



Prior Authorization Guide

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Prior Authorization Fax: 619-740-8111

Requirement	Service / Procedure	Code	Info and Notes
D	Abortions	59840 – 59866	In-Network
P	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).
P	Acute Inpatient	All	
P	Acute Inpatient Rehab	All	
P	Adults to Pediatric Specialist	All	
P	Allergy and Clinical Immunology – Allergen Immunotherapy Services	95004 – 95199	
P	Ambulance Services (gurney and wheelchair services non-emergent)	A0021 – A099 To include codes: A0080, A0130, A0210, A0390 & A0998	Out-of-Network
X	Ambulance (emergent) Services	A0021 – A0999	
D	Amniocentesis	59000 – 59001	In-Network
D	Anorectal Manometry	91122	In-Network
D,P	Aquatic Therapy	97113	Direct referral for eval & 12 treatments. Prior auth required for further treatments.



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P	Aspiration of Ova	76948	
D	Artificial Eye - Ophthalmology	V2623 - V2629	In-Network
P	Artificial Insemination	58321 - 58322	
D	Audiometry - Brain Stem Evoked	92585 - 92586	In-Network
P	Audiometry - Diagnostic Hearing Test	92557 - 92596	
D	Audiometry - Routine Hearing Screening in PCP Office	All	In-Network
D,P	Balance Rehab (vestibular)	All	Direct referral for eval & 12 treatments. Prior auth required for further treatments.
P	Bariatric Consult and Surgery	All	
P	Behavioral Health	All	See Behavioral Health PAR Guide.
P	Biofeedback	90901 - 90911	
P	Blepharoplasty	15820 - 15823	
D	Bloodless Surgery	All	In-Network
P	Blood Pressure Monitoring - Ambulatory	93784 - 93790	
P	Bone Electrical Stimulation to Aid in Healing / Non-Invasive	20974 - 20979	Also see HCPCS codes E0744- E0748.
P	Bone Marrow Transplant	38230 - 38243	
D	Brachytherapy - Prostate Seed Implant	77750 - 77799	In-Network
D	Brachytherapy - Insertion of	57155, 57156,	In-Network



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	Heyman Capsules (intrauterine)	58346	
D	Brachytherapy	All	In-Network
D	Brain Stem Evoke Audiometry - Otorhinolaryngologic Services	92585 - 92586	In-Network
D	Breast Biopsy	19081 - 19086 19100 - 19101	In-Network
P	Breast Prosthesis	L8000 - L8035	
D	Breast Pump (electric)	E0603	In-Network
P	Breast Pump (hospital grade)	E0604	
D	Breast Pump (manual)	E0602, A4281 - A4286	In-Network
P	Breast Reconstruction	11960, 15756 - 15758, 19316 - 19499	
P	Breast Reduction	19318	
P	Breast Repair	19316 - 19499	
P	Capsule Endoscopy	91110 - 91111	
D,P	Cardiac Rehabilitation	93797 - 93798	Direct referral for eval & 12 treatments. Prior auth required for further treatments.
D	Cardiology Testing - Holter Monitor	All	In-Network
P	Cardiology Testing (for example: loop recording)	All	
P	Cardiology Lexi Scan	All	



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Requirement	Service / Procedure	Code	Info and Notes
P	Chemical Dependency (inpatient or outpatient)	All	Professional claims are denied to sub-cap (PCSD).
D	Chemodeneration of Extraocular Muscle	67345	In-Network
D	Chemotherapy	All	In-Network
P	Chiropractic Treatments	98940 – 98943	Prior auth given by ASH, only covered if chiropractic rider is purchased.
P	Chromotubation of Oviduct	58350	
P	Circumcision (after 30 days of life)	54150 – 54164	
P	Clinical Trials	All	
P	Cochlear Device Implant	69930 – 69949	
D	Colonoscopy	44388 – 44408, 45378 – 45393, G0105, G0121	In-Network
D	Colostomy / Ostomy Supplies	All	In-Network
P	Consultation – Second Opinion	99241 – 99245	Out-of-Network – only if Qualified Specialist not available in network.
D	Contact Lens Service – Special Ophthalmological – Fitting for treatments of disease (includes supply of lens)	92015 – 92145	In-Network
P	Contact Lens Services	92310 – 92326	Prescription of optical and physical characteristics of contact lenses with medical supervision corneal lens.



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Requirement	Service / Procedure	Code	Info and Notes
P	Continuity of Care	All	
P	Cosmetic Procedures	All	All potential cosmetic procedures.
P	CPAP Machine – Pulmonary	94660, E0601	
P	CPAP Supplies	All over \$250	
P	CT Angiogram	70498 – 75571	
X	CT Scans (not 77078 or 77082)	All	In-Network
X	CT Scan – QCT (Quantitative Computerized Tomography)	77078	
NCB	Custodial Care	All	Not covered by Medical Insurance except medically necessary lab, radiology and pathology services which must be done in network.
P	Day Treatment – Medical	All	
P	Dental and Oral Surgery	All	
D	Dermatology – Non-Cosmetic	All	In-Network
D	Dermatology – PUVA Therapy	96910 – 96913	In-Network
P	Detox (medical)	All	
X	DEXA / DXA – Bone Mineral Density Study	77082	In-Network
D	Diabetic Counseling (see Health Education)	97802 – 97804	In-Network (including SRS disease management referrals)
P	Diabetic Supplies	All over \$250	



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Requirement	Service / Procedure	Code	Info and Notes
P	DME	All over \$250 and rentals 3 months or greater	
P	Dorsal Column Stimulators (spinal cord stimulators)	63650 – 63688	
P	Electroejaculation	55870	
P	Electromagnetic Bone Conduction Hearing Device	69710 – 69711	
X	Emergency Services – In-Area (includes ancillary)	All	
X	Emergency Services – Out-of-Area (includes ancillary)	Varies	
D	Endoscopic Ultrasound	43231 – 43232	In-Network
P	Epidurals	All	
P	Erect-Aid	L7900	
D	Esophageal Motility Studies (as long as GI is requesting)	91010 – 91013	In-Network
P	Experimental / Investigational	All	
P	Extracorporeal Shock Wave Therapy for Treatment of Epicondylitis	All	
D	Fallopian Tube Cath	58345	In-Network



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Requirement	Service / Procedure	Code	Info and Notes
D	Gamma Knife Radiosurgery	61796 – 61800, 63620 – 63621	In-Network
P	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	
P	Gender Dysphoria	All	
D	Genetic Counseling	All	
P	Genetic Testing	All	



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Requirement	Service / Procedure	Code	Info and Notes
D	Glasses / Spectacle Services (including prosthesis for Aphakia - Ophthalmology)	92352 - 92499	In-Network
P	Head-TMJ Arthroplasty and Reconstruction Mandible, Maxilla, Zygomatic Arch, Orbit	21193 - 21299	
P	Hearing Aids, or Examination for the Purpose of Prescribing, Fitting or Changing Hearing Aids	92570, 92590 - 92596	Only covered if rider is purchased.
D	Health Education Classes	All	In-Network (including SRS disease management referrals)
P	Heart / Lung Transplant	33930 - 33945	
D	HIV Specialist	Any	In-Network
P	Home Health	All	
P	Home Infusion Therapy	All	
P	Home Prenatal Monitoring		
	Uterine	59001	
	Fetal	59020	
	Blood Pressure Monitoring - Ambulatory	93784 - 93790	



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Requirement	Service / Procedure	Code	Info and Notes
P	Hospice	All	
P	Hyperbaric Oxygen Therapy	99183 – 99184	
P	Hyperhidrosis	32664, 64809, 64818	
P	Hyperthermia Treatment	77600 – 77620	
D	Hysterosalpingography	74740	
NCB	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.]
X	Immunizations – Adults	90476 – 90749	In-Network
D	Infectious Disease Consultation	Any	In-Network
D	Glasses / Spectacle Services (including prosthesis for Aphakia – Ophthalmology)	92352 – 92499	In-Network
P	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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	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	
P	Injectable Medications	Excludes Depo-Provera Injections	
X	Depo-Provera Injections	J1055	In-Network
D	Injection Procedure for Hysterosalpingography	58340 – 58345	
P	Inpatient Admissions	All	
D	Insertion of Heyman Capsules (intrauterine)	57155, 58346	In-Network
D	Interpretive Services	All	In-Network
P	Intersex Surgery – Female to Male	55980	
P	Intersex Surgery – Male to Female	55970	



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



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Requirement	Service / Procedure	Code	Info and Notes
P	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
P/D	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
P	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
	Neuropsychiatric Testing	All	
P	Neurostimulator Pulse Generators	95970 - 95975	
D	Neurology Services (Neurosurgery - see below)	All	In-Network
P	Neurology - EEG Inpatient	All	
P	Neurosurgery Services	All	
X	Newborns	All	From birth through age 31 days or until enrolled with a medical group.
P	Non-Contracted Provider (requires prior auth, except ER and UR)		
P	Nuchal Translucency	All	
P	Nuclear Scans (see also PET Scan)	78012 - 79999	
D	Nutritional Counseling Adult (see Health Education)	All	In-Network (including SRS Disease Management Referrals)
X	OB (total)	All	In-Network
P	Observation over 48 hours	All	
P	Observation Status	Out-of-Network and Out-of-Area	UM review for Medical Necessity.
D,P	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
D	Ophthalmology Referral – Medical Condition	All	In-Network
D	Optometrist Referral – Yearly Exam (pediatric)		Only covered by VSP if rider is purchased.
P	Orthopedic Services	All	
NCB	Orthoptic Training – Ophthalmology	92065	Not a covered benefit.
P	Orthotics / Prosthetics (footwear, braces, splints)	All over \$250	
P	Out-of-Area Provider		Out-of-Network
P	Out of Plan Referral / Admission		Out-of-Network
P	Outpatient Surgeries	All	
P	Overnight Oximetry	94762	
P	Ovulation Testing	84830	
P	Oxygen	E1390, E0431, E0443	
P	Pain Management / Pain Rehab Services	All	
P	Pain Pumps–Implantable–Refills	All	
P	Pancreas Transplant	48550 – 48999	
P	Panniculectomy / Lipectomy	15830 – 15839, 15876 – 15879	
P	Pediatric Specialty Consultation for an Adult Patient	All	
D	Perinatal Services (maternal – fetal)	All	In-Network – Must be directed by OB-GYN.



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Requirement	Service / Procedure	Code	Info and Notes
D	Perineogram	50432 – 50435	In-Network
P	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	
D,P	Physical Therapy	All	Direct referral for eval & 12 treatments. Prior auth required for further treatments.
P	Plastic Surgery Services	All	
D,P	Pool (Aqua) Therapy	97113	Direct referral for eval & 12 treatments. Prior auth required for further treatments.
NCB	Postmortem Examinations	88000 – 88099	Not a covered benefit.
D	Pre-Radiation Density	All	In-Network
P	Proton Beam Treatment	77520 – 77525	
P	Psychiatric Services	90791 – 90899	See Behavioral Health PAR Guide.
P	Pulmonary Rehabilitation	All	Direct referral for eval & 12 treatments. Prior auth required for further treatments.



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



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



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



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