

HEALTH CHOICE ARIZONA PRIOR AUTHORIZATION GRID

HELPFUL CONTACTS

HEALTH CHOICE ARIZONA

Phone: 1-800-322-8670

MEDICAL SERVICES

Fax: 1-877-422-8120

PHARMACY SERVICES

Fax: 1-877-422-8130

For more information on Prior Authorization (PA) or to view this grid online please visit <https://www.healthchoiceaz.com/>

For imaging and cardiac testing or procedures authorized by eviCore
Email ClientServices@Evicore.com OR call 1-888-693-3211

For AHCCCS Complete Care benefits go to:
<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf>

For details regarding PA authorization forms refer to the Health Choice Arizona Provider Manual, Chapter 6 Authorizations and Notifications (<https://www.healthchoiceaz.com/>).

THE FOLLOWING DIRECTIVES APPLY TO ALL HEALTH CHOICE ARIZONA PRIOR AUTHORIZATIONS

- No Prior Authorization is required for any Health Choice Arizona (HCA) and eviCore procedures when HCA is the secondary payer, EXCEPT for Transplant services and Inpatient services which require PA from HCA
- Total OB Package, including High Risk Assessment require notification only
- Only one Medical/Pharmacy service may be requested per PA form
- The member must be eligible and a member of HCA at the time the covered service is rendered
- Authorizations are valid for 90 days from the date issued
- Experimental/Investigational Procedures are not a covered benefit



2020 PA CODE CHANGE/UPDATE LOG

| Revision Date | Effective Date | Category/Service | Change/Update Description | Exceptions |
|---------------|----------------|---------------------------------|----------------------------|------------|
| 12/01/2019 | 1/01/2020 | Medical Pharmacy Drug Code List | All related codes included | |

PRIOR AUTHORIZATION IS REQUIRED FOR SERVICES LISTED BELOW

*****Office visits to contracted (par) providers do not require Prior Authorization*****

*****Prior Authorization is required for all non-participating providers and hospitals*****

| SPECIALTY/ PROCEDURE/SERVICES | | | | | | | | | | PROVISIONS |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Advanced Imaging & Cardiac Imaging | | | | | | | | | | See EviCore grid or visit www.evicore.com |
| Bariatric Surgery | | | | | | | | | | PA is required for listed codes |
| 43644 | 43645 | 43659 | 43770 | 43775 | 43842 | 43845 | 43846 | 43847 | 43848 | |
| 43860 | | | | | | | | | | |
| BEHAVIORAL HEALTH | | | | | | | | | | ECT and rTMS |
| 90870 | 90867 | 90868 | 90869 | | | | | | | |
| Bone Growth Stimulator | | | | | | | | | | PA is required for listed codes |
| 20974 | 20975 | 20979 | E0747 | E0748 | E0749 | E0760 | | | | |
| Capsule Endoscopy | | | | | | | | | | PA is required for listed codes |
| 91110 | 91111 | 91112 | | | | | | | | |
| Cardiac | | | | | | | | | | PA is required for listed codes |
| 33206 | 33207 | 33208 | 33210 | 33211 | 33212 | 33213 | 33214 | 33221 | 33230 | |
| 33231 | 33240 | 0298T | 33262 | 33263 | 33264 | 33270 | 33274 | 33275 | 33216 | |
| 33217 | 33224 | 33225 | 33249 | 33285 | 33975 | 33979 | 33981 | 33982 | 33990 | |
| 33991 | 0295T | 0296T | 0297T | K0606 | 93228 | 93229 | 93268 | 93270 | 93271 | |
| 93272 | | | | | | | | | | |
| Chiropractic Services | | | | | | | | | | No Prior Authorization for members under 21 years of age; 21 and older is not a covered benefit. |
| Cosmetic, Plastic and Reconstructive Procedures [in any setting] | | | | | | | | | | These are not usually covered benefits, they include, but are not limited to tattoo removal, collagen injections, rhinoplasty, otoplasty, scar revision, keloid treatments, surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, injections, vein ligation, venous ablation, dermabrasion, Botox injections, circumcision, benign skin lesion removal etc. |
| 11920 | 11921 | 11922 | 11960 | 11970 | 11971 | 13132 | 14040 | 14060 | 15775 | |
| 15776 | 15780 | 15781 | 14041 | 14061 | 21179 | 21296 | 30462 | 30465 | 30580 | |
| 30600 | 30630 | 15782 | 15783 | 15786 | 15787 | 15788 | 15789 | 15792 | 15793 | |
| 15819 | 15820 | 15821 | 15822 | 15823 | 15824 | 15825 | 15826 | 15828 | 15829 | |
| 15830 | 15832 | 15833 | 15834 | 15835 | 15836 | 15837 | 15838 | 15839 | 15847 | |
| 15876 | 15877 | 15878 | 15879 | 17106 | 17107 | 17108 | 19316 | 19318 | 19300 | |
| 19324 | 19325 | 19328 | 19330 | 19340 | 19342 | 19350 | 19355 | 19357 | 19361 | |
| 19366 | 19367 | 19368 | 19369 | 19370 | 19371 | 19380 | 19396 | 21137 | 21138 | |
| 21139 | 21172 | 21175 | 21180 | 21181 | 21182 | 21183 | 21184 | 21230 | 21235 | |
| 21280 | 21282 | 21295 | 21740 | 21742 | 28344 | 30400 | 30410 | 30420 | 30430 | |
| 30435 | 30450 | 30460 | 30520 | 30540 | 30545 | 30560 | 30620 | 54150 | 54160 | |
| 54161 | 54162 | 54163 | 54164 | 67900 | 67901 | 67902 | 67903 | 67904 | 67905 | |
| 67906 | 67908 | 67909 | 67910 | 67911 | 67912 | 67914 | 67915 | 67916 | 67917 | |
| 67921 | 67922 | 67923 | 67924 | 67950 | 67961 | 67966 | 69300 | 96920 | 96921 | |
| 96922 | 19364 | | | | | | | | | |

PRIOR AUTHORIZATION IS REQUIRED FOR SERVICES LISTED BELOW

*****Office visits to contracted (par) providers do not require Prior Authorization*****

*****Prior Authorization is required for all non-participating providers and hospitals*****

| SPECIALTY/ PROCEDURE/SERVICES | | | | | | | | | | PROVISIONS | |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|--|
| Dental | | | | | | | | | | Refer to Dental Matrix | |
| Durable Medical Equipment (DME), Wound Vacs & Diabetic Supplies | | | | | | | | | | DME over \$500 for a single item in billed charges and 'By Report Codes' requires prior authorization. All services must go through Preferred Homecare with the exception of Diabetic Supplies and Continuous Glucose Monitors. Diabetic Supplies and Continuous Glucose Monitors must go through contracted provider. | |
| E0265 | E0266 | E0270 | E0300 | E0460 | E0483 | E0620 | E0636 | E0638 | E0641 | | |
| E0642 | E0656 | E0670 | E0675 | E0693 | E0694 | E0700 | E0766 | E0784 | E1010 | | |
| E1030 | E1036 | E1229 | E1831 | E2100 | E2227 | E2228 | E2230 | E2300 | E2301 | | |
| E2510 | E2511 | E2599 | E2626 | E2627 | E2628 | E2629 | E2630 | E8001 | E0008 | | |
| K0013 | K0553 | K0554 | K0868 | K0869 | K0870 | K0871 | K0877 | K0878 | K0879 | | |
| K0880 | K0884 | K0885 | K0886 | K0890 | K0891 | A4638 | A9274 | A9276 | A9277 | | |
| A9278 | A6550 | E2402 | K0606 | | | | | | | | |
| Experimental / Investigational Procedures | | | | | | | | | | | PA Required for all Services |
| Genetic Counseling and Testing | | | | | | | | | | | All Services require PA except genetic test screening of newborns mandated by state regulations. All lab services must got through Lapcorp |
| 81162 | 81201 | 81203 | 81210 | 81211 | 81212 | 81213 | 81214 | 81215 | 81216 | | |
| 81217 | 81218 | 81219 | 81222 | 81223 | 81225 | 81226 | 81227 | 81228 | 81229 | | |
| 81235 | 81246 | 81265 | 81266 | 81272 | 81273 | 81287 | 81291 | 81292 | 81294 | | |
| 81295 | 81297 | 81298 | 81300 | 81313 | 81314 | 81317 | 81319 | 81321 | 81323 | | |
| 81325 | 81355 | 81400 | 81401 | 81402 | 81403 | 81404 | 81405 | 81406 | 81407 | | |
| 81408 | 81410 | 81411 | 81412 | 81413 | 81414 | 81415 | 81416 | 81417 | 81420 | | |
| 81422 | 81425 | 81426 | 81427 | 81430 | 81431 | 81432 | 81433 | 81434 | 81435 | | |
| 81436 | 81437 | 81438 | 81439 | 81440 | 81442 | 81445 | 81450 | 81455 | 81460 | | |
| 81465 | 81470 | 81471 | 81479 | 81493 | 81504 | 81507 | 81519 | 81528 | 81535 | | |
| 81536 | 81538 | 81540 | 81545 | 81595 | 83006 | 84999 | 86152 | 86153 | 88261 | | |
| 88271 | 88369 | 88373 | 88374 | 88377 | G9143 | S3722 | S3800 | S3840 | S3841 | | |
| S3842 | S3852 | S3854 | S3861 | S3865 | S3866 | S3870 | 87999 | | | | |
| High Frequency Chest Wall Oscillation Vests/Percussion Vest | | | | | | | | | | PA Required for all Services | |
| Home Healthcare | | | | | | | | | | PA is required for listed codes | |
| G0299 | G0300 | S9123 | S9124 | S9127 | S9128 | S9129 | S9131 | | | | |
| Home Infusion Services | | | | | | | | | | Refer to Coram Specialty Infusion Services | |
| Inpatient Admissions | | | | | | | | | | All Acute Hospital (including Maternity & Delivery), Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility | |

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| SPECIALTY/ PROCEDURE/SERVICES | | | | | | | | | | PROVISIONS |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|
| Labcorp | | | | | | | | | | All Labs to be done using Labcorp |
| Maternal Fetal Medicine | | | | | | | | | | PA Required for all Services |
| Nerve Conduction Studies | | | | | | | | | | Can only be performed by Neurologists and Physical Medicine and Rehab Physicians; no PA required |
| Neurologic Stimulation Devices | | | | | | | | | | PA is required for listed codes |
| 43881 | 61850 | 61860 | 61870 | 61875 | 61880 | 61885 | 61886 | 61888 | 64553 | |
| 64555 | 64556 | 64561 | 64568 | 64569 | 64570 | 64575 | 64580 | 64581 | 64585 | |
| 64590 | 64595 | 65937 | 65970 | 65971 | 65972 | 65973 | 65974 | 65975 | 65979 | |
| 65980 | 65981 | 65982 | L8679 | L8682 | L8683 | L8684 | L8685 | L8686 | L8687 | |
| L8688 | | | | | | | | | | |
| Neurology Electroencephalogram (EEG) Testing | | | | | | | | | | PA is required for listed codes |
| 95950 | 95951 | 95953 | 95956 | 95957 | | | | | | |
| Nutritional Supplements & Enteral Formulas | | | | | | | | | | Refer to Coram Specialty Infusion Services |
| Outpatient Hospital (Place of Service 22) & Ambulatory Surgery Center (Place of Service 24) | | | | | | | | | | No PA required unless the service is listed on this PA Grid |
| Out of Network / Non Par Providers & Facilities | | | | | | | | | | Excluding; Emergency services, Family Planning, Community Health Centers and County Health Departments |
| Pain Management | | | | | | | | | | Including initial/new consults, sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants and acupuncture |
| 20552 | 20553 | 21616 | 27096 | 32664 | 58410 | 61450 | 62320 | 62321 | 62322 | |
| 62323 | 62324 | 62325 | 62326 | 62327 | 62350 | 62362 | 64400 | 64405 | 64450 | |
| 64455 | 64461 | 64462 | 64463 | 64479 | 64480 | 64483 | 64484 | 64486 | 64487 | |
| 64488 | 64489 | 64490 | 64491 | 64492 | 64493 | 64494 | 64495 | 64505 | 64510 | |
| 64517 | 64520 | 64530 | 64633 | 64634 | 64635 | 64636 | 64699 | 64802 | 64804 | |
| 64809 | 64818 | 64820 | 64821 | 64823 | G0260 | 96368 | 96369 | 96370 | 96371 | |
| 61215 | 36563 | 95990 | 99201 | 99202 | 99203 | 99204 | 99205 | 99241 | 99242 | |
| 99243 | 99244 | 99245 | | | | | | | | |
| Podiatry | | | | | | | | | | |
| 28008 | 28010 | 28011 | 28020 | 28022 | 28024 | 28090 | 28092 | 28100 | 28104 | |
| 28280 | 28285 | 28289 | 28291 | 28292 | 28295 | 28296 | 28297 | 28298 | 28299 | |
| 28302 | 28304 | 28306 | 28308 | 28310 | 28312 | 28315 | 64450 | 64455 | 64632 | |
| 64776 | 64778 | 64782 | 64783 | | | | | | | |

PRIOR AUTHORIZATION IS REQUIRED FOR SERVICES LISTED BELOW

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*****Prior Authorization is required for all non-participating providers and hospitals*****

| SPECIALTY/ PROCEDURE/SERVICES | | | | | | | | | | PROVISIONS |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Pregnancy & Pregnancy Termination | | | | | | | | | | PA is required for Pregnancy Terminations and treatment for spontaneous/missed abortions (ultrasound required to note no fetal heartbeat). |
| 59840 | 59850 | 59841 | 59851 | 59852 | 59855 | 59856 | 59857 | 59812 | 59820 | |
| 59821 | 59830 | 59866 | | | | | | | | |
| Prosthetics / Orthotics | | | | | | | | | | PA required for the following but is not limited to: <ul style="list-style-type: none"> • Orthopedic footwear / orthotics / foot inserts • Customized orthotics, prosthetics, braces • Bone anchored/Cochlear Implants NOTE: Customized P&O requests need to be ordered by the referring physicians; all other requests need to go through a contracted provider. |
| 69710 | 69714 | 69715 | 69718 | 69930 | L8614 | L8619 | L8690 | L8691 | L8692 | |
| L8693 | L8694 | L0112 | L0170 | L0220 | L0450 | L0456 | L0462 | L0464 | L0480 | |
| L0482 | L0484 | L0486 | L0624 | L0629 | L0631 | L0632 | L0634 | L0636 | L0637 | |
| L0638 | L0640 | L0700 | L0710 | L0810 | L0820 | L0830 | L0859 | L0861 | L1000 | |
| L1001 | L1005 | L1010 | L1020 | L1025 | L1030 | L1040 | L1050 | L1060 | L1070 | |
| L1080 | L1085 | L1090 | L1100 | L1110 | L1120 | L1200 | L1210 | L1220 | L1230 | |
| L1240 | L1250 | L1260 | L1270 | L1280 | L1290 | L1300 | L1310 | L1680 | L1685 | |
| L1700 | L1710 | L1720 | L1730 | L1755 | L1830 | L1832 | L1834 | L1840 | L1843 | |
| L1844 | L1845 | L1846 | L1847 | L1850 | L1860 | L1945 | L1950 | L1960 | L1970 | |
| L2000 | L2005 | L2010 | L2020 | L2030 | L2034 | L2036 | L2037 | L2038 | L2040 | |
| L2050 | L2060 | L2070 | L1980 | L1990 | L2080 | L2090 | L2106 | L2108 | L2112 | |
| L2114 | L2116 | L2126 | L2128 | L2132 | L2134 | L2136 | L2200 | L2210 | L2220 | |
| L2230 | L2232 | L2240 | L2250 | L2260 | L2265 | L2270 | L2275 | L2280 | L2300 | |
| L2310 | L2320 | L2330 | L2335 | L2340 | L2350 | L2360 | L2370 | L2375 | L2380 | |
| L2385 | L2387 | L2390 | L2395 | L2397 | L2510 | L2520 | L2525 | L2526 | L2627 | |
| L2628 | L3000 | L3201 | L3202 | L3203 | L3204 | L3206 | L3207 | L3212 | L3213 | |
| L3214 | L3215 | L3216 | L3217 | L3219 | L3221 | L3222 | L3230 | L3250 | L3251 | |
| L3252 | L3253 | L3265 | L3671 | L3674 | L3720 | L3730 | L3740 | L3763 | L3764 | |
| L3765 | L3766 | L3900 | L3901 | L3904 | L3905 | L3961 | L3962 | L3967 | L3971 | |
| L3973 | L3975 | L3976 | L3977 | L3978 | L3982 | L3985 | L3995 | L4000 | L4002 | |
| L4010 | L4020 | L4030 | L4040 | L4045 | L4050 | L4055 | L4060 | L4070 | L4080 | |
| L4090 | L4100 | L4110 | L4130 | L4205 | L4210 | L4360 | L4386 | L4392 | L4394 | |
| L4396 | L4631 | L5010 | L5020 | L5050 | L5060 | L5100 | L5105 | L5150 | L5160 | |
| L5200 | L5210 | L5220 | L5230 | L5250 | L5270 | L5280 | L5301 | L5312 | L5321 | |
| L5331 | L5341 | L5400 | L5420 | L5460 | L5500 | L5505 | L5510 | L5520 | L5530 | |
| L5535 | L5540 | L5560 | L5570 | L5580 | L5585 | L5590 | L5595 | L5600 | L5610 | |
| L5611 | L5613 | L5614 | L5616 | L5639 | L5640 | L5642 | L5643 | L5644 | L5645 | |
| L5646 | L5647 | L5648 | L5649 | L5651 | L5653 | L5661 | L5673 | L5681 | L5682 | |
| L5683 | L5700 | L5701 | L5702 | L5703 | L5705 | L5706 | L5707 | L5716 | L5718 | |
| L5722 | L5724 | L5726 | L5728 | L5780 | L5781 | L5782 | L5790 | L5795 | L5811 | |
| L5812 | L5814 | L5816 | L5818 | L5822 | L5824 | L5826 | L5828 | L5830 | L5840 | |
| L5845 | L5848 | L5857 | L5858 | L5930 | L5950 | L5960 | L5961 | L5962 | L5964 | |
| L5966 | L5968 | L5976 | L5979 | L5980 | L5981 | L5982 | L5984 | L5986 | L5987 | |
| L5988 | L5990 | L6000 | L6010 | L6020 | L6050 | L6055 | L6100 | L6110 | L6120 | |
| L6130 | L6200 | L6205 | L6250 | L6300 | L6310 | L6320 | L6350 | L6360 | L6370 | |

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| SPECIALTY/ PROCEDURE/SERVICES | | | | | | | | | | PROVISIONS |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Prosthetics / Orthotics Cont. | | | | | | | | | | PA required for the following but is not limited to: <ul style="list-style-type: none"> • Orthopedic footwear / orthotics / foot inserts • Customized orthotics, prosthetics, braces • Bone anchored/Cochlear Implants NOTE: Customized P&O requests need to be ordered by the referring physicians; all other requests need to go through a contracted provider. |
| L6380 | L6382 | L6384 | L6400 | L6450 | L6500 | L6550 | L6570 | L6580 | L6582 | |
| L6584 | L6586 | L6588 | L6590 | L6621 | L6623 | L6624 | L6646 | L6648 | L6686 | |
| L6687 | L6689 | L6690 | L6692 | L6693 | L6694 | L6695 | L6696 | L6697 | L6704 | |
| L6707 | L6708 | L6709 | L6711 | L6712 | L6713 | L6714 | L6715 | L6881 | L6882 | |
| L6883 | L6884 | L6885 | L6895 | L6900 | L6905 | L6910 | L6915 | L6920 | L6925 | |
| L6930 | L6935 | L6940 | L6945 | L6950 | L6955 | L6960 | L6965 | L6970 | L6975 | |
| L7007 | L7008 | L7009 | L7040 | L7045 | L7170 | L7180 | L7181 | L7185 | L7186 | |
| L7190 | L7191 | L7405 | L7510 | L7520 | L8035 | L8040 | S1040 | L1833 | L1831 | |
| L1836 | L5856 | L8041 | L8042 | L8043 | L8044 | L8045 | L8046 | L8047 | L8609 | |
| L8610 | L8612 | L8613 | L8659 | L8627 | L8631 | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Rehabilitation Therapies & Services | | | | | | | | | | All Physical, Occupational, Speech Therapy and Cardiac & Pulmonary Rehab require PA Speech Therapy is not a covered benefit for members 21 years of age and older. |
| 92507 | 92508 | 92521 | 92522 | 92523 | 92524 | 92526 | 92610 | 93797 | 93798 | |
| 94667 | 94668 | 97010 | 97012 | 97014 | 97016 | 97018 | 97022 | 97024 | 97026 | |
| 97028 | 97033 | 97034 | 97035 | 97036 | 97039 | 97110 | 97112 | 97113 | 97116 | |
| 97124 | 97140 | 97150 | 97530 | 97533 | 97535 | 97537 | 97542 | 97750 | 97755 | |
| 97760 | 97761 | 97762 | 97763 | 97799 | G0281 | G0283 | G0422 | G0423 | S9128 | |
| S9129 | S9131 | S9152 | 97161 | 97162 | 97163 | 97614 | 97165 | 97166 | 97167 | |
| 97168 | | | | | | | | | | |
| Routine Office-Based Procedures | | | | | | | | | | Do not require authorization unless otherwise listed on this grid |
| Sleep Studies and Sleep Apnea Procedures | | | | | | | | | | PA is required for listed codes |
| 95782 | 95783 | 95800 | 95801 | 95803 | 95806 | 95807 | 95808 | 95810 | 95811 | |
| G0398 | G0399 | G0400 | 21685 | 42145 | 54240 | | | | | |
| | | | | | | | | | | |
| Spinal Cord Stimulators (including implant) | | | | | | | | | | PA is required for listed codes |
| 63650 | 63655 | 63685 | | | | | | | | |
| | | | | | | | | | | |
| Spinal Surgery (including implant) | | | | | | | | | | PA is required for listed codes |
| 22551 | 22554 | 22556 | 22558 | 22590 | 22595 | 22600 | 22610 | 22612 | 22630 | |
| 22633 | 22800 | 22802 | 22804 | 22808 | 22810 | 22812 | 22818 | 22819 | 22840 | |
| 22842 | 22843 | 22844 | 22845 | 22846 | 22847 | 22849 | 22850 | 22852 | 22588 | |
| 63030 | 63042 | 63045 | 63047 | 63056 | 63081 | | | | | |

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|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Sterilization | | | | | | | | | | Sterilization for permanent birth control: PA required for members under 21. Signed federal consent form needs to be submitted with PA request. Members 21 and over – no PA required. Signed Federal Consent Form must be submitted with claim. |
| 52601 | 52630 | 52647 | 52648 | 52649 | 55250 | 55450 | 55801 | 55821 | 55831 | |
| 58150 | 58180 | 58200 | 58210 | 58240 | 58260 | 58262 | 58263 | 58267 | 58270 | |
| 58275 | 58280 | 58285 | 58290 | 58291 | 58292 | 58293 | 58294 | 58541 | 58542 | |
| 58543 | 58544 | 58548 | 58550 | 58552 | 58553 | 58554 | 58570 | 58571 | 58572 | |
| 58573 | 58600 | 58605 | 58611 | 58615 | 58670 | 58671 | 58700 | 58951 | 58953 | |
| 58954 | 58956 | 59135 | 59525 | | | | | | | |
| | | | | | | | | | | Hysterectomy: PA is required (member of any age). Signed AHCCCS Hysterectomy Consent and Acknowledgement Form must be submitted with claim. |
| Transplant Evaluation and Services | | | | | | | | | | Including Solid Organ and Bone Marrow (Corneal transplant does not require authorization) |
| 32850 | 32851 | 32852 | 32853 | 32854 | 32855 | 32856 | 33930 | 33933 | 33935 | |
| 33940 | 33944 | 33945 | 38205 | 38206 | 38208 | 38209 | 38210 | 38211 | 38212 | |
| 38213 | 38214 | 38215 | 38230 | 38232 | 38240 | 38241 | 38242 | 44132 | 44133 | |
| 44135 | 44136 | 44137 | 44715 | 44720 | 44721 | 47133 | 47135 | 47136 | 47140 | |
| 47141 | 47142 | 47143 | 47144 | 47145 | 47146 | 47147 | 47399 | 48550 | 48551 | |
| 48552 | 48554 | 48556 | 50300 | 50320 | 50323 | 50325 | 50327 | 50328 | 50329 | |
| 50340 | 50360 | 50365 | 50370 | 50380 | 50547 | S2053 | S2054 | S2055 | S2060 | |
| S2061 | S2065 | S2140 | S2142 | S2150 | S2152 | | | | | |
| PA Required for all Unlisted, Miscellaneous & 'By Report Codes' | | | | | | | | | | Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request. (This list is not all inclusive) |
| 01999 | 15999 | 17999 | 19499 | 20999 | 21089 | 21299 | 21499 | 21899 | 22899 | |
| 22999 | 23929 | 24999 | 25999 | 26989 | 27299 | 27599 | 27899 | 29799 | 29999 | |
| 30999 | 31290 | 31299 | 31599 | 31899 | 32999 | 33999 | 36299 | 37501 | 37799 | |
| 38129 | 38499 | 38589 | 38999 | 39499 | 39599 | 90749 | 40799 | 40899 | 41599 | |
| 41899 | 42299 | 42699 | 42999 | 43289 | 43499 | 43659 | 43699 | 43999 | 44238 | |
| 44799 | 44899 | 44979 | 45399 | 45499 | 45999 | 46999 | 47379 | 47399 | 47579 | |
| 47999 | 48999 | 49329 | 49659 | 49999 | 50549 | 50949 | 51999 | 53899 | 54699 | |
| 55599 | 55899 | 58578 | 58579 | 58679 | 58999 | 59898 | 59899 | 60659 | 60699 | |
| 64999 | 66999 | 67299 | 67399 | 67599 | 67999 | 68399 | 68899 | 69399 | 69799 | |
| 69949 | 69979 | 76496 | 76497 | 76498 | 76499 | 76999 | 77299 | 77399 | 77499 | |
| 77799 | 78099 | 78199 | 78399 | 78499 | 78699 | 78799 | 78999 | 79999 | 81479 | |
| 84999 | 85999 | 86849 | 86999 | 88099 | 88199 | 88299 | 88399 | 89240 | 89398 | |
| 90749 | 90899 | 90999 | 91299 | 91739 | 92499 | 92700 | 93799 | 93998 | 94799 | |
| 95199 | 95999 | 96379 | 96549 | 96999 | 97039 | 97139 | 97799 | 99199 | 99429 | |
| 99499 | 99600 | A0999 | A4335 | A4421 | A4649 | A4913 | A9280 | A9900 | A9999 | |
| B9999 | C9399 | E0769 | E1399 | E1699 | E2599 | G0129 | G0152 | G0158 | G0160 | |
| G0235 | G8978 | G8979 | G8980 | G8981 | G8982 | G8983 | G8984 | G8985 | G8986 | |
| G8987 | G8988 | G8989 | G8990 | G8991 | G8992 | G8993 | G8994 | G8995 | H0046 | |
| J3490 | J3590 | J7599 | J7699 | J7799 | J7999 | J8597 | J9999 | K0108 | K0898 | |

PRIOR AUTHORIZATION IS REQUIRED FOR SERVICES LISTED BELOW

*****Office visits to contracted (par) providers do not require Prior Authorization*****

*****Prior Authorization is required for all non-participating providers and hospitals*****

| SPECIALTY/ PROCEDURE/SERVICES | | | | | | | | | | PROVISIONS |
|-------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| K0899 | L0999 | L1499 | L1699 | L2999 | L3699 | L3999 | L5999 | L7499 | L8039 | |
| L8499 | L8699 | Q0507 | Q0508 | Q0509 | Q2039 | Q4050 | Q4051 | Q4100 | S0590 | |
| S8301 | S9977 | 43882 | 43886 | 43887 | 43888 | 43888 | 43999 | | | |
| Vein Procedures | | | | | | | | | | Venous injections, vein ligation, and venous ablation |
| 36468 | 36470 | 36471 | 36473 | 36474 | 36475 | 36476 | 36478 | 36479 | 37700 | |
| 37718 | 37722 | 37780 | | | | | | | | |
| Wound Therapy | | | | | | | | | | PA is required for listed codes |
| 97602 | 97607 | 97608 | 99183 | G0277 | G0460 | | | | | |

INPATIENT SERVICES REQUIRING PRIOR AUTHORIZATION

- All non-emergency hospital admissions for Inpatient Acute, Inpatient Psychiatric Hospital, Psychiatric Sub-Acute Facility, Level I Behavioral Health Inpatient Facility (RTC), Behavioral Health Residential Facility (BHRF), Rehabilitation, Long Term Acute Care, Skilled Nursing Facilities, Hospice and Observation require prior authorization.
- All facilities must notify HCA of admissions
- Fax Inpatient Notifications to 480-760-4732
- Fax Behavioral Health Hospital/Sub-Acute, Behavioral Health Inpatient Facilities and ECT to 855-408-3401

In the event acute or behavioral health inpatient hospitalization services delivered are to evaluate and stabilize an emergency medical condition, the plan must be notified of the admission within 1 calendar day.

IMAGING / PROCEDURES

Prior Authorizations for these services must be obtained through eviCore

All "high-tech" radiology services: MRI, MRA, CT AND PET

- Ultrasounds: vascular, high-tech radiology & obstetrical
- Nuclear cardiac stress testing
- Echocardiography, TEE/TTE
- Heart catheterizations, diagnostic, interventional & electrophysiology
- Venous ablation procedures

Prior Authorizations can be obtained the following ways:

WEB PORTAL:

www.evicore.com

- Initiate a request, check status, review guidelines, and more

PHONE:

888-693-3211 from 7am to 8pm CST

| CPT CODE | EVICORE CPT CODE DESCRIPTION |
|----------|---|
| 0159T | CAD, including computer algorithm analysis, BREAST MRI |
| 70336 | MRI Temporomandibular Joint(s) |
| 70450 | CT Head without contrast |
| 70460 | CT Head with contrast |
| 70470 | CT Head with & without contrast |
| 70480 | CT Orbit, et al without contrast |
| 70481 | CT Orbit, et al with contrast |
| 70482 | CT Orbit, et al W & W/O |
| 70486 | CT Maxillofacial area, (sinus) without contrast |
| 70487 | CT Maxillofacial area, (sinus) with contrast |
| 70488 | CT Maxillofacial area, (sinus) W & W/O |
| 70490 | CT Soft-tissue Neck without contrast |
| 70491 | CT Soft-tissue Neck with contrast |
| 70492 | CT Soft-tissue Neck with & without contrast W & W/O |
| 70496 | CTA HEAD, with contrast, including non-contrast images, if performed, & image post-processing |
| 70498 | CTA NECK, with contrast, including non-contrast images, if performed, & image post-processing |
| 70540 | MRI Orbit, Face and/or Neck without contrast |
| 70542 | MRI Orbit, Face and/or Neck with contrast |
| 70543 | MRI Orbit, Face and/or Neck W & W/O |
| 70544 | MR Angiography (MRA) Head without contrast |
| 70545 | MR Angiography (MRA) Head with contrast |
| 70546 | MR Angiography (MRA) Head with and without contrast W & W/O |
| 70547 | MR Angiography (MRA) Neck without contrast |
| 70548 | MR Angiography (MRA) Neck with contrast |

| CPT CODE | EVICORE CPT CODE DESCRIPTION |
|----------|--|
| 70549 | MR Angiography (MRA) Neck with and without contrast W & W/O |
| 70551 | MRI Brain (Head) without contrast |
| 70552 | MRI Brain (Head) with contrast |
| 70553 | MRI Brain (Head) with and without contrast W & W/O |
| 70554 | MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist |
| 70555 | MRI, Brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing |
| 71250 | CT Chest without contrast |
| 71260 | CT Chest with contrast |
| 71270 | CT Chest with and without contrast W &W/O |
| 71275 | CTA CHEST, (non-coronary), with contrast, including non-contrast images, if performed, & image post-processing |
| 71550 | MRI Chest without contrast |
| 71551 | MRI Chest with contrast |
| 71552 | MRI Chest with and without contrast W &W/O |
| 71555 | MR Angiography (MRA) Chest (excluding myocardium)- W or W/O |
| 72125 | CT Cervical Spine without contrast |
| 72126 | CT Cervical Spine with contrast |
| 72127 | CT Cervical Spine with and without contrast W & W/O |
| 72128 | CT Thoracic Spine without contrast |
| 72129 | CT Thoracic Spine with contrast |
| 72130 | CT Thoracic Spine with and without contrast W & W/O |
| 72131 | CT Lumbar Spine without contrast |
| 72132 | CT Lumbar Spine with contrast |
| 72133 | CT Lumbar Spine with and without out contrast W & W/O |
| 72141 | MRI Cervical Spine without contrast |
| 72142 | MRI Cervical Spine with contrast |

| CPT CODE | EVICORE CPT CODE DESCRIPTION |
|----------|---|
| 72146 | MRI Thoracic Spine without contrast |
| 72147 | MRI Thoracic Spine with contrast |
| 72148 | MRI Lumbar Spine without contrast |
| 72149 | MRI Lumbar Spine with contrast |
| 72156 | MRI Cervical Spine with and without contrast W & W/O |
| 72157 | MRI Thoracic Spine with and without contrast W & W/O |
| 72158 | MRI Lumbar Spine with and without contrast W & W/O |
| 72159 | MR Angiography (MRA) Spinal Canal and contents -with or w/o contrast |
| 72191 | CTA PELVIS, with contrast, including non-contrast images, if performed, & image post-processing |
| 72192 | CT Pelvis without contrast |
| 72193 | CT Pelvis with contrast |
| 72194 | CT Pelvis with and without contrast W & W/O |
| 72195 | MRI Pelvis without contrast |
| 72196 | MRI Pelvis with contrast |
| 72197 | MRI Pelvis with and without contrast W & W/O |
| 72198 | MR Angiography (MRA) Pelvis -with or without contrast |
| 73200 | CT Upper Extremity without contrast |
| 73201 | CT Upper Extremity with contrast |
| 73202 | CT Upper Extremity with and without contrast W & W/O |
| 73206 | CTA Upper Extremity, with contrast, including non- contrast images, if performed, & image post processing |
| 73218 | MRI Upper Extremity-other than joint-without contrast |
| 73219 | MRI Upper Extremity-other than joint-with contrast |
| 73220 | MRI Upper Extremity-other than joint-W & W/O |
| 73221 | MRI Any Joint of Upper Extremity--without contrast |
| 73222 | MRI Any Joint of Upper Extremity--with contrast |
| 73223 | MRI Any Joint of Upper Extremity-W & W/O |
| 73225 | MR Angiography (MRA) Upper Extremity -with or without contrast |

| CPT CODE | EVICORE CPT CODE DESCRIPTION |
|----------|--|
| 73700 | CT Lower Extremity without contrast |
| 73701 | CT Lower Extremity with contrast |
| 73702 | CT Lower Extremity with and without contrast W & W/O |
| 73706 | CTA Lower Extremity, with contrast, including non-contrast images, if performed, & image post processing |
| 73718 | MRI Lower Extremity-other than joint-without contrast |
| 73719 | MRI Lower Extremity-other than joint-with contrast |
| 73720 | MRI Lower Extremity-other than joint- W & W/O |
| 73721 | MRI Any Joint of Lower Extremity--without contrast |
| 73722 | MRI Any Joint of Lower Extremity--with contrast |
| 73723 | MRI Any Joint of Lower Extremity-W & W/O |
| 73725 | MR Angiography (MRA) Lower Extremity-with or without contrast |
| 74150 | CT Abdomen without contrast |
| 74160 | CT Abdomen with contrast |
| 74170 | CT Abdomen with and without contrast W &W/O |
| 74174 | CTA ABDOMEN and PELVIS |
| 74175 | CTA ABDOMEN, with contrast, including non-contrast images, if performed, & image post processing |
| 74176 | CT Abdomen & Pelvis, without contrast |
| 74177 | CT Abdomen & Pelvis, with contrast |
| 74178 | CT Abdomen & Pelvis, with and without contrast |
| 74181 | MRI Abdomen without contrast |
| 74182 | MRI Abdomen with contrast |
| 74183 | MRI Abdomen with and without contrast W &W/O |
| 74185 | MR Angiography (MRA) Abdomen-with or without contrast |
| 74712 | MRI fetal, including placental and maternal pelvic imaging when preformed; single or first gestation |
| 74713 | MRI fetal, including placental and maternal pelvic imaging when preformed; each additional gestation (List separately in addition to code primary procedure) |

| CPT CODE | EVICORE CPT CODE DESCRIPTION |
|----------|---|
| 74261 | Computed tomographic (CT) colonography, diagnostic, including image post processing; without contrast material |
| 74262 | Computed tomographic (CT) colonography, diagnostic, including image post processing; with contrast material(s) including non-contrast images, if performed |
| 74263 | Computed tomographic (CT) colonography, screening, including image post processing |
| 75557 | Cardiac MRI for morphology and function without contrast |
| 75559 | Cardiac MRI for morphology and function without contrast material; with stress imaging |
| 75561 | Cardiac MRI for morphology and function without contrast, followed by contrast W & W/O |
| 75563 | Cardiac MRI for morphology and function without contrast, followed by contrast; with stress imaging |
| 75565 | Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure) |
| 75571 | CT, heart, without contrast with quantitative evaluation of coronary calcium |
| 75572 | CT, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed) |
| 75573 | CT, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures, if performed) |
| 75574 | CT, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) |
| 75635 | CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, with contrast, including non-contrast images, if performed, and imagepost-processing |
| 76376 | 3D Rendering with interpretation and reporting of CT, MRI, ultrasound, or other tomographic modality; not requiring image post processing on an independent workstation |
| 76377 | 3D Rendering with interpretation and reporting of CT, MRI, ultrasound, or other tomographic modality; requiring image post-processing on an independent workstation |
| 76380 | CT Limited or Localized follow-up |
| 76390 | MR Spectroscopy (MRS) |
| 76497 | Unlisted CT procedure (e.g., diagnostic, interventional) |
| 76498 | Unlisted MR procedure (e.g., diagnostic, interventional) |
| 77021 | MR guidance for needle placement (e.g. for biopsy, needle aspiration, injection, or placement of localization devise) |
| 76801 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation |

| CPT CODE | EVICORE CPT CODE DESCRIPTION |
|----------|---|
| 76802 | . . . each additional gestation (List separately in addition to code for primary procedure) |
| 76805 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation |
| 76810 | . . . each additional gestation (List separately in addition to code for primary procedure) |
| 76811 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation |
| 76812 | . . . each additional gestation (List separately in addition to code for primary procedure) |
| 76813 | Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation |
| 76814 | Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation |
| 76815 | Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heartbeat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses |
| 76816 | Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus |
| 76817 | Ultrasound, pregnant uterus, real time with image documentation, transvaginal |
| 76818 | Fetal biophysical profile; with non-stresstesting |
| 76819 | Fetal biophysical profile; without non-stresstesting |
| 76820 | Doppler velocimetry, fetal; umbilicalartery |
| 76821 | Doppler velocimetry, fetal; middle cerebralartery |
| 76825 | Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M- mode recording; |
| 76826 | Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M- mode recording; follow-up or repeat study |
| 76827 | Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete |
| 76828 | Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study |
| 77058 | MRI BREAST, without and/or with contrast UNILATERAL |
| 77059 | MRI BREAST, without and/or with contrast BILATERAL |
| 77078 | CT BONE MINERAL DENSITY study, 1 or more sites, axial skeleton |
| G0297 | Low-dose CT for Lung Cancer Screening |

| CPT CODE | EVICORE CPT CODE DESCRIPTION |
|----------|---|
| 77079 | CT BONE MINERAL DENSITY study, 1 or more sites, appendicular |
| 77084 | MRI Bone Marrow blood supply |
| 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) |
| 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection |
| 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) |
| 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection |
| 78459 | PET Cardiac (myocardial imaging) - metabolic evaluation |
| 78466 | Myocardial Imaging, infarct avid, planar; qualitative or quantitative |
| 78468 | Myocardial Imaging, infarct avid, planar; w/ EF by first pass technique |
| 78469 | Myocardial Imaging, infarct avid, planar; tomographicSPECT |
| 78472 | Cardiac Blood Pool imaging, gated equilibrium; planar, single study at rest or stress |
| 78473 | Cardiac Blood Pool imaging, gated equilibrium; multiple studies, wall motion plus ejection fraction, at rest and stress |
| 78481 | Cardiac Blood Pool imaging, (planar), first pass technique; single study, at rest or with stress, wall motion study plus ejection fraction |
| 78483 | Cardiac Blood Pool imaging, (planar), first pass technique; multiple studies at rest and with stress, wall motion study plus ejection fraction |
| 378491 | PET Cardiac (myocardial imaging), perfusion single study at rest or stress |
| 78492 | PET Cardiac (myocardial imaging), perfusion multiple studies rest/stress |
| 78494 | Cardiac Blood Pool imaging, gated equilibrium, SPECT |
| 78496 | Cardiac Blood Pool imaging, gated equilibrium, RV EF by firstpass |
| 78499 | Unlisted cardiovascular procedure, diagnostic nuclear medicine |
| 78999 | Unlisted cardiovascular procedures, diagnostic nuclear medicine |
| 78434 | Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure) |

| CPT CODE | EVICORE CPT CODE DESCRIPTION |
|----------|---|
| 78608 | PET Brain - metabolic evaluation |
| 78609 | PET Brain - perfusion evaluation |
| 78811 | PET imaging; limited area (e.g. chest, head/neck) |
| 78812 | PET imaging; skull base to mid-thigh |
| 78813 | PET imaging; wholebody |
| 78814 | PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; limited area (e.g. chest, head/neck) |
| 78815 | PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; skull base to mid-thigh |
| 78816 | PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; whole body |
| 93303 | Transthoracic echocardiography for congenital abnormalities |
| 93304 | Transthoracic echocardiography for congenital abnormalities; limited study |
| 93306 | Echocardiography, transthoracic, real-time with image documentation (2D), with spectral Doppler echocardiography, and with color flow Doppler echocardiography |
| 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography |
| 93308 | Echocardiography, transthoracic follow-up |
| 93312 | Echocardiography, transesophageal, (TEE) real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report |
| 93315 | Transesophageal echocardiography (TEE) for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report |
| 93318 | Transesophageal echocardiography (TEE) for monitoring purposes, including probe placement, real-time 2D image acquisition and interpretation leading to ongoing assessment of cardiac pumping function and to therapeutic measures on an immediate time basis |
| 93320 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete |
| 93321 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study |
| 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiographic imaging) |
| 93350 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report |

| CPT CODE | EVICORE CPT CODE DESCRIPTION |
|----------|--|
| 93351 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, including performance of continuous electrocardiographic monitoring, with physician supervision |
| 93451 | Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed |
| 93452 | Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed |
| 93453 | Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed |
| 93454 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; |
| 93455 | ...with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous graft(s) including intraprocedural injection(s) for bypass graftangiography |
| 93456 | ...with right heart catheterization |
| 93457 | ...with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization |
| 93458 | with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed |
| 93459 | ...with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography |
| 93460 | ...with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed |
| 93461 | ...with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography |
| 93530 | Right heart catheterization for congenital cardiac anomalies (performed in same manner as 93501) |
| 93531 | Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies (technique is same as 93526) |
| 93532 | Combined right heart catheterization and trans septal left heart catheterization through intact septum (with or without retrograde left heart catheterization), for congenital cardiac anomalies |
| 93533 | Combined right heart catheterization and left heart catheterization through existing septal opening (with or without retrograde left heart catheterization), for congenital cardiac anomalies |
| 0501T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data interpretation and report |
| 0502T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission |

| CPT CODE | EVICORE CPT CODE DESCRIPTION |
|----------|--|
| 0503T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model |
| 0504T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report |
| 93875 | Non-invasive physiologic studies of extracranial arteries, complete bilateral study |
| 93880 | Duplex scan of extracranial arteries; complete bilateral study |
| 93882 | Duplex scan of extracranial arteries; unilateral or limited study |
| 93886 | Transcranial Doppler study of the intracranial arteries; complete study |
| 93888 | Transcranial Doppler study of the intracranial arteries; limited study |
| 93890 | Transcranial Doppler study of the intracranial arteries; vasoactive |
| 93892 | Transcranial Doppler study of the intracranial arteries; emboli detection W/O intravenous microbubble injection |
| 93893 | Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection |
| 93922 | Limited bilateral noninvasive physiologic studies of upper or lower arteries, (e.g., for lower extremity: ankle/brachial indices at distal posterior tibia and anterior tibia/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibia and anterior tibia/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibia and anterior tibia/dorsalis pedis arteries with transcutaneous oxygen tension measurements at 1-2levels) |
| 93923 | Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels(e.g., for lower extremity: ankle/brachial indices at distal posterior tibia and anterior tibia/ dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibia and anterior tibia/dorsalis pedis arteries plus volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibia and anterior tibia/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels, or single level study with provocative functional maneuvers e.g., measurements with postural provocative tests, or measurements with reactive hyperemia) |
| 93924 | Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (i.e., bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study |
| 93925 | Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study |
| 93926 | Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study |

| CPT CODE | EVICORE CPT CODE DESCRIPTION |
|----------|--|
| 93930 | Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study |
| 93931 | Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study |
| 93965 | Non-invasive physiologic studies of extremity veins, complete bilateral study (e.g., Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography) |
| 93970 | Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study |
| 93971 | Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study |
| 93975 | Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study |
| 93976 | Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study |
| 93978 | Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study |
| 93979 | Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; limited study |
| 93980 | Duplex scan of arterial inflow and venous outflow of penile vessels; complete study |
| 93981 | Duplex scan of arterial inflow and venous outflow of penile vessels; limited study |
| 93990 | Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow) |
| 93998 | Unlisted noninvasive vascular diagnostic study |
| S8035 | Magnetic Source Imaging |
| S8092 | CT Electron Beam (Ultrafast CT) for calcium scoring |

HEALTH CHOICE ARIZONA MEDICAL PHARMACY CODES

All codes listed on the grid require prior authorization from Health Choice Arizona. Please visit <http://healthchoiceAZ.com> for the following:

- The HCA formulary for preferred medication selections
- The PA medical request form
- More information on prior authorization requirements

PLEASE NOTE:

SPECIALTY MEDICATIONS:

HCA utilizes CVS Caremark Medical Specialty Infusion provider for most medications administered by a provider. Oral specialty drugs (i.e. Tarceva; Gleevec) must be provided by the HCA contracted PBM (Optum).

SYNAGIS (PALIVIZUMAB):

Provider must utilize the HCA contracted service providers CVS Caremark Specialty Infusion. Please utilize the HCA coverage criteria and dedicated PA form (see Exhibit 16-6). "Specialty" medications (injectable; infusion; implant) which may be provided in a contracted Provider office when Prior Authorization is first obtained.

A complete Medical PA request form must be submitted with supporting documentation to fax: 1-877-422-8120

| MEDICATION DESCRIPTION | CODE |
|---|--------------|
| Abatacept, 10 mg (Orencia) | J0129 |
| AbobotulinumtoxinA, 5units | J0586 |
| Ado-trastuzumab emtansine, 1 mg (Kadcyla) | J9354 |
| Aflibercept,1 mg (Eylea) | J0178 |
| Agalsidase, 1 mg (Fabrazyme) | J0180 |
| Aldesleukin, per single usevial | J9015 |
| Alglucerase, 10 units (Ceredase) | J0205 |
| 17 Alpha-Hydroxyprogesterone Caproate (Gestiva) | J3490 |
| Alpha1ProteinaseInhibitor-Human,10mg (Prolastin, Zemaira, Glassia, Aralast) | J0256, J2057 |
| Alglucosidase alfa, 10 mg | J0220 |
| Alglucosidase alfa, (Lumizyme), 10mg | J0221 |

| MEDICATION DESCRIPTION | CODE |
|--|------------------------|
| Alefacept, 0.5 mg (Amevive) | J0215 |
| Alemtuzumab, 1 mg (Lemtrada) | J0202 |
| Alemtuzumab, 10 mg (Campath) | J9010 |
| Aminolevulinic acid for topical administration | J7308, J7309, J7345 |
| Anidulafungin, 1 mg (Eraxis) | J0348 |
| Antihemophilic factor, recombinant, 1 iu (Jivi) | J7208 |
| Alprostadil, 1.25 mcg | J0270 |
| Alprostadil urethral suppository | J0275 |
| Aprepitant, 1 mg (Cinvanti) | J0185 |
| Argatroban, 1 mg (for non-esrduse) | J0883 |
| Arsenic trioxide, 1 mg (ATRA) | J9017 |
| Asparaginase | J9019, J9020 |
| Atezolizumab, 10 mg (Tecentriq) | J9022 |
| Aurothioglucose, up to 50 mg | J2910 |
| Autologous cultured chondrocytes, implant (Carticel) | J7330 |
| Avelumab, 10 mg (Bavencio) | J9023 |
| Basiliximab, 20 mg (Simulect) | J0480 |
| Belatacept, 1 mg (Nulojix) | J0485 |
| Belinostat, 10 mg (Beleodaq) | J9032 |
| Bendamustine, 1 mg (Belrapzo) | J9036 |
| Bevacizumab, 10 mg | J9035 |
| Bevacizumab-bvzr, biosimilar, 10 mg | Q5118 |
| Bevacizumab-awwb, biosimilar, (Mvasi), 10 mg | Q5107 |
| Belimumab, 10 mg (Benlysta) | J0490 |
| Bendamustine hcl (Treanda), 1 mg | J9033 |
| Bendamustine hcl (Bendeka), 1mg | J9034 |
| Benralizumab, 1 mg (Fasenra) | J0517 |

| MEDICATION DESCRIPTION | CODE |
|--|-------------------------------|
| Bezlotoxumab, 10 mg (Zinplava) | J0565 |
| Biperiden lactate, per 5mg | J0190 |
| Blinatumomab, 1 mcg (Blincyto) | J9039 |
| Botulinum Toxin Type A, per unit | J0585 |
| Brentuximab vedotin, 1 mg (Adcetris) | J9042 |
| Buprenorphine extended-release (Sulocade) | Q9992 |
| Buprenorphine implant, 74.2 mg | J0570 |
| Burosumab-twza, 1 mg (Crysvita) | J0584 |
| C-1 Esterase Inhibitor, 10 units | J0596, J0597, J0598, J0599 |
| Cabazitaxel, 1 mg, (Jevtana) | J9043 |
| Calaspargase pegol-mknl (Asparlas) | J9118 |
| Canakinumab, injection, 1 mg (Ilaris) | J0638 |
| Carfilzomib, 1 mg, (Kyprolis) | J9047 |
| Casopofungin acetate, 5 mg | J0637 |
| Ceftaroline fosamil, 10 mg | J0712 |
| Centruroides immune f(ab)2, up to 120 mg | J0716 |
| Cerliponase alfa, 1 mg (Brineura) | J0567 |
| Cetuximab, 10 mg (Erbix) | J9055 |
| Chorionic gonadotropin, per 1,000 usp units | J0725 |
| Cidofovir, 375 mg | J0740 |
| Collagenase, clostridium histolyticum, 0.01mg | J0775 |
| Compounded drug, not otherwise classified | J7999 |
| Copanlisib, 1 mg (Aliqopa) | J9057 |
| Corticotropin, up to 40 units | J0800 |
| Corticotropin, up to 40 units | J0800 |
| Corticotropin, up to 40 units | J0800 |
| Cosyntropin, not otherwise specified, 0.25 mg | J0833 |
| Cosyntropin (cortrosyn), 0.25 mg | J0834 |
| Crotalidae polyvalent immune fab (ovine), up to 1 gm | J0840 |

| MEDICATION DESCRIPTION | CODE |
|---|-------|
| Cytomegalovirus immune globulin intravenous (human), per vial | J0850 |
| Daclizumab, parenteral, 25 mg (Zinbryta) | J7513 |
| Dalbavancin, 5 mg (Dalvance) | J0875 |
| Dalteparin sodium, per 2500 iu | J1645 |
| Daptomycin, 1 mg | J0878 |
| Daratumumab, 10 mg (Darzalex) | J9145 |
| Darbepoetin alfa, 1 microgram (non-ESRD use) | J0881 |
| Daunorubicin 1 mg and cytarabine 2.27 mg, liposomal(Vyxeos) | J9153 |
| Decitabine, 1 mg | J0894 |
| Deferoxamine mesylate, 500 mg | J0895 |
| Degarelix, 1 mg (Firmagon) | J9155 |
| Denileukin diftitox, 300 mcg | J9160 |
| Denosumab, 1 mg | J0897 |
| Depo-estradiol cypionate, up to 5 mg | J1000 |
| Dexamethasone, intravitreal implant, 0.01 mg (Ozurdex) | J7312 |
| Dexamethasone lacrimal ophthalmic insert 0.1 mg (Dextenza) | J1096 |
| Dexrazoxane hydrochloride, per 250 mg | J1190 |
| Dolasetron mesylate, 10 mg | J1260 |
| Durvalumab 10 mg (Imfinzi) | J9173 |
| Ecallantide, 1 mg | J1290 |
| Eculizumab, 10 mg (Soliris) | J1300 |
| Edaravone, 1 mg (Radicava) | J1301 |
| Edetate disodium, per 150 mg (EDTA) | J3520 |
| Elosulfase alfa, 1 mg | J1322 |
| Elotuzumab, 1 mg (Empliciti) | J9176 |
| Emicizumab-kxwh, 0.5 mg (Hemlibra) | J7170 |
| Enfuvirtide, 1 mg | J1324 |
| Enoxaparin sodium, 10 mg (Lovenox) | J1650 |
| Epoetin alfa, (for non-esrd use), 1000 units | J0885 |
| Epoetin alfa for non-ESRD use (Retacrit) | Q5105 |

| MEDICATION DESCRIPTION | CODE |
|--|--------------|
| Epoetin beta, 1 mcg, (for non esrd use) | J0888 |
| Epoprostenol, 0.5 mg | J1325 |
| Eravacycline, 1 mg (Xerava) | J0122 |
| Eribulin mesylate, 0.1 mg (Halaven) | J9179 |
| Estradiol valerate, up to 10 mg | J1380 |
| Estrogen conjugated, per 25 mg | J1410 |
| Estrone, per 1 mg | J1435 |
| Etelcalcetide, 0.1 mg | J0606 |
| Eteplirsen, 10 mg (Exondys 51) | J1428 |
| Factor IX (antihemophilic factor, recombinant), (Rebinyn) | J7230 |
| Ferric carboxymaltose, 1 mg (Injectafer) | J1439 |
| Ferric pyrophosphate citrate solution, 0.1 mg of iron (Triferic) | J1443 |
| Ferumoxytol (Feraheme) | Q0138, Q0139 |
| Filgrastim (G-CSF), excludes biosimilars, 1 mcg (Neupogen) | J1442 |
| Filgrastim (G-CSF), biosimilar (Zarxio) | Q5101 |
| Filgrastim-aafi, biosimilar (Nivestym) | Q5110 |
| Fluocinolone acetonide, intravitreal implant (Retisert) | J7311 |
| Fluocinolone, intravitreal implant, 0.01 mg (Iluvien) | J7313 |
| Fluocinolone, intravitreal implant, 0.01 mg (Yutiq) | J7314 |
| Fomepizole, 15 mg | J1451 |
| Fomivirsen sodium, intraocular, 1.65 mg (Vitravene) | J1452 |
| Fondaparinux sodium, 0.5 mg (Arixtra) | J1652 |
| Fosaprepitant, 1 mg (Emend) | J1453 |
| Foscarnet sodium, per 1000 mg | J1455 |
| Fosnetupitant 235 mg and palonosetron 0.25 mg (Akynzeo) | J1454 |
| Fremanezumab-vfrm, 1 mg (Ajoovy) | J3031 |
| Fulvestrant, 25 mg (Faslodex) | J9395 |
| Gallium nitrate, 1 mg | J1457 |
| Galsulfase, 1 mg (Naglazyme) | J1458 |
| Gamma globulin, intramuscular, 1 cc | J1460 |

| MEDICATION DESCRIPTION | CODE |
|--|-------------------------------|
| Gamma globulin, intramuscular, over 10 cc | J1560 |
| Ganciclovir, 4.5 mg, long-acting implant (Vitrasert) | J7310 |
| Gemcitabine hcl, 200 mg (Gemzar) | J9201 |
| Gemtuzumab ozogamicin, 0.1 mg | J9203 |
| Gold sodium thiomalate, up to 50 mg | J1600 |
| Golimumab, 1 mg, for intravenous use (Simponi Aria) | J1602 |
| Gonadorelin hydrochloride, per 100mcg | J1620 |
| Goserelin acetate implant, per 3.6 mg (Zoladex) | J9202 |
| Granisetron, extended-release, 0.1 mg (Sustol) | J1627 |
| Guselkumab, 1 mg (Tremfya) | J1628 |
| Hemin, 1 mg | J1640 |
| Hepatitis B immune globulin (HepagamB), | J1571, J1573 |
| Histrelin Implant, 50 mg (Supprelin LA/Vantus) | J9225, J9226 |
| Histrelin acetate, 10mcg | J1675 |
| Human fibrinogen concentrate, 1 mg (Fibryga) | J7177 |
| Hyaluronan or derivative, for intra-articular injection (Triluron) | J7332 |
| Hyaluronidase | J3470, J3471, J3472, J3473 |
| Ibalizumab-uiyk, 10 mg (Trogarzo) | J1746 |
| Idursulfase, 1 mg (Elaprase) | J1743 |
| Ifosfamide, 1 gm (Ifex) | J9208 |
| IncobotulinumtoxinA a, 1 unit | J0588 |
| Imiglucerase, 10 units (Cerezyme) | J1786 |
| Immune globulin (Cuvitru), 100 mg | J1555 |
| Immune globulin (Bivigam), 500mg | J1556 |
| Immune globulin (Gammaplex), 500 mg | J1557 |
| Immune globulin (Hizentra), 100 mg | J1559 |
| Immune globulin (Gamunex-C/Gammaked), 500 mg | J1561 |

| MEDICATION DESCRIPTION | CODE |
|--|---------------------|
| Immune globulin (Octagam) | J1568 |
| Immune globulin (Privigen) | J1459 |
| Immune globulin (Vivaglobin), 100 mg | J1562 |
| Immune globulin, Intravenous, lyophilized (e.g. powder), 500 mg (Carimune) | J1566 |
| Immune globulin, non-lypholized (Gammagard) | J1569 |
| Immune globulin, Intravenous, 500 mg | J1572 |
| Immune globulin/hyaluronidase (Hyqvia), 100 mg | J1575 |
| Immune globulin, intravenous, non-lyophilized (e.g. liquid), 500 mg | J1599 |
| Infliximab, 10 mg, biosimilar (Inflectra, Renflexis)Ixifi) | Q5103, Q5104, Q5019 |
| Infliximab, excludes biosimilar, 10 mg (Remicade) | J1745 |
| Injection, cemiplimab-rwlc (Libtayo) | J9119 |
| Injection, emapalumab-lzsg (Gamifant) | J9210 |
| Injection, mogamulizumab-kpkc (Poteligeo) | J9204 |
| Injection, patisiran (Onpattro) | J0222 |
| Injection, plazomicin, 5 mg (Zemdri) | J0291 |
| Injection, tisagenlecleucel (Kymriah) | Q2040 |
| Inotuzumab ozogamicin, 0.1 mg (Besponsa) | J9229 |
| Interferon Alphacon-1, 1 mcg (Infergen) | J9212 |
| Interferon Alfa -2A (Roferon-A) | J9213 |
| Interferon Alfa - 2B (Intron A/Rebetron Kit) | J9214 |
| Interferon, alfa-n3, (human leukocyte derived), 250,000 iu | J9215 |
| Interferon, gamma 1-b, 3 million units | J9216 |
| Interferon beta-1a, 30 mcg | J1826 |
| Ipilimumab, 1mg (Yervoy) | J9228 |
| Isavuconazonium, 1 mg (Cresemba) | J1833 |
| Ixabepilone, 1 mg (Ixempra) | J9207 |
| Kanamycin sulfate (Kantrex) | J1840, J1850 |

| MEDICATION DESCRIPTION | CODE |
|--|-------|
| Lanadelumab-flyo, 1 mg (Takhzyro) | J0593 |
| Lanreotide, 1 mg (Somatuline) | J1930 |
| Laronidase, 0.1 mg (Aldurazyme) | J1931 |
| Lepirudin, 50 mg | J1945 |
| Leuprolide Acetate (depot suspension), 3.75 mg (Eligard/Lupron) | J1950 |
| Leuprolide Acetate (for depot suspension), 7.5 mg (Eligard/Lupron Depot) | J9217 |
| Leuprolide Acetate, 1 mg (Lupron) | J9218 |
| Leuprolide acetate implant, 65 mg (Lupron Implant) | J9219 |
| Levoleuovorin calcium, 0.5 mg | J0641 |
| levoleuovorin, 0.5 mg (Khapzory) | J0642 |
| Linezolid 200 mg (Zyvox) | J2020 |
| Mecasermin 1 mg (Iplex, Increlex) | J2170 |
| Mepolizumab, 1 mg (Nucala) | J2182 |
| Meropenem and vaborbactam, 10 m/10mg (20mg) Vabomere | J2186 |
| Mesna, 200 mg | J9209 |
| Micafungin sodium, 1 mg (Mycamine) | J2248 |
| Mitomycin, ophthalmic, 0.2 mg | J7315 |
| Mitoxantrone hcl, per 5 mg | J9293 |
| Mometasone furoate sinus implant (Sinuva) | J7401 |
| Moxetumomab pasudotox-tdfk, 0.01 mg (Lumoxiti) | J9313 |
| Moxifloxacin, 100 mg (Avelox) | J2280 |
| Nandrolone decanoate, up to 50 mg | J2320 |
| Natalizumab, 1 mg (Tysabri) | J2323 |
| Necitumumab, 1 mg (Portrazza) | J9295 |
| Nelarabine, 50 mg (Arranon) | J9261 |
| Nivolumab, 1 mg (Opdivo) | J9299 |
| Not otherwise classified, antineoplastic drugs | J9999 |

| MEDICATION DESCRIPTION | CODE |
|--|--------------|
| Nusinersen, 0.1 mg (Spinraza) | J2326 |
| Obinutuzumab, 10 mg (Gazyva) | J9301 |
| Ocrelizumab, 1 mg (Ocrevus) | J2350 |
| Ocriplasmin, 0.125 mg (Jetrea) | J7316 |
| Octreotide, depot form for intramuscular injection, 1 mg | J2353, J2354 |
| Ofatumumab, 10 mg (Arzerra) | J9302 |
| Olaratumab, 10 mg (Latruvo) | J9285 |
| Omacetaxine mepesuccinate, 0.01 mg (Synribo) | J9262 |
| Omadacycline, 1 mg (Nuzyra) | J0121 |
| Omalizumab, 5 mg (Xolair) | J2357 |
| Oprelvekin, 5 mg (Neumega) | J2355 |
| Oritavancin, 10 mg (Orbactiv) | J2407 |
| Palifermin, 50 mcg (Kepivance) | J2425 |
| Palivizumab 50 mg (Synagis) | J3490 |
| Panitumumab 10 mg (Vectibix) | J9303 |
| Paricalcitol, 1 mcg (Zemlar) | J2501 |
| Pasireotide long acting, 1 mg (Signifor) | J2502 |
| Pegfilgrastim, 6 mg (Neulasta) | J2505 |
| Pegfilgrastim-jmdb, biosimilar (Fulphila) | Q5108 |
| Pegademase bovine, 25 iu (Adagen) | J2504 |
| Pegaptanib sodium, 0.3 mg (Macugen) | J2503 |
| Pegaspargase, per single dose vial | J9266 |
| Pegloticase, 1 mg (Krystexxa) | J2507 |
| Pembrolizumab, 1 mg (Keytruda) | J9271 |
| Pemetrexed, 10 mg (Alimta) | J9305 |
| Pentostatin, 10 mg | J9268 |
| Peramivir, 1 mg (Rapivab) | J2547 |
| Pertuzumab, 1 mg (Perjeta) | J9306 |

| MEDICATION DESCRIPTION | CODE |
|--|-------|
| Phenylephrine and ketorolac ophthalmic irrigation solution, 1 ml (Omidria) | J1097 |
| Plerixafor, 1 mg (Mozobil) | J2562 |
| Plicamycin, 2.5 mg | J9270 |
| Pralatrexate, 1 mg (Folotyn) | J9307 |
| Pralidoxime chloride, up to 1 gm | J2730 |
| Progesterone, per 50 mg | J2675 |
| Protein C concentrate, intravenous, human, 10 iu (Ceprocin) | J2724 |
| Protirelin, per 250 mcg | J2725 |
| Quinupristin/dalfopristin, 500 mg (Synercid) | J2770 |
| Ramucirumab, 5 mg (Cyramza) | J9308 |
| Ranibizumab, 0.1 mg (Lucentis) | J2778 |
| Rasburicase, 0.5 mg (Elitek) | J2783 |
| Ravulizumab-cwvz (Ultomiris) | J1303 |
| Reslizumab, 1 mg (Cinqair) | J2786 |
| Revefenacin inh non-com 1mcg (Yupelri) | J7677 |
| Riboflavin 5"-phosphate, ophthalmic solution, up to 3 mL (Photrex) | J2787 |
| Rilonacept, 1 mg (Arcalyst) | J2793 |
| Rimabotulinum Toxin B, 100 units (Myobloc) | J0587 |
| Rituximab, 10 mg (Rituxan) | J9312 |
| Rituximab-abbs, biosimilar, 10mg (Truxima) | Q5115 |
| Rituximab, 10 mg and hyaluronidase (Rituxan Hycela) | J9311 |
| Rolapitant, 0.5 mg (Varubi) | J2797 |
| Romidepsin, 1 mg (Istodax) | J9315 |
| Romiplostim, 10 mcg (Nplate) | J2796 |
| Romozosumab-aqqg, 1 mg (Evenity) | J3111 |
| Sargramostim (gm-csf), 50 mcg (Leukine) | J2820 |
| Sebelipase alfa, 1 mg (Kanuma) | J2840 |

| MEDICATION DESCRIPTION | CODE |
|--|-------|
| Siltuximab, 10 mg (Sylvant) | J2860 |
| Sipuleucel-T, 50 M cells (Provenge) | Q2043 |
| Sodium ferric gluconate complex in sucrose injection, 12.5 mg (Ferrlecit) | J2916 |
| Somatrem, 1 mg | J2940 |
| Spectinomycin dihydrochloride (Trobicin) | J3320 |
| Tagraxofusp-erzs, 10 mcg (Elzonris) | J9269 |
| Taliglucerase alfa, 10 units (Elelyso) | J3060 |
| Talimogene laherparepvec, per 1 million plaque forming units (Imlygic) | J9325 |
| Tedizolid phosphate, 1 mg (Sivextro) | J3090 |
| Telavancin, 10 mg (Vibativ) | J3095 |
| Tbo-filgrastim | J1447 |
| Temozolomide, 1 mg | J9328 |
| Temsirolimus, 1 mg (Torisel) | J9330 |
| Testosterone Injection, 1 mg* Code for billing units per injection (Aveed) | J3145 |
| Testosterone Cypionate, 1 cc, 200 mg (Depo Testosterone) | J1080 |
| Testosterone Suspension, up to 50 mg | J3140 |
| Testosterone Cypionate, up to 100 mg (Depo Testosterone) | J1070 |
| Testosterone cypionate, 1 mg | J1071 |
| Testosterone Cypionate and Estradiol Cypionate, up to 1 ml(Depo-Testadiol) | J1060 |
| Testosterone enanthate, up to 100 mg | J3120 |
| Testosterone enanthate, 1 mg | J3121 |
| Testosterone Enanthate, up to 200 mg (Delatestryl) | J3130 |
| Testosterone enanthate and estradiol valerate, up to 1 cc | J0900 |
| Testosterone Propionate, up to 100 mg | J3150 |
| Tetanus immune globulin, human, up to 250 units | J1670 |
| Thyrotropin alpha, 0.9 mg (Thyrogen) | J3240 |
| Tigecycline, 1 mg (Tygacil) | J3243 |

| MEDICATION DESCRIPTION | CODE |
|---|--------------|
| Tildrakizumab, 1 mg (Ilumya) | J3245 |
| Tinzaparin sodium, 1000 iu | J1655 |
| Tirofiban, 0.25 mg (Aggrastat) | J3246 |
| Tocilizumab, 1 mg (Actemra) | J3262 |
| Tobramycin, inhalation solution, 300 mg (Tobi) | J7682 |
| Trabectedin, 0.1 mg (Yondelis) | J9352 |
| Trastuzumab, 10 mg (Herceptin) | J9355 |
| Trastuzumab and hyaluronidase-oyks, 10mg (Herceptin Hylecta) | J9256 |
| Trastuzumab-anns, biosimilar (Kanjinti) | Q5117 |
| Trastuzumab-dttb, biosimilar (Ontruzant) | Q5112 |
| Trastuzumab-pkrb, biosimilar (Herzuma) | Q5113 |
| Trastuzumab-qyyp, biosimilar (Trazimera) | Q5116 |
| Trastuzumab-dkst, biosimilar (Ogivri) | J3490 |
| Treprostinil, 1 mg (Remodulin) | J3285, J7686 |
| Triamcinolone acetonide, preservative-free, extended release (Zilretta) | J3304 |
| Trimetrexate glucuronate, per 25 mg (Neutrexin) | J3305 |
| Triptorelin, extended-release, 3.75 mg (Triptodur) | J3316 |
| Triptorelin pamoate, 3.75 mg (Trelstar) | J3315 |
| Unclassified Drugs | J3490 |
| Unclassified Antineoplastic Drugs | J9999 |
| Unclassified Antineoplastic Drugs | J3355 |
| Ustekinumab, for intravenous injection, 1 mg (Stelara) | J3357, J3358 |
| Valrubicin, intravesical, 200 mg (Valstar) | J9357 |
| Vedolizumab, 1 mg (Entyvio) | J3380 |
| Velaglucerase alfa, 100 units (VPRIV) | J3385 |

| MEDICATION DESCRIPTION | CODE |
|--|---|
| Verteporfin, 0.1 mg (Visudyne) | J3396 |
| Vestronidase alfa-vjvk, 1 mg (Mepsevii) | J3397 |
| Vinorelbine tartrate, 10 mg (Navelbine) | J9390 |
| Viscoelastics Supplementation (hyaluronan or derivative for intra-articular injection) | J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329 |
| Voretigene neparvovec-rzyl, 1 billion vector genomes (Luxturna) | J3398 |
| Voriconazole, 10 mg (VFend) | J3465 |
| Pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg | Q5111 |
| Ziconotide, 1 mcg (Prialt) | J2278 |
| Ziv-aflibercept, 1 mg (Vectibix) | J9400 |
| Zoledronic Acid, 1 mg (Zometa, Reclast) | J3489 |
| Axicabtagene Ciloleucel, Up to 200 Million Autologous | Q2041 |
| Retacrit (epoetin alfa epbx, biosimilar) for ESRD on dialysis, injection | Q5105 |
| Retacrit (epoetin alfa epbx, biosimilar) for non-ESRD use, injection | Q5106 |
| Herzuma (trastuzumab-pkrb, biosimilar) injection | Q5113 |
| Ontruzant (trastuzumab-dttb, biosimilar) | Q5112 |
| Ogivri (trastuzumab-dkst, biosimilar) injection | Q5114 |