

STEWARD HEALTH CHOICE ARIZONA PRIOR AUTHORIZATION GRID

HELPFUL CONTACTS

STEWARD HEALTH CHOICE ARIZONA

Phone: 1-800-322-8670

MEDICAL SERVICES

Fax: 1-877-422-8120

PHARMACY SERVICES

Fax: 1-877-422-8130

For more information on Prior Authorization (PA) or to view this grid online please visit <https://www.stewardhealthchoiceaz.com>

For imaging and cardiac testing or procedures authorized by eviCore
Email ClientServices@Evicore.com OR call 1-888-693-3211

For AHCCCS Complete Care benefits go to:
<http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf>

For details regarding PA authorization forms refer to the Steward Health Choice Arizona Provider Manual, Chapter 6 Authorizations and Notifications (<http://www.stewardhealthchoicearizona.com>).

THE FOLLOWING DIRECTIVES APPLY TO ALL STEWARD HEALTH CHOICE ARIZONA PRIOR AUTHORIZATIONS

- No Prior Authorization is required for any Steward Health Choice Arizona (SHCA) and eviCore procedures when SHCA is the secondary payer, EXCEPT for Transplant services and Inpatient services which require PA from SHCA
- Total OB PKG, including High Risk Assessment require notification only
- Only one Medical/Pharmacy service may be requested per PA form
- The member must be eligible and a member of SHCA at the time the covered service is rendered
- Authorizations are valid for 90 days from the date issued



ACCREDITED
Health Plan
Expires 06/01/2019

2019 PA CODE CHANGE/UPDATE LOG

Revision Date	Effective Date	Category/Service	Change/Update Description	Exceptions
02/15/19	03/1/19	Medical Pharmacy Drug Code List	All related codes included	Biosimilar codes have been updated

PRIOR AUTHORIZATION IS REQUIRED FOR SERVICES LISTED BELOW

Office visits to contracted (par) providers do not require Prior Authorization

****All labs must go through LabCorp****

Our preferred vision care provider is Nationwide

SPECIALTY/ PROCEDURE/SERVICES	PROVISIONS
Advanced Imaging, OB Ultrasounds & Cardiac Imaging	See eviCore grid or visit www.evicore.com
Bariatric Consults & Surgery 43242 43644 43645 43648 43651 43652 43653 43659 43770 43771 43772 43773 43775 43842 43843 43844 43845 43846 43847 43848 43860 43882 43886 43887 43888 43999 64590 99201 99202 99203 99204 99205 99241 99242 99243 99244 99245	All Services
Behavioral Health 90870	Electroconvulsive Therapy (ECT)
Capsule Endoscopy 91110 91111	All Services
Cardiac 33206 33207 33208 33210 33211 33212 33213 33214 33221 33230 33231 33240 33241 33262 33263 33264 33270 33282 33284 33975 33976 33977 33978 33979 33980 33981 33982 33983 33990 33991 33992 33993 93224 93225 93226 93227 93228 93229 93260 93268 93270 93271 93272 93278 93650 93653 93654 93655 93656 93657	Cardiac Rhythm Monitors, Defibrillators Implantable & Wearable, & Ventricular Assist Devices
Chiropractic Services 98940 98941 98942 98943 99201 99202 99203 99204 99205 99211 99212 99213 99214 99215 99241 99242 99243 99244 99245	All Services for ages 0-20. Ages 21 and older is not a covered benefit.
Cosmetic, Plastic and Reconstructive Procedures (in any setting) 11400 11422 11423 11424 11426 11440 11441 11442 11443 11444 11446 11920 11921 11922 11960 11970 11971 13101 13132 14021 14040 14060 14301 14302 15760 15775 15776 15777 15780 15781 15782 15783 15786 15787 15788 15789 15792 15793 15819 15820 15821 15822 15823 15824 15825 15826 15828 15829 15830 15832 15833 15834 15835 15836 15837 15838 15839 15847 15876 15877 15878 15879 17106 17107 17108 19316 19318 19300 19324 19325 19328 19330 19340 19342 19350 19355 19357 19361 19364 19366 19367 19368 19369 19370 19371 19380 19396 21137 21138 21139 21172 21175 21177 21180 21181 21182 21183 21184 21230 21235 21256 21260 21261 21263 21267 21268 21275 21280 21282 21295 21552 21740 21742 21743 21931 28344 30400 30410 30420 30430 30435 30450 30460 30520 30540 30545 30560 30620 54150 54160 54161 54162 54163 54164 67900 67901 67902 67903 67904 67905 67906 67908 67909 67910 67911 67912 67914 67915 67916 67917 67921 67922 67923 67924 67950 67961 67966 69300 96920 96921 96922	These are not usually covered benefits, they include, but are not limited to tattoo removal, collagen injections, rhinoplasty, otoplasty, scar revision, keloid treatments, surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, injections, vein ligation, venous ablation, dermabrasion, Botox injections, circumcision, benign skin lesion removal etc.
Dental	Refer to Dental Matrix
Durable Medical Equipment (DME) E0194 E0265 E0266 E0270 E0300 E0445 E0457 E0460 E0466 E0483 E0620 E0636 E0638 E0641 E0642 E0656 E0669 E0670 E0675 E0693 E0694 E0700 E0710 E0745 E0766 E0784 E0984 E0986 E1002 E1003 E1004 E1005 E1006 E1007 E1008 E1009 E1010 E1030 E1035 E1036 E1161 E1229 E1231 E1232 E1237 E1238 E1239 E2100 E2227 E2228 E2230 E2300 E2301 E2322 E2325 E2327 E2329 E2331 E2351 E2373 E2510 E2511 E2599 E2626 E2627 E2628 E2629 E2630 E8001 K0005 E0008 K0013 K0108 K0800 K0801 K0802 K0806 K0807 K0808 K0821 K0822 K0823 K0824 K0825 K0826 K0827 K0828 K0829 K0830 K0831 K0836 K0837 K0838 K0839 K0840 K0841 K0842 K0843 K0848 K0849 K0850 K0851 K0852 K0853	DME over \$500 for a single item in billed charges requires prior authorization. All services must go through Preferred Homecare.

PRIOR AUTHORIZATION IS REQUIRED FOR SERVICES LISTED BELOW

Office visits to contracted (par) providers do not require Prior Authorization

All labs must go through LabCorp

Our preferred vision care provider is Nationwide

SPECIALTY/PROCEDURE/SERVICES	PROVISIONS
Durable Medical Equipment (DME) K0854 K0855 K0856 K0857 K0858 K0859 K0860 K0861 K0862 K0863 K0864 K0868 K0869 K0870 K0871 K0877 K0878 K0879 K0880 K0884 K0885 K0886 K0890 K0891	DME over \$500 for a single item in billed charges requires prior authorization. All services must go through Preferred Homecare.
Experimental / Investigational Procedures 33477 36514 54240 55866 61863 61864 61867 61868 61886 64555 64722 66180 82016 82017 83090 83695 83701 83987 84145 86301 86316 86343 87476 87621 90867 90868 90869 95965 95966 95967 95978 A4638 A9274 A9276 A9277 A9278 E1831 S1040	All Services
Genetic Counseling and Testing 81162 81201 81203 81210 81211 81212 81213 81214 81215 81216 81217 81218 81219 81222 81223 81225 81226 81227 81228 81229 81235 81246 81265 81266 81272 81273 81287 81291 81292 81294 81295 81297 81298 81300 81313 81314 81317 81319 81321 81323 81325 81355 81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81412 81413 81414 81415 81416 81417 81420 81422 81425 81426 81427 81430 81431 81432 81433 81434 81435 81436 81437 81438 81439 81440 81442 81445 81450 81455 81460 81465 81470 81471 81493 81504 81507 81519 81528 81535 81536 81538 81540 81545 81595 83006 84999 86152 86153 88261 88271 88369 88373 88374 88377 G9143 S3722 S3800 S3840 S3841 S3842 S3852 S3854 S3861 S3865 S3866 S3870	All Services except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations
High Frequency Chest Wall Oscillation Vests/Percussion Vest 94669	All Services
Home Healthcare 99510 99600 G0299 G0300 G0493 G0494 G0495 G0496 S9122 S9123 S9124 S9126 S9127 S9128 S9129 S9131	All Services
Home Infusion Services 99601 99602 S9325 S9326 S9327 S9328 S9329 S9330 S9331 S9335 S9336 S9338 S9345 S9346 S9347 S9348 S9349 S9351 S9353 S9355 S9357 S9359 S9361 S9363 S9364 S9365 S9366 S9367 S9368 S9373 S9374 S9375 S9376 S9377 S9379 S9490 S9494 S9497 S9500 S9501 S9502 S9503 S9504	All Services must go through Coram Infusion
Inpatient Admissions	All Acute Hospital (including Maternity & Delivery), Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility
Maternal Fetal Medicine	All Services
Nerve Conduction Studies 92516 95860 95861 95862 95863 95864 95865 95866 95867 95868 95869 95870 95871 95872 95873 95874 95875 95905 95907 95908 95909 95910 95911 95912	Can only be performed by Neurologists and Physical Medicine and Rehab Physicians; no PA required

PRIOR AUTHORIZATION IS REQUIRED FOR SERVICES LISTED BELOW

Office visits to contracted (par) providers do not require Prior Authorization

****All labs must go through LabCorp ****

Our preferred vision care provider is Nationwide

SPECIALTY/PROCEDURE/SERVICES	PROVISIONS
Neurologic Stimulation Devices 43881 61850 64575 64580 64581 64585 64595 65937 6597065971 65972 65973 65974 65975 65979 65980 65981 65982 95981 9598261860 61870 61875 61880 61885 61886 61888 64553 6455564556 64561 64568 64569 64570	All Services
Neurology Electroencephalogram (EEG) Testing 95950 95951 95953 95956 95957	All Services for all ages
Nutritional Supplements & Enteral Formulas B4161 B4162 B4185 B4034 B4035 B4036 B4081 B4082 B4083 B4087 B4088 B4100 B4102 B4103 B4104 B4149 B4150 B4152 B4153 B4154 B4155 B4157 B4158 B4159 B4160	No PA required and MUST go through Coram Infusion
Outpatient Hospital (Place of Service 22)	No PA required unless the service is listed on this PA Grid
Out of Network / Non Par Providers & Facilities	Excluding; Emergency services, Family Planning, Community Health Centers and County Health Departments
Pain Management 20552 20553 21616 27096 32664 58410 61450 62320 62321 62322 62323 62324 62325 62326 62327 64461 64462 64463 64479 64480 64483 64484 64486 64487 64488 64489 64490 64491 64492 64493 94494 94495 94505 94508 94510 64517 64520 64530 64802 64804 64809 64818 64820 64821 64823 G0260 96368 96369 96370 96371 61215 36563 95990 99201 99202 99203 99204 99205 99241 99242 99243 99244 99245	Including initial/new consults, sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants and acupuncture
Podiatry 10060 10061 10120 10121 10140 10160 11100 11101 11420 11421 11422 11423 11720 11721 11730 11732 11740 11750 11755 20600 28001 28008 28010 28011 28020 28022 28024 28090 28092 28100 28104 28280 28285 28289 28291 28292 28295 28296 28297 28298 28299 28302 28304 28306 28308 28310 28312 28315 64450 64455 64632 64776 64778 64782 64783 99201 99202 99203 99204 99205 99241 99242 99243 99244 99245	All consults, follow up visits and procedures require PA, except for routine diabetic foot care
Pregnancy 59840 59841 59850 59851 59852 59855 59856 59857	Notification only; except PA is required for Pregnancy Terminations and treatment for spontaneous/missed abortions (ultrasound required to note no fetal heartbeat).

PRIOR AUTHORIZATION IS REQUIRED FOR SERVICES LISTED BELOW

Office visits to contracted (par) providers do not require Prior Authorization

All labs must go through LabCorp

Our preferred vision care provider is Nationwide

SPECIALTY/PROCEDURE/SERVICES	PROVISIONS
<p>Prosthetics /Orthotics 69710 69714 69715 69718 69930 L8614 L8619 L8690 L8691 L8692 L8693 L8694 L0112 L0170 L0220 L0450 L0456 L0462 L0464 L0480 L0482 L0484 L0486 L0624L0629 L0631 L0632 L0634 L0636 L0637 L0638 L0640 L0700 L0710 L0810 L0820 L0830L0859 L0861 L1000 L1001 L1005 L1010 L1020 L1025 L1030 L1040 L1050 L1060 L1070L1080 L1085 L1090 L1100 L1110 L1120 L1200 L1210 L1220 L1230 L1240 L1250 L1260L1270 L1280 L1290 L1300 L1310 L1680 L1685 L1700 L1710 L1720 L1730 L1755 L1830L1832 L1834 L1840 L1843 L1844 L1845 L1846 L1847 L1850 L1860 L1945 L1950 L1960L1970 L2000 L2005 L2010 L2020 L2030 L2034 L2036 L2037 L2038 L2040 L2050 L2060L2070 L1980 L1990 L2080 L2090 L2106 L2108 L2112 L2114 L2116 L2126 L2128 L2132L2134 L2136 L2200 L2210 L2220 L2230 L2232 L2240 L2250 L2260 L2265 L2270 L2275L2280 L2300 L2310 L2320 L2330 L2335 L2340 L2350 L2360 L2370 L2375 L2380 L2385L2387 L2390 L2395 L2397 L2510 L2520 L2525 L2526 L2627 L2628 L3000 L3160 L3201L3202 L3203 L3204 L3206 L3207 L3212 L3213 L3214 L3215 L3216 L3217 L3219 L3221L3222 L3230 L3250 L3251 L3252 L3253 L3265 L3671 L3674 L3720 L3730 L3740 L3763L3764 L3765 L3766 L3900 L3901 L3904 L3905 L3961 L3962 L3967 L3971 L3973 L3975L3976 L3977 L3978 L3982 L3985 L3995 L4000 L4002 L4010 L4020 L4030 L4040 L4045L4050 L4055 L4060 L4070 L4080 L4090 L4100 L4110 L4130 L4205 L4210 L4360 L4386L4392 L4394 L4396 L4631 L5010 L5020 L5050 L5060 L5100 L5105 L5150 L5160 L5200L5210 L5220 L5230 L5250 L5270 L5280 L5301 L5312 L5321 L5331 L5341 L5400 L5420L5460 L5500 L5505 L5510 L5520 L5530 L5535 L5540 L5560 L5570 L5580 L5585 L5590L5595 L5600 L5610 L5611 L5613 L5614 L5616 L5639 L5640 L5642 L5643 L5644 L5645L5646 L5647 L5648 L5649 L5651 L5653 L5661 L5673 L5681 L5682 L5683 L5700 L5701L5702 L5703 L5705 L5706 L5707 L5716 L5718 L5722 L5724 L5726 L5728 L5780 L5781L5782 L5790 L5795 L5811 L5812 L5814 L5816 L5818 L5822 L5824 L5826 L5828 L5830L5840 L5845 L5848 L5857 L5858 L5930 L5950 L5960 L5961 L5962 L5964 L5966 L5968L5976 L5979 L5980 L5981 L5982 L5984 L5986 L5987 L5988 L5990 L6000 L6010 L6020L6050 L6055 L6100 L6110 L6120 L6130 L6200 L6205 L6250 L6300 L6310 L6320 L6350L6360 L6370 L6380 L6382 L6384 L6400 L6450 L6500 L6550 L6570 L6580 L6582 L6584L6586 L6588 L6590 L6621 L6623 L6624 L6646 L6648 L6686 L6687 L6689 L6690 L6692L6693 L6694 L6695 L6696 L6697 L6704 L6707 L6708 L6709 L6711 L6712 L6713 L6714L6715 L6881 L6882 L6883 L6884 L6885 L6895 L6900 L6905 L6910 L6915 L6920 L6925L6930 L6935 L6940 L6945 L6950 L6955 L6960 L6965 L6970 L6975 L7007 L7008 L7009L7040 L7045 L7170 L7180 L7181 L7185 L7186 L7190 L7191 L7405 L7510 L7520 L8035L8040</p>	<p>PA required for the following but is not limited to:</p> <ul style="list-style-type: none"> • Orthopedic footwear / orthotics / foot inserts • Customized orthotics, prosthetics, braces • Bone anchored/Cochlear Implants <p>NOTE: Customized P&O requests need to be ordered by the referring physicians; all other requests need to go through a contracted provider.</p>
<p>Rehabilitation Therapies & Services 92507 92508 92521 92522 92523 92524 92526 92610 93797 93798 94667 94668 97010 97012 97014 97016 97018 97022 97024 97026 97028 97033 97034 97035 97036 97039 97110 97112 97113 97116 97124 97140 97150 97530 97533 97535 97537 97542 97750 97755 97760 97761 97762 97763 97799 G0281 G0283 G0289 G0422 G0423 S9128 S9129 S9131 S9152</p>	<p>Physical, Occupational & Speech Therapy, , Cardiac & Pulmonary Rehab Speech Therapy is not a covered benefit for age 21 and older.</p>
<p>Routine Office-Based Procedures</p>	<p>Do not require authorization unless otherwise listed on this grid</p>
<p>Sleep Studies 95782 95783 95800 95801 95803 95806 95807 95808 95810 95811 G0398 G0399 G0400</p>	<p>All Services</p>

PRIOR AUTHORIZATION IS REQUIRED FOR SERVICES LISTED BELOW
 Office visits to contracted (par) providers do not require Prior Authorization
 ****All labs must go through LabCorp ****
 Our preferred vision care provider is Nationwide

SPECIALTY/PROCEDURE/SERVICES	PROVISIONS
Spinal Cord Stimulators (including implant) 63650 63655 63685	All Services
Spinal Surgery (including implant)	All Services
22551 22554 22556 22558 22590 22595 22600 22610 22612 22630 22633 22800 22802 22804 22808 22810 22812 22818 22819 22840 22842 22843 22844 22845 22846 22847 22849 22850 22852 22588 63030 63042 63045 63047 63056 63081	
Sterilization	
52601 52630 52647 52648 52649 55250 55450 55801 55821 55831 58150 58180 58200 58210 58240 58260 58262 58263 58267 58270 58275 58280 58285 58290 58291 58292 58293 58294 58541 58542 58543 58544 58548 58550 58552 58553 58554 58570 58571 58572 58573 58600 58605 58611 58615 58670 58671 58700 58951 58953 58954 58956 59135 59525	PA required for members under the age of 21 the Federal Consent Form. Members 21 and over do require PA. Federal Consent Form needs to be sent in with the claim.
Transplant Evaluation and Services	
32850 32851 32852 32853 32854 32855 32856 33930 33933 33935 33940 33944 33945 38205 38206 38208 38209 38210 38211 38212 38213 38214 38215 38230 38232 38240 38241 38242 44132 44133 44135 44136 44137 44715 44720 44721 47133 47135 47136 47140 47141 47142 47143 47144 47145 47146 47147 47399 48550 48551 48552 48554 48556 50300 50320 50323 50325 50327 50328 50329 50340 50360 50365 50370 50380 50547 S2053 S2054 S2055 S2060 S2061 S2065 S2140 S2142 S2150 S2152	Including Solid Organ and Bone Marrow (Corneal transplant does not require authorization)
Unlisted, Miscellaneous By Report Codes	
01999 15999 17999 19499 20999 21089 21299 21499 21899 22899 22999 23929 24999 25999 26989 27299 27599 27899 29799 29999 30999 31290 31299 31599 31899 32999 33999 36299 37501 37799 38129 38499 38589 38999 39499 39599 90749 40799 40899 41599 41899 42299 42699 42999 43289 43499 43659 43699 43999 44238 44799 44899 44979 45399 45499 45999 46999 47379 47399 47579 47999 48999 49329 49659 49999 50549 50949 51999 53899 54699 55599 55899 58578 58579 58679 58999 59898 59899 60659 60699 64999 66999 67299 67399 67599 67999 68399 68899 69399 69799 69949 69979 76496 76497 76498 76499 76999 77299 77399 77499 77799 78099 78199 78399 78499 78699 78799 78999 79999 81479 84999 85999 86849 86999 87999 88099 88199 88299 88399 89240 89398 90749 90899 90999 91299 91739 92499 92700 93799 93998 94799 95199 95999 96379 96549 96999 97039 97139 97799 99199 99429 99499 99600 A0999 A4335 A4421 A4649 A4913 A9280 A9900 A9999 B9999 C9399 E0769 E1399 E1699 E2599 G0129 G0152 G0158 G0160 G0235 G8978 G8979 G8980 G8981 G8982 G8983 G8984 G8985 G8986 G8987 G8988 G8989 G8990 G8991 G8992 G8993 G8994 G8995 H0046 J3490 J3590 J7599 J7699 J7799 J7999 J8597 J9999 K0108 K0898 K0899 L0999 L1499 L1699 L2999 L3699 L3999 L5999 L7499 L8039 L8499 L8699 Q0507 Q0508 Q0509 Q2039 Q4050 Q4051 Q4100 S0590 S8301 S9977	medical necessity documentation and rationale must be submitted with the prior authorization request.
	Venous injections, vein ligation, and venous ablation
Vein Therapy 36468 36470 36471 36473 36474 36475 36476 36478 36479 37700 37718 37722 37780	Venous injections, vein ligation, and venous ablation
Wound Therapy 97602 97607 97608 99183 C1300	Hyperbaric Wound Therapy
Wound Vacs (Negative Pressure) A6550 A7000 F2402	No PA required. MUST go through Preferred Homecare

INPATIENT SERVICES REQUIRING PRIOR AUTHORIZATION

- All non-emergency hospital admissions for Inpatient Acute, Inpatient Psychiatric Hospital, Psychiatric Sub-Acute Facility, Level I Behavioral Health Inpatient Facility (RTC), Rehabilitation, Long Term Acute Care, Skilled Nursing Facilities, Hospice and Observation require prior authorization.
- All facilities must notify SHCA of admissions
- Fax Inpatient Notifications to 480-760-4732
- Fax Behavioral Health Hospital/Sub-Acute, Behavioral Health Inpatient Facilities and ECT to 855-408-3401

In the event acute or behavioral health inpatient hospitalization services delivered are to evaluate and stabilize an emergency medical condition, the plan must be notified of the admission within 1 calendar day.

TESTING AND PROCEDURES

Prior Authorizations for these services must be obtained through eviCore

All "high-tech" radiology services: MRI, MRA, CT AND PET

- Ultrasounds: vascular, high-tech radiology & obstetrical
- Nuclear cardiac stress testing
- Echocardiography, TEE/TTE
- Heart catheterizations, 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 7am to 8pm CST

CPT CODE	EVICORE CPT CODE DESCRIPTION
0159T	CAD, including computer algorithm analysis, BREASTMRI
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
70491	CT Soft-tissue Neck with contrast
70492	CT Soft-tissue Neck with & without contrast W & W/O
70496	CTA HEAD, with contrast, including non-contrast images, if performed, & image post-processing
70498	CTA NECK, with contrast, including non-contrast 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

CPT CODE	EVICORE CPT CODE DESCRIPTION
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
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 non-contrast 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
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

CPT CODE	EVICORE CPT CODE DESCRIPTION
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 non-contrast 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
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 non-contrast images, if performed, & image post processing
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

CPT CODE	EVICORE CPT CODE DESCRIPTION
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 non-contrast images, if performed, & image post processing
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
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 non-contrast images, if performed, & image post processing
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
74712	MRI fetal, including placental and maternal pelvic imaging when performed; single or first gestation
74713	MRI fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code primary procedure)

CPT CODE	EVICORE CPT CODE DESCRIPTION
74261	Computed tomographic (CT) colonography, diagnostic, including image post processing; without contrast material
74262	Computed tomographic (CT) colonography, diagnostic, including image post processing; with contrast material(s) including non-contrast images, if performed
74263	Computed tomographic (CT) colonography, screening, including image post processing
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)
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 non-contrast 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 post processing on an independent workstation
76377	3D Rendering with interpretation and reporting of CT, MRI, ultrasound, or other tomographic modality; requiring image post-processing on an independent workstation
76380	CT Limited or Localized follow-up
76390	MR Spectroscopy (MRS)
76497	Unlisted CT procedure (e.g., diagnostic, interventional)
76498	Unlisted MR procedure (e.g., diagnostic, interventional)
77021	MR guidance for needle placement (e.g. for biopsy, needle aspiration, injection, or placement of localization device)
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

CPT CODE	EVICORE CPT CODE DESCRIPTION
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 heart beat, 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 organsystem(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
76819	Fetal biophysical profile; without non-stress testing
76820	Doppler velocimetry, fetal; umbilical artery
76821	Doppler velocimetry, fetal; middle cerebral artery
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;
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
G0297	Low-dose CT for Lung Cancer Screening

CPT CODE	EVICORE CPT CODE DESCRIPTION
77079	CT BONE MINERAL DENSITY study, 1 or more sites, appendicular
77084	MRI Bone Marrow blood supply
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation 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	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, 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/or redistribution and/or rest reinjection
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 (exercise or pharmacologic)
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/or redistribution and/or rest 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
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
378491	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
78999	Unlisted cardiovascular procedures, diagnostic nuclear medicine
0482T	Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure)

CPT CODE	EVICORE CPT CODE DESCRIPTION
78608	PET Brain - metabolic evaluation
78609	PET Brain - perfusion evaluation
78811	PET imaging; limited area (e.g. 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 (e.g. 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	Transthoracic echocardiography for congenital abnormalities
93304	Transthoracic echocardiography for congenital abnormalities; limited study
93306	Echocardiography, transthoracic, real-time with image documentation (2D), with spectral Doppler echocardiography, and with color flow Doppler echocardiography
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
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

CPT CODE	EVICORE CPT CODE DESCRIPTION
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
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 trans septal 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
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data interpretation and report
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission

CPT CODE	EVICORE CPT CODE DESCRIPTION
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report
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; vasoactive
93892	Transcranial Doppler study of the intracranial arteries; emboli detection W/O intravenous microbubble injection
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection
93922	Limited bilateral noninvasive physiologic studies of upper or lower arteries, (e.g., for lower extremity: ankle/brachial indices at distal posterior tibia and anterior tibia/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibia and anterior tibia/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibia and anterior tibia/dorsalis pedis arteries with transcutaneous oxygen tension measurements at 1-2 levels)
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (e.g., for lower extremity: ankle/brachial indices at distal posterior tibia and anterior tibia/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 tibia and anterior tibia/dorsalis pedis arteries plus volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibia and anterior tibia/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels, or single level study with provocative functional maneuvers e.g., 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, (i.e., 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

CPT CODE	EVICORE CPT CODE DESCRIPTION
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 (e.g., Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)
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

STEWARD HEALTH CHOICE ARIZONA MEDICAL PHARMACY CODES

All codes listed on the grid require prior authorization from Steward Health Choice Arizona.

Please visit <http://www.stewardhealthchoiceAZ.com> for the following:

- The SHCA formulary for preferred medication selections
- The PA medical request form
- More information on prior authorization requirements

PLEASE NOTE:

SPECIALTY MEDICATIONS:

SHCA utilizes CVS CareMark Medical Specialty Infusion provider for most medications administered by a provider. Oral specialty drugs (i.e. Tarceva; Gleevec) must be provided by the SHCA contracted PBM (Optum).

SYNAGIS (PALIVIZUMAB):

Provider must utilize the SHCA contracted service providers (generally Hacienda Children's Hospital (Los Ninos) Maricopa County and central Flagstaff; CVS CareMark Specialty Infusion for all other counties). Please utilize the SHCA coverage criteria and dedicated PA form (see Exhibit 16-6). "Specialty" medications (injectable; infusion; implant) which may be provided in a contracted Provider office when Prior Authorization is first obtained.

A complete Medical PA request form must be submitted with supporting documentation to fax: 1-877-422-8120

MEDICATION DESCRIPTION	CODE
Abatacept, 10 mg (Orencia)	J0129
AbobotulinumtoxinA, 5 units	J0586
Ado-trastuzumab emtansine, 1 mg (Kadcyla)	J9354
Aflibercept, 1 mg (Eylea)	J0178
Agalsidase, 1 mg (Fabrazyme)	J0180
Aldesleukin, per single use vial	J9015
Alglucerase, 10 units (Ceredase)	J0205
17 Alpha-Hydroxyprogesterone Caproate (Gestiva)	J3490
Alpha 1 Proteinase Inhibitor - Human, 10 mg (Prolastin, Zemaira, Glassia, Aralast)	J0256, J2057

MEDICATION DESCRIPTION	CODE
Alglucosidase alfa, 10mg	J0220
Alglucosidase alfa, (Lumizyme), 10mg	J0221
Alefacept, 0.5 mg(Amevive)	J0215
Alemtuzumab, 1 mg(Lemtrada)	J0202
Alemtuzumab, 10 mg(Campath)	J9010
Aminolevulinic acid for topical administration	J7308, J7309, J7345
Anidulafungin, 1 mg(Eraxis)	J0348
Alprostadil, 1.25 mcg	J0270
Alprostadil urethral suppository	J0275
Aprepitant, 1 mg (Cinvanti)	J0185
Argatroban, 1 mg (for non-esrd use)	J0883
Arsenic trioxide, 1 mg(ATRA)	J9017
Asparaginase	J9019, J9020
Atezolizumab, 10 mg(Tecentriq)	J9022
Aurothioglucose, up to 50mg	J2910
Autologous cultured chondrocytes, implant(Carticel)	J7330
Avelumab, 10 mg(Bavencio)	J9023
Basiliximab, 20 mg(Simulect)	J0480
BCG (intravesical) perinstillation	J9031
Belatacept, 1 mg(Nulojix)	J0485
Belinostat, 10 mg(Beleodaq)	J9032
Bevacizumab, 10 mg	J9035
Bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	Q5107
Belimumab, 10 mg(Benlysta)	J0490
Bendamustine hcl (Treanda), 1 mg	J9033
Bendamustine hcl (Bendeka), 1mg	J9034

MEDICATION DESCRIPTION	CODE
Benralizumab, 1 mg (Fasenra)	J0517
Bezlotoxumab, 10 mg (Zinplava)	J0565
Biperiden lactate, per 5 mg	J0190
Blinatumomab, 1 mcg (Blincyto)	J9039
Botulinum Toxin Type A, per unit	J0585
Brentuximab vedotin, 1 mg (Adcetris)	J9042
Buprenorphine extended-release (Sulocade)	Q9992
Buprenorphine implant, 74.2 mg	J0570
Burosumab-twza, 1 mg (Crysvita)	J0584
C-1 Esterase Inhibitor, 10units	J0596, J0597, J0598, J0599
Cabazitaxel, 1 mg, (Jevtana)	J9043
Canakinumab, injection, 1 mg (Ilaris)	J0638
Carfilzomib, 1 mg, (Kyprolis)	J9047
Casopofungin acetate, 5 mg	J0637
Ceftaroline fosamil, 10 mg	J0712
Centruroides immune f(ab)2, up to 120 mg	J0716
Cerliponase alfa, 1 mg (Brineura)	J0567
Cetuximab, 10 mg (Erbix)	J9055
Chorionic gonadotropin, per 1,000 usp units	J0725
Cidofovir, 375 mg	J0740
Collagenase, clostridium histolyticum, 0.01mg	J0775
Compounded drug, not otherwise classified	J7999
Copanlisib, 1 mg (Aliqopa)	J9057
Corticotropin ovine triflutate, 1mcg	J0795
Corticotropin, up to 40units	J0800
Cosyntropin, not otherwise specified, 0.25 mg	J0833
Cosyntropin (cortrosyn), 0.25mg	J0834

MEDICATION DESCRIPTION	CODE
Crotalidae polyvalent immune fab (ovine), up to 1 gm	J0840
Cytomegalovirus immune globulin intravenous (human), perval	J0850
Daclizumab, parenteral, 25 mg(Zinbryta)	J7513
Dalbavancin, 5 mg(Dalbance)	J0875
Dalteparin sodium, per 2500 iu	J1645
Daptomycin, 1 mg	J0878
Daratumumab, 10 mg (Darzalex)	J9145
Darbepoetin alfa, 1 microgram (non-ESRD use)	J0881
Daunorubicin 1 mg and cytarabine 2.27 mg, liposomal (Vyxeos)	J9153
Decitabine, 1 mg	J0894
Deferoxamine mesylate, 500 mg	J0895
Degarelix, 1 mg (Firmagon)	J9155
Denileukin diftitox, 300 mcg	J9160
Denosumab, 1 mg	J0897
Depo-estradiol cypionate, up to 5 mg	J1000
Dexamethasone, intravitreal implant, 0.01 mg(Ozurdex)	J7312
Dexrazoxane hydrochloride, per 250 mg	J1190
Dolasetron mesylate, 10 mg	J1260
Doxorubicin HCL, 10 mg	J9000, J9001, J9002
Durvalumab 10 mg (Imfinzi)	J9173
Ecallantide, 1 mg	J1290
Eculizumab, 10 mg (Soliris)	J1300
Edaravone, 1 mg (Radicava)	J1301
Edetate disodium, per 150 mg (EDTA)	J3520
Elosulfase alfa, 1 mg	J1322
Elotuzumab, 1 mg (Empliciti)	J9176
Emicizumab-kxwh, 0.5 mg (Hemlibra)	J7170
Enfuvirtide, 1 mg	J1324

MEDICATION DESCRIPTION	CODE
Enoxaparin sodium, 10 mg (Lovenox)	J1650
Epoetin alfa, (for non-esrd use), 1000 units	J0885
Epoetin beta, 1 mcg, (for non esrd use)	J0888
Epoprostenol, 0.5 mg	J1325
Eribulin mesylate, 0.1 mg (Halaven)	J9179
Estradiol valerate, up to 10 mg	J1380
Estrogen conjugated, per 25 mg	J1410
Estrone, per 1 mg	J1435
Etelcalcetide, 0.1 mg	J0606
Eteplirsen, 10 mg (Exondys 51)	J1428
Etidronate disodium, per 300 mg	J1436
Factor IX (antihemophilic factor, recombinant), (Rebinyn)	J7230
Ferric carboxymaltose, 1 mg (Injectafer)	J1439
Ferric pyrophosphate citrate solution, 0.1 mg of iron (Triferic)	J1443
Ferumoxytol (Feraheme)	Q0138, Q0139
Filgrastim (G-CSF), excludes biosimilars, 1 mcg (Neupogen)	J1442
Filgrastim (G-CSF), biosimilar (Zarxio)	Q5101
Filgrastim-aafi, biosimilar (Nivestym)	Q5110
Fluocinolone acetonide, intravitreal implant (Retisert)	J7311, J7313
Fomepizole, 15 mg	J1451
Fomivirsen sodium, intraocular, 1.65 mg (Vitravene)	J1452
Fondaparinux sodium, 0.5 mg (Arixtra)	J1652
Fosaprepitant, 1 mg (Emend)	J1453
Foscarnet sodium, per 1000 mg	J1455
Fosnetupitant 235 mg and palonosetron 0.25 mg (Akynzeo)	J1454
Fulvestrant, 25 mg (Faslodex)	J9395
Gallium nitrate, 1 mg	J1457
Galsulfase, 1 mg (Naglazyme)	J1458

MEDICATION DESCRIPTION	CODE
Gamma globulin, intramuscular, 1 cc	J1460
Gamma globulin, intramuscular, over 10 cc	J1560
Ganciclovir, 4.5 mg, long-acting implant (Vitrasert)	J7310
Gemcitabine hcl, 200 mg (Gemzar)	J9201
Gemtuzumab ozogamicin, 0.1 mg	J9203
Gold sodium thiomalate, up to 50 mg	J1600
Golimumab, 1 mg, for intravenous use (Simponi Aria)	J1602
Gonadorelin hydrochloride, per 100 mcg	J1620
Goserelin acetate implant, per 3.6 mg (Zoladex)	J9202
Granisetron, extended-release, 0.1 mg (Sustol)	J1627
Guselkumab, 1 mg (Tremfya)	J1628
Hemin, 1 mg	J1640
Hepatitis B immune globulin (HepagamB),	J1571, J1573
Histrelin Implant, 50 mg (Supprelin LA/Vantus)	J9225, J9226
Histrelin acetate, 10 mcg	J1675
Human fibrinogen concentrate, 1 mg (Fibryga)	J7177
Hyaluronidase	J3470, J3471, J3472, J3473
Ibalizumab-uiyk, 10 mg (Trogarzo)	J1746
Ibandronate Sodium, 1 mg (Boniva)	J1740
Idursulfase, 1 mg (Elaprase)	J1743
Ifosfamide, 1 gm (Ifex)	J9208
IncobotulinumtoxinA a, 1 unit	J0588
Imiglucerase, 10 units (Cerezyme)	J1786
Immune globulin (Cuvitru), 100 mg	J1555
Immune globulin (Bivigam), 500 mg	J1556
Immune globulin (Gammaplex), 500 mg	J1557

MEDICATION DESCRIPTION	CODE
Immune globulin (Hizentra), 100 mg	J1559
Immune globulin (Gamunex-C/Gammaked), 500 mg	J1561
Immune globulin (Octagam)	J1568
Immune globulin (Privigen)	J1459
Immune globulin (Vivaglobin), 100 mg	J1562
Immune globulin, Intravenous, lyophilized (e.g. powder), 500 mg (Carimune)	J1566
Immune globulin, Intravenous, 500 mg	J1572
Immune globulin/hyaluronidase (Hyqvia), 100 mg	J1575
Immune globulin, intravenous, non-lyophilized (e.g. liquid), 500 mg	J1599
Infliximab, 10 mg, biosimilar (Inflectra, Renflexis)Ixifi)	Q5103, Q5104, Q5019
Infliximab, excludes biosimilar, 10 mg (Remicade)	J1745
Inotuzumab ozogamicin, 0.1 mg (Besponsa)	J9229
Interferon Alphacon-1, 1 mcg (Infergen)	J9212
Interferon Alfa -2A (Roferon-A)	J9213
Interferon Alfa – 2B (Intron A/Rebetron Kit)	J9214
Interferon, alfa-n3, (human leukocyte derived), 250,000 iu	J9215
Interferon, gamma 1-b, 3 million units	J9216
Interferon beta-1a, 30 mcg	J1826
Ipilimumab, 1mg (Yervoy)	J9228
Iron dextran, 50 mg (Dextran, InFed)	J1750
Iron sucrose, 1 mg (Venofer)	J1756
Isavuconazonium, 1 mg (Cresemba)	J1833
Ixabepilone, 1 mg (Ixempra)	J9207
Kanamycin sulfate (Kantrex)	J1840, J1850
Lanreotide, 1 mg (Somatuline)	J1930
Laronidase, 0.1 mg (Aldurazyme)	J1931
Lepirudin, 50 mg	J1945

MEDICATION DESCRIPTION	CODE
Leuprolide Acetate (depot suspension), 3.75 mg (Eligard/Lupron)	J1950
Leuprolide Acetate (for depot suspension), 7.5 mg (Eligard/Lupron Depot)	J9217
Leuprolide Acetate, 1 mg (Lupron)	J9218
Leuprolide acetate implant, 65 mg (Lupron Implant)	J9219
Levoleucovorin calcium, 0.5 mg	J0641
Linezolid 200 mg (Zyvox)	J2020
Mecasermin 1 mg (Iplex, Increlex)	J2170
Mepolizumab, 1 mg (Nucala)	J2182
Meropenem and vaborbactam, 10 m/10mg (20mg) Vabomere	J2186
Mesna, 200 mg	J9209
Micafungin sodium, 1 mg (Mycamine)	J2248
Mitomycin, ophthalmic, 0.2 mg	J7315
Mitoxantrone hcl, per 5 mg	J9293
Moxifloxacin, 100 mg (Avelox)	J2280
Nandrolone decanoate, up to 50 mg	J2320
Natalizumab, 1 mg (Tysabri)	J2323
Necitumumab, 1 mg (Portrazza)	J9295
Nelarabine, 50 mg (Arranon)	J9261
Nivolumab, 1 mg (Opdivo)	J9299
Not otherwise classified, antineoplastic drugs	J9999
Nusinersen, 0.1 mg (Spinraza)	J2326
Obinutuzumab, 10 mg (Gazyva)	J9301
Ocrelizumab, 1 mg (Ocrevus)	J2350
Ocriplasmin, 0.125 mg (Jetrea)	J7316
Octreotide, depot form for intramuscular injection, 1 mg	J2353, J2354
Ofatumumab, 10 mg (Arzerra)	J9302
Olaratumab, 10 mg (Latruvo)	J9285

MEDICATION DESCRIPTION	CODE
Omacetaxine mepesuccinate, 0.01 mg (Synribo)	J9262
Omalizumab, 5 mg (Xolair)	J2357
Oprelvekin, 5 mg (Neumega)	J2355
Oritavancin, 10 mg (Orbactiv)	J2407
Palifermin, 50 mcg (Kepivance)	J2425
Palivizumab 50 mg (Synagis)	J3490
Panitumumab 10 mg (Vectibix)	J9303
Paricalcitol, 1 mcg (Zemlar)	J2501
Pasireotide long acting, 1 mg (Signifor)	J2502
Pegfilgrastim, 6 mg (Neulasta)	J2505
Pegfilgrastim-jmdb, biosimilar (Fulphila)	Q5108
Pegademase bovine, 25 iu (Adagen)	J2504
Pegaptanib sodium, 0.3 mg (Macugen)	J2503
Pegaspargase, per single dose vial	J9266
Pegloticase, 1 mg (Krystexxa)	J2507
Pembrolizumab, 1 mg (Keytruda)	J9271
Pemetrexed, 10 mg (Alimta)	J9305
Pentostatin, 10 mg	J9268
Peramivir, 1 mg (Rapivab)	J2547
Pertuzumab, 1 mg (Perjeta)	J9306
Plerixafor, 1 mg (Mozobil)	J2562
Plicamycin, 2.5 mg	J9270
Pralatrexate, 1 mg (Folotyn)	J9307
Pralidoxime chloride, up to 1 gm	J2730
Progesterone, per 50 mg	J2675
Protein C concentrate, intravenous, human, 10 iu (Ceprotin)	J2724
Protirelin, per 250 mcg	J2725

MEDICATION DESCRIPTION	CODE
Quinupristin/dalfopristin, 500 mg (Synercid)	J2770
Ramucirumab, 5 mg (Cyramza)	J9308
Ranibizumab, 0.1 mg (Lucentis)	J2778
Rasburicase, 0.5 mg (Elitek)	J2783
Reslizumab, 1 mg (Cinqair)	J2786
Rho D immune globulin	J2788, J2789, J2790, J2791, J2792
Riboflavin 5"-phosphate, ophthalmic solution, up to 3 mL (Photrex)	J2787
Riloncept, 1 mg (Arcalyst)	J2793
Rimabotulinum Toxin B, 100 units (Myobloc)	J0587
Rituximab, 10 mg (Rituxan)	J9312
Rituximab, 10 mg and hyaluronidase (Rituxan Hycela)	J9311
Rolapitant, 0.5 mg (Varubi)	J2797
Romidepsin, 1 mg (Istodax)	J9315
Romiplostim, 10 mcg (Nplate)	J2796
Sargramostim (gm-csf), 50 mcg (Leukine)	J2820
Sebelipase alfa, 1 mg (Kanuma)	J2840
Siltuximab, 10 mg (Sylvant)	J2860
Sincalide, 5 mcg (Kinevac)	J2805
Sipuleucel-T, 50 M cells (Provenge)	Q2043
Sodium ferric gluconate complex in sucrose injection, 12.5 mg (Ferrlecit)	J2916
Somatrem, 1 mg	J2940
Spectinomycin dihydrochloride (Trobicin)	J3320
Taliglucerase alfa, 10 units (Elelyso)	J3060
Talimogene laherparepvec, per 1 million plaque forming units (Imlygic)	J9325
Tedizolid phosphate, 1 mg (Sivextro)	J3090
Telavancin, 10 mg (Vibativ)	J3095
Tbo-filgrastim	J1447

MEDICATIONDESCRIPTION	CODE
Temozolomide, 1 mg	J9328
Temsirolimus, 1 mg (Torisel)	J9330
Testosterone Injection, 1 mg* Code for billing units per injection (Aveed)	J3145
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, 1 mg	J1071
Testosterone Cypionate and Estradiol Cypionate, up to 1 ml (Depo-Testadiol)	J1060
Testosterone enanthate, up to 100 mg	J3120
Testosterone enanthate, 1 mg	J3121
Testosterone Enanthate, up to 200 mg (Delatestryl)	J3130
Testosterone enanthate and estradiol valerate, up to 1 cc	J0900
Testosterone Propionate, up to 100 mg	J3150
Tetanus immune globulin, human, up to 250 units	J1670
Thyrotropin alpha, 0.9 mg (Thyrogen)	J3240
Tigecycline, 1 mg (Tygacil)	J3243
Tildrakizumab, 1 mg (Ilumya)	J3245
Tinzaparin sodium, 1000 iu	J1655
Tirofiban, 0.25 mg (Aggrastat)	J3246
Tocilizumab, 1 mg (Actemra)	J3262
Tobramycin, inhalation solution, 300 mg (Tobi)	J7682
Trabectedin, 0.1 mg (Yondelis)	J9352
Trastuzumab, 10 mg (Herceptin)	J9355
Trastuzumab-dkst, biosimilar (Ogivri)	J3490
Treprostinil, 1 mg (Remodulin)	J3285, J7686
Triamcinolone acetonide, preservative-free, extended release (Zilretta)	J3304
Trimetrexate glucuronate, per 25 mg (Neutrexin)	J3305

MEDICATION DESCRIPTION	CODE
Triptorelin, extended-release, 3.75 mg (Triptodur)	J3316
Triptorelin pamoate, 3.75 mg (Trelstar)	J3315
Unclassified Drugs	J3490
Unclassified Antineoplastic Drugs	J9999
Urofollitropin, 75 iu (Bravelle)	J3355
Ustekinumab, for intravenous injection, 1 mg (Stelara)	J3357, J3358
Valrubicin, intravesical, 200 mg (Valstar)	J9357
Vedolizumab, 1 mg (Entyvio)	J3380
Velaglucerase alfa, 100 units (VPRIV)	J3385
Verteporfin, 0.1 mg (Visudyne)	J3396
Vestronidase alfa-vjvk, 1 mg (Mepsevii)	J3397
Vinorelbine tartrate, 10 mg (Navelbine)	J9390
Viscoelastics Supplementation (hyaluronan or derivative for intra-articular injection)	J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329
Voretigene neparvovec-rzyl, 1 billion vector genomes (Luxturna)	J3398
Voriconazole, 10 mg (Vfend)	J3465
Pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg	Q5111