



## Prior Authorization Grid

Some services that are covered by **Health Choice Insurance Co. (HCIC)** require Prior Authorization. Prior Authorization is when your doctor or provider submits a request to **Health Choice Insurance Co.** to pay for the service. The services must be Prior Authorized **before** the service is provided. The service must be a Covered Benefit at the time it is rendered.

Providers and Procedures Requiring Prior Authorization	
SPECIALTY / PROCEDURE	PROVISION
All Out-of-Network Providers and Services (except Emergency services)	All Services
Allergy Testing and Immunology	All Services
Ambulance	Non-Emergency Transportation Only
Autism Spectrum Disorder	All Services
Automated Implantable Cardiac Defibrillators and Bi-Ventricular ICD	All Services
Bariatric Consultation and Procedures	All Services
Bone Growth Stimulator	All Services
Cancer Clinical Trial Participation	All Services
Capsule Endoscopy	All Services
Cardiac Rehabilitation	Prior Authorization Phase I and Phase II
Chemotherapy and Radiation Therapy	All Services
Chiropractic	First 20 visits per Calendar Year: Notification Only
Dental	All Services except Pediatric Dental Basic Treatments
Developmental Pediatrics	All Services
Dialysis	All Services Notification regarding extended travel outside HCIC service area
Durable Medical Equipment	Charges over \$300.00
Enhanced External Counter Pulsation	All Services
Genetic Testing	All services
Genitourinary Procedures	All services
Habilitative Services	All Services; Limited to 60 visit per Calendar Year
Hearing Aids	New or replacement of hearing aids no longer under warranty
High Frequency Chest Wall Oscillation Vests	All Services
Home Health	All Services; Limited to 42 visits per Calendar Year Renewal of Prior Authorization required every 30 days if services continue to be Medically Necessary
Home Infusion	All Services
Hospice Care Services	All Services



Hyperbaric Oxygen (HBO)	All Services
Imaging and Radiology Procedures	All Services (except for Preventive Care Services, such as mammograms)
Inpatient Physician and Surgical Services Inpatient Mental Health and Substance Abuse Services	All Services
Insulin Pumps	All Services
Mastectomy and Breast Reconstruction	All Services
Maternal Fetal Medicine	All Services
Medical Foods and Amino Acid-Based Formula	All Services
Negative Pressure Wound Therapy and Equipment (wound vac)	All Services
Neurologic Stimulation Devices (i.e. deep brain/spinal cord stimulators; Sacral/Vagal nerve stimulators)	All Services
Observation Status	Notification Only
Orthognathic Surgery	All Services
Outpatient Surgery	All Services
Oral Maxillofacial Surgery	All Services
Pain Management and Procedures	All Services; Urinalysis must be done by In-Network laboratory
Podiatry	All Services
Prosthetics and Medical Appliances	All Services
Psychology Procedures and Testing by Specialist	All Services
Pulmonary Rehabilitation	All Services
Reconstructive Surgery	All Services
Rehabilitative Services	All Services; Outpatient Rehabilitative Services limited to 60 visits per Calendar Year, including services provided in Home Health Care setting
Sleep Studies	All Services
Skilled Nursing Facilities	All Services; Limited to 90 Days per Calendar Year
Specialists	All Services
Sterilization	All Services
TMJ Procedures and Devices	All Services
Transplant Services	All services
Vision – Pediatric Services	All Services for Low Vision Services and for Medically Necessary Contacts In Excess for \$600.00
Wearable Cardiac Defibrillator	All Services



## Pharmacy

Providers should utilize the HCIC Formulary for preferred medication selections. Visit [www.healthchoicessential.com/members/rxdrugs](http://www.healthchoicessential.com/members/rxdrugs) and the [Prescription Drugs tab](#).

“Specialty” medications (injectable; infusion; implant) which may be provided in a contracted Provider office when Prior Authorization is first obtained.

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
Alglucerase, 10 units (Ceredase)	J0205
17 Alpha-Hydroxyprogesterone Caproate (Gestiva)	J3490
Alpha 1 – Proteinase Inhibitor – Human, 10 mg (Prolastin, Zemira)	J0256
Alemtuzumab, injection, 10 mg	J9010
Alpha 1 – Proteinase inhibitor – GLASSIA, 10 mg	J0257
Anidulafungin, 1 mg (Eraxis)	J0348
Basiliximab, 20 mg	J0480
Belatacept, 1 mg	J0485

Medication description	J Code
Belimumab 10 mg	J0490
Canakinumab, , injection, 1 mg	J0638
Certolizumab pegol, 1 mg	J0718
Collagenase Clostridium Histolyticum, Inj (Xiaflex)	J0775
Dalteparin Sodium (Fragmin)	J1645
Epoprostenol, 0.5 mg (Flolan/Generic Epoprostenol)	J1325
Etanercept, 25 mg (Enbrel – Specialty Pharmacy Delivery)	J1438
Factor VII , VIII & XIII	J7185, J7186, J7187, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7196, J7197
Filgrastim (G-CSF), 300 mcg (Neupogen)	J1440
Filgrastim (G-CSF), 480 mcg (Neupogen)	J1441
Histrelin Implant, 50 mg (Supprelin La/Vantus)	J9225, J9226
Hyaluronic Acid for Synvisc / Synvisc One	J7325
Ibandronate Sodium, 1 mg (Boniva)	J1740
Immune Globulin IM	J1460, J1470, J1480, J1490, J1500, J1510, J1520, J1530, J1540, J1550, J1560



Immune Globulin, Intravenous, Lyophilized (e.g. powder), 500 mg (Carimune)	J1566
Immune Globulin, Intravenous, Non-Lyophilized (e.g. liquid), 500 mg	J1459, J1561, 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)	J3490
Panitumumab 10 mg (Vectibix)	J9303
Pegfilgrastim, 6 mg (Neulasta)	J2505
Renibizumab, 0.5mg (Lucentis)	J2778
Rimabototulinum Toxin B, 100 units (Myobloc)	J0587

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 HCA Formulary covers Tev-Tropin and Serostim only)	J2941
Teriparatide 250 mcg (Forteo)	J3110
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 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
Triamcinolone, inhalation solution, compounded product, concentrated form, administered through DME	J7683
Zoledronic Acid, 1 mg (Zometa)	J3487
Zoledronic Acid, 1 mg (Reclast)	J3488
Unclassified Drugs	J3490
Unclassified Biologics	J3590
Unclassified Antineoplastic Drugs	J9999