



One Goal. One Priority. Your Healthcare.

Prior Authorization Fax: 480-499-8798

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Prior Authorization Request Form:

<https://azprioritycare.com/for-providers/prior-authorization/>

PROCEDURES & SERVICES THAT DO NOT REQUIRE PRIOR AUTHORIZATION

- This grid applies **ONLY** to providers who participate with Arizona Priority Care, and services are rendered in-office, at home, or in a free-standing facility.
- Prior Authorization is **ALWAYS** a requirement for providers who are **NOT** in our network.
- Prior Authorization is **ALWAYS** a requirement for elective inpatient and outpatient 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 CPT Code.

SERVICE DESCRIPTION	CPT/HCPCS CODE
Abdominal Paracentesis	49082-49083
Administration of Chemotherapy**	51720, 52287, 96365-96368, 96372-96375, 96401-96411, 96413-96417, 96450, 96521
Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes.	G0136
Annual depression screening	G0444
Aspiration and/or Injection of Joint	20600-20611
Atherosclerotic cardiovascular disease (ascvd) risk management services; clinical staff time; per calendar month	G0538
Basic Wound Care	12001-13153, 97602-97610, G0168
Biopsies: lip, external ear, tongue	40490, 41100, 41105, 69100
Blood-based Biomarker Tests	G0327/0163U
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
Chronic Care Management Services	99437, 99439, 99453, 99454, 99457, 99458, 99487, 99489, 99490, 99491 G0506
Commodes*	E0163, E0165, E0167, E0168
Compression Devices*	E0650-E0652, E0655, E0660, E0665-E0669, E0671-E0673, E0675
CPAP (Continuous Positive Airway Pressure) Device and Supplies*	E0601, A4604, A7027-A7039, A7044-A7046
CPM (Continuous Passive Motion) Device; knee only*	E0935
Crutches and Crutch Substitute*	E0110-E0117, E0153

SERVICE DESCRIPTION

CPT/HCPCS CODE

CT Imaging	70450, 70460, 70470, 71250, 71260, 71270, 74150, 74160, 74170, 74176, 74177, 74178, 72171
Cystoscopy	52000, 52224
Debridement Procedures on the Skin <i>In-office only (POS 11)</i>	11042-11047
Debridement, Open Wound <i>In-office only (POS 11)</i>	97597-97598
Decubitus Care Equipment*	E0181, E0185, E0196
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, 11055-11057
Diabetes Outpatient Self-Management Training	G0108, G0109
Diagnostic Anoscopies	46600, 45300
Diagnostic Colonoscopy	45378-45382, 45384-45386, 45388-45393, 45398, G0105, G0121
Dialysis Services (<i>including out of area</i>)	90935-90940, 90945-90947, 90951-90970, 90999, Q4081
DNA Stool Test	81528
Dressings	A6010, A6011, A6021-A6025, A6154, A6196-A6199, A6203-A6224, A6228-A6248, A6250-A6262, A6266, A6402, A6403, A6410-A6412, A6441-A6457
Drug Testing	80305, 80306, 80307

SERVICE DESCRIPTION

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DXA Scan	77080-77086
Ear Wax Removal	69209, 69210, G0268
ECG	93000-93010, 93040-93042
ECG/Holter Monitoring, up to 48 hours	93224-93227
Enteral and Parenteral Nutrition and Supplies*	B4034-B4036, B4081-B4083, B4087, B4088, B4102-B4104, B4149, B4150, B4152-B4162, B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B9002, B9004, B9006, B9998, B9999
Evaluation and Monitoring of Cardiovascular Devices	93279-93298, 93724, G2066
Eye Exam with Photos	92250
Excision of Chalazion (Meibomian Cyst)	67800-67805
External Cardiographic Recording (48 hours – 21 days)	93241 - 93248
Fecal Occult Blood Test (FOBT)	82270, 82272, 82274
Fine Needle Aspiration with and without Imaging Guidance	10004-10012, 10021
Finger Splinting	29130, Q4049
Foreign Body Removal	10120, 10121, 24200, 65205, 69200
Fracture Management (confirmed, non-surgical): <i>Follow up X-ray, Initial & Follow up Office Visits, Splinting, Casting and Cast Removal</i>	29000-29750
Ganglion Cyst Aspiration/Injection (non-guided)	20612
Gastric Suction Pump*	E2000
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

SERVICE DESCRIPTION

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Hemorrhoidectomy, internal, by rubber band ligation(s)	46221
HIV Testing	All
Home Visits by a PCP	99324-99337, G0179-G0180
Humidifiers/Compressors/Nebulizers*	E0561, E0562, E0565, E0570, E0572, E0574
Incision and Drainage	10060-10061, 10080-10081, 10140, 10160, 10180, 26010-26034, 46050
Incision/Excision of Thrombosed External Hemorrhoids	46320, 46083
Incontinence Supplies*	A4310-A4316, A4320-A4322, A4326-A4328, A4330-A4338, A4340, A4344, A4346, A4349, A4351-A4358, A4360, A5102, A5105, A5112-A5114, A5120-A5122, A5126, A5131, A5200
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, Biopsy, Repair	11730, 11732, 11740, 11750, 11755, 11760, 11765
Inhalation Treatments	94640, 94644-94645, 94664
Injection of Tendon Sheaths, Bursa and Trigger Points	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
Insulin Pump Supplies (Vendor: Mini Pharmacy)	A4230
Intercostal Nerve Block	64420, 64421
Intraperitoneal Catheter Insertion and Removal	49418, 49422
Intrathoracic Placement Radiation Therapy Devices	32553

SERVICE DESCRIPTION

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Irrigation of Bladder	51700
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*	E0951, E0958-E0961, E0971, E0973, E0974, E0978, E0980- E0982, E0990, E0992, E0994, E0995, E1015, E1017, E1020. E1028-E1030, E1050, E1060, E1070, E1083, E1084, E1087, E1088, E1092, E1093, E1100, E150, E1160, E1161, E1170-E1172, E1180, E1190, E1195, E1200, E1220-E1228, E1231-E1238, E1240, E1270, E1280, E1295-E1298, E2201-E2230, E2291-E2295, E2601-E2608, E2611-E2616, E2619- E2633, K0001-K0007, K0015, K0017-K0020, K0037-K0053, K0056, K0065, K0069-K0073, K0077, K0105, K0195
Marsupialization of Bartholin’s Cyst	56440
Mastectomy	19301, 19302, 19303, 19305, 19306, 19307, 52000, 52224
Nasopharyngoscopy with Endoscope	92511
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
Needle localization by X-Ray	77002
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

SERVICE DESCRIPTION

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Office Visits (<i>POS 11 only</i>)	99202-99215
Ophthalmological Special Services Visual field exam, Biometry, Optical Coherence Tomography (OCT), Fundus photography	92083, 92132-92134, 92136, 92250
Ophthalmology Exam and Evaluation including determination of refractive state for purpose of prescribing glasses or contacts	92002-92014,
Oral Phosphate Binders (Part B Drugs)	J0601, J0602, J0603, J0607, J0615
Orthopedic Devices*	E0910-E0912, E0920, E0930, E0940-E0948
Orthotic: knee, shoulder, shoulder/elbow/wrist/hand, wrist/hand (off the shelf, prefabricated only)	L1812, L1820, L1832, L1833, L1902, L3670, L3908, L3960
Osteopathic Manipulative Treatment (OMT)	98925-98929
Ostomy Pouches and Supplies*	A4361-A4369, A4371-A4373, A4375-A4400, A4402, A4404-A4435, A5051-A5057, A5061- A5063, A5071-A5073, A5081-A5083, A5093
Outpatient PT/OT/ST— <i>Initial Evaluation and 1 (one) Treatment</i> (<i>free standing facility only</i>)	97161-97163, 97165-97167, 92521-92523
Oxygen and Respiratory Equipment and Supplies*	A4614-A4626, A4628-A4629, A7001-A7018, E0424-E0444, E0466-E0480, E0600, E1353- E1355, E1372, E1390-E1392, K0738, K0739
Patient Lifts*	E0621, E0630, E0635
Percutaneous Drainage	75984, 75989
Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	95004
Pessary Fitting & Insertion	57160, A4562

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Physical Therapy	97110, 97112, 97140, 97530, 97535, 97164, 97113, 97012, 97035, G0283, 97161, 97163, 97010, 97124, 97542, 97750, 97755, 97760, 97763, 97535, 97116
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, 76080-76098, 77074-77075
Pleural Aspiration and Drainage	32554-32557
Portable Infusion Pump – refill, maintenance, irrigation	96521-96523
PPD Tuberculosis Test	86580
Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections Hemorrhoidectomy, internal, by rubber band ligation(s)	95117
Prostate Screenings	G0102
Pulmonary/Respiratory Function Tests: Stress test, simple; diffusing capacity; plethysmography for lung volume; spirometry; respiratory flow volume workup	94010, 94060, 94618, 94375, 94726, 94729
Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	95117
Pulse Oximetry	94760, 94761
Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 2-15 days in a 30-day period	99445
Remote physiologic monitoring treatment management services,	99470

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clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes	
Removal of Foreign Substance and Infected/Devitalized Tissue	11000-11012
Routine Medicare-covered Vaccinations	90653, 90655, 90656, 90657, 90658, 90660, 90660-90662, 90670, 90672-90674, 90682, 90685-90688, 90732, 90739, 90740, 90743, 90744, 90746, 90747, 90756, G0008-G0010, Q2034-Q2039
Sigmoidoscopy w/FIT Test	G0104
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
TENS (Transcutaneous Electrical Nerve Stimulation) device*	E0730, A4556-A4557, A4595
Tracheostomy Supplies and Speaking Valve*	A4605, A4608, A4481, A7501-A7509, A7520-A7527, L8501
Transfer Bench/Device*	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

SERVICE DESCRIPTION

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Vein Mapping for Fistula	93970, 93971
Walkers*	E0130, E0135, E0140-E0144, E0147-E0149, E0153-E0159
<p><u>For OB/Gyn Specialists Only:</u> <i>In-Office GYN Procedures: Endometrial Biopsies, Colposcopies with Biopsy</i></p>	57150, 99459, 58100, 58110, 58555, 58558, 57420-57421, 57452-57461, 56820, 56821, G0123-G0124, Q0091, Q0111
<p><u>For ENT Specialists Only:</u> <i>Control of Nosebleed, Nasal Endoscopy Dx, Nasal/Sinus Endoscopy Surg, Diagnostic Laryngoscopy, Ear Microscopy Examination, Basic Vestibular Evaluation, Spontaneous Nystagmus Test</i></p>	30901-30903, 30905, 30906, 31231, 31237, 31238, 31505, 31575, 92504, 92540, 92541
<p><u>For ENT & Audiology Specialists Only:</u> <i>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</i></p>	92550, 92552, 92553, 92555, 92556, 92557, 92567, 92568
<p><u>For PCP's only:</u> <i>Office-based evaluation & management services; Medicare-covered preventive services</i></p>	All
<p><u>In-Office Laboratory Services:</u> <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>	36410, 36415, 81000-81003, 82962, 86308, 86580, 81025, 87905, 87804, 87807, 87808, 87809, 87880, U0001, U0002, 87635

SERVICE DESCRIPTION

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<p><u>Outpatient Mental Health/Behavioral Health Services</u></p> <p><i>Services must 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> <p>All outpatient mental health counseling and treatment services including drug and alcohol abuse do not require prior authorization with the exception of the below services:</p> <ul style="list-style-type: none"> • Trans Magnetic Stimulation (TMS) • Electro Convulsion Therapy (ECT) • Intensive Outpatient Treatment (IOP) • Partial Hospitalization (PHP) • Medication Assisted Treatment (MAT) 	All
<p><u>Basic Prenatal Care</u></p>	All
<p><u>Chiropractic Services***</u></p>	All
<p><u>East Valley Access Center</u></p>	All
<p><u>Emergency and Urgent Care Services</u></p>	All
<p><u>Family Planning and Sensitive Services***</u></p>	All
<p><u>Hospice</u></p>	All
<p><u>In Network Laboratory Services</u></p> <p><i>Includes screening/testing for COVID-19 detection and antibodies</i></p>	All
<p><u>Language Assistance Programs/Interpreter Services</u></p>	All
<p><u>Sexually Transmitted Disease Services***</u></p>	All
<p><u>Unique Labs</u> <i>(Homebound members ONLY)</i></p>	All

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

SERVICE DESCRIPTION**CPT/HCPCS CODE**

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

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