

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
09/01/20	10/1/20	Behavioral Health Services: Therapeutic Foster Care for Children (TFC) Requires PA
09/01/20	10/01/20	<p>The codes below now require PA:</p> <p>Durable Medical Equipment (DME), Diabetic Supplies E2500, E2502, E2504, E2506, E2508, E2510</p> <p>Genetic Counseling and Testing 81163, 81164, 81165, 81166, 81167, 81202, 81204</p> <p>Home Health Care S9208, S9211, G0151, G0152, G0153</p> <p>Joint Replacement 23470, 23473, 27130, 27447</p> <p>Neurology Electroencephalogram (EEG) Testing 95721, 95722, 95723, 95724, 95725, 95726</p> <p>Pain Management 64451, 64454, 64624, 64625</p> <p>Podiatry 28107, 28108, 28110, 28118, 28119, 28120, 28122, 28124, 28344</p> <p>Prosthetics/Orthotics L1904, L1907, L1932, L1940, L3020</p> <p>Rehabilitation Therapies & Services 97032</p> <p>Sleep Studies and Sleep Procedures 95805</p> <p>Spinal Surgeries 27279</p> <p>Sterilizations 58720</p> <p>Vein Procedures 36465, 36466, 37765, 37766</p>

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	67906	
67908	67909	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) & 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. SVN's must go through Preferred Homecare. 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	
E2500	E2502	E2504	E2506	E2508	E2510	E2511	E2599	E2626	E2627	
E2628	E2629	E2630	E8000	E8001	K0013	K0553	K0554	K0868	K0869	
K0870	K0871	K0877	K0878	K0879	K0880	K0884	K0885	K0886	K0890	
K0891	A4638	A9274	A9276	A9277	A9278	K0606				
Experimental / Investigational Procedures										
Genetic Counseling and Testing										All Genetic testing requires PA except genetic test screening of newborns mandated by state regulations. All lab services must got through Lapcorp (This list is not all inclusive)
81162	81163	81164	81165	81166	81167	81201	81202	81203	81204	
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										
Home Healthcare										PA Required for all Services
G0151	G0152	G0153	G0299	G0300	S9123	S9124	S9127	S9128	S9129	
S9131	S9208	S9211								
Home Infusion Services										Refer to Coram Specialty Infusion Services

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
Inpatient Admissions										All Acute Hospital (including Maternity & Delivery), Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility
Joint Replacement										PA is required for listed codes
23470	23473	27130	27447							
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	61885	61886	64553	64555	64556	
64561	64568	64569	64575	64580	64581	64590	L8679	L8682	L8683	
L8684	L8685	L8686	L8687	L8688						
Neurology Electroencephalogram (EEG) Testing										PA is required for listed codes
95721	95722	95723	95724	95725	95726					
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	27096	62320	62321	62322	62323	62324	62325	62326	
62327	62350	62362	64400	64405	64450	64451	64454	64455	64461	
64462	64463	64479	64480	64483	64484	64486	64487	64488	64489	
64490	64491	64492	64493	64494	64495	64505	64510	64517	64520	
64530	64624	64625	64633	64634	64635	64636	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									

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
Podiatry										PA is required for listed codes
28008	28010	28011	28020	28022	28024	28090	28092	28100	28104	
28107	28108	28110	28118	28119	28120	28122	28124	28280	28285	
28289	28291	28292	28295	28296	28297	28298	28299	28302	28304	
28306	28308	28310	28312	28315	28344	64450	64455	64632	64776	
64778	64782	64783								
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	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	L1904	L1907	L1932	L1940	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	L3020	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	
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	

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	
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.	
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	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	93797	93798	94667		
94668	97010	97012	97014	97016	97018	97022	97024	97026	97028		
97032	97033	97034	97035	97036	97039	97110	97112	97113	97116		
97124	97140	97150	97530	97533	97535	97537	97542	97750	97755		
97760	97761	97763	97799	97161	97162	97163	97614	97165	97166		
97167	97168	G0237	G0283	G0422	G0423	G0424	S9152				
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	
G0398	G0399	G0400	21685	42145	54240	95782	95783	95800	95801		
95803	95805	95806	95807	95808	95810	95811					
Spinal Cord Stimulators (including implant)										PA is required for listed codes	
63650	63655	63685									
Spinal Surgery										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	27279		
63030	63042	63045	63047	63056	63081						

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
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	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	58720	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	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	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	87999	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	H0046	J3490	J3590	J7599	
J7699	J7799	J7999	J8597	J9999	K0108	K0898	K0899	L0999	L1499	
L1699	L2999	L3699	L3999	L5999	L7499	L8039	L8499	L8699	Q0507	
Q0508	Q0509	Q4050	Q4051	Q4100	S0590	S8301	S9977	43882	43999	

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
Vein Procedures										Venous injections, vein ligation, and venous ablation
36465	36466	36468	36470	36471	36473	36474	36475	36476	36478	
36479	37700	37718	37722	37765	37766	37780				
Wound Therapy										PA is required for listed codes
97607	97608	99183	G0277	G0281	G0460					

INPATIENT SERVICES REQUIRING PRIOR AUTHORIZATION

All non-emergency hospital admissions for Inpatient Acute, 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

BEHAVIORAL HEALTH SERVICES REQUIRING PRIOR AUTHORIZATION

All non-emergency hospital admission for psychiatric inpatient/subacute, Level I Behavioral Health Inpatient Facilities for person under age of 21, Behavioral Health Residential Facilities (BHRF), Therapeutic Foster Care For Children (TFC), Electroconvulsive Therapy (ECT), Transcranial Magnetic Therapy (TMS) and out of network provider requests.

- Fax Request to 480-760-4732.

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
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 image post-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-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
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)
76391	Magnetic resonance (eg, vibration) elastography
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation

CPT CODE	EVICORE CPT CODE DESCRIPTION
77046	Magnetic resonance imaging, breast, without contrast material; unilateral
77047	Magnetic resonance imaging, breast, without contrast material; bilateral
77078	CT BONE MINERAL DENSITY study, 1 or more sites, axial skeleton
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
G0297	Low-dose CT for Lung Cancer Screening
77084	MRI Bone Marrow blood supply
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)
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

CPT CODE	EVICORE CPT CODE DESCRIPTION
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 ejectionfraction
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
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)
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; whole-body
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

CPT CODE	EVICORE CPT CODE DESCRIPTION
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
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 intra-procedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93453	Combined right and left heart catheterization including intra-procedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93454	Catheter placement in coronary artery(s) for coronary angiography, including intra-procedural 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 intra-procedural 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 intra-procedural injection(s) for bypass graft angiography and right heart catheterization

CPT CODE	EVICORE CPT CODE DESCRIPTION
93458	with left heart catheterization including intra-procedural injection(s) for left ventriculography, when performed
93459	...with left heart catheterization including intra-procedural 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 intra-procedural injection(s) for left ventriculography, when performed
93461	...with right and left heart catheterization including intra-procedural 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 access 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
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

CPT CODE	EVICORE CPT CODE DESCRIPTION
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
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
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

CPT CODE	EVICORE CPT CODE DESCRIPTION
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study
93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
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://www.healthchoiceAZ.com> for the following:

- The PA medical request form
- More information on prior authorization requirements

PLEASE NOTE:

SPECIALTY MEDICATIONS:

"Specialty" medications (injectable, infusion, and implants) may be administered in a contracted provider office or other outpatient facility setting if prior authorization is required and obtained. Health Choice utilizes CVS Caremark Medical Specialty Pharmacy to provide medications administered in a provider office or other outpatient facility setting.

SYNAGIS (PALIVIZUMAB):

Providers may utilize CVS Caremark Medical Specialty Pharmacy to obtain Synagis. Please utilize the HCA coverage criteria and dedicated PA form for Synagis requests.

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, 5 units (Dysport)	J0586
Adalimumab, 20 mg (Humira)	J0135
Ado-trastuzumab emtansine, 1 mg (Kadcyla)	J9354
Aflibercept, 1 mg (Eylea)	J0178
Agalsidase beta, 1 mg (Fabrazyme)	J0180
Aldesleukin, per single use vial (Proleukin)	J9015
Alefacept, 0.5 mg (Amevive)	J0215
Alemtuzumab, 1 mg (Lemtrada)	J0202
Alemtuzumab, 10 mg (Campath)	J9010
Alglucerase, 10 units (Ceredase)	J0205

MEDICATION DESCRIPTION	CODE
Alglucosidase alfa, 10 mg, (Lumizyme)	J0221
Alglucosidase alfa, 10 mg, not otherwise specified	J0220
Alpha1ProteinaseInhibitor-Human,10mg (Prolastin, Zemaira, Glassia, Aralast)	J0256, J0257
Alprostadil urethral suppository	J0275
Alprostadil, 1.25 mcg	J0270
Aminolevulinic acid for topical administration	J7308, J7309, J7345
Anidulafungin, 1 mg (Eraxis)	J0348
Antihemophilic factor, recombinant, 1 iu (Jivi)	J7208
Aprepitant, 1 mg (Cinvanti)	J0185
Argatroban, 1 mg (for non-esrd use)	J0883
Arsenic trioxide, 1 mg (ATRA)	J9017
Asparaginase 1,000 IU (Erwinase)	J9019, J9020
Atezolizumab, 10 mg (Tecentriq)	J9022
Aurothioglucose, up to 50 mg	J2910
Autologous cultured chondrocytes, implant (Carticel)	J7330
Avelumab, 10 mg (Bavencio)	J9023
Axicabtagene CiloleuceL, Up to 200 Million Autologous (Yescarta)	Q2041
Basiliximab, 20 mg (Simulect)	J0480
Belatacept, 1 mg (Nulojix)	J0485
Belimumab, 10 mg (Benlysta)	J0490
Belinostat, 10 mg (Beleodaq)	J9032
Bendamustine hcl (Bendeka), 1 mg	J9034
Bendamustine hcl (Treanda), 1 mg	J9033
Bendamustine, 1 mg (Belrapzo)	J9036
Benralizumab, 1 mg (Fasenra)	J0517
Bevacizumab, 10 mg, (Avastin)	J9035
Bevacizumab-awwb, biosimilar, 10 mg (Mvasi)	Q5107
Bevacizumab-bvzr, biosimilar, 10 mg (Zirabev)	Q5118

MEDICATION DESCRIPTION	CODE
Bezlotoxumab, 10 mg (Zinplava)	J0565
Biperiden lactate, per 5 mg (Akineton)	J0190
Blinatumomab, 1 mcg (Blincyto)	J9039
Brentuximab vedotin, 1 mg (Adcetris)	J9042
Brolucizumab-dbl, 1 mg (Beovu)	J0179
Buprenorphine extended-release (Sublocade)	Q9992
Buprenorphine implant, 74.2 mg (Probuphine)	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
Cemiplimab-rwlc, 1 mg (Libtayo)	J9119
Centruroides immune f(ab)2, up to 120 mg	J0716
Cerliponase alfa, 1 mg (Brineura)	J0567
Certolizumab pegol, 1 mg (Cimzia)	J0717
Cetirizine hydrochloride, 0.5 mg (Quzyttir)	J1201
Cetuximab, 10 mg (Erbix)	J9055
Chorionic gonadotropin, per 1,000 usp units (Pregnyl, Novarel)	J0725
Cidofovir, 375 mg	J0740
Coagulation factor xa (recombinant), 10 mg (Andexxa)	J7169
Collagenase, clostridium histolyticum, 0.01 mg (Xiaflex)	J0775
Compounded drug, not otherwise classified	J7999
Copanlisib, 1 mg (Aliqopa)	J9057
Corticotropin ovine trifluate, 1 mcg	J0795

MEDICATION DESCRIPTION	CODE
Corticotropin, up to 40 units (H.P. Acthar)	J0800
Cosyntropin (Cortrosyn), 0.25 mg	J0834
Cosyntropin, not otherwise specified, 0.25 mg	J0833
Crizanlizumab-tmca, 5 mg (Adakveo)	J0791
Crotalidae polyvalent immune fab (ovine), up to 1 gm	J0840
Cytomegalovirus immune globulin intravenous (human), per vial	J0850
Daclizumab, parenteral, 25 mg (Zinbryta)	J7513
Dalteparin sodium, per 2500 iu	J1645
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 (Desferal)	J0895
Degarelix, 1 mg (Firmagon)	J9155
Denileukin diftitox, 300 mcg	J9160
Denosumab, 1 mg (Prolia, Xgeva)	J0897
Deoxycholic acid, 1 mg (Kybella)	J0591
Depo-estradiol cypionate, up to 5 mg	J1000
Dexamethasone lacrimal ophthalmic insert 0.1 mg (Dextenza)	J1096
Dexamethasone, intravitreal implant, 0.01 mg (Ozurdex)	J7312
Dexrazoxane hydrochloride, per 250 mg (Zinecard)	J1190
Dolasetron mesylate, 10 mg	J1260
Durvalumab 10 mg (Imfinzi)	J9173
Ecallantide, 1 mg (Kalbitor)	J1290
Eculizumab, 10 mg (Soliris)	J1300
Edaravone, 1 mg (Radicava)	J1301
Edetate disodium, per 150 mg (EDTA)	J3520
Elosulfase alfa, 1 mg (VIMIZIM)	J1322

MEDICATION DESCRIPTION	CODE
Elotuzumab, 1 mg (Empliciti)	J9176
Emapalumab-lzsg, 1 mg (Gamifant)	J9210
Emicizumab-kxwh, 0.5 mg (Hemlibra)	J7170
Enfortumab vedotin-ejfv, 0.25 mg (Padcev)	J9177
Enfuvirtide, 1 mg	J1324
Enoxaparin sodium, 10 mg (Lovenox)	J1650
Epoetin alfa, (for non-esrd use), 1000 units (Procrit, Epogen)	J0885
Epoetin alfa-epbx, biosimilar, for non-ESRD use, (Retacrit)	Q5106
Epoetin beta, 1 mcg, (for non esrd use)	J0888
Epoprostenol, 0.5 mg	J1325
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
Etanercept, 25 mg (Enbrel)	J1438
Etelcalcetide, 0.1 mg (Parsabiv)	J0606
Eteplirsen, 10 mg (Exondys 51)	J1428
Factor IX (antihemophilic factor, recombinant), (Rebinyn)	J7230
Factor VIII, antihemophilic factor, recombinant, (Esperoct)	J7204
Fam-trastuzumab deruxtecan-nxki, 1 mg (Enhertu)	J9358
Ferric carboxymaltose, 1 mg (Injectafer)	J1439
Ferric pyrophosphate citrate solution, 0.1 mg of iron (Triferic)	J1443
Ferumoxytol, 1 mg, non-esrd use (Feraheme)	Q0138
Filgrastim (G-CSF), biosimilar, 1 mcg (Zarxio)	Q5101
Filgrastim (G-CSF), excludes biosimilars, 1 mcg (Neupogen)	J1442
Filgrastim-aafi, biosimilar, 1 mcg (Nivestym)	Q5110

MEDICATION DESCRIPTION	CODE
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 (Ajovy)	J3031
Fulvestrant, 25 mg (Faslodex)	J9395
Gallium nitrate, 1 mg	J1457
Galsulfase, 1 mg (Naglazyme)	J1458
Gamma globulin, intramuscular, 1 cc	J1460
Gamma globulin, intramuscular, over 10 cc	J1560
Ganciclovir, 4.5 mg, long-acting implant (Vitraserit)	J7310
Gemcitabine hcl, 200 mg (Gemzar)	J9201
Gemcitabine hcl, 200 mg (Infugem)	J9199
Gemtuzumab ozogamicin, 0.1 mg (Mylotarg)	J9203
Gemtuzumab ozogamicin, 5 mg (Mylotarg)	J9300
Givosiran, 0.5 mg (GIVLAARI)	J0223
Glatiramer acetate, 20 mg (Copaxone)	J1595
Gold sodium thiomalate, up to 50 mg	J1600
Golimumab, 1 mg, for intravenous use (Simponi Aria)	J1602
Golodirsen, 10 mg (Vyondys)	J1429
Gonadorelin hydrochloride, per 100mcg	J1620
Goserelin acetate implant, per 3.6 mg (Zoladex)	J9202

MEDICATION DESCRIPTION	CODE
Granisetron, extended-release, 0.1 mg (Sustol)	J1627
Guselkumab, 1 mg (Tremfya)	J1628
Hemin, 1 mg	J1640
Hepatitis B immune globulin (Hepagam B),	J1571, J1573
Histrelin acetate, 10 mcg	J1675
Histrelin implant, 50 mg (Supprelin LA/Vantus)	J9225, J9226
Human fibrinogen concentrate, 1 mg (Fibryga)	J7177
Hyaluronan or derivative, for intra-articular injection (Synojoynt)	J7331
Hyaluronan or derivative, for intra-articular injection (Triluron)	J7332
Hyaluronan or derivative, for intraarticular injection (Visco-3)	J7333
Hyaluronidase	J3470, J3471, J3472, J3473
Hydroxyprogesterone caproate, 10 mg (Makena)	J1726
Hydroxyprogesterone caproate, not otherwise specified, 10 mg	J1729
Ibalizumab-uiyk, 10 mg (Trogarzo)	J1746
Icatibant, 1 mg (Firazyr)	J1744
Idursulfase, 1 mg (Elaprase)	J1743
Ifosfamide, 1 gm (Ifex)	J9208
Imiglucerase, 10 units (Cerezyme)	J1786
Immune globulin (Bivigam), 500 mg	J1556
Immune globulin (Cuvitru), 100 mg	J1555
Immune globulin (Flebogamma), 500 mg	J1572
Immune globulin (Gammaplex), 500 mg	J1557
Immune globulin (Gamunex-C/Gammaked), 500 mg	J1561
Immune globulin (Hizentra), 100 mg	J1559
Immune globulin (Octagam), 500 mg	J1568
Immune globulin (Privigen), 500 mg	J1459
Immune globulin (Vivaglobin), 100 mg	J1562

MEDICATION DESCRIPTION	CODE
Immune globulin, (Xembify), 100 mg	J1558
Immune globulin, Intravenous, lyophilized (e.g. powder), 500 mg (Carimune)	J1566
Immune globulin, intravenous, non-lyophilized (e.g. liquid), 500 mg	J1599
Immune globulin, non-lyophilized (Gammagard), 500 mg	J1569
Immune globulin/hyaluronidase (Hyqvia), 100 mg	J1575
IncobotulinumtoxinA, 1 unit (Xeomin)	J0588
Infliximab, 10 mg, biosimilar (Inflectra, Renflexis, Ixifi)	Q5103, Q5104, Q5109
Infliximab, excludes biosimilar, 10 mg (Remicade)	J1745
Infliximab-axxq, biosimilar, 10 mg (Avsola)	Q5121
Inotuzumab ozogamicin, 0.1 mg (Besponsa)	J9229
Interferon Alfa - 2B (Intron A/Rebetron Kit)	J9214
Interferon Alfa -2A (Roferon-A)	J9213
Interferon Alphacon-1, 1 mcg (Infergen)	J9212
Interferon beta-1a, 1 mcg (Avonex Pen)	Q3027
Interferon beta-1a, 1 mcg (Plegridy)	Q3028
Interferon beta-1a, 30 mcg (Avonex)	J1826
Interferon beta-1b, 0.25 mg (Betaseron, Extavia)	J1830
Interferon, alfa-n3, (human leukocyte derived), 250,000 iu	J9215
Interferon, gamma 1-b, 3 million units	J9216
Ipilimumab, 1 mg (Yervoy)	J9228
Isavuconazonium, 1 mg (Cresemba)	J1833
Ixabepilone, 1 mg (Ixemptra)	J9207
Kanamycin sulfate (Kantrex)	J1840, J1850
Lanadelumab-flyo, 1 mg (Takhzyro)	J0593
Lanreotide, 1 mg (Somatuline)	J1930
Laronidase, 0.1 mg (Aldurazyme)	J1931
Lepirudin, 50 mg	J1945

MEDICATION DESCRIPTION	CODE
Leuprolide Acetate (depot suspension), 3.75 mg (Eligard/Lupron)	J1950
Leuprolide Acetate (for depot suspension), 7.5 mg (Eligard/Lupron Depot)	J9217
Leuprolide acetate implant, 65 mg (Lupron Implant)	J9219
Leuprolide Acetate, 1 mg (Lupron)	J9218
Levoleucovorin calcium, 0.5 mg	J0641
levoleucovorin, 0.5 mg (Khapzory)	J0642
Luspatercept-aamt, 0.25 mg (REBLOZYL)	J0896
Mecasermin 1 mg (Iplex, Increlex)	J2170
Mepolizumab, 1 mg (Nucala)	J2182
Mesna, 200 mg	J9209
Methylnaltrexone, 0.1 mg (Relistor)	J2212
Micafungin sodium, 1 mg (Mycamine)	J2248
Mitomycin, ophthalmic, 0.2 mg	J7315
Mitoxantrone hcl, per 5 mg	J9293
Mogamulizumab-kpkc, 1 mg (Poteligeo)	J9204
Mometasone furoate sinus implant, 10 mcg (Sinuva)	J7401
Moxetumomab pasudotox-tdfk, 0.01 mg (Lumoxiti)	J9313
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
Nusinersen, 0.1 mg (Spinraza)	J2326
Obinutuzumab, 10 mg (Gazyva)	J9301
Ocrelizumab, 1 mg (Ocrevus)	J2350
Ocriplasmin, 0.125 mg (Jetrea)	J7316

MEDICATION DESCRIPTION	CODE
Octreotide (Sandostatin), 1 mg	J2353, J2354
Ofatumumab, 10 mg (Arzerra)	J9302
Olaratumab, 10 mg (Latruvo)	J9285
Omacetaxine mepesuccinate, 0.01 mg (Synribo)	J9262
Omalizumab, 5 mg (Xolair)	J2357
Onabotulinum Toxin Type A, per unit (Botox)	J0585
Onasemnogene abeparvovec-xioi (Zolgensma)	J3399
Oprelvekin, 5 mg (Neumega)	J2355
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
Patisiran, 0.1 mg (Onpattro)	J0222
Pegademase bovine, 25 iu (Adagen)	J2504
Pegaptanib sodium, 0.3 mg (Macugen)	J2503
Pegaspargase, per single dose vial (Oncaspar)	J9266
Pegfilgrastim, not biosimilar, 6 mg (Neulasta)	J2505
Pegfilgrastim-bmez, biosimilar, 0.5 mg (Ziextenzo)	Q5120
Pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg	Q5111
Pegfilgrastim-jmdb, biosimilar, 0.5 mg (Fulphila)	Q5108
Pegloticase, 1 mg (Krystexxa)	J2507
Pembrolizumab, 1 mg (Keytruda)	J9271
Pemetrexed, 10 mg (Alimta)	J9305
Pentostatin, 10 mg	J9268
Pertuzumab, 1 mg (Perjeta)	J9306
Phenylephrine and ketorolac ophthalmic irrigation solution, 1 ml (Omidria)	J1097

MEDICATION DESCRIPTION	CODE
Plerixafor, 1 mg (Moboziel)	J2562
Plicamycin, 2.5 mg	J9270
Polatuzumab vedotin-piiq, 1 mg (Polivy)	J9309
Pralatrexate, 1 mg (Folotyn)	J9307
Pralidoxime chloride, up to 1 gm	J2730
Progesterone, per 50 mg	J2675
Protein C concentrate, intravenous, human, 10 iu (Ceprotin)	J2724
Protirelin, per 250 mcg	J2725
Ramucirumab, 5 mg (Cyramza)	J9308
Ranibizumab, 0.1 mg (Lucentis)	J2778
Rasburicase, 0.5 mg (Elitek)	J2783
Ravulizumab-cwvz, 10 mg (Ultomiris)	J1303
Reslizumab, 1 mg (Cinqair)	J2786
Riboflavin 5"-phosphate, ophthalmic solution, up to 3 mL (Photrexa)	J2787
Riloncept, 1 mg (Arcalyst)	J2793
Rimabotulinum Toxin B, 100 units (Myobloc)	J0587
Rituximab, 10 mg (Rituxan)	J9312
Rituximab, 10 mg and hyaluronidase (Rituxan Hycela)	J9311
Rituximab-abbs, biosimilar, 10mg (Truxima)	Q5115
Rituximab-pvvr, biosimilar, 10mg (Ruxience)	Q5119
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
Siltuximab, 10 mg (Sylvant)	J2860

MEDICATION DESCRIPTION	CODE
Sipuleucel-T, 50 M cells (Provenge)	Q2043
Sodium ferric gluconate complex in sucrose injection, 12.5 mg (Ferrlecit)	J2916
Somatrem, 1 mg	J2940
Somatropin, 1 mg	J2941
Spectinomycin dihydrochloride (Trobicin)	J3320
Sumatriptan succinate, 6 mg (Imitrex)	J3030
Tagraxofusp-erzs, 10 mcg (Elzonris)	J9269
Taliglucerase alfa, 10 units (Eleyso)	J3060
Talimogene laherparepvec, per 1 million plaque forming units (Imlygic)	J9325
Tbo-filgrastim, 1 mcg (Granix)	J1447
Temozolomide, 1 mg (Temodar)	J9328
Temsirolimus, 1 mg (Torisel)	J9330
Teriparatide, 10 mcg (Forteo)	J3110
Testosterone cypionate and estradiol cypionate, up to 1 ml (Depo-Testadiol)	J1060
Testosterone cypionate, 1 cc, 200 mg (Depo Testosterone)	J1080
Testosterone cypionate, 1 mg	J1071
Testosterone cypionate, up to 100 mg (Depo Testosterone)	J1070
Testosterone enanthate and estradiol valerate, up to 1 cc	J0900
Testosterone enanthate, 1 mg	J3121
Testosterone enanthate, up to 100 mg	J3120
Testosterone enanthate, up to 200 mg (Delatestryl)	J3130
Testosterone injection, 1 mg* Code for billing units per injection (Aveed)	J3145
Testosterone propionate, up to 100 mg	J3150
Testosterone suspension, up to 50 mg	J3140
Tetanus immune globulin, human, up to 250 units	J1670
Thyrotropin alpha, 0.9 mg (Thyrogen)	J3240
Tildrakizumab, 1 mg (Ilumya)	J3245

MEDICATION DESCRIPTION	CODE
Tinzaparin sodium, 1000 iu	J1655
Tirofiban, 0.25 mg (Aggrastat)	J3246
Tisagenlecleucel (Kymriah)	Q2040
Tocilizumab, 1 mg (Actemra)	J3262
Trabectedin, 0.1 mg (Yondelis)	J9352
Trastuzumab and hyaluronidase-oysk, 10 mg (Herceptin Hylecta)	J9356
Trastuzumab, excludes biosimilar, 10 mg (Herceptin)	J9355
Trastuzumab-anns, biosimilar, 10 mg (Kanjinti)	Q5117
Trastuzumab-dkst, biosimilar, 10 mg (Ogivri)	Q5114
Trastuzumab-dttb, biosimilar, 10 mg (Ontruzant)	Q5112
Trastuzumab-pkrb, biosimilar, 10 mg (Herzuma)	Q5113
Trastuzumab-qyyp, biosimilar, 10 mg (Trazimera)	Q5116
Treprostinil, 1 mg (Remodulin)	J3285, J7686
Triamcinolone acetonide, extended release, 1 mg (Zilretta)	J3304
Trimetrexate glucuronate, per 25 mg (Neutrexin)	J3305
Triptorelin, extended-release, 3.75 mg (Triptodur)	J3316
Unclassified Antineoplastic Drugs	J9999
Unclassified Drugs	J3490
Urofollitropin, 75 iu (Bravelle)	J3355
Ustekinumab, for intravenous injection, 1 mg (Stelara)	J3358
Ustekinumab, for subcutaneous injection, 1 mg (Stelara)	J3357
Valrubicin, intravesical, 200 mg (Valstar)	J9357
Vedolizumab, 1 mg (Entyvio)	J3380
Velaglucerase alfa, 100 units (VPRIV)	J3385
Verteporfin, 0.1 mg (Visudyne)	J3396
Vestronidase alfa-vjvk, 1 mg (Mepsevii)	J3397

MEDICATION DESCRIPTION	CODE
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
Ziconotide, 1 mcg (Prialt)	J2278
Ziv-aflibercept, 1 mg (Vectibix)	J9400
Zoledronic Acid, 1 mg (Zometa, Reclast)	J3489