 58600 – 58615	In-Network
<b>D</b>	Sterilization – Vasectomy	55250 – 55450	In-Network
<b>P</b>	Surrogate Pregnancy	All	
<b>P</b>	Sympathectomy for Hyperhidrosis	32664, 64809, 64818	
<b>P</b>	Temporomandibular Joint-Prosthesis Introduction or Removal	21076 – 21089	
<b>P</b>	TMJ Arthroplasty and Reconstruction Mandible, Maxilla, Zygomatic Arch, Orbit	21193-21299	
<b>P</b>	TMJ Splints	All	
<b>P</b>	Transplants Except Corneal	All	
<b>P</b>	Treatment of Lymphedema – Decongestive Physiotherapy	_____	Initial approval will be eval + 10.
<b>NCB</b>	Tubal Ligation Reversal		Not a covered benefit.
<b>P</b>	UCSD Referrals	All	
<b>P</b>	Ultrasound Aspirations of Ova	76948	
<b>D</b>	Urgent Care		In-Network / Out-of-Network
<b>D</b>	Urology	All	In-Network



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Requirement	Service / Procedure	Code	Info and Notes
<b>NCB</b>	Vasectomy Reversal	55400	Not a covered benefit.
<b>P</b>	Veins - Ligation and Stripping	37700 - 37785	
<b>P</b>	Veins - Sclerotherapy	36468 - 36479	
<b>P</b>	Vertebroplasty	S2360 - S2361, 22510 - 22512	
<b>D,P</b>	Vestibular Rehab	All	Direct referral for eval & 12 treatments. Prior auth required for further treatments.
<b>D</b>	Weight Management	All	
<b>P</b>	Wigs	A9282	
<b>P</b>	Wound Care	97597 - 97610	