

# SHARP Health Plan

## Precertification List

### PPO and POS Tiers 2 and 3

**X** = Precertification required

\* The CTP/HCPSC and Revenue (Rev) codes for each service are not all inclusive as there can be additional codes to the service that may not be listed.

Precertification	Inpatient Services	Codes
<b>X</b>	<b>Mental health or substance abuse facility and professional services</b>	Precertification requests are faxed to Magellan.
<b>X</b>	<b>Hospice care</b>	Q5001-Q5010, G0337, G9687-G9688, G9690-G9694, G9707, G9709-G9710, Revenue (Rev) codes 0115, 0125, 0135, 0145, 0235, 0650, 0651, 0652, 0655, 0656, 0657, 0658, 0659
<b>X</b>	<b>Hospitalization</b> (including but not limited to inpatient services, organ transplant, and inpatient rehabilitation) <b>Facility and physician/surgeon fee</b>	Codes can vary based on service being requested.
<b>X</b>	<b>Skilled nursing facility</b> (combined maximum of 100 days per calendar year in and out of network)	Rev code 0022

Precertification	Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services including facility based sleep studies and wound care )	Codes
<b>X</b>	<b>Outpatient facility and physician/surgeon fee</b>	Codes can vary based on service being requested.
<b>X</b>	<b>Medical transportation</b> Non-emergency transportation	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0180, A0190, A0200 A0210, A0390, A0426, A0428, A0998, S0215
<b>X</b>	<b>Clinical trials</b> (includes all services rendered as part of a clinical trail)	Codes can vary based on service being requested.

	<b>Diabetic testing supplies (PPO)</b> – process through CVS	A4250–A4259, S5550 J1815, J1817, A4224. E0784, E0787, S8490, S5571, A4232
<b>X</b>	<b>Diabetic testing supplies (POS)</b>	A4250–A4259, S5550 J1815, J1817, A4224. E0784, E0787, S8490, S5571, A4232
	<b>Dialysis</b>	90935-90940
<b>X</b>	<b>Advanced radiology</b> (including but not limited to MRI, MRA, MRS, CT scan, PET, MUGA, SPECT)	C8900–C8902, C8909–C8914, C8918–C8920, C8931–C8936, G9554, G9556, G9557, 70544–70549, 71555, 72159, 72198, 73225, 73725, 74185, 77078, 77082, 77011–77014, 70480–70482, 70486, 70487, 70490–70492, 70488, 70450, 70460, 71250, 71260, 71270, 72125–72133, 73200, 73201, 73700–73701, 70496, 70498, 71275, 72191, 73206, 74174, 74175, 75635, 78429, 78430, 78431, 78432, 78433, 78434, 78459, 78491, 78492 78608, 78609, 78811, 78812, 78813, 78814 78815, 78816, 78453, 78454, 78472, 78473 78481, 78483, 78494, 78803, 78830, 78831, 78832, 76390
	<b>Mental health office visit</b>	
	<b>Group therapy (mental health)</b>	

<b>Precertification</b>	<b>Outpatient Services</b> (including but not limited to surgical, diagnostic and therapeutic services including facility based sleep studies and wound care)	<b>Codes</b>
<b>X</b>	<b>Other outpatient items and services (mental health)</b> – includes ABA, IOP, PHP, TMS, ECT, and Neuropsychiatric testing	Precertification requests are faxed to Magellan.
<b>X</b>	<b>Durable medical equipment (DME):</b> Only the items below <ul style="list-style-type: none"> <li>• Bilevel positive airway pressure (BiPAP)</li> <li>• Bone growth stimulator</li> <li>• Continuous glucose monitor and supplies</li> <li>• Continuous positive airway pressure (CPAP)</li> <li>• Custom-made items, including custom wheelchairs</li> </ul>	E0601, E0561–E0562, A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7046, A4250–A4259 E0250–E0326, E0328–E0329, E0500, E2100–E2103, K0800–K0899

	<ul style="list-style-type: none"> <li>• Hospital beds and mattresses</li> <li>• Insulin administration devices</li> <li>• Power wheelchairs</li> <li>• Scooters</li> <li>• Ventilators</li> </ul>	
<b>X</b>	<b>Experimental/investigational services, drugs and procedures</b>	Codes can vary based on service being requested.
<b>X</b>	<b>Genetic testing</b> (Counseling does not require precertification)	81209, 81200, 81401, 81260, 81242, 81251, 81250, 81290, 81205, 81330, 81255, 81403, 81479, 81400, 81410-81471
<b>X</b>	<b>Habilitation services</b>	Codes can vary based on service being requested.
<b>X</b>	<b>Home health services</b> (combined maximum of 100 visits per calendar year in and out of network)	Codes can vary based on service being requested.
<b>X</b>	<b>Hospice care outpatient</b>	G0337, G9687–G9688, G9690–G9694, G9707, G9709–G9710, T2042. Rev code 0552, 0650, 0657, 0659
<b>X</b>	<b>Fertility treatments/ Advanced Reproductive Technology (ART) such as IVF are only covered through benefit rider and require precertification</b> (Infertility services such as diagnosis and treatment of underlying condition do not require precertification.)	55870, 81224, 81403, 89300, 89323, 8933.

<b>Precertification</b>	<b>Outpatient Services</b> (including but not limited to surgical, diagnostic and therapeutic services including facility based sleep studies and wound care)	<b>Codes</b>
	<b>Interruption of pregnancy</b> (including but not limited to office visits, outpatient surgery, and inpatient services)	
	<b>Laboratory services</b> (excluding genetic testing)	
	<b>Maternity care delivery and all inpatient services</b> (facility and professional). Concurrent review for inpatient stay performed when length of stay is over 48 hours for vaginal delivery and 96 hours for C-section. No precertification for delivery or admission.	
<b>X</b>	<b>Neuropsychiatric testing</b>	96130–96133, 96136–96139

<b>X</b>	<b>Orthotics–custom made.</b> Non-custom-made orthotics do not require precertification.	L0112, L0130
<b>X</b>	<b>Prosthetics</b>	L5000–L9900
<b>X</b>	<b>Radiation therapy</b>	77371–77373
<b>X</b>	<b>Therapy: precertification required after 12 visits</b> <ul style="list-style-type: none"> <li>• Physical therapy</li> <li>• Occupational therapy</li> <li>• Speech therapy</li> </ul>	97110, 97112, 97113, 97750, 97156, 97168, 92507, 92508, 92521, 92522, 92523, 92524
	<b>Voluntary sterilization–men or women</b>	55250, 58600–58611, 58670, 58670, 58565

<b>Precertification</b>	<b>Outpatient Pharmaceuticals</b> (submitted under Medical benefit)	<b>Codes</b>
<b>X</b>	<b>Behavioral Health Injectables</b>	Provider administered medication precertification request is faxed to Sharp Health Plan: 619-740-8111
<b>X</b>	<b>Injectable and specialty medication, injectable contraceptives</b> (including but not limited to Depo Provera)	<b>PPO</b> –Self-injectable medication precertification request is faxed to CVS. Provider administered medication precertification request is faxed to Novologix. <b>POS</b> –Precertification request is faxed to Sharp Health Plan
<b>X</b>	<b>Infusion therapy</b> (including but not limited to chemotherapy)	<b>PPO</b> –Precertification request is faxed to Novologix <b>POS</b> –Precertification request is faxed to Sharp Health Plan
<b>X</b>	<b>Self-injectables</b>	<b>PPO</b> –Precertification request is faxed to CVS <b>POS</b> –Precertification request is faxed to Sharp Health Plan
<b>X</b>	<b>Medications newly approved by the U.S. Food and Drug Administration (FDA)</b>	<b>PPO</b> –Self-injectable medication precertification request is faxed to CVS. Provider administered medication precertification request is faxed to Novologix. <b>POS</b> –Precertification request is faxed to Sharp Health Plan