



# 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

Additional Prior Authorization information is available on our website:

[www.HealthChoiceAZ.com](http://www.HealthChoiceAZ.com)



**ACCREDITED**  
Health Plan  
Expires 06/01/2019

# 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

To check on the status of a prior authorization, use the HCA Provider Portal go to: [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 time sensitive requests which cannot wait up to 72 business hours due to a medical reason, or to obtain additional assistance, call Health Choice Arizona at 1-800-322-8670; for eviCore procedures, call 1-888-693-3211

For AHCCCS acute care benefits go to: <http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf>

For details regarding authorizations PA submission 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.

## PROVIDERS REQUIRING PRIOR AUTHORIZATION FOR CONSULTATIONS

Age limitations on certain services do NOT apply to QMB members

SPECIALTY/ PROCEDURE	PROVISIONS
NON-CONTRACTED AND OUT-OF-STATE	All Services
Report and Temporary codes Procedures	All Services
Allergy and Immunology	Allergy testing for ages 21 and older <b>Immunotherapy is not covered for ages 21 and older (Except Anaphylaxis/Life Threatening reaction)</b>
Automated Implantable Cardiac Defibrillators and Bi-Ventricular ICD	All Services
Bariatric consult and procedures	All services
Bone Anchored Hearing Aids	Prior Authorization for Ages 0-20. <b>Not an AHCCCS covered benefit for ages 21 and older</b>
Bone Growth Stimulators	All Services
Capsule Endoscopy	All services

## PROVIDERS REQUIRING PRIOR AUTHORIZATION FOR CONSULTATIONS

Age limitations on certain services do NOT apply to QMB members

SPECIALTY/PROCEDURE	PROVISIONS
Cardiac Defibrillator (wearable)	All Services
Cardiac Rehabilitation	All Services
Cardiology	<b>Referral required for ages 0-20</b>
Cardiovascular Thoracic Surgery	Referral required for ages 0-20
Chiropractic Services	All services
Circumcision	<b>Prior Authorization for medically necessary procedures Routine is not a covered benefit</b>
Cochlear Implants	Prior Authorization for Ages 0-20 Not an AHCCCS covered benefit for ages 21 and older
Cosmetic procedures including vein stripping and destruction	All Services
Dental	Refer to the HCA Dental Matrix
Dermatology	No Prior Authorization for consultation, follow up visits and biopsy Prior Authorization for all other services
Developmental Pediatrics	All services
Durable Medical Equipment	Submit all services/requests to Preferred Homecare (i.e. Oxygen equipment, wheelchairs, walkers, etc.) Equipment over \$300 requires prior authorization and for consumable medical supplies exceeding \$100.
Enhanced External Counter Pulsation	All Services
ENT (Otolaryngology)	Referral required for ages 0-20
Experimental/Investigational Treatments	Not a Covered Benefit
Gastrointestinal	Referral only for all ages for Hepatitis C diagnosis.
Genetics	All services
Genitourinary procedures	All services
Hearing Aids	Prior Authorization for Ages 0-20 <b>Not an AHCCCS covered benefit for ages 21 and older</b>
Hematology/Oncology	Referral only for all ages for Cancer diagnosis & treatment.
Hepatology	Referral only for all ages for Hepatitis C diagnosis.

## PROVIDERS REQUIRING PRIOR AUTHORIZATION FOR CONSULTATIONS

Age limitations on certain services do NOT apply to QMB members

SPECIALTY/ PROCEDURE	PROVISIONS
High Frequency Chest Wall Oscillation Vests	Prior Authorization for Ages 0-20 and QMB members 21 and older <b>Not an AHCCCS covered benefit for ages 21 and older.</b>
Home Health	First 5 visits approved after discharge from acute care then prior authorization is required.
Home Infusion	All Services
Hospice Care	All Services
Hyperbaric Oxygen (HBO)	All Services
Hysterectomy	Consent form required (which states that the hysterectomy will render her incapable of bearing children).
Incontinence Briefs	AHCCCS covers incontinence briefs when necessary to treat a medical condition. In addition, AHCCCS also covers incontinence briefs for preventative purposes when; the member is over the age of 3 and under 21, the member is incontinent due to a documented disability, the member's PCP has issued a prescription, the prescription does not exceed 240 briefs per month unless medically necessary.
Infectious Disease	Referral only for all ages for Hepatitis C & HIV diagnosis.
Injectable Medication (in office)	<b>Details covered in J codes (see below)</b>
Inpatient Physician and Surgical Services	All Services
Insulin Pumps	All Services
Mastectomy	Prior Authorization needed for Breast Reconstruction.
Neurologic Stimulation Devices (i.e. Deep Brain/Spinal Cord Stimulators; Sacral/Vagal Nerve Stimulators)	All Services
Neurology	Referral required for ages 0-20.
Neuropsych Testing	All Services
Neurosurgery	All Services
Nutritional Support Services	Preferred Home Care (i.e. TPN; non-WIC infant formulas; supplements)
Obstetrical Support Services	Submit requests to Alere Homecare.
Obstetrics	<b>PREGNANCY NOTIFICATION REQUIRED</b> - Prior Authorization for Pregnancy Terminations and treatment for spontaneous/missed abortion (ultrasound required to note no fetal heartbeat).

## PROVIDERS REQUIRING PRIOR AUTHORIZATION FOR CONSULTATIONS

Age limitations on certain services do NOT apply to QMB members

SPECIALTY/ PROCEDURE	PROVISIONS
Occupational Therapy	Prior Authorization for Ages 0-20 and only QMB members 21 and older <b>Not an AHCCCS covered benefit for ages 21 and older.</b>
Ophthalmology	Prior Authorization required for all services unless referred to Nationwide. No Prior Authorization Required for (i) treatment of foreign bodies in the eye and (ii) diabetic eye exams.
Optometry	For ages 0-20, No Prior Authorization required for annual eye examinations, prescriptive lenses, and one replacement pair. Prescriptive lenses for members 21 and older are not covered unless they are the sole visual prosthetic device used by member after the cataract removal surgery.
Oral Maxillofacial Surgery	All Services
Orthognathic Procedures (including TMJ)	All services
Orthopedic	Referral required for ages 0-20.
Orthotics Submit to HCA Contracted Providers	The following is applicable for orthotics for all ages: The use of the orthotic must be medically necessary as the preferred treatment option. The orthotic must be less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition. The orthotic is ordered by a Physician or Primary Care Practitioner.
Pain Management and procedures	Prior Authorization All Services NO Prior Authorization required for drug screens when done at visit by in-network lab only.
Percussion Vest	No Prior Authorization Required
Perinatology/Maternal Fetal Medicine	All services
Physical Therapy	All services -15 visits per contract year for persons 21 years or older to restore a particular skill or function the individual previously had but lost due to injury or disease and maintain that function once restored. -15 visits per contract year for person 21 years or older to attain or acquire a particular skill or function never learned or acquired and maintain that function once acquired.
Plastic, Reconstructive Surgery	All services <b>Services or items furnished solely for cosmetic purposes are not covered.</b>
Podiatrists (Doctors of Podiatric Medicine)	All services <b>except</b> routine diabetic foot exams.
Prosthetics	All services
Proton Beam Therapy	All services

**PROVIDERS REQUIRING PRIOR AUTHORIZATION FOR CONSULTATIONS**

Age limitations on certain services do NOT apply to QMB members

SPECIALTY/ PROCEDURE	PROVISIONS
Psychology procedures and testing	All services
Pulmonary Rehabilitation	All services
Rheumatology	Referral required for ages 0-20
Rhinoplasty	All services
Septoplasty	All services
Sleep Studies	All services
Speech Therapy	PA for Ages 0-20 and only QMB members for 21 years and older <b>Not an AHCCCS covered benefit for ages 21 and older.</b>
Spinal Surgery	All services
Stereotactic Radiosurgery and Stereotactic Body Radiotherapy	All services
Sterilization	Signed Federal Consent Form Required.
Tenosynovectomy	All services
Transplant Services	All services
Ventricular Assist Devices	All services
Wounds Vacs	All services

# 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. Outpatient surgical procedures performed at a contracted facility by a contracted provider do not require notification.

In the event that acute inpatient hospitalization services delivered are to evaluate and stabilize an Emergency medical condition, concurrent plan notification/authorization is not required for payment for medically necessary, AHCCCS-covered services. However, the plan must be notified of emergent inpatient services within 10 calendar days of emergent member presentation. HCA strongly recommends that plan notification from the facility occur as quickly as possible to help guarantee full coverage of medical services rendered.

## GENERAL MENTAL HEALTH AND SUBSTANCE ABUSE (GMH/SA) EFFECTIVE 10/1/15 FOR DUAL ELIGIBLE MEMBERS ONLY

Short-term residential, without room and board

Prior Authorization Required

**Note:** A twenty-four (24) hour per day unit of service that is authorized by Health Choice, may be billed despite the member's absence from the facility. Bed hold days may not exceed 21 total days per contract year. Bed holds are applicable for members absent during a period of short-term hospitalization or therapeutic leave that meets the requirement specified in 42 CFR 483.12, from a Title XIX Certified Level I Residential Treatment Center.

All other covered AHCCCS Behavioral Health Services do not require prior authorization. However, Services that do not require prior authorization will be subject to utilization review.

# 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 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

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 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 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 Orchard Pharmacy as our specialty drug provider, with few exceptions (BriovaRx serves as a backup if Orchard is unable to provide specialty medications). Oral specialty drugs (i.e. Tarceva; Gleevec) must also be provided by the HCA contracted PBM (Envision). 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, 10 mg	J9010
Alpha 1 – Proteinase inhibitor – GLASSIA, 10 mg	J0257
Anidulafungin, 1 mg (Eraxis)	J0348

MEDICATION DESCRIPTION	J CODE
Basiliximab, 20 mg	J0480
Belatacept, 1 mg	J0485
Belimumab 10 mg	J0490
Canakinumab, injection, 1 mg	J0638
Certolizumab pegol, 1 mg	J0718
Collagenase Clostridium Histolyticum, Inj (Xiaflex)	J0775
Dalteparin Sodium (Fragmin) * See Foot Note	J1645
Epoprostenol, 0.5 mg (Flolan/Generic Epoprotenol)	J1325
Etanercept, 25 mg (Enbrel – Specialty Pharmacy Delivery)	J1438
Factor VII , VIII & XIII	J7185, J7186, J7187, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7196, J7197
Filgrastim (G-CSF), 300 mcg (Neupogen)	J1440
Filgrastim (G-CSF), 480 mcg (Neupogen)	J1441
Histrelin Implant, 50 mg (Supprelin La/Vantus)	J9225, J9226
Hyaluronic Acid for Synvisc / Synvisc One	J7325
Ibandronate Sodium, 1 mg (Boniva)	J1740
Immune Globulin IM	J1460, J1470, J1480, J1490, J1500, J1510, J1520, J1530, J1540, J1550, J1560
Immune Globulin, Intravenous, Lyophilized (e.g. powder), 500 mg (Carimune)	J1566
Immune Globulin, Intravenous, Non-Lyophilized (e.g. liquid), 500 mg	J1459, J1561, J1568, J1569
Immune Globulin, Intravenous, 500 mg	J1459, J1572
Infliximab, 10 mg (Remicade)	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
Linezolid Inj 200 mg (Zyvox)	J2020
Mecasermin Inj 1 mg (Iplex, Increlex)	J2170
Natalizumab, 1 mg (Tysabri)	J2323
Omalizumab, 5 mg (Xolair)	J2357
Palivizumab 50 mg (Synagis)	J3490
Panitumumab 10 mg (Vectibix)	J9303
Pegfilgrastim, 6 mg (Neulasta)	J2505
Renibizumab, 0.5mg (Lucentis)	J2778
Rimabototulinum Toxin B, 100 units (Myobloc)	J0587
Rituximab, 100 mg (Rituxan)	J9310
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 only)	J2941
Teriparatide 250 mcg (Forteo)	J3110
Testosterone Cypionate, 1 cc, 200 mg (Depo Testosterone)	J1080
Testosterone Suspension, up to 50 mg	J3140
Testosterone Cypionate, up to 100 mg (Depo Testosterone)	J1070
Testosterone Cypionate and Estradiol Cypionate, up to 1 ml (Depo-Testadiol)	J1060
Testosterone Enanthate, up to 100 mg (Delatestryl)	J3120
Testosterone Enanthate, up to 200 mg (Delatestryl)	J3130
Testosterone Propionate, up to 100 mg	J3150

MEDICATION DESCRIPTION	J CODE
Tobramycin, inhalation solution, 300 mg (Tobi)	J7682
Triamcinolone, inhalation solution, compounded product, concentrated form, administered through DME	J7683
Zoledronic Acid, 1 mg (Zometa)	J3487
Zoledronic Acid, 1 mg (Reclast)	J3488
Unclassified Drugs	J3490
Unclassified Biologics	J3590
Unclassified Antineoplastic Drugs	J9999

\* Dalteparin (Fragmin) J1645 is HCA approved (without Prior Authorization) for up to a 10 day supply or 20 syringes (whichever is less). Therapy for greater than 10 days or 20 syringes, require HCA Prior Authorization.