


SHARP HEALTH PLAN POLICY AND PROCEDURE	
 <p>Title: SHP Claims Prior Authorization and Level One Guidelines</p>	<p>Product Line (check all that apply):</p> <p><input checked="" type="checkbox"/> Group HMO</p> <p><input checked="" type="checkbox"/> Individual HMO</p> <p><input type="checkbox"/> PPO</p> <p><input checked="" type="checkbox"/> POS</p> <p><input type="checkbox"/> N/A</p>
Division(s): Health Services, Finance Operations and Managed Care	
Department(s): Medical Management, Claims Research, Customer Care and Claims	
Owner (Title): Claims Research Supervisor	
Relevant Regulatory/Accrediting Agencies/Citations (specify):	
<input type="checkbox"/> CMS: _____ <input checked="" type="checkbox"/> DMHC: <u>Title 28, California Code of Regulations, Section 300.71 (AB 1455)</u> <input type="checkbox"/> _____ <u>1</u> <input type="checkbox"/> NCQA-HP: _____ <input type="checkbox"/> NCQA-WHP: _____ OTHER: _____	
Approved by: (Signature of VP, Compliance Officer, or CEO)	Approval date:

I. PURPOSE: This Policy and Procedure establishes Sharp Health Plan’s (Plan) guidelines for processing claims that may require a Prior Authorization.

- II. POLICY:**
- A. It is the policy of Sharp Health Plan (Plan) to process claims as prescribed by regulations outlined in Title 28, California Code of Regulations (CCR), Section 1300.71 (AB1455).
 - B. It is the policy of Sharp Health Plan (Plan) to review the appropriate Division of Financial Risk (DOFR) to determine the risk of the claim.
 - C. It is the policy of Sharp Health Plan (Plan) to review the Level One Approval List to determine if an authorization is required for each claim.

- D. It is the policy of Sharp Health Plan (Plan) to review the Prior Authorization List to determine if a Prior Authorization is required for each claim.

III. DEFINITIONS:

- A. Date of Receipt: The working day when a claim, by physical or electronic means, is first delivered to Sharp Health Plan Claims Processing.
- B. Date of Service: For Outpatient and Emergency Services, the date upon which the Provider delivered separately billable health care services. For Inpatient Services, the date upon which the enrollee was discharged from the inpatient facility. For Inpatient extended lengths of stay Sharp Health Plan will accept separately billable claims for inpatient services on a bi-weekly basis.
- C. Direct Referral: A referral from a contracted Physician (PCP or Specialist) directing a member to a contracted 'specialty' physician/provider for 'office based' medical care/service. **NO REFERRAL FORM IS REQUIRED** for Direct Referrals
- D. Division of Financial Risk (DOFR): The financial risk agreement between Sharp Health Plan and another entity.
- E. Level One Criteria: Approving services without a prior authorization, direct referral, or notification.
- F. Medical Practice: The group affiliation of the member's primary care physician.
- G. Notification: A referral to a contracted 'facility' outside of the physician's office. Does not have to be sent in writing, claim can list a plan provider as the referring physician, to a plan provider or facility so long as the procedure is not on the list of procedures that require prior authorization.
- H. Prior Authorization: Approval given for treatment or care prior to the services being rendered, authorization must be in HealthEdge.
- I. Provider: Physicians, hospitals, skilled nursing facilities, home health agencies, pharmacies, medical transportation companies, laboratories, X-ray facilities, durable medical equipment supplies and other licensed health care entities or professionals which or who provide Covered Benefits to Members. A Provider of health care services may or may not be contracted with Sharp Health Plan.

IV. PROCEDURE

- A. Prior Authorization Determination
 - 1. A claim is received by Sharp Health Plan.
 - 2. The Claims Processor will review the appropriate DOFR.
 - a) If the claim is misdirected; the claim will be forwarded to the appropriate payer.
 - b) Please refer to the SHP Claims Misdirected Claims Forwarding guidelines for further instructions.
 - 3. The Claims Processor will review **Attachment A: Level One Approval List** to determine if the service meets the Level One criteria.
 - a) If the claim **meets Level One Criteria** the will approve for payment without prior authorization.
 - 4. If the claim **does not meet the Level One criteria**, the Claims Processor will review **Attachment B: Prior Authorization Guidelines** to determine if the service requires a Prior Authorization.
 - a) If the referring physician is non-contracted or out-of-network, then the services require a prior authorization.
 - b) If the prior authorization guidelines state the services are a Direct or Notification, then the claim will approve for payment without prior authorization.
 - c) If the claim **requires a prior authorization** the Claims Processor will link the prior authorization to the claim.
 - d) If the claim **requires a prior authorization**, and there is no authorization in the Care Manager **and there are medical records attached**, the Claims Processor will open an issue and route to Care Manager for review by SHP Medical Management.
 - e) If the claim **requires a prior authorization**, and there is no authorization in the Care Manager **and there are no medical records attached**, the Claims Processor will deny the claim.
 - f) All **retro approvals** will be linked to the claims.

II. ATTACHMENTS

- A. Level One Approval List
- B. Prior Authorization Guidelines

III. REFERENCES

- A. PP SHP Claims Misdirected Claims Forwarding
- B. ARCH DOFR
- C. RCHN DOFR
- D. GTC DOFR E. PCAMG DOFR
- F. SCMG DOFR
- G. SHC DOFR
- H. SRS DOFR

IV. TAGS: Level One, Prior Authorization Guidelines, Claims Processing

V. REVISION HISTORY: The original document is always listed first. Each review or revision should be listed. For revisions, include a list of sections that were modified.

Date	Modification (Reviewed and/or Revised)
1/31/18	PAR List now reflect new/updated CPT codes, services and procedures
11/15/17	Reviewed and Revised for HealthEdge
07/18/2014	Added new group DOFR names. Annual review and revisions included validation of CPT codes and updated accordingly. Multiple changes related to notification versus direct versus prior auth required or not required.
06/14/13	Updated Observation to 48 hours per Medicare standard. Added all contracted ambulance claims to Attachment A. Added all air ambulance to Attachment A.
03/27/13	Added 4.a.
02/27/13	Revised on new PP template. Added Observation under 23 hours for contracted facilities to Attachment A. Added Observation over 23 hours to Attachment B.
07/30/12	Page 11, added Observation Status row. Page 13, added Breast Pump (electric), Breast Pump (hospital Grade), & Breast Pump (manual) rows. Page 22, added Observation Status row. Page 25, added Specialist Physician row.
04/27/12	Page 22, added Nuclear Scans row. Page 23, updated Pet Scan to "Pet Scan (see Nuclear Scans)".

03/28/12	<p>Page 1, updated Page 1 of 26 to “Page 1 of 27”.</p> <p>Page 3, updated Revision Notes – see next page – part 1 of 6 to “Revision Notes - see next page – part 1 of 7”.</p> <p>Page 4, updated Revision Notes – see next page – part 2 of 6 to “Revision Notes - see next page – part 2 of 7”.</p> <p>Page 5, updated Revision Notes – see next page – part 3 of 6 to “Revision Notes - see next page – part 3 of 7”.</p> <p>Page 6, updated Revision Notes – see next page – part 4 of 6 to “Revision Notes - see next page – part 4 of 7”.</p>
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Date	Modification (Reviewed and/or Revised)
	<p>Page 7, updated Revision Notes – see next page – part 5 of 6 to “Revision Notes - see next page – part 5 of 7”.</p> <p>Page 8, updated Revision Notes – part 6 of 6 to “Revision Notes – see next page – part 6 of 7”.</p> <p>Page 9, added Revision Notes – part 7 of 7.</p> <p>Page 17, added HIV Specialist row.</p> <p>Page 18, updated Infectious Disease Consult/HIV Specialist to “Infectious Disease Consult”.</p>

02/08/12	<p>Page 1, removed Kathy Mendoza from Originated by: and added Updated by: Toulou Loun; Updated Page 1 of 25 to "Page 1 of 26".</p> <p>Page 3, updated Revision Notes – see next page – part 1 of 5 to "Revision Notes - see next page – part 1 of 6".</p> <p>Page 4, updated Revision Notes – see next page – part 2 of 5 to "Revision Notes - see next page – part 2 of 6".</p> <p>Page 5, updated Revision Notes – see next page – part 3 of 5 to "Revision Notes - see next page – part 3 of 6".</p> <p>Page 6, updated Revision Notes – see next page – part 4 of 5 to "Revision Notes - see next page – part 4 of 6".</p> <p>Page 7, updated Revision Notes – part 5 of 5 to "Revision Notes - see next page – part 5 of 6".</p> <p>Page 8, added Revision Notes – part 6 of 6.</p> <p>Page 9, added Health Education Classes row to SHP Level One/Per Criteria Approval List.</p> <p>Pages 11-26, added "NCB = Not a covered benefit" to footnote.</p> <p>Page 11, updated Amniocentesis from "X"(No prior authorization or referral form needed) to "D"(Direct).</p> <p>Page 12, updated Audiometry routine hearing screening in PCP office from "X"(No prior authorization or referral form needed) to "D"(Direct). Page 14, updated Custodial Care from "X" (No prior authorization or referral form needed) to "NCB" (Not a covered benefit); updated Diabetic Counseling to "Diabetic Counseling (See Health Education)", updated from "P"(Prior Auth) to "D"(Direct), added "Including SRS disease management referrals" to Info and Notes.</p> <p>Page 16, added Health Education Classes row.</p> <p>Page 21, changed Nutritional Counseling Adult to "Nutritional Counseling Adult (See Health Education)", changed from "P" (Prior Auth) to "D" (Direct), added "Including SRS disease management referrals" to Info and Notes; updated Optometrist Referral – Yearly eye exam to "Optometrist Referral – Yearly eye exam with Vision Rider", removed "otherwise deny not a covered benefit." from Info and Notes; added Optometrist Referral – Yearly eye exam without Vision Rider row; updated Orthoptic TrainingOphthalmology from "X"(No prior authorization or referral form needed) to "NCB" (Not a covered benefit).</p> <p>Page 25, updated Urology from "X" (No prior authorization or referral form needed) to "D" (Direct).</p>
06/22/11	<p>Page 7, removed DEXA Scans CPT's 76075-76076 row. Page 8, removed S.D. Cardiac Center row.</p>

Date	Modification (Reviewed and/or Revised)
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	<p>Page 9, added Audiometry routine hearing screening row in PCP office. Changed Audiometry comprehensive to “Audiometry, diagnostic hearing test”.</p> <p>Page 10, changed Cardiology Testing – Loop recording to “(For Example: Loop recording)”.</p> <p>Page 11, added Cardio Lexi Scan row, changed note to “In-Network”. Page 12, changed Custodial Care-SNF to “Custodial Care”, changed from N to X type, removed “In-network” from note. Changed DEXA-Bone Mineral Density Study to “DEXA/DXA-Bone Density Study”.</p> <p>Page 14, changed Hearing Aids to “Hearing Aids or examination for the purpose of prescribing, fitting or changing hearing aids”.</p> <p>Page 16, added Maternal-Fetal (Perinatology) Services row. Changed Moh’s Micrographic Surgery codes from 17304-17310 to 17311-17315.</p> <p>Page 20, changed Perinatal Services to “Perinatal Services (MaternalFetal)” & added “must be directed by OB-GYN to notes”.</p>
11/01/10	<p>On Page 1, under direct referral, added “Contracted” in front of physician.</p> <p>Page 8, added Transportation (Ambulance) In Area & Out of Area, Contracted ambulance providers San Diego Medical Services Enterprise & American Medical Response – San Diego to SHP Level One table. On Page 9, Under Ambulance, added “Gurney and wheelchair services nonemergent” to description, added “Contracted” to Info & Notes. Added codes: A0080, A0130, A0210, A0390 & A0998” under code column.</p> <p>Added new Ambulance (Emergent) Service row as “X” level one. Page 12, Emergency Service Out of Area, changes from P/X to X, Info & notes changed to Out-of-network.</p> <p>Page 14, Adult Immunizations, added “or if required by employer” to Info & notes.</p> <p>Added notes to the following Services; Page 9 Amniocentesis, Page 12 Emergency Services, Page 16 IUD-Insertion, Page 18 Other MRI.</p>
06/04/10	<p>On Page 17, added “(Neurosurgery - see below)” to Neurology Services. Added Neurosurgery Services.</p>
06/01/10	<p>On Page 9, added Cardiology Testing – Loop Recorder, Cardiology Testing - Holter Monitor</p> <p>On Page 17, added Neurology Services (replaced Neurosurgery Services), removed Neurology & Neuromuscular Development Testing, added Neurology Service – EEG Inpatient</p> <p>On Page 18, changed Pediatric Consultations – with a Pediatric Specialist to a Notification. added Pediatric Specialist referring to another Specialist. On Page 19, added Whole Body under Pet Scan, removed “Adult is over the age of 16” from Pediatric Specialty consultation for an adult patient. On Page 22, changed codes under Vertebroplasty from 76012-76013 to O200T-O201T, 22520-22525, 72291-72292</p>
10/15/09	<p>On page 1, added Welcome Home logo, removed “MUST be a SHP Direct Referral Form to qualify”.</p> <p>On page 3, added “6. Specialty Services – All specialty provider referrals are Direct (D) with the exception of those listed as Prior Authorization (P) in Attachment B”.</p>

Date	Modification (Reviewed and/or Revised)
	<p>On page 6, removed criteria comments “Out of Area ER – SEE NEXT ROW...Includes ancillary providers...Excludes: 1) code 99054 when billed with an ER service code...2) appeals and reconsiderations” under ER Service – In Area. Changed ER Service-In Area (Commercial) to ER Service-In Area. Also removed criteria comments “<u>Non-Contracted - See Attachment C</u>” only the ICD9(s) in this section can be Level One approved...Contracted – Okay to approve without an authorization”... under ER Service – Out of Area. Changed ER Service-Out of Area (Commercial) to ER Service- Out of Area.</p> <p>On page 7, changed Urgent Care to Urgent Care In Area/Out of Area.</p> <p>On page 14, added 99203, 99242-99244 and check for supplemental benefit to Infertility line.</p> <p>On page 17, added Neurosurgery Services and Nutritional Counseling Pediatric lines. Changed Nutritional Counseling to Nutritional Counseling Adult.</p> <p>On page 18, added Orthopedic Services line. Changed Pain Management/Pain Rehab to Pain Management/Pain Rehab Services.</p> <p>On page 19, added Plastic Surgery Services line.</p> <p>On page 23-25, Removed Attachment C (Reference last update).</p>
08/15/09	<p>On page 1, under Direct Referral; added, “<u>NO REFERRAL FORM IS REQUIRED for Direct Referrals</u>”.</p> <p>On page 9, Changed CT Scan-Bone Mineral Density Study to DEXA Bone Mineral Density Study(Direct). Code 77080 replaced 76070 (realphabetized)</p> <p>On page 9, CT Scan - QCT Quantitative Computerized Tomography added as a Prior auth, CPT 77078, and notification if Specialist order. On page 9, on CT Scan changed “not 76070” to “not 77078 or 77080” On page 10, Removed DEXA Scan line (codes 76075-76076)</p> <p>On page 13, Infectious Disease Consult revise to “ Infectious Disease Consult/HIV Specialist”</p> <p>On page 22, Emergency Services Out of Area after each attachment C to read “Claim Department Use Only”.)</p>
04/28/09	<p>On page 3, Bolded In Area & Out of Area under ER Services. Added, NonContracted & “Contracted – Okay to approve without an authorization.</p>
11/14/08	<p>On page 6, “*92557 – 92595 (hearing tests) require prior authorization” was added to Outpatient Service – Sharp or CHHC. “Audiometry, Comprehensive Hearing Tests” row was added to page 7.</p>
10/01/08	<p>On page 5, added row “ ER Service – Out of Area (Commercial)” under Service Type. Added under Comments/Criteria ”Out of Area ER – <u>See Attachment C</u>” only the ICD9(s) in this section can be Level One approved”.</p> <p>On page 10 (Attachment B), added ”/X” to column 1, added “Varies” to column 2, added “P- All items <u>not on</u> attachment C & X – only ICD-9(s) <u>on attachment C</u> can be Level 1 approved” to column 4.</p> <p>On page 13, added codes 90650 & 90696 to Immunizations – Pediatric – Direct.</p> <p>On page 3 & 23, added Attachment C- – the only ICD-9(s) that can be Level 1 approved.</p>

Date	Modification (Reviewed and/or Revised)
07/01/08	<p>On page 8, Added Colonoscopy/notification. Added CT scans (not 76070) as Notification</p> <p>On page 10, under Glasses/Spectacle - code 92352 will replace 92340</p> <p>On page 11, Added Adult/P-All, Adult/D & Pediatric/D, added "indicate if immunization is for travel"</p> <p>On page 15, Optometrist (under VSP, needs to be specified like Chiro)</p> <p>On page 15, Out of Area Referral - the "info and notes" needs to be changed to "Out-of-Network"</p> <p>On page 15, Out of Plan Referral/Admission - the "info and notes" needs to be changed to "Out-of-Network"</p> <p>On page 18, "\" needs to be added to the left of <u>If performed at a facility</u> (under Sleep Studies); added code 58565 to sterilization female</p> <p>On page 19, Urgent Care - the "info and notes" needs to be changed to "In/Out of Network"</p>
10/01/07	<p>Update CT Scans: PAR only needed for PCP, Specialists notification required.</p> <p>Update Epidural: PAR needed for both PCP & Specialists.</p>
05/01/07	<p>X – for Claims added to first page, section D reference changed to “See attachment B”</p> <p>Attachments: updated (B) to correlate with Attachment B heading “SHP Prior Auth Guide”</p> <p>Out of Area Emergency Room exclusion added to attachment A</p> <p>Out of Area Emergency Room added to attachment B with “P” for prior auth required</p> <p>Tomographic exclusion added to attachment A</p> <p>Tomographic(78800 – 78816) added to attachment B with “P” for prior auth required</p>
03/20/07	Under Attachment A, under X-ray added *MRI’s are not included in Level One’s (see Attachment B)
08/31/06	Update MRI ranges, add Acute IH = P, hysterosalpingogram =P, Lymphedema treatments, X-ray removed “if referred by plan provider”
04/28/06	Original Document

ATTACHMENT A

Level One Approval List	
SERVICE TYPE	Comments/Criteria
Alpha Fetal Protein Test (CA-AFP)	If Referred by plan provider (vendor=CA-AFP)

Ambulance	All contracted ambulance services that are not SDMSE risk. All air ambulance services. **Non-contracted non-emergent transports require a prior authorization.** See Ambulance PP for further clarification.
Children's Specialists of San Diego	Non-Perinatology ONLY! *Perinatology claims still need prior auth <u>except</u> when patient is seen outpatient at a Sharp or CHHC facility then level one approve charges.
Custodial Patient: Monthly Phys Visit	Does NOT include Podiatry
Durable Medical Equipment – less than \$100.01	
ECT'S – Anesthesia - Outpatient	If Referred by PCSD provider
EMTALA - Facility Charges	Per the Emergency Medical Treatment & Labor Act
ER Service – In Area Contracted/or noncontracted providers	
ER Service – Out of Area	
Hand Therapy - Sharp Facilities	(1)First 12 visits or 1st evaluation and 11 visits to include splinting (2) If Referred by plan provider
Health Education Classes	In-network (Including SRS disease management referrals)
LAB/Path - Custodial Care	Regardless if referred by plan provider or not. Custodial only
LAB/Path - contracted providers	If referred by a non-contracted or out-of-network provider then services require an authorization.
Lab/Path – Non Contracted providers	If Referred by plan provider Note: do not send claim for pay and sanction.
Medicare Prime	
Mesa Vista Consults	If seen by SHP PCP, and Diagnosis is for a medical (not psychiatric) condition.
Modifier -26 Professional Interpretations Inpatient and Outpatient	When referred by a plan provider (Ex: 93000-26, 94--- range, fetal monitoring), at a contracted facility, when interpretations billed only!
Newborns (Contracted/NonContracted)	Level one ALL services from birth through age 31 days or until enrolled with a medical group – verified through enrollment department
Observation	If observation services are under 49 hours and at a contracted facility.



Prior Authorization Guide

Revised: January 2018

P=Prior Authorization Required

D=Direct

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NCB= Not a Cover Benefit

Requirement	Sevices / 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 & Clinical Immunology-Allergen Immunotherapy Services	95004- 95199	
P	Ambulance Services (Gurney & 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
P	Apiration 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

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Requirement	Sevices / Procedure	Code	Info and Notes:
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	Refer to PCSD for review
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 Heyman Capsules (Intrauterine)	57155, 57156, 58346	In-Network
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	

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Requirement	Sevices / Procedure	Code	Info and Notes:
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	
P	Chemical Dependency (Inpatient or Outpatient)	All	Professional claims are denied to sub-cap (PCSD)
D	Chemodenervation 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	Sevices / Procedure	Code	Info and Notes:
P	Continuity of Care	All	
P	Cosmetic Procedures	All	All potential cosmetic procedures
P	CPAP/ Bi-PAP Machine- Pulmonary	94660, E0601, E0470	
P	CPAP/ Bi-PAP 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	
P	DME	All over \$250.00 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	

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Requirement	Sevices / Procedure	Code	Info and Notes:
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/Ivestigational	All	
P	Extracorporeal Shock Wave Therapy for Treatment of Epicondylitis	All	
D	Fallopian Tube Cath	58345	In-Network
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	Sevices / Procedure	Code	Info and Notes:
D	Glasses/Spectable Services including Prosthesis for Aphakia-Ophthalmology	92352-92499	In-Network
P	Head-TMJ Athroplasty & 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	S9001	
	Fetal	59020	
	Blood Pressure Monitoring-Ambulatory	93784-93790	
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

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Requirement	Sevices / Procedure	Code	Info and Notes:
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.
	Electroejaculation	55870	Only covered if rider is purchased.
	In Vitro Fertilization	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 Proceudre 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	
D	IUD Insertion, Removal	58300-58301	In-Network
P	IV Medications	All	
D	Labs - Prometheus for GI only	All	In-Network

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Requirement	Sevices / Procedure	Code	Info and Notes:
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	Mandibilar 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	Maxilofacial Surgery	All	
P	Medical Detox	All	
P	Medical Nutritional Product	All	
P	Medical Treatment for Psych Patients Admitted to Psychiatric Facilities	All	
P	Moh's Micrographic Surgery	17311 - 17315	
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

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Requirement	Sevices / Procedure	Code	Info and Notes:
	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
	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	

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Requirement	Sevices / Procedure	Code	Info and Notes:
	Neurostimulators Peripheral Nerve	64550 - 64570	
	Neuropsychiatric Testing	All	
P	Neurostimulator Pulse Generators	95970 - 95975	
D	Neurology Services (Neurosurgery - see below)	All	In-Network
P	Neurology - EEG Impatient	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 & 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
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	

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P	Out of Area Provider		Out-of-Network
P	Out of Plan Referral/ Admission		Out-of-Network
P	Outpatient Surgeries	All	
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
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	

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Requirement	Sevices / Procedure	Code	Info and Notes:
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	SHP's contracted provider is Psychiatric Centers of San Diego
P	Pulmonary Rehabilitation	All	Direct Referral for Eval & 12 treatments. Prior Auth required for further treatments
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 on 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	

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P	Repair of Oviduct/Ovary-Tubotubal Anastomosis, Tubouterine Implantation, Fimbrioplasty, Salpingostomy	58750 -58770	
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	
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	

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Requirement	Sevices / Procedure	Code	Info and Notes:
P	Sympathectomy for Hyperhidrosis	32664, 64809, 64818	
P	Temporomandibular Joint-Prosthesis Introduction or Removal	21076 - 21089	
P	TMJ Arthroplasty & 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
NCB	Vasectomy Reversal	55400	Not a covered benefit
P	Veins- Ligation & 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	