

Prior Authorization Requirements for Arizona Developmentally Disabled Medicaid

Effective October 1, 2022

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Arizona Developmentally Disabled Program for inpatient and outpatient services.

Additional state variations and regulations may apply. Please check the latest COVID-19 guidance, requirements and coverage mandate from your state. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** 866-604-3267

Important Information

- To be eligible for prior authorization, services must be covered benefits as outlined and defined by the Arizona Health Care Cost Containment System (AHCCCS).
- Services provided by non-network health and out-of-state care providers require prior authorization and documentation supporting the out-of-network request.
- Experimental and investigational services are not covered benefits.
- All rendering providers, facilities and vendors must be actively registered with AHCCCS.
- Services delivered inside the Multi-Specialty Interdisciplinary Clinics (MSIC) to CRS designated /CRS formerly designated members do not require prior authorization.
- Only one care provider may request services on a prior authorization request form.
- Only medically necessary, cost effective, and federally- and state-reimbursable services are covered services, as outlined by AHCCCS.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Allergy immunotherapy	<p>For members younger than 21: Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p>For members ages 21 and older: Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is not a covered</p>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Allergy immunotherapy (continued)	benefit. Allergy testing, including testing for common allergens, is a covered benefit when the member has: <ul style="list-style-type: none"> Sustained an anaphylactic reaction to an unknown allergen Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. <p><u>Prior authorization is required for allergy testing when it meets the criteria above.</u></p>				
Augmentative and Alternative Communication	Prior authorization required for the codes listed	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
Bariatric surgery	Prior authorization required for the codes listed	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health	Prior authorization required for inpatient admissions Prior authorization required for outpatient services listed. Second level review required by the Division for Out of State service requests				The following benefits and/or codes require prior authorization: <ul style="list-style-type: none"> Acute inpatient admission Applied behavior analysis (ABA) Electroconvulsive therapy Home care training client (S5109) Out-of-state placement Psychological testing Behavioral health Residential Facility-Level II (Group home H0018) Residential Treatment Center – Level 1 Transcranial magnetic stimulation <p>For ABA Therapy, submit via fax or Provider Express.</p>
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes listed	20975	20979	E0760	
BRCA genetic testing	Prior authorization required for the codes listed Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the	Prior authorization required for the codes listed	11971 19328	19316 19330	19318 19340	19325 19342

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (continued) breast except for after mastectomy		19350 19367 19371	19357 19368 19380	19361 19369 19396	19364 19370 L8600
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442</p> <p>Filgrastim-aafi (Nivestym™) Q5110</p> <p>Filgrastim-sndz (Zarxio®) Q5101</p> <p>Pegfilgrastim (Neulasta®) J2506</p> <p>Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447</p> <p>Trilaciclib (Cosela®) J1448</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129.</p>			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology and stress echoes prior to performance	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054 .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiology (continued)		For more details and the CPT codes that require prior authorization, please visit: UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program			
Cardiovascular	Prior authorization required	93580			
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		95720	95722	95724	95726
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	Cyclophosphamide J9071 Tisotumab vedotin-tftv J9273 loncastuximab tesirine-lpyl J9359 J9331 J9332			
		Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code 			
		Please submit requests online by using the Prior Authorization and Notification on UnitedHealthcare Provider Portal.. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 .			
Chiropractic care	For members younger than 21: Prior authorization not required For members ages 21 and older: Chiropractic care is not a covered benefit.				
Circumcision	Routine circumcision is not a covered benefit. Prior authorization required only for cases with documented medical necessity	54150	54160	54161	54162
Cochlear and other auditory implants	For members younger than 21: Prior authorization required for the codes listed For members ages 21 and older: <ul style="list-style-type: none"> • Prior authorization required for supplies, equipment maintenance and repair of component parts 	69710	69714	69930	L8614
A medical device within the inner ear with an external portion to help persons with profound		L8619	L8690	L8691	L8692

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
sensorineural deafness achieves conversational speech	<ul style="list-style-type: none"> Hardware is not a covered benefit. Clinical documentation must accompany and establish medical necessity for this service request. 				
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 E0787	A9276 K0553	A9277 K0554	A9278
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required for the codes listed. Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.	11960 14061 17106 21137 21175 21182 21235 21282	14020 15823 17107 21138 21179 21183 21256 21295	14021 15830 17108 21139 21180 21184 21275 21740	14041 15847 17999 21172 21181 21230 21280 21742
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21743 67901 67906 67912 67917 67924	28344 67902 67908 67914 67921 67950	30620 67903 67909 67915 67922 67961	67900 67904 67911 67916 67923 67966
Dental services	<p>For prior authorization requirements, please call UnitedHealthcare Dental at 855-812-9208.</p> <p>For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-D1 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-D1.</p>				
Diabetic supplies	<p>Diabetic supplies are provided by the local pharmacy.</p> <p>Prior authorization for talking glucometers available through the medical prior authorization process</p>			To locate contracted care providers or vendors, please visit UHCprovider.com/AZcommunityplan > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans.	
Durable medical equipment (DME)	<p>Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500</p> <p>To request DME items, please call Preferred Homecare at 800-636-2123.</p> <p>These DME items are not covered by Preferred Homecare:</p> <ul style="list-style-type: none"> Bone stimulators Diabetic supplies Enclosed beds 	E0194 E0300 E0465 E0620 E0642	E0265 E0445 E0466 E0636 E0656	E0266 E0457 E0483 E0638 E0669	E0270 E0460 E0486 E0641 E0670
*Requires Prior Authorization regardless of dollar amount				For services not covered by Preferred Homecare, please review UnitedHealthcare Community Plan's Provider Manual for a list of contracted vendors related to DME products at UHCprovider.com/AZcommunityplan > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans.	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Durable medical equipment (DME) (continued)	• Insulin pumps	E0675	E0693	E0694	E0700	
	• Percussion vests	E0710	E0745	E0766	E0784	
	• Specialty beds	E0984	E0986	E1002	E1003	
	• Wound vacs	E1004	E1005	E1006	E1007	
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i>		E1008	E1009	E1010	E1030
			E1035	E1036	E1161	E1229
			E1231	E1232	E1233	E1234
			E1235	E1236	E1237	E1238
			E1239	E1825	E2100	E2227
			E2228	E2230	E2300	E2301
			E2322	E2325	E2327	E2329
			E2331	E2351	E2373	*E2510
			*E2511	*E2512	*E2599	E2626
			E2627	E2628	E2629	E2630
			E8000	E8001	E8002	K0005
			K0008	K0013	K0108	K0800
			K0801	K0802	K0806	K0807
			K0808	K0812	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	K0880	K0884	K0885		
	K0886	K0890	K0891	S1040		

Enteral services/parenteral/oral
In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN), and/or lipids and oral supplements

To request services and/or supplies, please call Preferred Homecare at **800-636-2123**.

Clinical documentation and oral supplement Certificate of Medical Necessity, as applicable, must accompany and establish medical necessity for this service request.

For members younger than 21:

For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at **AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10**.

The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at **AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430-2**.

For members ages 21 and older:

Please review AMPM Chapter 300, Policy 310-GG at **AZAHCCCS.gov > Resources > Guides-Manuals-Policies**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Enteral services/parenteral/oral (continued)		<p>> AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG.</p> <p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C.</p>			
Experimental or investigational (and/or linked services)	<p>Prior authorization required for all services considered experimental and/or investigational</p> <p>For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.</p>	33477 A4638	36514 A9274	64722 E1831	66180
Eye care/optometry	<p>Benefits provided for members younger than 21:</p> <ul style="list-style-type: none"> • One routine eye exam every 12 months • Regular single vision bifocal or trifocal polycarbonate lenses • Frame for up to \$79.99 retail price • One replacement pair of glasses if lost, stolen or damaged • Members may pay the difference for a more expensive pair of glasses but must sign a waiver provided by Nationwide Vision. <p>For members ages 21 and older: Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye</p>	For member eye care services, please call Nationwide Vision at 800-481-2779 .			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required for the codes listed	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required for the codes listed	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic testing	<p>Prior authorization required for all services not covered by LabCorp</p> <p>To determine prior authorization requirements, please call LabCorp at 800-788-9743.</p>	81265 81325 81405 81415 81465 88248	81302 81401 81406 81416 81479 88249	81321 81403 81407 81417 86353 88261	81323 81404 81408 81460 88245 88262

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic testing (cont.)		88263	88264	88267	88269
		88271	88272	88273	88274
		88275	88280	88283	88285
		88289	88291	88299	
Hearing aids and services Hearing evaluations and hearing aids	For members younger than 21: Prior authorization not required	92590	92591	92592	92593
		92594	92595	V5010	V5011
	For members ages 21 and older: Prior authorization required	V5014	V5030	V5040	V5050
		V5060	V5095	V5100	V5120
		V5190	V5230	V5242	V5243
		V5244	V5245	V5246	V5247
		V5248	V5249	V5250	V5251
		V5252	V5253	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	V5262	V5263
	V5267	V5298			
Home health care	Prior authorization required for the codes listed	G0299	G0300	S9123	S9124
Hospice	Prior authorization required for the codes listed				
Hysterectomy	Prior authorization required for the codes listed	58150	58152	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
		58951	58953	58954	58956
	59135	59525			
Incontinence supplies	Incontinence supplies are a benefit only when provided through Preferred Homecare.	To request incontinence supplies, please call Preferred Homecare at 800-636-2123 .			
Infusion in-home services	Prior authorization required for all services not covered by Optum Infusion	To request services and/or supplies, please call Optum Infusion 888-705-4470			
Injectable medications for in-home usage	Prior authorization required for all medications not covered by Optum Infusion	To request medications, please call Optum Infusion 888-705-4470			
Injectable medications	Prior authorization required for the codes listed Do Not Start Case – Direct Provider using the information below: To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Adakveo®			
		J0791			
		Amondys 45™			
		J1426			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (continued)

must log into UHCProvider.com and follow this pathway:
 Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications

For questions about this online authorization process, the provider may call **Optum SGP (Specialty Guidance Program)**:
 1-888-397-8129

Apretude™
 J0739

Aralast NP, Prolastin-C, Zemaira
 J0256

Avsola™
 Q5121

Benlysta
 J0490

Berinert
 J0597

Botulinum toxins
 J0585 J0586 J0587 J0588

Brineura™
 J0567

Cabenuva™
 J0741

Cerezyme®*
 J1786

Cimzia®*
 J0717

Cinqair®
 J2786

Crysvita®
 J0584

Cutaquig®
 J1551

Elelyso®*
 J3060

Enjaymo™
 J1302

Entyvio®
 J3380

Esperoct®*
 J7204

Evenity™
 J3111

Evkeeza™
 J1305

Exondys 51™*
 J1428

Fasenra™
 J0517

Fensolvi®



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	J1951				
	Feraheme®				
	Q0138				
	Firmagon®				
	J9155				
	Gamifant®				
	J9210				
	Givlaari®				
	J0223				
	Glassia®				
	J0257				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	J1459	J1554	J1555	J1556	
	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
	Korsuva®				
	J0879				
	Krystexxa®				
	J2507				
	Lemtrada®				
	J0202				
	Leqvio®				
	J1306				
	Lupron Depot®				
	J1950				
	Lupron Depot, Eligard®				
	J9217				
Luxturna™*					
J3398					
Makena®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)	<p>J1726</p> <p>Mepsevii®</p> <p>J3397</p> <p>Monoferric®</p> <p>J1437</p> <p>Nexviazyme®</p> <p>J0219</p> <p>Nglazyme®</p> <p>J1458</p> <p>Nplate®</p> <p>J2796</p> <p>Nucala®</p> <p>J2182</p> <p>Ocrevus™</p> <p>J2350</p> <p>Octreotide Acetate</p> <p>J2354</p> <p>Onpatro™</p> <p>J0222</p> <p>Orencia®</p> <p>J0129</p> <p>Oxlumo™*</p> <p>J0224</p> <p>Parsabiv™</p> <p>J0606</p> <p>Probuphine®</p> <p>J0570</p> <p>Radicava®</p> <p>J1301</p> <p>Reblozyl®</p> <p>J0896</p> <p>Releuko®</p> <p>Q5125</p> <p>Remicade®</p> <p>J1745</p> <p>Renflexis®</p> <p>Q5104</p> <p>Riabni™</p> <p>Q5123</p> <p>Rituxan®</p> <p>J9312</p> <p>Rituxan Hycela®</p> <p>J9311</p>	J1729	J2675

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications
(continued)

Ruconest®				
J0596				
Ruxience®				
Q5119				
Ryplazim™				
J2998				
Sandostatin® LAR				
J2353				
Saphnelo®				
J0491				
Scenesse®				
J7352				
Sevenfact®*				
J7212				
Signifor® LAR				
J2502				
Simponi Aria®				
J1602				
Sodium Hyaluronate				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
Soliris®*				
J1300				
Somatuline® Depot				
J1930				
Spinraza™*				
J2326				
Spravato™				
S0013				
Stelara®				
J3358				
Sublocade™				
Q9991	Q9992			
Supprelin® LA				
J9226				
Synagis®*				
90378				
Tepezza®				
J3241				
Tezspire™				
J2356				
Therapeutic Radiopharmaceuticals***				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		A9513	A9590	A9606	A9699
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Trogarzo™				
	J1746				
	Ultomiris™				
	J1303				
	Unclassified codes**				
	C9094	C9399	J3490	J3590	
	Uplizna®				
	J1823				
	Vantas™				
	J9225				
	Viltepso™*				
	J1427				
	Vimizim®				
	J1322				
	Vyepti™				
	J3032				
	Vyondys 53®*				
	J1429				
	VPRIV®				
	J3385				
Vyvgart™					
J9332					
Xembify®					
J1558					
Xolair®*					
J2357					
Zoladex®					
J9202					
Zolgensma®*					
J3399					

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

* For Acthar, Cerezyme, Cimzia, Elelyso, Esperoct,

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		<p>Exondys 51, Luxturna, Oxlumo, Sevenfact, Soliris, Spinraza, Synagis, Viltepso, VPRIV, Vyondys 53, Xolair and Zolgensma prior authorization, please call the Pharmacy Prior Authorization Service at 800-310-6826.</p> <p>** For unclassified and temporary codes C9094, C9399, J3490 and J3590, prior authorization is only required for Fylnetra®***, Lupaneta Pack™, Nulibry, Purified Cortrophin Gel™, Revcovi,, Ryplazim and Vabysmo™</p> <p>***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129.</p>			
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Inpatient admission and post acute services	Notification required for admissions	<p>Inpatient admissions/post acute services: Prior authorization and notification of admission date required for these facilities.</p> <ul style="list-style-type: none"> Acute care hospitals Acute inpatient rehabilitation Long-term acute care hospitals Skilled nursing facilities 			
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Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required for the codes listed.	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868			

Laboratory services	Prior authorization required	To determine prior authorization requirements, please call LabCorp at 800-788-9743 .			
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Non-emergent air ambulance transport	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
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Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required for the codes listed	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	

Orthotics and prosthetics	Prior authorization required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
	<u>For members younger than 21 with orthotic limitation:</u>	L0638	L0640	L0700	L0710
	• Reasonable repairs or adjustments of purchased	L0810	L0820	L0830	L0859
		L0861	L1000	L1005	L1200



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit.	L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1830
		L1831	L1832	L1834	L1836
	<ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. 	L1840	L1844	L1845	L1846
		L1847	L1850	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
	<p><u>For members ages 21 and older:</u></p>	L2106	L2108	L2126	L2136
	<p>AHCCCS orthotics coverage applies if:</p>	L2350	L2510	L2526	L2627
	<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. 	L2628	L3230	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3900
	<ul style="list-style-type: none"> The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition. 	L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider. 	L4350	L4392	L4394	L4631
		L5010	L5020	L5050	L5060
	<p><u>For members ages 21 and older with orthotic limitation:</u></p>	L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
	<ul style="list-style-type: none"> Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit. 	L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
	<p>The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.</p>	L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5845	L5848	L5857	L5858
		L5930	L5950	L5960	L5961
	L5962	L5964	L5966	L5968	
	L5976	L5979	L5980	L5981	
	L5982	L5984	L5986	L5987	
	L5988	L5990	L5999	L6000	
	L6010	L6020	L6050	L6055	
	L6100	L6110	L6120	L6130	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Orthotics and prosthetics (continued)		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	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	L8040	L8042	L8043		
	L8044	L8045	L8046	L8047		
	L8499	L8609	L8610	L8612		
	L8631	L8659				
Out-of-network	Prior authorization required for all out-of-network services					
Out-of-state services	Benefit only approved when service is emergent or unavailable in the state of Arizona					
Outpatient therapy	<u>For members younger than 21:</u>	92507	92508	92521	92522	
	Prior authorization required for the codes listed	92523	92524	92526	97012	
		97014	97016	97018	97022	
		97026	97028	97033	97034	
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply.	97039	97110	97112	97113	
		97116	97124	97140	97161	
		97162	97163	97164	97165	
		<u>For members ages 21 and older:</u>	97166	97167	97168	97799
	Prior authorization not required					
	Outpatient speech therapy is <u>not</u> a covered benefit.					
	Occupational and physical therapy is covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:					
	<ul style="list-style-type: none"> • <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an 					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	<p>individual restore a skill or level of function and maintain it.</p> <ul style="list-style-type: none"> • <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual acquire a new skill or level of function, and then maintain it. <p><u>For Qualified Medicare Beneficiaries (QMB):</u></p> <p>Covered for unlimited visits when medically necessary</p>				
Pain injections and management	Prior authorization required	64490	64493		
Pharmacy drugs	<p>A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources & Physician Administered Drugs > Pharmacy Prior Authorization</p> <p>Service requests must include “J” Codes and NDC Codes for the medication requested.</p> <p>The following hemophilia factor/biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> • Acthar® gel • Aldurazyme® • Ceprotin® • Cerezyme® • Cimzia® • Cinryze® • Elaprase® • Exondys 51™ • Elelyso® • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • Soliris® • Spinraza™ • Synagis® • VPRIV® • Xolair® • Zolgensma® 	<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: 800-310-6826 Fax: 866-940-7328</p> <p>For specialty pharmacy prior authorization, please fax 866-940-7328.</p> <p>Fax forms are available at UHCprovider.com/AZcommunityplan > Pharmacy Resources and Physician Administered Drugs > Pharmacy Prior Authorization > Pharmacy Prior Authorization Forms. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.</p>			
Pregnancy termination	<p>Prior authorization required for the codes listed.</p> <p>Prior authorization includes Mifepristone, Mifeprex® or RU-486</p>	59840 59852	59841 59855	59850 59856	59851 59857

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Clinical documentation and the Certificate of Medical Necessity for pregnancy termination must accompany the prior authorization request form.

For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 410, Maternity Care Services > Section E Pregnancy Termination.

The Certificate of Medical Necessity For Pregnancy Termination can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > Attachment C.

Private duty nursing	Prior authorization required for the codes listed	T1002	T1003		
Prostate procedures	Prior authorization required	37243 53852	52441 55866	52442 55873	53850 55874
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required for the codes listed	77520	77522	77523	77525
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/AZcommunityplan > Radiology Prior Authorization and Notification Program.			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required for the codes listed	30400 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder Surgery	Prior authorization required for the codes listed	29805	29806	29807	29819



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		29820	29822	29823	29824
		29825	29826	29827	29828
Sinuplasty	Prior authorization required for the codes listed	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69205			
		Cardiovascular System			
		36590	36832		
		Carpal Tunnel Surgery			
		64721			
		Cataract Surgery			
		66821	66982	66984	
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic & Reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Digestive System			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		ENT Procedures			
		21320	30140	30520	69436
		69631			
		Eye and Ocular Adnexa			
		65710	65820	66250	66710
		66711	66825	66986	66987
		66988	67010	67041	67042
		67105	67108	67113	67840
		68110	68115	68320	68720
		68815			
		Female Genital System			
		57240	57250	57461	57520
		58561	58562		
		Gynecologic Procedures			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		57522	58353	58558	58563
		58565			
	Hemic and Lymphatic Systems				
		38500	38510	38525	
	Hernia Repair				
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
	Integumentary System				
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
	Liver Biopsy				
		47000			
	Male Genital System				
		54840			
	Miscellaneous				
		20680			
	Musculoskeletal System				
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22902	22903	23071
		23075	23470	23472	23474
		23743	24071	27327	27337
		27632	28035	28039	28041
		28060	28080	28090	28104
		28110	28118	28119	28124
		28285	28289	28292	28296
		28297	28298	28299	29835
		29840	29845	29846	29848
		29861	29875	29876	29877
		29879	29880	29881	29882
		29888	29893	G0260	
	Nervous System				
		64561	64640		
	Ophthalmologic				
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
	Respiratory System				
		30802	30930	31525	31535

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service (SOS) – outpatient hospital (continued)		31536	31541	31624	
		Tonsillectomy & Adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper Gastrointestinal Endoscopy			
		43235	43239	43249	
		Urinary System			
		52276	52287	52320	52344
		Urologic Procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	55040
		55700	57288		

Skilled and custodial nursing facility services	Prior authorization required				
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Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required for the codes listed	21685	41599	42145	
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Specialty/enclosed beds	Prior authorization required for the codes listed	E0250	E0251	E0255	E0256
		E0260	E0261	E0280	E0290
		E0291	E0292	E0293	E0294
		E0295	E0301	E0303	E0315
		E0316	E0462		

Spinal surgery	Prior authorization required for the codes listed	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22590	22595
		22600	22610	22612	22630
		22633	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22849	22850
		22852	22855	22856	22861
		22864	22865	22899	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont.)		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63185	63190	63191
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		0095T	0098T	0164T	
		*SOS applies			
Sterilization	Prior authorization required	52601	52630	52647	52648
		52649	55250	55450	55801
	Any member requesting sterilization must sign an appropriate Consent for Sterilization form.	55821	55831	58600	58605
		58611	58615	58670	58671
	For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Section E Sterilization. The Consent to Sterilization form can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.	58700			
Stimulators Implantation of a device that sends electrical Impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	
		Neurostimulator			
		43648	43882	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590
		L8680	L8682	L8685	L8686
		L8687	L8688		
Transplant services	Prior authorization required for the codes listed	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
	Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request.				
		32851	32852	32853	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant services (cont.)		32850			
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547		
		CAR T-Cell therapy:			
		C9098	0537T	0538T	0539T
	0540T	J9999	Q2041	Q2042	
	Q2053	Q2054	Q2055		
	*Code 38232 will only require prior authorization for an oncology diagnosis.				
Transportation	Prior authorization required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at 888-700-6822 .			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required for the codes listed	36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		
Ventricular assist devices	Prior authorization required for the codes listed	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required for the codes listed	E2402			