



HEALTH CHOICE GENERATIONS HMO MEDICARE ADVANTAGE SPECIAL NEEDS PLAN PRIOR AUTHORIZATION GRID

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
- Pinal

Additional Prior Authorization information is available on our website:

www.HCGenerations.com

HELPFUL CONTACTS

MEDICAL SERVICES

Fax: 1-877-424-5680

PHARMACY SERVICES

Fax: 1-877-424 - 5690

IMAGING SERVICES AND SELECT CARDIAC TESTING AND PROCEDURES

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

For imaging and cardiac testing or procedures authorized by eviCore go to:
Email: ClientServices@Evicore.com OR call 1-888-693-3211
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 Generations at 1-800-656-8991; for eviCore procedures, call 1-888-693-3211

Please refer to the HCG Provider Manual, Chapter 6 (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

SPECIALTY/ PROCEDURE	PROVISIONS
ALLNON-CONTRACTED ANDOUT-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
CapsuleEndoscopy	All Services
Cardiac Defibrillator (wearable)	All Services

PROVIDERS REQUIRING PRIOR AUTHORIZATION FOR CONSULTATIONS

SPECIALTY/ PROCEDURE	PROVISIONS
Cardiology	No Prior Authorization Required for specialist consult/follow up - Refer to PA requirements below for cardiac testing and procedures in the PA Grid
CardiacRehabilitation	All Services
ChiropracticServices	All Services
CochlearImplants	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)	No Prior Authorization Required
Experimental/Investigational Treatments	Not a Covered Benefit
Foot and toe procedures including repair and reconstruction of nail and supporting structure	All services
Genetics	All services
Genitourinary procedures	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

PROVIDERS REQUIRING PRIOR AUTHORIZATION FOR CONSULTATIONS

SPECIALTY/ PROCEDURE	PROVISIONS
Neurologic Stimulation Devices (i.e. Deep Brain/Spinal Cord Stimulators; Sacral/Vagal NerveStimulators)	All Services
Neurology	No Prior Authorization Required Refer to existing PA requirements for neuro diagnostic testing
NeuropsychTesting	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)
OccupationalTherapy	All Services
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.
Oral Maxillofacial Surgery	All Services
Orthognathic Procedures (including TMJ)	All services
Orthopedic	No Prior Authorization Required Refer to existing PA requirements for surgical procedures
Orthotics	All Services
Pain Management and procedures	All Services
Penile Implants and Vacuum Devices	All Services
Percussion Vest	No Prior Authorization Required
Perinatology	All Services
Physical Therapy	All Services
Plastic, Reconstructive Surgery	All services
Podiatrists (Doctors of Podiatric Medicine)	All services except routine diabetic foot exams
Prosthetics	All Services

PROVIDERS REQUIRING PRIOR AUTHORIZATION FOR CONSULTATIONS

SPECIALTY/ PROCEDURE	PROVISIONS
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

- All “high-tech” Radiology Services: MRI, MRA, CT AND PET
- Ultrasounds: vascular, high-tech radiology & obstetrical
- Nuclear cardiac stress testing
- Echocardiography, TEE/TTE
- Heartcatheterizations, 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 7a.m. to 8 p.m. CST

FAX

888-693-3210

For assistance please call customer support at 800-575-4594

CPT CODE	MSI 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

CPT CODE	MSI CPT CODE DESCRIPTION
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
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

CPT CODE	MSI 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 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

CPT CODE	MSI 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 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

CPT CODE	MSI 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 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
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	MSI 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 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) 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

CPT CODE	MSI CPT CODE DESCRIPTION
76819	Fetal biophysical profile; without non-stress testing
76820	Dopplervelocimetry, fetal; umbilical artery
76821	Dopplervelocimetry, fetal; middle cerebralartery
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M- moderecording;
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	Myocardialperfusion imaging, tomographic (SPECT) (includingattenuation 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	Myocardialperfusion imaging, tomographic (SPECT) (includingattenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, atrest and/or stress (exercise orpharmacologic) and/or redistribution and/or restreinjection
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 (exerciseorpharmacologic)
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/orredistribution and/orrest 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	MSI 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	Transthoracicechocardiography forcongenitalabnormalities
93304	Transthoracicechocardiography forcongenitalabnormalities; limited study
93306	Echocardiography, transthoracic, real-time with image documentation (2D), with spectral Doppler echocardiography, and withcolor flow Dopplerechocardiography
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Dopplerechocardiography

CPT CODE	MSI 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	MSI 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 transeptal 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
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble
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	MSI CPT CODE DESCRIPTION
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, 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 eg, 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, (ie, 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 (eg, Doppler waveform analysis)
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
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
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
17Alpha-Hydroxyprogesterone Caproate (Gestiva)	J3490
Alpha 1 – Proteinase Inhibitor – Human, 10 mg (Prolastin, Zemira)	J0256

MEDICATION DESCRIPTION	J CODE
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
CollagenaseClostridiumHistolyticum, Inj(Xiaflex)	J0775
DalteparinSodium(Fragmin)	J1645
Epoprostenol,0.5mg(Flolan/GenericEpoprotenol)	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, JJ1561, J1568, J1569
Immune Globulin, Intravenous, 500 mg	J1459, J 1572
Infliximab, 10 mg(Remicade)	J1745

MEDICATION DESCRIPTION	J CODE
Interferon Alphacon-1, 1 mcg (Infergen)	J9212
Interferon Alfa -2A (Roferon-A)	J9213
Interferon Alfa – 2B (Intron A/Rebtron Kit)	J9214
LeuprolideAcetate(depotsuspension), 3.75mg(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

MEDICATION DESCRIPTION	J CODE
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

* 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.