



HEALTH CHOICE UTAH PRIOR AUTHORIZATION REQUIREMENTS

HELPFUL CONTACTS

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[For more information on Prior Authorization or to view this grid online please visit \[www.healthchoiceutah.com\]\(http://www.healthchoiceutah.com\)](#)

For UDOH acute care benefits go to:

<https://medicaid.utah.gov/health-care-providers>

For details regarding PA authorization forms refer to the HCU Authorizations and Referrals Chapter 6 of the Provider Manual (www.HealthChoiceUtah.com)

*THE FOLLOWING DIRECTIVES
APPLY TO ALL HEALTH CHOICE
PRIOR AUTHORIZATIONS*

- No Prior Authorization is required for any HCU procedures when HCU is the secondary payer, EXCEPT for Transplant services and inpatient services which require PA from HCU
- Total OB PKG, including High Risk Assessment
- Only one Medical/Pharmacy service may be requested per PA form
- The member must be eligible at the time the covered HCU service is rendered
- Authorizations are valid for 90 days from the date issue

2018 PA Code Change/Update Log

Revision Date	Effective Date	Category/Service	Change/Update Description	Exceptions
06/18/18	1/1/18	Advanced Imaging, OB Ultrasounds & Cardiac Imaging	All related codes included	None
06/18/18	1/1/18	Bariatric Surgery	All related codes included	None
06/18/18	1/1/18	Behavioral Health	All related codes included	Does not apply to HCU
06/18/18	1/1/18	Cardiac	All related codes included	None
06/18/18	1/1/18	Cosmetic, Plastic and Reconstructive Procedures	All related codes included	None
06/18/18	1/1/18	DME	All related codes included	None
06/18/18	1/1/18	Experimental/Investigational Procedures	All related codes included	None
06/18/18	1/1/18	Genetic Counseling & Testing	All related codes included	None
06/18/18	1/1/18	Home Health	All related codes included	None
06/18/18	1/1/18	Home Infusion	All related codes included	None
06/18/18	1/1/18	Nerve Conduction Studies	All related codes included	None
06/18/18	1/1/18	Neurologic Stimulation Devices	All related codes included	None
06/18/18	1/1/18	Neuropsychology/Psychology Testing and Therapy	All related codes included	None
06/18/18	1/1/18	Nutritional Supplements & Enteral and Parenteral Services	All related codes included	None
06/18/18	1/1/18	Pain Management Therapy	All related codes included	None
06/18/18	1/1/18	Podiatry	All related codes included	None
06/18/18	1/1/18	Pregnancy	All related codes included	None
06/18/18	1/1/18	Prosthetics/Orthotics	All related codes included	None
06/18/18	1/1/18	Therapies-OT/PT/ST/RT/Cardiac	All related codes included	None
06/18/18	1/1/18	Sleep Studies	All related codes included	None
06/18/18	1/1/18	Sterilization	All related codes included	None
06/18/18	1/1/18	Transplants	All related codes included	None
06/18/18	1/1/18	Vein Therapy	All related codes included	None
06/18/18	1/1/18	Wound Therapy and Wound Vacs (Negative Pressure)	All related codes included	None
1/1/18	1/1/18	Medical Pharmacy & J code list	No Changes	None

SPECIALTY SERVICES AND PROCEDURES REQUIRING PRIOR AUTHORIZATION OR NOTIFICATION

- Referrals to network specialists do not require authorization unless otherwise listed on this document.
- Prior authorization (PA) is required for all non-participating providers and hospitals.

SPECIALTY/ PROCEDURE	PROVISIONS
<p>Advanced Imaging</p>	<p>Computerized Tomography (CT), Computerized Tomography Angiography (CTA), Magnetic Resonance Imaging (MRI), Magnetic Imaging Angiography (MRA), Nuclear Cardiology and Positron Emission Tomography (PET) require PA.</p> <p>Obstetric ultrasounds:</p> <ul style="list-style-type: none"> • One routine screening ultrasound is covered per pregnancy. • Additional ultrasounds require PA--up to 10 covered in a 12-month period when diagnostic information is needed. • Incompetent cervix must be diagnosed with a transvaginal ultrasound. • Ultrasounds completed solely for obtaining a picture of the fetus or sex determination are not covered.
<p>Ambulatory Surgery Center Admissions (Place of Service 24)</p>	<p>All procedures done at an Ambulatory Surgery Center require PA.</p>
<p>Bariatric/Gastric Procedures and 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</p>	<p>All procedures and consultation require PA.</p>
<p>Capsule Endoscopy 91110 91111 91112</p>	<p>All services require PA.</p>
<p>Cardiac Services 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</p>	<p>Cardiac surgical procedures, echocardiography, and nuclear stress tests, Cardiac Rhythm Monitors, Implantable/Wearable Defibrillators, and Ventricular Assist Devices require PA.</p>
<p>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 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 36468 36470 36471 36473 36474 36475 36476 36478 36479 37700 37718 37722 37780 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</p>	<p>Typically non-covered benefits include but are not limited to: tattoo removal, collagen injections, rhinoplasty, otoplasty, scar revision, keloid treatments, surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, venous injections, vein ligation, venous ablation, dermabrasion, botox injections, circumcision, elective benign skin lesion removal, vein stripping and vein ablation. Non-cosmetic medical indications for these procedures require PA.</p>

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SPECIALTY/ PROCEDURE	PROVISIONS
<p>Durable Medical Equipment 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 E1233 E1234 E1235 E1236 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 K0854 K0855 K0856 K0857 K0858 K0859 K0860 K0861 K0862 K0863 K0864 K0868 K0869 K0870 K0871 K0877 K0878 K0879 K0880K0884 K0885 K0886 K0890 K0891</p>	<p>Over \$500 for a single item, in billed charges requires PA.</p>
<p>Experimental/Investigational Procedures and Treatments 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</p>	<p>These are not typically covered benefits. Clinical consideration of non-FDA approved procedures and treatments require submission of peer-reviewed evidence addressing risk and benefit.</p>
<p>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</p>	<p>All services require PA except (1) tests performed for the prenatal diagnosis of congenital disorders by amniocentesis and (2) newborn genetic screening mandated by state regulations.</p>
<p>High Frequency Chest Wall Oscillation Vest, Chest Percussion Therapy Vest 94640 94669</p>	<p>All services require PA, but this is typically a benefit limited benefit to Traditional Medicaid only</p>
<p>Home Health and Home Infusion 99510 99600 G0299 G0300 G0493 G0494 G0495 G0496 S9122 S9123 S9124 S9126 S9127 S9128 S9129 S9131 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</p>	<p>All services require PA. Listed medications require prior authorization: See attached Pharmaceuticals Requiring Authorization list.</p>
<p>Hysterectomy</p>	<p>Hysterectomy is not covered for sterilization alone. Submission of the Hysterectomy Acknowledgment Form is required with the claim.</p>

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SPECIALTY/ PROCEDURE	PROVISIONS
Inpatient Admissions	All Acute Hospital (including Maternity & Delivery), Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility admissions require PA.
Maternal Fetal Medicine/Perinatology	All services require PA.
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 95913	Nerve conduction studies (i.e. EMG, NCV, SSEP, etc.) can only be performed by Neurologists and Physical Medicine and Rehab Physicians. <i>No PA is required.</i>
Neurologic Stimulation Devices 43881 61850 61860 61870 61875 61880 61885 61886 61888 64553 64555 64556 64561 64568 64569 64570 64575 64580 64581 64585 64595 65937 65970 65971 65972 65973 65974 65975 65979 65980 65981 65982 95981 95982	All services require PA.
Neuropsychological, Developmental & Psychological Testing and Therapy 95950 95951 95953 95956 95957 96101 96102 96103 96105 96118 96119 96120 96125 96127	All services require PA, except for organ transplant members.
Non-Participating Providers and Facilities	Office visits, procedures, labs, diagnostic studies, inpatient stays require PA, except for: <ul style="list-style-type: none"> • Emergency Department Services • Professional fees associated with ER visits, approved Ambulatory Surgery Center (ASC) or approved Inpatient stay • Family Planning • Child and Adolescent Health Center Services • County Health Department Services • Other services based on state requirements • Urgent Care
Nutritional Supplements 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 S9470 S9452	All services and products require PA.
Outpatient Hospital (Place of Service 22)	No PA is required unless the service is listed in this Prior Authorization Requirements document.
Pain Management 20552 20553 21616 27096 32664 58410 61450 62320 62321 62322 62323 62327 64461 64462 64463 64479 64480 64483 64484 64486 64487 64488 64492 64493 94494 94495 94505 94508 94510 64517 64520 64530 64802 64820 64821 64823 G0260 96368 96369 96370 96371 61215 36563 95990 99204 99205 99241 99242 99243 99244 99245	All services require PA, including but not limited to initial consultations, sympathectomies, neurotomies, injections, infusions, blocks, pumps, implants and acupuncture.

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SPECIALTY/ PROCEDURE	PROVISIONS
<p>Podiatry 10060 10061 10120 10121 10140 10160 11100 11101 11420 11421 11422 11730 11732 11740 11750 11755 20600 28001 28008 28010 28011 28020 28092 28100 28104 28280 28285 28289 28291 28292 28295 28296 28297 28304 28306 28308 28310 28312 28315 64450 64455 64632 64776 64778 99202 99203 99204 99205 99241 99242 99243 99244 99245</p>	<p>All consults, follow ups and procedures require PA, except for routine diabetic foot care.</p>
<p>Pregnancy 59840 59841 59850 59851 59852 59855 59856 59857</p>	<p>Notification only except PA is required for Pregnancy Terminations and treatment for spontaneous/missed abortions. Ultrasound is required prior to treatment.</p>
<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 L0624 L0629 L0631 L0632 L0634 L0636 L0637 L0638 L0640 L0700 L0710 L0810 L0820 L0830 L0859 L0861 L1000 L1001 L1005 L1010 L1020 L1025 L1030 L1040 L1050 L1060 L1070 L1080 L1085 L1090 L1100 L1110 L1120 L1200 L1210 L1220 L1230 L1240 L1250 L1260 L1270 L1280 L1290 L1300 L1310 L1680 L1685 L1700 L1710 L1720 L1730 L1755 L1830 L1832 L1834 L1840 L1843 L1844 L1845 L1846 L1847 L1850 L1860 L1945 L1950 L1960 L1970 L2000 L2005 L2010 L2020 L2030 L2034 L2036 L2037 L2038 L2040 L2050 L2060 L2070 L1980 L1990 L2080 L2090 L2106 L2108 L2112 L2114 L2116 L2126 L2128 L2132 L2134 L2136 L2200 L2210 L2220 L2230 L2232 L2240 L2250 L2260 L2265 L2270 L2275 L2280 L2300 L2310 L2320 L2330 L2335 L2340 L2350 L2360 L2370 L2375 L2380 L2385 L2387 L2390 L2395 L2397 L2510 L2520 L2525 L2526 L2627 L2628 L3000 L3160 L3201 L3202 L3203 L3204 L3206 L3207 L3212 L3213 L3214 L3215 L3216 L3217 L3219 L3221 L3222 L3230 L3250 L3251 L3252 L3253 L3265 L3671 L3674 L3720 L3730 L3740 L3763 L3764 L3765 L3766 L3900 L3901 L3904 L3905 L3961 L3962 L3967 L3971 L3973 L3975 L3976 L3977 L3978 L3982 L3985 L3995 L4000 L4002 L4010 L4020 L4030 L4040 L4045 L4050 L4055 L4060 L4070 L4080 L4090 L4100 L4110 L4130 L4205 L4210 L4360 L4386 L4392 L4394 L4396 L4631 L5010 L5020 L5050 L5060 L5100 L5105 L5150 L5160 L5200 L5210 L5220 L5230 L5250 L5270 L5280 L5301 L5312 L5321 L5331 L5341 L5400 L5420 L5460 L5500 L5505 L5510 L5520 L5530 L5535 L5540 L5560 L5570 L5580 L5585 L5590 L5595 L5600 L5610 L5611 L5613 L5614 L5616 L5639 L5640 L5642 L5643 L5644 L5645 L5646 L5647 L5648 L5649 L5651 L5653 L5661 L5673 L5681 L5682 L5683 L5700 L5701 L5702 L5703 L5705 L5706 L5707 L5716 L5718 L5722 L5724 L5726 L5728 L5780 L5781 L5782 L5790 L5795 L5811 L5812 L5814 L5816 L5818 L5822 L5824 L5826 L5828 L5830 L5840 L5845 L5848 L5857 L5858 L5930 L5950 L5960 L5961 L5962 L5964 L5966 L5968 L5976 L5979 L5980 L5981 L5982 L5984 L5986 L5987 L5988 L5990 L6000 L6010 L6020 L6050 L6055 L6100 L6110 L6120 L6130 L6200 L6205 L6250 L6300 L6310 L6320 L6350 L6360 L6370 L6380 L6382 L6384 L6400 L6450 L6500 L6550 L6570 L6580 L6582 L6584 L6586 L6588 L6590 L6621 L6623 L6624 L6646 L6648 L6686 L6687 L6689 L6690 L6692 L6693 L6694 L6695 L6696 L6697 L6704 L6707 L6708 L6709 L6711 L6712 L6713 L6714 L6715 L6881 L6882 L6883 L6884 L6885 L6895 L6900 L6905 L6910 L6915 L6920 L6925 L6930 L6935 L6940 L6945 L6950 L6955 L6960 L6965 L6970 L6975 L7007 L7008 L7009 L7040 L7045 L7170 L7180 L7181 L7185 L7186 L7190 L7191 L7405 L7510 L7520 L8035 L8040 L8041 L8042 L8043 L8044 L8045 L8046 L8047 L8500 L8609 L8610 L8631 L8659 L8695 L8696</p>	<p>All devices require PA including but not limited to:</p> <ul style="list-style-type: none"> • Orthopedic footwear, orthotics and shoe inserts • Customized orthotics, prosthetics and braces • Bone anchored and Cochlear Implants <p>NOTE: Customized requests need to be ordered by the referring physicians; services need to be provided by a contracted P&O provider.</p>

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SPECIALTY/ PROCEDURE	PROVISIONS
<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 97032 97033 97034 97035 97036 97039 97110 97112 97113 97116 97124 97140 97150 97530 97533 97535 97537 97542 97750 97755 97760 97761 97762 97763 97802 97803 97804 97799G0281 G0283 G0289 G0422 G0423 S9128 S9129 S9131 S9152</p>	<p>Physical Therapy and Occupational Therapy: After the first evaluation and 5 follow up visits, all services require PA.</p> <p>Occupational Therapy is only covered for EPSDT and pregnant members.</p> <p>Speech Therapy, Nutritional Therapy, Cardiac Rehabilitation & Pulmonary Rehabilitation: All services require PA.</p>
<p>Routine Office-Based Procedures (Place of Service 11)</p>	<p>Services do not require authorization unless otherwise listed in this Prior Authorization Requirements document.</p>
<p>Sleep Studies 95782 95783 95800 95801 95803 95806 95807 95808 95810 95811 G0398 G0399 G0400</p>	<p>All services require PA.</p>
<p>Sterilization by hysteroscopic tubal occlusive device 58615</p>	<p>Submission of the Utah Medicaid Hysteroscopic Tubal Occlusive Device Checklist and Consent For Sterilization Form is required with the claim.</p>
<p>Sterilization procedures, other, (i.e. vasectomy, tubal ligation, etc.), <i>not including</i> hysterectomy and sterilization by hysteroscopic tubal occlusive devices—see above 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 58670 58671 58700 58951 58953 58954 58956 59135 59525</p>	<p>Submission of the Consent For Sterilization Form is required with the claim. Sterilization does not require a determination of medical necessity when performed by a participating provider and at an in-network facility.</p>
<p>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 4714247143 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</p>	<p>All services require PA, including Solid Organ and Bone Marrow transplantation.</p> <p>Cornea transplant does not require PA.</p>

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SPECIALTY/ PROCEDURE	PROVISIONS
<p>Unlisted, Miscellaneous By Report Codes</p> <p>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 E0770 E1229 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 T1999 T2028 T5999 V2199 V5274 V2799 V5299</p>	<p>Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request.</p>
<p>Wound Therapy</p> <p>97597 97598 97602 97605 97606 97607 97608 99183 C1300</p>	<p>Hyperbaric Wound Therapy requires PA.</p>
<p>Wound Vacs</p> <p>A6550 A7000 E2402 G0460</p>	<p>All services require PA.</p>

INPATIENT SERVICES REQUIRING PRIOR AUTHORIZATION

All elective hospital admissions and procedures require prior authorization.

Emergency admits require notification within 1 business days.

All admissions to Acute Inpatient, Rehabilitation, Long Term Acute Care, Skilled Nursing (Facilities and Units,) and to Observation status require prior authorization.

All facilities must notify Health Choice Utah for all procedures requiring prior authorization prior to admission.

Prior authorization is required for all non-participating providers and hospitals.

PHARMACEUTICALS REQUIRING AUTHORIZATION

SPECIALTY MEDICATION DESCRIPTION	CODE
Testopel, Subcutaneous hormone pellet implantation	11980
MEDICATION DESCRIPTION	J CODE
Abatacept, 10 mg	J0129
AbobotulinumtoxinA, 5units	J0586
Adalimumab, 20 mg (Humira)	J0135
Aflibercept, injection, 1 mg	J0178
Agalsidase, 1 mg (Fabrazyme)	J0180
Alemtuzumab, injection, 10 mg	J9010
Alglucerase, 10 units (Ceredase)	J0205
17 Alpha-Hydroxyprogesterone Caproate (Gestiva)	J3490
Alpha 1 – Proteinase Inhibitor – Human, 10 mg (Prolastin, Zemira)	J0256
Alpha 1 – Proteinase inhibitor – GLASSIA, 10 mg	J0257
Anidulafungin, 1 mg (Eraxis)	J0348
Basiliximab, 20 mg	J0480
Belatacept, 1 mg	J0485
Belimumab 10 mg	J0490
Canakinumab, , injection, 1 mg	J0638
Certolizumab pegol, 1 mg	J0718
Collagenase Clostridium Histolyticum, Inj (Xiaflex)	J0775
Dalteparin Sodium (Fragmin) see footnote	J1645
Epoprostenol, 0.5 mg (Flolan/Generic Epoprostenol)	J1325
Etanercept, 25 mg (Enbrel – Specialty Pharmacy Delivery)	J1438
Factor VII , VIII & XIII	J7185- J7197
Filgrastim (G-CSF), 300 mcg (Neupogen)	J1440
Filgrastim (G-CSF), 480 mcg (Neupogen)	J1441

PHARMACEUTICALS REQUIRING AUTHORIZATION

MEDICATION DESCRIPTION	J CODE
Histrelin Implant, 50 mg (Supprelin La/Vantus)	J9225, J9226
Ibandronate Sodium, 1 mg (Boniva)	J1740
Immune Globulin IM	J1460 – J1560
Immune Globulin, Intravenous, Lyophilized (e.g. powder), 500 mg (Carimune)	J1566
Immune Globulin, Intravenous, Non-Lyophilized (e.g. liquid), 500 mg	J1459, JJ1561, J1568, J1569
Immune Globulin, Intravenous, 500 mg	J1459, J 1572
Infliximab, 10 mg (Remicade)	J1745
Interferon Alphacon-1, 1 mcg (Infergen)	J9212
Interferon Alfa -2A (Roferon-A)	J9213
Interferon Alfa – 2B (Intron A/Rebtron Kit)	J9214
Leuprolide Acetate (depot suspension), 3.75 mg (Eligard/Lupron, Lupron- 3/Lupron-4/Lupron)	J1950
Leuprolide Acetate (for depot suspension), 7.5 mg (Eligard/Lupron Depot)	J9217
Leuprolide Acetate, 1 mg (Lupron)	J9218
Leuprolideacetate Implant, 65 mg (Lupron Implant)	J9219
Linezolid Inj 200 mg (Zyvox)	J2020
Mecasermin Inj 1 mg (Iplex, Increlex)	J2170
Natalizumab, 1 mg (Tysabri)	J2323
Omalizumab, 5 mg (Xolair)	J2357
Palivizumab 50 mg (Synagis)	90378
Panitumumab 10 mg (Vectibix)	J9303
Pegfilgrastim, 6 mg (Neulasta)	J2505
Renibizumab, 0.5mg (Lucentis)	J2778
Rimabototulinum Toxin B, 100 units (Myobloc)	J0587

PHARMACEUTICALS REQUIRING AUTHORIZATION

MEDICATION DESCRIPTION	J CODE
Rituximab, 100 mg (Rituxan)	J9310
Sipuleucel-T, 50 M cells (Provenge)	Q2043
Somatropin, 1 mg (Humatrope/ Genotropin Nutropin/ Biotropin/ Genotropin/ Genotropin Miniquick/ Norditropin/ Nutropin/ Nutropin AQ, Saizen/ Saizen Somatropin RDNA/ Serostim/ Serostim RDNA/ Zorbtive) (The HCU Formulary covers Tev-Tropin and Serostim only)	J2941
Teriparatide 250 mcg (Forteo)	J3110
Testosterone Cypionate, 1 cc, 200 mg (Depo Testosterone)	J1080
Testosterone Aveed Injection, 1 mg *Code for 750 billing units per injection	J3145
Testosterone Aveed Injection undecanoate, 1 mg	C9023
Testosterone Suspension, up to 50 mg	J3140
Testosterone Cypionate, up to 100 mg (Depo Testosterone)	J1070
Testosterone Cypionate and Estradiol Cypionate, up to 1 ml (Depo- Testadiol)	J1060
Testosterone Enanthate, up to 100 mg (Delatestryl)	J3120
Testosterone Enanthate, up to 200 mg (Delatestryl)	J3130
Testosterone Propionate, up to 100 mg	J3150
Tobramycin, inhalation solution, 300 mg (Tobi)	J7682
Tocilizumab, 1mg	J3262
Triamcinolone, inhalation solution, compounded product, concentrated form, administered through DME	J7683
Unclassified Drugs	J3490
Unclassified Biologics	J3590
Unclassified Antineoplastic Drugs	J9999
Vedolizumab	J3380
Viscoelastics	J7320-J7328
Zoledronic Acid, 1 mg (Zometa)	J3487
Zoledronic Acid, 1 mg (Reclast)	J3488
Zoledronic Acid, 1 mg (Zometa)	J3489

¹Dalteparin (Fragmin) J1645 is Health Choice Utah approved (without PA) for up to a 10 day supply or 20 syringes (whichever is less). Therapy for greater than 10 days or 20 syringes requires prior authorization.