

## **PROCEDURES & SERVICES THAT DO NOT REQUIRE PRIOR AUTHORIZATION**

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- 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.
- Prior Authorization is **ALWAYS** required for elective inpatient admissions.
- Benefits and eligibility must **ALWAYS** be verified with the health plan.
- 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.

**Prior Authorization Fax#: 480-499-8798**

**Prior Authorization Phone#: 480-499-8720**

**Prior Authorization Request Form: <https://azprioritycare.com/providers/forms-and-reference-materials/>**

SERVICE DESCRIPTION	CPT/HCPCS CODE
Abdominal Paracentesis	49082-49083
Administration of Chemotherapy**	51720, 52287, 96365-96368, 96372-96375, 96401-96411, 96413-96417, 96450, 96521
Annual depression screening	G0444
Aspiration and/or Injection of Joint	20600-20611
Basic Wound Care	12001-13153, 97602-97610, G0168
Biopsies: lip, external ear, tongue	40490, 41100, 41105, 69100
Brief emotional/behavioral assessment	96127, 96150-96152
B-12 Injections	96372, J3420
Canes*	E0100, E0105
Chemical Cauterization of Granulation Tissue	17250
Chest Tube/Catheter	32550-32552
Commodes*	E0163-E0168
Compression Devices*	E0650-E0675
CPAP (Continuous Positive Airway Pressure) Device and Supplies*	E0601, A4604, A7027-A7046
CPM (Continuous Passive Motion) Device; knee only*	E0935
Crutches and Crutch Substitute*	E0110-E0118, E0153
Decubitus Care Equipment*	E0181-E0191, E0196-E0199
Destruction any method; malignant lesions	17260-17286
Destruction any method; premalignant lesions	17000-17004
Destruction any method; benign lesions ( <i>other than skin tags or cutaneous vascular proliferative lesions</i> )	17110, 17111
Diabetic Foot Care, Basic (diabetic shoes not included)	G0127, G0245-G0247, 11719-11721,

## SERVICE DESCRIPTION

## CPT/HCPCS CODE

	11055-11057
Diabetes Outpatient Self-Management Training	G0108, G0109
Diagnostic Anoscopies	46600, 45300
Dialysis Services	90935-90940, 90945-90947, 90951-90970, 90999, Q4081
Diffusing Capacity	94729
Dressings	A6010-A6403, A6410-A6412, A6441-A6457
DXA Scan	77080-77086
Ear Wax Removal	69209, 69210, G0268
ECG	93000-93010, 93040-93042
Enteral and Parenteral Nutrition and Supplies*	B4034-B4088, B4102-B4162, B4164-B5200, B9002-B9998
Evaluation and Monitoring of Cardiovascular Devices	93279-93299, 93724
Eye Exam with Photos	92250
Excision of Chalazion (Meibomian Cyst)	67800-67805
External Cardiographic Recording (48 hours – 21 days)	0295T-0298T
Fine Needle Aspiration without Imaging Guidance	10021
Foreign Body Removal	10120, 10121, 24200, 65205, 69200
Fracture Management (confirmed, non-surgical): <i>Follow up X-ray, Initial &amp; Follow up Office Visits, Splinting, Casting and Cast Removal</i>	29000-29750
Ganglion Cyst Aspiration/Injection (non-guided)	20612
Gastric Suction Pump*	E2000

## SERVICE DESCRIPTION

## CPT/HCPCS CODE

Glucose Monitoring by Subcutaneous Device ( <i>Physician fees only – actual device/monitor (K0553, K0554) requires prior authorization</i> )	95249-95251
Hemodialysis Insertion, Repair/De-clotting, and/or Removal of Dialysis Catheter	36831-36833, 36860-36861, 36593, 36589-36590, 36800-36821
Home Visits by a PCP	99324-99337, G0179-G0180
Humidifiers/Compressors/Nebulizers*	E0560-E0585
Incision and Drainage	10060-10061, 10080-10081, 10140, 10160, 10180, 26010-26034, 46050
Incision/Excision of Thrombosed External Hemorrhoids	46320, 46083
Incontinence Supplies*	A4310-A4360, A5102-A5200
Infusion Port-a-Cath, or Power-Ports (central line access catheters) including Insertion, Removal, Repair and Catheter Care including Insertion, Removal, Repair and Catheter Care	36595-36596, 36555-36571, 36575-36590
Ingrown Toenail Removal, Biopsy, Repair	11730, 11732, 11740, 11750, 11755, 11760, 11765
Inhalation Treatments	94640, 94644-94645, 94664
Injection of Tendon Sheaths, Bursa and Trigger Points (non-guided)	20526-20553, 20600, 20605, 20610
In Office Injections: <i>Toradol, Benadryl, Dexamethasone, Phenergan, Carbocaine, Depo-Medrol, Marcaine, betamethasone acetate/sodium phosphate, Kenalog, furosemide, midazolam, alteplase recombinant, bupivacaine</i>	J1885, J1200, J1100, J2550, J0670, J1030, J2930, J3490, J0702, J3301, J1940, J2250, J2997, S0020
INR Monitoring	93792-93793, G0250, 85610
Instillation Drug/Chemical by Chest Tube	32560-32562
Intercostal Nerve Block	64420, 64421

## SERVICE DESCRIPTION

## CPT/HCPCS CODE

Intraperitoneal Catheter Insertion and Removal	49418, 49422
Intrathoracic Placement Radiation Therapy Devices	32553
IV Hydration—Normal saline, D5W and/or LR	96360, 96361, J7030, J7040, J7050
Mammography and Breast Tomosynthesis	77061-77067, G0279
Manual Wheelchairs, Manual Wheelchair Accessories, and Wheelchair Cushions*	E0958-E0960, E0971, E0974- E0982, E0990-E0995, E1015, E1017, E1020-E1030, E1050- E1228, E1231-E1238, E1240, E1270, E1280, E1295-E1298, E2201-E2295, E2601-E2608, E2611-E2616, E2619-E2625, E2626-E2633, K0001-K0007, K0015-K0077, K0105, K0195
Marsupialization of Bartholin’s Cyst	56440
Measurement of post voiding residual urine and/or bladder capacity by ultrasound, non-imaging	51798
Medical Nutrition Therapy Services ( <i>Diagnosis of renal disease or diabetes ONLY</i> )	97802-97804, G0270
Negative Pressure Wound Therapy (Wound Vac) and Supplies*	E2402, A6550, A7000
Nitric Oxide Expired Gas Determination	95012
Non-invasive Vascular Studies: extremities	93922-93924
Occipital Nerve Block	64405
Office Visits	99201-99215
Ophthalmology Exam and Evaluation	92002-92014
Orthopedic Devices*	E0910-E0930, E0940-E0948
Orthotic: knee, shoulder, shoulder/elbow/wrist/hand, wrist/hand	L1812, L1820, L1832, L1833, L1843,

## SERVICE DESCRIPTION

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(off the shelf, prefabricated only)	L1845, L3670, L3908, L3960
Osteopathic Manipulative Treatment (OMT)	98925-98929
Ostomy Pouches and Supplies*	A4361-A4435, A5051-A5093
Outpatient PT/OT/ST— <i>Initial Evaluation and 1 (one) Treatment (free standing facility only)</i>	97161-97163, 97165-97167, 92521-92523
Oxygen and Respiratory Equipment and Supplies*	A4614-A4626, A4628-A4629, A7001-A7018, A7047, E0424-E0445, E0466-E0480, E0482-E0484, E0600, E1353-E1355, E1372, E1390-E1392, K0738, K0739
Patient Lifts*	E0621, E0630, E0635
Percutaneous Drainage	75984, 75989
Plain Film X-Ray ( <i>in-office or free-standing facility only</i> )	70030-70160, 70190-70330, 70360-70370, 70380, 71045-71130, 72020-72120, 72170-72190, 72200-72220, 73300-73030, 73050-73080, 73090-73110, 731120-73140, 73501-73523, 73560-73565, 73590-73660, 74018-74022, 74210-74220, 76000-76001, 76080-76098, 77074-77075
Plethysmography for Lung Volume	94726
Pleural Aspiration and Drainage	32554-32557
PPD Tuberculosis Test	86580
Prostate Screenings	G0102
Pulmonary Stress Test, simple	94618
Pulse Oximetry	94760, 94761
Removal of Foreign Substance and Infected/Devitalized Tissue	11000-11012

**SERVICE DESCRIPTION****CPT/HCPCS CODE**

Routine Medicare-covered Vaccinations	90630, 90653-90658, 90660-90662, 90670, 90672-90674, 90682, 90685-90688, 90732, 90739, 90740, 90743, 90744, 90746, 90747, 90756, G0008-G0010, Q2034-Q2039
Shave, Punch or Excisional Skin Biopsies	11102-11107, 11300-11313, 11400-11446
Skin Lesion removal; confirmed malignant	11600-11646
Smoking and Tobacco Cessation Counseling	99406-99407
Spinal Manipulation	98940, 98941, 98942
Spirometry Test	94010, 94060
TENS (Transcutaneous Electrical Nerve Stimulation) device*	E0720-E0730, A4556-A4557, A5695
Tracheostomy Supplies and Speaking Valve*	A4605, A4608, A4481, A7501- A7527, L8501
Transfer Bench/Device*	E0247, E0248, E0705
Treatment of Genital Warts	56501, 56515, 57061, 57065, 54050-54065
Treatment of hidradenitis; excision and repair	11450-11471
Treatment of Lesions; injection	11900-11901
Ultrasound	76506, 76510-76529, 76536-76800, 76801-76802, 76805-76819, 76830-76873, 76881-76882, 76975, 76977
Ultrasound Guidance for Needle Placement and Vascular Access	76942, 76937
Urinary Catheterization (insertion/removal)	51701-51703, A4351, A4358
Vein Mapping for Fistula	93970, 93971
Walkers*	E0130-E0149, E0154-E0159

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<p><b><u>For OB/Gyn Specialists Only:</u></b>  <i>In-Office GYN Procedures: Endometrial Biopsies, Colposcopies with Biopsy</i></p>	<p>58100, 58110, 58555, 58558, 57420-57421, 57452-57461, 56820, 56821, G0123-G0124, Q0091, Q0111</p>
<p><b><u>For ENT Specialists Only:</u></b>  <i>Control of Nosebleed, Nasal Endoscopy Dx, Nasal/Sinus Endoscopy Surg, Diagnostic Laryngoscopy, Diagnostic Laryngoscopy, Ear Microscopy Examination, Basic Vestibular Evaluation, Spontaneous Nystagmus Test</i></p>	<p>30901-30903, 30905, 30906, 31231, 31237, 31505, 31575, 92504, 92540, 92541</p>
<p><b><u>For ENT &amp; Audiology Specialists Only:</u></b>  <i>Tympanometry &amp; Reflex Threshold, Pure Tone Audiometry Air, Audiometry Air and Bone, Speech Threshold Audiometry, Speech Audiometry Complete, Comprehensive Hearing Test, Tympanometry, Acoustic Reflex Threshold Test</i></p>	<p>92550, 92552, 92553, 92555, 92556, 92557, 92567, 92568</p>
<p><b><u>In-Office Laboratory Services:</u></b>  <i>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 (e.g., sialidase activity in vaginal fluid), Detection Infectious Agent by Immunoassay with Direct Optical Observation</i></p>	<p>36410, 36415, 81000-81003, 82962, 86308, 86580, 81025, 87905, 87804, 87807, 87808, 87809, 87880</p>



**SERVICE DESCRIPTION****CPT/HCPCS CODE**

<p><b><u>Office-based Mental Health/Behavioral Health Services</u></b></p> <p><i>Please note: Services that require prior authorization include, but are not limited to: Trans Magnetic Stimulation (TMS), Electro Convulsion Therapy (ECT), Intensive Outpatient Treatment (IOP), Partial Hospitalization (PHP), treatment for autism, treatment for eating disorders, or services associated with substance abuse such as detoxification, rehabilitation, or medication assisted treatment (MAT).</i></p> <p><i>Services <b>must</b> be provided by a: licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, or other Medicare-qualified mental health professional as allowed under applicable state laws</i></p>	All
<p><b><u>Chiropractic Services***</u></b></p>	All
<p><b><u>East Valley Access Center</u></b></p>	All
<p><b><u>In Network Laboratory Services</u></b></p>	All
<p><b><u>Unique Labs</u></b> (Homebound members ONLY)</p>	All

*\*Coverage is subject to medical necessity, based on CMS guidelines*

*\*\*Coverage is subject to medical necessity and approval/authorization of drug*

*\*\*\*Coverage is limited to the enrollee's benefit plan and visit limitations*