



Health Choice Generations HMO

Medicare Advantage Special Needs Plan

PRIOR AUTHORIZATION GUIDELINES

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

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

Additional Prior Authorization information is available at our website:

www.HCGenerations.com



Health Choice Generations Prior Authorization Guidelines Effective Date: 7/29/2015



Medical Services

1(877) HCG - 5680 fax
1 (877) 424 - 5680 fax

Pharmacy Benefits

1(877) HCG - 5690 fax
1(877) 424 - 5690 fax

Imaging Services and Select Cardiac Testing and Procedures

MedSolutions (MSI), Intelligent Cost Management On-line Provider Portal

<https://www.medsolutionsonline.com>

Phone 1-888-693-3211 Fax 1-888-693-3210

To check on the status of a prior authorization, use the HCG Provider Portal go to:
www.healthchoiceaz.com.

For imaging and cardiac testing or procedures authorized by MedSolutions go to:

<http://www.medsolutionsonline.com>

OR call 1-888-693-3211

Time sensitive Medical requests which cannot wait up to 72 business hours (24 to 72 hours for a Pharmacy request) due to a medical reason, or to obtain additional assistance, call Health Choice Generations at 1-800-656-8991; for MSI procedures, call 1-888-693-3211

Please refer to the HCG Provider Manual, Chapter 21 (www.HCGenerations.com) for additional details regarding authorizations and PA submission forms.

The following directives apply to ALL Health Choice Prior Authorizations

- ✓ Authorizations are valid for 90 days from the date issued.
- ✓ Only one Medical/Pharmacy service may be requested per PA form
- ✓ The member must be eligible at the time the covered HCG service is rendered

| Providers and Procedures Requiring Prior Authorization | |
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| Specialty/ Procedure | Provisions |
| ALL NON-CONTRACTED AND OUT-OF-STATE | All services |
| By Report and Temporary codes Procedures | All services |
| Allergy and Immunology | All Services |
| Automated Implantable Cardiac Defibrillators and Bi-Ventricular ICD | All Services |
| Bariatric consult and procedures | All Services |
| Bone Anchored Hearing Aids | All Services |
| Bone Growth Stimulators | All Services |
| Capsule Endoscopy | All Services |
| Cardiac Defibrillator (wearable) | All Services |
| Cardiac Procedures | All Services |
| Cardiac Rehabilitation | All Services |
| Chiropractic Services | All Services |
| Cochlear Implants | All Services |
| Cosmetic procedures including vein stripping and destruction | All Services |
| Dermatology | No PA for consultation, follow up visits and biopsy PA for all other services |
| Durable Medical Equipment | All Services |
| Enhanced External Counter Pulsation | All Services |
| ENT (Otolaryngology) | All Services |
| Experimental/Investigational Treatments | Not a Covered Benefit |
| Foot and toe procedures including repair and reconstruction of nail and supporting structure | All services |

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| Genetics | All services |
| Genitourinary procedures | All services |
| Hearing Aids and Exam | All Services |
| High Frequency Chest Wall Oscillation Vests | All Services |
| Home Health | All Services |
| Home Infusion | All Services |
| Hyperbaric Oxygen (HBO) | All Services |
| Hysterectomy | All Services |
| Injectable medication (in office) | Details covered in J codes (see below) |
| Inpatient Physician and Surgical Services | All Services |
| Insulin Pumps | All Services |
| Mastectomy | PA needed for Breast Reconstruction |
| Maternal Fetal Medicine | All Services |
| Neurologic Stimulation Devices (i.e. Deep Brain/Spinal Cord Stimulators; Sacral/Vagal Nerve Stimulators) | All Services |
| Neurology Testing | All Services |
| Neuropsych Testing | All Services |
| Neurosurgery | All Services |
| Nutritional Support Services | All Services |
| Obstetrical Support Services | Submit requests to Alere Homecare |
| Obstetrics | PA for Non-Emergent Pregnancy Terminations and treatment for spontaneous/missed abortion (ultrasound required to note no fetal heartbeat) |

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| Occupational Therapy | All Services |
| Ophthalmology | All Services (No Prior Authorization required for annual Diabetic Eye Exam) |
| Oral Maxillofacial Surgery | All Services |
| Orthognathic Procedures (including TMJ) | All services |
| Orthopedic | No Prior Authorization for initial consult; Prior Authorization for all other services |
| Orthotics | All Services |
| Pain Management and procedures | All Services |
| Penile Implants and Vacuum Devices | All Services |
| Percussion Vest | All Services |
| Perinatology | All Services |
| Physical Therapy | All Services |
| Plastic, Reconstructive Surgery | All services |
| Podiatrists (Doctors of Podiatric Medicine) | No Prior Authorization for first four visits; Prior Authorization for all other services |
| Prosthetics | All Services |
| Proton Beam Therapy | All Services |
| Psychology procedures and testing | All services |
| Pulmonary Rehabilitation | All Services |
| Rheumatology | All services |
| Rhinoplasty and Septoplasty | All Services |
| Sleep Studies | All Services |
| Speech Therapy | All Services |
| Spinal Surgery | All Services |
| Stereotactic Radiosurgery and Stereotactic Body Radiotherapy | All Services |
| Tenosynovectomy | All Services |
| Transplant Services | All Services |
| Ventricular Assist Devices | All Services |

Imaging and Select Cardiac Testing and Procedures

Prior Authorizations for these services must be obtained through the MedSolutions (MSI)

- All “high-tech” Radiology Services: MRI, MRA, CT AND PET
- Ultrasounds: vascular and obstetrical
- Nuclear cardiac stress testing
- Echocardiography
- Heart catheterizations

Prior Authorizations are obtained through the MedSolutions (MSI) on-line web portal (<http://www.medsolutionsonline.com>), by phone 1-888-693-3211 or by fax 1-888-693-3210. The MSI prior authorization forms for each type of service request are available on the web portal and can also be requested by calling MSI.

NOTE-ALL MedSolutions Expedited requests, or requests for multiple (recurring) units of an Obstetrical test, **MUST** be performed by phone: 1-888-693-3211.

| CPT Code | MSI CPT Code Description |
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| 0159T | CAD, including computer algorithm analysis, BREAST MRI |
| 70336 | MRI Temporomandibular Joint (s) |
| 70450 | CT Head without contrast |
| 70460 | CT Head with contrast |
| 70470 | CT Head with & without contrast |
| 70480 | CT Orbit, et al without contrast |
| 70481 | CT Orbit, et al with contrast |
| 70482 | CT Orbit, et al W & W/O |
| 70486 | CT Maxillofacial area, (sinus) without contrast |
| 70487 | CT Maxillofacial area, (sinus) with contrast |
| 70488 | CT Maxillofacial area, (sinus) W & W/O |
| 70490 | CT Soft-tissue Neck without contrast |
| 70491 | CT Soft-tissue Neck with contrast |
| 70492 | CT Soft-tissue Neck with & without contrast W & W/O |
| 70496 | CTA HEAD, with contrast, including noncontrast images, if performed, & image post-processing |
| 70498 | CTA NECK, with contrast, including noncontrast 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 |

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| 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 noncontrast 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 |
| 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 noncontrast 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 |

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| 73201 | CT Upper Extremity with contrast |
| 73202 | CT Upper Extremity with and without contrast W & W/O |
| 73206 | CTA Upper Extremity, with contrast, including noncontrast images, if performed, & image postprocessing |
| 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 noncontrast images, if performed, & image postprocessing |
| 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 noncontrast images, if performed, & image postprocessing |
| 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 |

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| 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 noncontrast 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 postprocessing on an independent workstation |
| 76380 | CT Limited or Localized follow-up |
| 76390 | MR Spectroscopy (MRS) |
| 76497 | Unlisted CT procedure (eg, diagnostic, interventional) |
| 76498 | Unlisted MR procedure (eg, 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) <u>suspected or confirmed to be abnormal on a previous scan</u>), 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; |

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| 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 |
| 71250 | CT Lung Low Dose Computed Tomography (LDCT) (CAG-00439N) |
| 77084 | MRI Bone Marrow blood supply |
| 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) |
| 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection |
| 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) |
| 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection |
| 78459 | PET Cardiac (myocardial imaging) - metabolic evaluation |
| 78466 | Myocardial Imaging, infarct avid, planar; qualitative or quantitative |
| 78468 | Myocardial Imaging, infarct avid, planar; w/ EF by first pass technique |
| 78469 | Myocardial Imaging, infarct avid, planar; 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 |

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

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| 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 |
| S8035 | Magnetic Source Imaging |
| S8092 | CT ELECTRON BEAM (Ultrafast CT) for calcium scoring |

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 HCG 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, Medicare-covered services. However, the plan must be notified of emergent inpatient services within 10 calendar days of emergent member presentation. HCG strongly recommends that plan notification from the facility occur as quickly as possible to guarantee full coverage of medical services.

Pharmacy

Providers should utilize the Health Choice Generations formulary for preferred medication selections (see www.HCGenerations.com under "Formulary").

Specialty medications – Health Choice Generations prefers Orchard Pharmacy as our specialty pharmacy (for patient self-administered drugs only) with few exceptions. Oral specialty drugs (e.g. Tarceva; Gleevec) must be provided by the Health Choice Generations contracted PBM.

For "single source" specialty drugs that utilize a "HUB" specialty drug provider, submit the enrollee's documentation for PA to Health Choice Generations Pharmacy Department (FAX: 1-877-424-4690).

| Medication Description | J Code |
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| 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 |
| 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) | J1645 |
| Epoprostenol, 0.5 mg (Flolan/Generic Epoprostenol) | 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, J 1572 |
| Infliximab, 10 mg (Remicade) | J1745 |

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| Interferon Alphacon-1, 1 mcg (Infergen) | J9212 |
| Interferon Alfa -2A (Roferon-A) | J9213 |
| 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/ Zorbitive) (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 |
| 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 |