



# HEALTH CHOICE ARIZONA PRIOR AUTHORIZATION GRID

Health Choice Arizona presents these guidelines for prior authorized services for members who live in the following counties:

- Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pima, Pinal

## HELPFUL CONTACTS

**MEDICAL SERVICES** Fax: 1-877-HCA-8120 or 1-877-422-8120

**PHARMACY SERVICES** Fax: 1-877-HCA-8130 or 1-877-422-8130

For more information on Prior Authorization or to view this grid online please visit [www.healthchoiceaz.com](http://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 acute care benefits go to:  
<http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf>

For details regarding PA authorization forms refer to the HCA Authorizations and Referrals Chapter 6 of the Provider Manual. ([www.HealthChoiceAZ.com](http://www.HealthChoiceAZ.com))

### THE FOLLOWING DIRECTIVES APPLY TO ALL HEALTH CHOICE PRIOR AUTHORIZATIONS

- No Prior Authorization is required for all HCA and MSI procedures when HCA is the secondary payer, EXCEPT for Transplant services and Inpatient services which require PA from HCA
- Total OB PKG, including High Risk Assessment and Dialysis, require notification only
- Only one Medical/Pharmacy service may be requested per PA form
- The member must be eligible at the time the covered HCA service is rendered.
- Authorizations are valid for 90 days from the date issued



**PRIOR AUTHORIZATION IS REQUIRED FOR SERVICES LISTED BELOW**

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

\*\*\*\*All labs must go through LabCorp\*\*\*\*

\*\*Our preferred vision care provider is Nationwide\*\*

SPECIALTY/ PROCEDURE/SERVICES	PROVISIONS
Advanced Imaging, OB Ultrasounds & Cardiac Imaging	See eviCore grid or visit <a href="http://www.evicore.com">www.evicore.com</a>
Ambulatory Surgery Center Admissions (Place of Service 24)	All procedures done at an Ambulatory Surgery Center require a Prior Authorization.
Bariatric Surgery & Consults	All Services including consultations
Behavioral Health & Substance Abuse	For GMHSA Duals: Residential, Electroconvulsive Therapy (ECT)
Capsule Endoscopy	All Services
Cardiac	Cardiac Rhythm Monitors, Defibrillators Implantable & Wearable, & Ventricular Assist Devices
Chiropractic Services	All Services for ages 0-20; 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, venous injections, vein ligation, venous ablation, dermabrasion, botox injections, circumcision, benign skin lesion removal etc.
Dental	Refer to Dental Matrix
Dialysis	Notification only
Durable Medical Equipment (DME)	DME over \$500 for a single item, in billed charges requires prior authorization. All services must go through Preferred Homecare.
Experimental / Investigational Procedures	All Services
Genetic Counseling and Testing	<b>All Services except</b> for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations
High Frequency Chest Wall Oscillation Vests/Percussion Vest	All Services
Home Healthcare	All Services
Home Infusion Services	All Services

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SPECIALTY/ PROCEDURE/SERVICES	PROVISIONS
Hospice & Palliative Care	Notification only
Inpatient Admissions	All Acute Hospital (including Maternity & Delivery), Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility
Maternal Fetal Medicine/Perinatology	All Services
Nerve Conduction Studies	Can <b>only</b> be performed by Neurologists and Physical Medicine and Rehab Physicians, no PA required
Neurologic Stimulation Devices	All Services
Neuropsychological, Developmental & Psychological Testing and Therapy	All Services for all ages
Non-Par Providers / Facilities	Office visits, procedures, labs, diagnostic studies, inpatient stays except for: <ul style="list-style-type: none"> <li>• Emergency Department Services</li> <li>• Professional fees associated with ER visits, approved Ambulatory Surgery Center (ASC) or Inpatient stay</li> <li>• Family Planning</li> <li>• Community Health Center Services</li> <li>• County Health Department Services</li> <li>• Other services based on state requirements</li> </ul>
Nutritional Supplements & Enteral Formulas	No PA required and <b>MUST</b> go through Preferred Homecare
Outpatient Hospital (Place of Service 22)	No PA required <b>unless</b> the service is listed on this PA Grid
Pain Management	Including initial/new consults, sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants and acupuncture
Podiatry	All consults, follow ups and procedures require PA, except for routine diabetic foot care
Pregnancy	Notification only <b>except</b> PA is <b>Required</b> for Pregnancy Terminations and treatment for spontaneous/missed abortions (ultrasound required to note no fetal heartbeat).
Prosthetics / Orthotics	PA required for the following but is not limited to: <ul style="list-style-type: none"> <li>• Orthopedic footwear / orthotics / foot inserts</li> <li>• Customized orthotics, prosthetics, braces</li> <li>• Bone anchored/Cochlear Implants</li> </ul> <b>NOTE:</b> Customized P&O requests need to be ordered by the referring physicians; all other requests need to go through a contracted provider.

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SPECIALTY/ PROCEDURE/SERVICES	PROVISIONS
Rehabilitation Therapies & Services	Physical, Occupational, Speech, Nutrition, Cardiac & Pulmonary. <b>Speech Therapy is not a covered benefit for 21 and older.</b>
Routine Office-Based Procedures	Do not require authorization unless otherwise listed on this grid
Sleep Studies	All Services
Sterilization	PA required for members under the age of 21 along with the Federal Consent Form. Members 21 and over do not require PA; Federal Consent Form needs to be sent in with the claim.
Transplant Evaluation and Services	Including Solid Organ and Bone Marrow (Corneal transplant does not require authorization)
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.
Vein Therapy	Venous injections, vein ligation and venous ablation
Wound Therapy	Hyperbaric Wound Therapy
Wound Vacs (Negative Pressure)	No PA required. <b>MUST</b> go through Preferred Homecare

## INPATIENT SERVICES REQUIRING PRIOR AUTHORIZATION

- All hospital admissions for Inpatient Acute, Rehabilitation, Long Term Acute Care, Skilled Nursing Facilities, Hospice and Observation require prior authorization.
- All facilities must notify HCA for all procedures requiring prior authorization prior to, or at the time of admission.
- **Fax Inpatient Notifications to 480-760-4732**

In the event acute inpatient hospitalization services delivered are to evaluate and stabilize an emergency medical condition, concurrent plan notification/authorization is not required for payment for medically necessary, AHCCCS-covered services. However, the plan must be notified of emergent inpatient services within 1 calendar day of admission. HCA strongly recommends the facility notifies the plan as quickly as possible to help guarantee full coverage of medical services rendered.

# TESTING AND 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:**

<https://myportal.medsolutions.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

CPT CODE	EVICORE CPT CODE DESCRIPTION
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
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 administration
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

CPT CODE	EVICORE CPT CODE DESCRIPTION
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
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

CPT CODE	EVICORE CPT CODE DESCRIPTION
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
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



CPT CODE	EVICORE CPT CODE DESCRIPTION
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
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
74263	Computed tomographic (CT) colonography, screening, including image postprocessing
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)

CPT CODE	EVICORE CPT CODE DESCRIPTION
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 image post-processing
76376	3D Rendering with interpretation and reporting of CT, MRI, ultrasound, or other tomographic modality; not requiring image postprocessing 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)
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
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 heart beat, 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

CPT CODE	EVICORE CPT CODE DESCRIPTION
76818	Fetal biophysical profile; with non-stress testing
76819	Fetal biophysical profile; without non-stress testing
76820	Doppler velocimetry, fetal; umbilical artery
76821	Doppler velocimetry, fetal; middle cerebral artery
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
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

CPT CODE	EVICORE CPT CODE DESCRIPTION
78469	Myocardial Imaging, infarct avid, planar; tomographic SPECT
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
78491	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 first pass
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78608	PET Brain - metabolic evaluation
78609	PET Brain - perfusion evaluation
78811	PET imaging; limited area (eg, chest, head/neck)
78812	PET imaging; skull base to mid-thigh
78813	PET imaging; whole body
78814	PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; limited area (eg, 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

CPT CODE	EVICORE CPT CODE DESCRIPTION
93308	Echocardiography, transthoracic follow-up
93312	Echocardiography, transesophageal, (TEE) real-time with image documentation (2D) (with or with- out 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
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 graft angiography
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

CPT CODE	EVICORE CPT CODE DESCRIPTION
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 transseptal 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
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; vasoreactive
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, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with transcutaneous oxygen tension measurements at 1-2 levels)

CPT CODE	EVICORE CPT CODE DESCRIPTION
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 tibial and anterior tibial/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 tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/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
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

CPT CODE	EVICORE CPT CODE DESCRIPTION
S8035	Magnetic Source Imaging
S8092	CT ELECTRON BEAM (Ultrafast CT) for calcium scoring

## PHARMACY

Providers should utilize the HCA formulary for preferred medication selections (see the [www.HealthChoiceAZ.com](http://www.HealthChoiceAZ.com) under “Formulary”).

**Specialty medications:** HCA utilizes BriovaRx as our specialty drug provider. Oral specialty drugs (i.e. Tarceva; Gleevec) must also be provided by the HCA contracted PBM (Optum). For “single source” specialty drugs that utilize ‘hub’ specialty drug provider, submit for PA and/or contact the HCA Pharmacy department Pharmacy Director.

**Synagis (palivizumab):** Provider must utilize the HCA contracted service providers (generally Los Ninos Maricopa and Pima counties and central Flagstaff; BriovaRx for all other counties). 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.

MEDICATION DESCRIPTION	J CODE
Abatacept, 10 mg	J0129
AbobotulinumtoxinA, 5units	J0586
Adalimumab, 20 mg (Humira)	J0135
Aflibercept, injection, 1 mg	J0178
Agalsidase, 1 mg (Fabrazyme)	J0180
Alglucerase, 10 units (Ceredase)	J0205
17 Alpha-Hydroxyprogesterone Caproate (Gestiva)	J3490
Alpha 1 – Proteinase Inhibitor – Human, 10 mg (Prolastin, Zemira)	J0256
Alemtuzumab, injection, 1 mg	J0202
Alemtuzumab, injection, 10 mg	J9010
Alpha 1 – Proteinase inhibitor – GLASSIA, 10 mg	J0257
Anidulafungin, 1 mg (Eraxis)	J0348
Basiliximab, 20 mg	J0480
Bevacizumab, 10 mg	J9035
Belimumab 10 mg	J0490



MEDICATION DESCRIPTION	J CODE
Botulinum Toxin Type A, per unite	J0585
C-1 Esterase Inhibitor, Berinert, 10 units	J0597
Canakinumab, injection, 1 mg	J0638
Certolizumab pegol, 1 mg	J0717
Daptomycin, 1mg	J0878
Denosumab, 1 mg	J0897
Doxorubicin HCL, 10 mg	J9000
Eculizumab, 10 mg	J1300
Epoprostenol, 0.5 mg (Flolan/Generic Epoprotenol)	J1325
Factor VII , VIII & XIII	J7185, J7186, J7190, J7191, J7192, J7193, J7194, J7195, J7196,
Filgrastim (G-CSF), 300 mcg (Neupogen)	J1440
Filgrastim (G-CSF), 480 mcg (Neupogen)	J1441
Histrelin Implant, 50 mg (Supprelin La/Vantus)	J9225, J9226
Hyaluronan	J7327
Hyaluronan/ Supartz IA	J7321
Ibandronate Sodium, 1 mg (Boniva)	J1740
Imiglucerase, 10 units	J1786
Immune Globulin IM	J1470, J1480, 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, J1745
Interferon Alphacon-1, 1 mcg (Infergen)	J9212
Interferon Alfa -2A (Roferon-A)	J9213

MEDICATION DESCRIPTION	J CODE
Interferon Alfa – 2B (Intron A/Rebtron Kit)	J9214
Leuprolide Acetate (depot suspension), 3.75 mg (Eligard/Lupron, Lupron-3/Lupron-4/Lupron	J1950
Leuprolide Acetate (for depot suspension), 7.5 mg (Eligard/Lupron Depot)	J9217
Leuprolide Acetate, 1 mg (Lupron)	J9218
Leuprolideacetate Implant, 65 mg (Lupron Implant)	J9219
Levoleucovorin Calcium, 0.5 mg	J0641
Linezolid Inj 200 mg (Zyvox)	J2020
Mecasermin Inj 1 mg (Iplex, Increlex)	J2170
Natalizumab, 1 mg (Tysabri)	J2323
Nivolumab	J9299
Omalizumab, 5 mg (Xolair)	J2357
Palivizumab 50 mg (Synagis)	J3490
Panitumumab 10 mg (Vectibix)	J9303
Pegfilgrastim, 6 mg (Neulasta)	J2505
Ranibizumab, 0.1 mg	J2778
Rimabototulinum Toxin B, 100 units (Myobloc)	J0587
Rituximab, 100 mg (Rituxan)	J9310
Romiplostim, 10mcg	J2796
Sipuleucel-T, 50 M cells (Provenge)	Q2043
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	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 200 mg (Delatestryl)	J3130

MEDICATION DESCRIPTION	J CODE
Testosterone Propionate, up to 100 mg	J3150
Tocilizumab, 1 mg	J3262
Tobramycin, inhalation solution, 300 mg (Tobi)	J7682
Treprostinil, 1 mg	J3285
Triamcinolone, inhalation solution, compounded product, concentrated form, administered through DME	J7683
Unclassified Drugs	J3490
Unclassified Antineoplastic Drugs	J9999
Vedolizumab	J3380
Zoledronic Acid, 1 mg (Zometa)	J3487
Zoledronic Acid, 1 mg (Reclast)	J3488
Zoledronic Acid, 1 mg (Zometa)	J3489