



Prior Authorization requirement changes - effective 11/1/2024:

On 11/1/2024, prior authorization (PA) requirements will change for several CPT/HCPCS code(s). The medical code(s) listed in the chart below will require prior authorization by SCAN as of 11/1/2024 for members in the following plans:

Arizona IPA Groups

- I1211 SCAN Medical Group
- I1212 SCAN Medical Group
- I1218 MultiPlan SCAN Medical Group
- I1227 SCAN Contracted Network (Honor Specialists)
- I1238 CenterWell Senior Primary Care (PCP) - AZ
- I1239 Evernorth Care Group (PCP) - AZ
- I1241 SCAN Contracted Network (Evernorth Specialists)
- I1264 Lucet Arizona
- I1273 SCAN Medical Group
- I1295 VHS Outpatient Clinics Inc
- I1296 Carondelet Medical Group
- I1303 Banner Primary Care Physicians Arizona
- I1304 Banner Hospital Based Physicians Arizona

California IPA Groups

- I1180 SCAN Medical Group
- I1181 SCAN Medical Group
- I1197 MultiPlan Southern California
- I1209 MultiPlan SCAN Medical Group
- I1243 Concierge HMO
- I1257 UCI University Phys & Surg (PCP) - Orange Co
- I1258 UCI University Phys & Surg (Specialists) - Orange Co
- I1263 Lucet California
- I1289 SCAN Medical Group
- I1290 SCAN Medical Group
- I1291 SCAN Medical Group
- I1294 First Choice Physician Partners

Centers for Medicare & Medicaid Services (CMS) guidelines, Federal and state law, and state contract language may take precedence over these precertification rules and must be considered first when determining coverage. For additional information, please reference: [Medical Policy Guidance \(scanhealthplan.com\)](http://scanhealthplan.com).

Refer to the member’s insurance card to confirm the plan in which member is enrolled. For members NOT enrolled in the plans and service areas listed above, please contact the member’s assigned medical group for applicable prior authorization requirements.

Non-compliance with new requirements may result in denied claims.

The following codes will require prior authorization as of 11/1/2024:	
<i>(for members in the plans listed above)</i>	
Code	Description
J0174	Injection, lecanemab-irmb, 1 mg (leqembi)
17311	MOHS, first stage, up to 5 blocks
17312	MOHS, each additional stage
0394T	High dose rate electronic brachytherapy
77280	Therapeutic radiology simulation-aided field setting; simple
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
G6001	Ultrasonic guidance for placement of radiation therapy fields
Q4281	Barrera SL or Barrera DL, per sq cm (dehydrated human amniotic membrane allografts)



Q4191	Restorigin, per sq cm (extracellular matrix (ECM) allograft)
Q4236	carePATCH, per sq cm (dehydrated amniotic membrane allograft containing extracellular matrix (ECM))
Q4188	AmnioArmor, per sq cm (amniotic tissue-based allograft derived from human placenta)
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
J1602	Injection, golimumab, 1 mg, for intravenous use (human IgG1K monoclonal antibody specific for human tumor necrosis factor alpha)
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
E2402	Negative pressure wound therapy electrical pump, stationary or portable
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
A7000	Canister, disposable, used with suction pump, each

Not all Prior Authorization requirements are listed here. Detailed PA requirements are available to providers at [Provider Portal Information and Resources - SCAN Health Plan](#). Providers may also call the number on the back of their patient's member ID card for assistance with PA requirements.