

PROCEDURES & SERVICES THAT DO NOT REQUIRE PRIOR AUTHORIZATION

- ▶ This grid applies only to providers who participate with Arizona Priority Care.
- ▶ Prior Authorization is ALWAYS required for providers who are not in our network.
- ▶ Failure to obtain prior authorization for procedures or services not on this grid may result in denial of coverage; as a result financial responsibility may be yours.
- ▶ This grid applies to all members; it is intended to be a guide and does not guarantee coverage or payment.
- ▶ Medical benefit plan language supersedes the general information provided on this grid.
- ▶ The presence or absence of an item on this list does not define whether or not coverage or benefits exist for the service or procedure and/or CPT Code.
- ▶ Benefits and eligibility must be verified with the health plan.

<u>MEDICAL SERVICES</u>	<u>CPT CODES</u>
Arterial Brachial Index	93922, 93923
Aspiration and Steroid Injection of Joints (non-guided)	20600, 20605, 20610
B-12 Injections	96372, J3420
Carpal Tunnel Steroid Injection (non-guided)	20526
Ganglion Cyst Aspiration/Injection (non-guided)	20612
Injection of Tendon Sheaths, Bursa and Trigger Points (non-guided)	20550, 20600, 20605, 20610, 20552, 20553
Destruction of Warts and Precancerous Lesions	17000, 17003, 17004, 17110, 17111
Shave, Punch or Excisional Skin Biopsies	11100, 11101, 11300-11313, 11400-11471
Diabetic Foot Care, Basic (diabetic shoes not included)	G0245-G0247, 11719-11721, 11055-11057
Basic Wound Care	97602-97610
Diagnostic Anoscopies	46600, 45300
Ear Wax Removal	69209, 69210
Foreign Body Removal, simple	10120
Fracture Management (non-surgical) — Follow up X-ray, Initial & Follow up Office Visits, Splinting, Casting and Cast Removal	29000-29750

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Hemodialysis Insertion, Repair/Declotting, and/or Removal of Dialysis Catheter	36831, 36833, 36860, 36861, 36593, 36589, 36590, 36800-36821
I & D Abscess (including perirectal abscess)	10060, 10061, 46050
Incision/Excision of Thrombosed External Hemorrhoids	46320, 46083
Infusion Port-a-Cath, or Power-Ports (central line access catheters) including Insertion, Removal, Repair and Catheter Care	36595, 36596, 36555-36571, 36575-36590
Ingrown Toenail Removal	11730, 11732, 11750
IV Hydration—Normal saline, D5W and/or LR	96360, 96361
Lacerations—stitches/staple, including removal	12001-13153
Marsupialization of Bartholin’s Cyst	56440
Outpatient PT/OT/ST— Initial Evaluation and 1 (one) Treatment (<i>free standing facility only</i>)	97161-97163, 97165-97167, 92521-92523
Osteopathic Manipulative Treatment (OMT)	98925, 98926, 98927, 98928, 98929
EKG	93000, 93005, 93010
Pacemaker Evaluation (In-Office or Telephonic Interrogation)	93279-93281, 93288, 93294, 93724
PPD Tuberculosis Test	86580
Prostate Screenings	G0102
Routine Medicare-covered Vaccinations	G0008, G0009, 90658-90732
Spirometry Test	94010, 94060
Plethysmograph for Lung Volume	94726
Diffusing Capacity	94729
Pulmonary Stress Test, simple	94620
Treatment of Genital Warts	56501, 57061, 54050
Urinary Catheterization (insertion/removal)	51701, 51702, A4351, A4358
Vein Mapping for Fistula	93970, 93971

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<p>*For OB/Gyn Specialists Only: Office Visits, In-Office Ultrasound (with OB/GYN), In-Office GYN Procedures: Endometrial Biopsies, Colposcopies with Biopsy</p>	<p align="center">76830, 76856, 76857 58100-58110, 58558, 57421, 57455, 56821</p>
<p>*For ENT Specialists Only: Control of Nosebleed, Nasal Endoscopy Dx, Nasal/Sinus Endoscopy Surg, Diagnostic Laryngoscopy, Diagnostic Laryngoscopy, Ear Microscopy Examination, Basic Vestibular Evaluation, Spontaneous Nystagmus Test</p>	<p align="center">30901, 30903, 31231, 31237, 31505, 31575, 92504, 92540, 92541</p>
<p>*For ENT & Audiology Specialists Only: Tympanometry & Reflex Threshold, Pure Tone Audiometry Air, Audiometry Air and Bone, Speech Threshold Audiometry, Speech Audiometry Complete, Comprehensive Hearing Test, Tympanometry, Acoustic Reflex Threshold Test</p>	<p align="center">92550, 92552, 92553, 92555, 92556, 92557, 92567, 92568</p>
<p>*For Urology Providers Only: Measurement of post voiding residual urine and/or bladder capacity by ultrasound, non-imaging</p>	<p align="center">51798</p>
<p>*In-Office Laboratory Services: Collection of venous blood venipuncture, Urinalysis, non-automated without microscopy, Glucose, serum glucose monitoring device(s) cleared by the FDA specifically for home use, Heterophile antibodies—screening, Tuberculosis, intradermal, Urine pregnancy test, by visual color comparison methods, Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid) Detection Infectious Agent by Immunoassay with Direct Optical Observation</p>	<p align="center">36415, 81002, 82962, 86308, 86580, 81025, 87905 87804, 87807, 87808, 87809, 87880</p>