



Health Choice of Arizona PRIOR AUTHORIZATION GUIDELINES

It is with great pleasure that Health Choice provides services for members who live in the following counties:

Maricopa, Pima, Yuma, La Paz, Santa Cruz, Apache, Coconino, Mohave and Navajo.



All authorization requests can be faxed to:

Medical - 480-731-9557 or 1-800-323-9652

Pharmacy – 1-866-807-2049

Radiology (MedSolutions)-(<http://www.medsolutionsonline.com>), by phone 1-888-693-3211 or by fax 1-888-693-3210

To check status of a prior authorization request, use our Provider Portal at www.healthchoiceaz.com or by phone for urgent requests or information, call 1-800-322-8670.

Please refer to the HCA Authorizations and Referrals Chapter 6 (www.HealthChoiceAZ.com) of the Provider Manual and the AHCCCS Medical Policy Manual (www.ahcccs.state.az.us) for additional summary detail of covered and excluded services.

All routine requests by non-contracted providers require prior authorization.

Primary Care Physicians (PCP) Services

Only those services listed in Attachment A require prior authorization. Please refer to the HCA Formulary for preferred prescription medication; see also the Pharmacy section of this guideline for injections that require authorization. All unlisted, “by report”, and temporary codes require prior authorization.

Specialist Consultations and Follow-up Care

Please see attachment A for additional information on specific codes that require prior authorization.

Providers referring outside of their service area will need to notify Health Choice Arizona for Approval.

Specialist Category	Consult and Follow up require authorization?	Other services that require prior authorization
Allergy	N	Allergy Immunotherapy and testing
Audiology	N	Cochlear implants & BAHA
Bariatric Surgery	Y	
Cardiology	N	Cardiac rehabilitation Wearable Cardiac Defibrillator
Chiropractic	Y – ages 0-20 Not covered for 21 +	All services require prior authorization
Dental	N – ages 0-20 Y – ages 21+	See Dental specific prior authorization grid
Dermatology	Y	All services require prior authorization
Developmental Pediatrics	Y	All services require prior authorization
Gastroenterology	N	Video capsule endoscopy
Genetics	Y	All services require prior



		authorization
General Surgery	N	Inpatient surgery stays require prior authorization and outpatient surgeries listed on attachment A
Gynecology	N	Sterilization services as outlined by AHCCCS
Hematology	N	See Pharmacy list
Infectious Disease	N	
Laboratory	N	Genetic testing
Maternal Fetal Medicine	Y	All services require prior authorization
Nephrology	N	Hemodialysis/See Pharmacy list
Neurology	N	
Neuropsychiatry	Y	All services require prior authorization
Nutrition/Dietician	Y	All services require prior authorization
Obstetrics	Y	Total OB package/IUD/Impanon
Occupational Therapy	Y	All services require prior authorization
Oncology	N	See Pharmacy list
Ophthalmology	Y	All services require prior authorization
Oral and Maxillofacial surgery	Y	All services require prior authorization
Otolaryngology	N	Cochlear implants & BAHA
Pain Management	Y	All services require prior authorization
Pediatric Sub-Specialties	Y	All services require prior authorization
Physical Medicine Rehabilitation	Y	All services require prior authorization
Physical Therapy	Y	All services require prior authorization
Plastic and Reconstructive Surgery	Y	All services require prior authorization
Podiatry	Y	All services require prior authorization
Psychiatry and other counseling services	Y	All services require authorization (refer to RBHA)
Sleep studies	Y	All services require prior authorization
Speech Therapy	Y	All services require prior authorization
Transplantation	Y	All services require prior authorization
Urology	N	Sterilization
Wound Care Centers	Y	All services require prior authorization



Radiology Services

All high-tech (MRI, MRA, 3-D Imaging, CT scans and PET scans) radiology services as well as OB ultrasounds **require prior authorization** for each service (see codes in **RED** on attachment A). Authorization is obtained through MedSolutions Inc. (MSI). All authorization requests for these radiology services are to be sent to MSI either via their web portal (<http://www.medsolutionsonline.com>), by phone 1-888-693-3211 or by fax 1-888-693-3210.

Ancillary Services and Durable Medical Equipment

The following ancillary services require prior authorization for **each service**.

Ancillary Service	Special instructions
Bone Growth Stimulators	
Cardiac Rehabilitation	
Dialysis - Initial visit only	
Durable Medical Equipment	Any code over \$500 in AHCCCS allowable charge (all requests should be submitted to Preferred Homecare)
Education (i.e. Diabetic; Nutrition; Asthma)	
High Frequency Chest Wall Oscillation vests	
Home Health	
Home Infusion	Contact Preferred Home Care
Hyperbaric Oxygen (HBO)	
Insulin Pumps	
Negative Pressure Wound Therapy	i.e. Wound vacs
Nutritional support [i.e. TPN; special (non-WIC covered) infant formulas; adult nutrient supplements]	
Obstetrical Services	Matria - Alere Homecare
Orthotics and Prosthetics	
Phototherapy (light therapies)	
Pulmonary Rehabilitation	
Vestibular Rehabilitation	
Wearable Cardiac Defibrillator	

Inpatient Hospital Services

All hospital admissions, including acute, observation, rehabilitation and Long Term Care, Skilled Nursing Facilities, hospice and behavioral health services require prior authorization.

All facilities must notify HCA and obtain an authorization prior to or at the time of all admissions.

Plan notification is accepted by and approved through the HCA PA Department. Primary diagnosis ICD codes are required at time of admission authorization request.

In the event that acute inpatient hospitalization services delivered are to evaluate and stabilize an emergency medical condition, concurrent plan notification/authorization is not required for payment of medically necessary, AHCCCS-covered services. However, the plan must be notified of emergent



inpatient services within 10 calendar days of emergent member presentation. HCA strongly recommends that plan notification from the provider occur as quickly as possible to help guarantee full coverage of medical services rendered.

NOTE: For pre-planned, medically reviewed and/or prior-authorized admissions, the facility must call HCA at the time of admission to activate the authorization number when the member presents for admission to the facility.

Outpatient Hospital Services

Only those services listed on Attachment A require prior authorization unless the service is for Acute Observation, Pediatric Congenital Conditions and/or Children’s Rehabilitation Services (CRS) related conditions, then prior authorization is required. Plan notification is requested for outpatient surgical procedures, Hospice, and Maternity Outpatient services (MOPS).

These services are approved through the HCA PA Department. Primary diagnosis ICD codes and procedure CPT codes are required at time of authorization request.

Pharmacy

Common oral medications and Specialty medications

Utilize the HCA formulary as administered by Express Scripts, Inc. and Cura Scripts. See the HCA website, under “Formulary”: www.HealthChoiceAZ.com

Injectable, infusion; and implantables that may be provided in a contracted Provider office with Prior Authorization. Specialty medications – Single source; for all specialty drugs that utilize a sole source “hub” or single specialty drug provider, contact the HCA PA department/Pharmacy Director

*** [NOTE - Oral specialty drugs (i.e. Tarceva; Gleevec) must always be provided by the HCA contracted PBM]**

Synagis (palivizumab)

Utilize the HCA contracted service providers (Los Ninos for Maricopa and Pima counties and the metro area of Flagstaff; Cura Scripts for all other counties) AND the HCA coverage criteria.

“Specialty” medications (injectable; infusion; implant) which may be provided in a contracted Provider office with authorization:	
Medication description	J Code
ADALIMUMAB (HUMIRA)	J0135
17 ALPHA-HYDROXYPROGESTERONE CAPROATE (GESTIVA)	J3490
ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG (PROLASTIN)	J0256
ANIDULAFUNGIN, 1 MG (ERAXIS)	J0348
ABATACEPT 250 MG (ORENCIA)	J0129
BORTEZOMIB, 0.1 MG (VELCADE)	J9041
BEVACIZUMAB, 10 MGA (AVASTIN)	J9035
CETUXIMAB, 10 MG (ERBITUX)	J9055
DALTEPARIN SODIUM (FRAGMIN) * see foot note	J1645
DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE) (ARANESP)	J0881



DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS) (ARANESP)	J0882
DEFEROXAMINE MESYLATE, 500 MG (DESFERAL)	J0895
DESMOPRESSIN INJ. (DDAVP)	J2597
ENFUVRTIDE (FUZEON)	J1324
ENOXAPARIN SODIUM, 10 MG (LOVENOX)* see foot note	J1650
EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS) (EPOGEN/PROCRIT)	J0886
EPOETIN ALFA, 1000 UNITS (FOR NON-ESRD USE) (EPOGEN/PROCRIT)	J0885
EPOPROSTENOL, 0.5 MG ((FLOLAN/GENERIC EPOPROTENOL)	J1325
ETANERCEPT, 25 MG (ENBREL – SPECIALTY PHARMACY DELIVERY)	J1438
ETONOGESTREL IMPLANT, 68 MG (IMPLANON)	J7307
ETOPOSIDE (TOPOSAR)	J9181 & J9182
FACTOR VII & VIII	J7185, J7186, J7187, J 7189 J7190, J7191 & J7197
FILGRASTIM (G-CSF), 300 MCG (NEUPOGEN)	J1440
FILGRASTIM (G-CSF), 480 MCG (NEUPOGEN)	J1441
GANCICLOVIR SODIUM, 500 MG (CYTOVENE)	J1570
GEMCITABINE, 200 MG (GEMZAR)	J9201
HISTRELIN IMPLANT, 50 MG (SUPPRELIN LA/VANTUS)	J9225 J9226
HYALURONIC ACID (SODIUM HYALURONATE) FOR HYALGAN & SUPARTZ PRODUCTS	J7321
HYALURONIC ACID FOR EUFLEXXA	J7323
HYALURONIC ACID FOR ORTHOVISC	J7324
HYALURONIC ACID FOR SYNVISIC / SYNVISIC ONE	J7325
IMIGLUCERASE, PER UNIT (CEREZYME)	J1785
IMMUNE GLOBULIN IM	J1460, J1470, J1480, J1490, J1500, J1510, J1520, J1530, J1540, J1550 & J1560
IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), 500 MG (CARIMUNE)	J1566
IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	J1459, J1561, J1568 & J1569
IMMUNE GLOBULIN, INTRAVENOUS, 500 MG	J1459, J 1572
INFLIXIMAB, 10 MG (REMICADE)	J1745
INTERFERON ALFA -2A (PEGASYS)	J9213
INTERFERON ALFA – 2B (INTRON A/REBTRON KIT)	J9214
INTERFERON BETA-1A (AVONEX)	J1825
IRON DEXTRAN, 50 MG (InFED) HCA PREFERRED IRON PRODUCT	J1750
IRON SUCROSE, 1 MG (VENOFER)	J1756
LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 3.75 MG (ELIGARD/LUPRON, LUPRON-3/LUPRON-4/LUPRON DEPOT)	J1950
LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG (ELIGARD/LUPRON DEPOT)	J9217
LINEZOLID INJ 200MG (ZYVOX)	J2020



MEROPENEM, 100 MG (MERREM)	J2185
NATALIZUMAB, 1 MG (TYSABRI)	J2323
OCTREOTIDE, NON-DEPOT FORM FOR INTRAMUSCULAR INJECTION, 25mcg (SANDOSTATIN)	J2354
OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG (SANDOSTATIN LAR)	J2353
ONDANSETRON HYDROCHLORIDE, PER 1 MG (ZOFTRAN) ** SEE FOOT NOTE	J2405
PALIVIZUMAB 50 MG (SYNAGIS)	J3490
PAMIDRONATE DISODIUM, PER 30 MG (AREDIA)	J2430
PALONOSETRON HCL, 25 MCG (ALOXI) ** SEE FOOT NOTE	J2469
PANITUMUMAB 10 mg (VECTIBIX)	J9303
PEGFILGRASTIM, 6 MG (NEULASTA)	J2505
RENIBIZUMAB, 0.5MG (LUCENTIS)	J2778
RITUXIMAB, 100 MG (RITUXAN)	J9310
SARGRAMOSTIM (GM-CSF), 50 MCG (LEUKINE)	J2820
SOMATROPIN, 1 MG (HUMATROPE/GENOTROPIN NUTROPIN/BIOTROPIN/GENOTROPIN/GENOTROPIN MINIQUICK/NORDITROPIN/NUTROPIN/ NUTROPIN AQ, SAIZEN/SAIZEN SOMATROPIN RDNA/SEROSTIM/SEROSTIM RDNA/ZORBTIVE) (THE HCA FORMULARY COVERS TEV-TROPIN AND SEROSTIM ONLY)	J2941
TERIPARATIDE 250 MCG (FORTEO)	J3110
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 AND ESTRADIOL CYPIONATE, UP TO 1 ML (DEPO-TESTADIOL)	J1060
TESTOSTERONE ENANTHATE, UP TO 100 MG (DELATESTRYL)	J3120
TESTOSTERONE ENANTHATE, UP TO 200 MG (DELATESTRYL)	J3130
TOBRAMYCIN, INHALATION SOLUTION, 300MG (TOBI)	J7682
TREPROSTINIL, 1 MG (REMODULIN)	J3285
TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FORM, ADMINISTERED THROUGH DME	J7683
ZOLEDRONIC ACID, 1 MG (ZOMETA)	J3487
UNCLASSIFIED DRUGS	J3490
UNCLASSIFIED BIOLOGICS	J3590
UNCLASSIFIED ANTINEOPLASTIC DRUGS	J9999

* Enoxaparin (Lovenox) J1650 and Dalteparin (Fragmin) J1645 are HCA approved (without PA) for up to a 10 day supply or 20 syringes (whichever is less). Therapy for greater than 10 days or 20 syringes, require HCA PA.

** No PA needed when contracted Hematologist/Oncologist administers in office or facility based therapy.

