Arizona Priority Care™
One Goal. One Priority. Your Healthcare.

**Prior Authorization Fax:** 480-499-8798
**Prior Authorization Phone:** 480-499-8720
**Prior Authorization Request Form:** https://azprioritycare.com/for-providers/prior-authorization/

# PROCEDURES & SERVICES THAT DO NOT REQUIRE PRIOR AUTHORIZATION

- This grid is **ONLY** applicable to providers participating with AZPC, and when services are provided in-office, at home, in a free-standing facility, or in an outpatient setting.
- Prior Authorization is **ALWAYS** a requirement for providers who are **NOT** in our network.
- Prior Authorization is **ALWAYS** a requirement 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 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 |
| Ambulance | A0425 |
| 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 |
| Breast Biopsies | 19081, 19082, 19083, 19084, 19085, 19086 |
| Brief emotional/behavioral assessment | 96127, 96156, 96158, 96159 |
| B-12 Injections | 96372, J3420 |
| Canes* | E0100, E0105 |
| Cataract Removal with Insertion of Lens | 66984 |
| Catheter Placement In Coronary Artery(s) | 93458 |
| 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 |
| Colpopexy | 57282, 57284 |

| SERVICE DESCRIPTION | CPT/HCPCS CODE |
|---|---|
| Colporrhaphy | 57265 |
| 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 |
| CT Imaging | 70450, 70460, 70470, 71250, 71260, 71270, 74150, 74160, 74170, 74176, 74177, 74178, 71271 |
| Cystoscopy | 52000, 52224 |
| Debridement Procedures on the Skin<br>*In-office only (POS 11)* | 11042-11047 |
| Debridement, Open Wound<br>*In-office only (POS 11)* | 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 *(other than skin tags or cutaneous vascular proliferative lesions)* | 17110, 17111 |
| Dexamethasone, lacrimal ophthalmic insert, 0.1 mg | J1096 |
| 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 |

| SERVICE DESCRIPTION | CPT/HCPCS CODE |
|---|---|
| Diagnostic Colonoscopy | 45378-45382, 45384-45386, 45388-45393, 45398, G0105, G0121 |
| Dialysis Services (*including out of area)* | 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 |
| DXA Scan | 77080-77086 |
| Ear Wax Removal | 69209, 69210, G0268 |
| ECG | 93000-93010, 93040-93042 |
| ECG/Holter Monitoring, up to 48 hours | 93224-93227 |
| EEG | 95816, 95819 |
| EGD | 43235, 43239, 43245 |
| Electromyography | 95885, 95886 |
| 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 |
| Eye Exam with Photos | 92250 |

| SERVICE DESCRIPTION | CPT/HCPCS CODE |
|---|---|
| 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 |
| Fluorescein Angiography | 92235 |
| Foreign Body Removal | 10120, 10121, 24200, 65205, 69200 |
| Fracture Management (confirmed, non-surgical): *Follow up X-ray, Initial & Follow up Office Visits, Splinting, Casting and Cast Removal* | 29000-29750 |
| Ganglion Cyst Aspiration/Injection (non-guided) | 20612 |
| Gastric Suction Pump* | E2000 |
| Glucose Monitoring by Subcutaneous Device (*Physician fees only – actual device/monitor (K0553, K0554) requires prior authorization)* | 95249-95251 |
| Hemodialysis Insertion, Repair/De-clotting, and/or Removal of Dialysis Catheter | 36831-36833, 36860-36861, 36593, 36589-36590, 36800-36821 |
| Hemorrhoidectomy, internal, by rubber band ligation(s) | 46221 |
| HIV Testing | All |
| Home Health | G0151, G0152, G0299 |
| Home Visits by a PCP | G0179-G0180, 99341- 99350 |
| 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 |

| SERVICE DESCRIPTION | CPT/HCPCS CODE |
|---|---|
| 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, 20605, 20610 |
| In Office Injections: *Toradol, Benadryl, Dexamethasone, Phenergan, Carbocaine, Depo-Medrol, Marcaine, betamethasone acetate/sodium phosphate, Kenalog, furosemide, midazolam, alteplase recombinant, bupivacaine Injection, methylprednisolone acetate, 1 mg* | J1010, J1885, J1200, J1100, J2550, J0670, J3490, J0702, J3301, J1938, J2019, J2250, J2997 |
| INR Monitoring | 93792-93793, G0250, 85610 |
| Insertion of Drug-Eluting Implant | 68841 |
| 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 |
| Intravitreal injection of a pharmacologic agent | 67028 |
| Irrigation of Bladder | 51700 |
| IV Hydration—Normal saline, D5W and/or LR | 96360, 96361, J7030, J7040, J7050 |
| Lower Extremity Study | 93925 |

| SERVICE DESCRIPTION | CPT/HCPCS CODE |
|---|---|
| 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, |
| Nasopharyngoscopy with Endoscope | 92511 |
| Nerve Conduction Studies | 95907, 95908, 95909, 95910, 95911, 95912, 95913, |
| Measurement of post voiding residual urine and/or bladder capacity by ultrasound, non-imaging | 51798 |
| Medical Nutrition Therapy Services *(Diagnosis of renal disease or diabetes ONLY)* | 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 |

| SERVICE DESCRIPTION | CPT/HCPCS CODE |
|---|---|
| Non-invasive Vascular Studies: extremities | 93922-93924 |
| Occipital Nerve Block | 64405 |
| Occupational Therapy | 97168, G0152 |
| Office Visits *(POS 11 only)* | 99202-99215 |
| Ophthalmological Special Services<br>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 | 92002-92015, |
| 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— *Initial Evaluation and 1 (one) Treatment* (*free standing facility only*) | 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 |

| SERVICE DESCRIPTION | CPT/HCPCS CODE |
|---|---|
| Percutaneous transcatheter placement | 92928 |
| 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 |
| Physical Therapy | 97016, 97032, 97110, 97112, 97140, 97530, 97535, 97164, 97113, 97012, 97018, 97022, 97035, G0283, 97150, 97161, 97163, 97010, 97124, 97542, 97750, 97755, 97760, 97763, 97535, 97116, 97014 |
| Plain Film X-Ray (*in-office or free-standing facility only*) | 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 |
| Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication) | 57220 |
| 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 | 95117 |

| SERVICE DESCRIPTION | CPT/HCPCS CODE |
|---|---|
| Hemorrhoidectomy, internal, by rubber band ligation(s) | |
| Prostate Screenings | G0102 |
| Pulmonary/Respiratory Function Tests:<br>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 |
| Psychological Or Neuropsychological Test Administration | 96132, 96133, 96136, 96137, 96138, 96139 |
| 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, 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 | 99470 |
| 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 |

| SERVICE DESCRIPTION | CPT/HCPCS CODE |
|---|---|
| Skin Lesion removal; confirmed malignant | 11600-11646 |
| Sleep Study | 95810 |
| 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, 93880, 93978 |
| Ultrasound Guidance for Needle Placement and Vascular Access | 76942, 76937 |
| Urinary Catheterization (insertion/removal) | 51701-51703, A4351, A4358 |
| Uroflowmetry (complex) | 51741 |
| Vein Mapping for Fistula | 93970, 93971 |
| Walkers* | E0130, E0135, E0140-E0144, E0147-E0149, E0153-E0159 |
| **For OB/Gyn Specialists Only:**<br>*In-Office GYN Procedures: Endometrial Biopsies, Colposcopies with Biopsy* | 57150, 99459, 58100, 58110, 58555, 58558, 57420-57421, 57452-57461, 56820, 56821, G0123-G0124, Q0091, Q0111 |

| SERVICE DESCRIPTION | CPT/HCPCS CODE |
|---|---|
| **For ENT Specialists Only:**<br>*Control of Nosebleed, Nasal Endoscopy Dx, Nasal/Sinus Endoscopy Surg, Diagnostic Laryngoscopy, Ear Microscopy Examination, Basic Vestibular Evaluation, Spontaneous Nystagmus Test* | 30901-30903, 30905, 30906, 31231, 31237, 31238, 31505, 31575,92504, 92540, 92541 |
| **For ENT & Audiology Specialists Only:**<br>*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* | 92550, 92552, 92553, 92555, 92556, 92557, 92567, 92568 |
| **For PCP's only:**<br>*Office-based evaluation & management services; Medicare-covered preventive services* | All |
| **In-Office Laboratory Services:**<br>*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* | 36410, 36415, 80053, 80061, 81000-81003, 82043, 82306, 82570, 82962, 83036, 84439, 84443, 85025, 86308, 86580, 81025, 87481, 87653, 87798, 87905, 87804, 87807, 87808, 87809, 87880, 88305, U0001, U0002, 87635 |

| SERVICE DESCRIPTION | CPT/HCPCS CODE |
|---|---|
| **Outpatient Mental Health/Behavioral Health Services**<br><br>*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*<br><br>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:<br>• Trans Magnetic Stimulation (TMS)<br>• Electro Convulsion Therapy (ECT)<br>• Intensive Outpatient Treatment (IOP)<br>• Partial Hospitalization (PHP)<br>• Medication Assisted Treatment (MAT) | All |
| **Basic Prenatal Care** | All |
| **Chiropractic Services*** ** | All |
| **East Valley Access Center** | All |
| **Emergency and Urgent Care Services** | All |
| **Family Planning and Sensitive Services*** ** | All |
| **Hospice** | All |
| **In Network Laboratory Services**<br>*Includes screening/testing for COVID-19 detection and antibodies* | All |
| **Language Assistance Programs/Interpreter Services** | All |
| **Sexually Transmitted Disease Services*** ** | All |
| **Unique Labs** *(Homebound members ONLY)* | All |

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