

Prior Authorization Requirements for Arizona Complete Care Medicaid Effective December 1, 2019

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Arizona Acute Medicaid for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link 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.
- Physician Specialty Service delivered inside Multi-Specialty Interdisciplinary Clinics (MSIC) do not require prior authorization for Special Healthcare Needs (CRS) members.
- 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><u>For members younger than 21:</u></p> <p>Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p><u>For members ages 21 and older:</u></p> <p>Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is not a covered benefit.</p> <p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p> <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. 	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Allergy immunotherapy (cont'd)	Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. <u>Prior authorization is required for allergy testing when it meets the criteria above</u>				
Bariatric surgery	Prior authorization required for the codes listed	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health	<u>For members with serious mental illness (SMI):</u> Behavioral health services are available through the Regional Behavioral Health Authority (RBHA) program. For assistance call 800-348-4058 .	The following benefits and/or codes require prior authorization: <ul style="list-style-type: none"> • Acute inpatient admission • Adaptive behavior analysis(ABA) • Electroconvulsive therapy • Home care training client (H0018) • Psychological testing • Out-of-state placement • Residential behavioral health facility – Level II group home • Residential treatment center – Level 1 • Transcranial Magnetic Stimulation 			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes listed	20975	20979		
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 breast other than following mastectomy	Prior authorization required for the codes listed	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Cancer supportive services	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Filgrastim (Neupogen®) J1442 Filgrastim-aafi (Nivestym™) Q5110 Filgrastim-sndz (Zarxio®) Q5101 Pegfilgrastim (Neulasta®) J2505 Pegfilgrastim-cbqv (UDENYCA™) Q5111 Pegfilgrastim-jmdb (Fulphila™) Q5108 Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®)			

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Cancer supportive services (cont'd)		<p>J1447</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®)</p> <p>J0897</p> <p>Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129.</p>																																																																																																												
Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>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.</p>																																																																																																												
Cardiovascular	Prior authorization required for lower extremities angiogram only	<p>75710* 75716*</p> <p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr><td>E08.51</td><td>E08.52</td><td>E08.59</td><td>E08.621</td></tr> <tr><td>E09.51</td><td>E09.52</td><td>E09.59</td><td>E09.621</td></tr> <tr><td>E10.51</td><td>E10.52</td><td>E10.59</td><td>E10.621</td></tr> <tr><td>E11.51</td><td>E11.52</td><td>E11.59</td><td>E11.621</td></tr> <tr><td>E13.51</td><td>E13.52</td><td>E13.59</td><td>E13.621</td></tr> <tr><td>I70.201</td><td>I70.202</td><td>I70.203</td><td>I70.208</td></tr> <tr><td>I70.209</td><td>I70.211</td><td>I70.212</td><td>I70.213</td></tr> <tr><td>I70.218</td><td>I70.219</td><td>I70.221</td><td>I70.222</td></tr> <tr><td>I70.223</td><td>I70.228</td><td>I70.229</td><td>I70.231</td></tr> <tr><td>I70.232</td><td>I70.233</td><td>I70.234</td><td>I70.235</td></tr> <tr><td>I70.238</td><td>I70.239</td><td>I70.241</td><td>I70.242</td></tr> <tr><td>I70.243</td><td>I70.244</td><td>I70.245</td><td>I70.248</td></tr> <tr><td>I70.249</td><td>I70.25</td><td>I70.261</td><td>I70.262</td></tr> <tr><td>I70.263</td><td>I70.268</td><td>I70.269</td><td>I70.291</td></tr> <tr><td>I70.292</td><td>I70.293</td><td>I70.298</td><td>I70.299</td></tr> <tr><td>I70.301</td><td>I70.302</td><td>I70.303</td><td>I70.308</td></tr> <tr><td>I70.309</td><td>I70.311</td><td>I70.312</td><td>I70.313</td></tr> <tr><td>I70.318</td><td>I70.319</td><td>I70.321</td><td>I70.322</td></tr> <tr><td>I70.323</td><td>I70.329</td><td>I70.331</td><td>I70.332</td></tr> <tr><td>I70.333</td><td>I70.334</td><td>I70.335</td><td>I70.338</td></tr> <tr><td>I70.339</td><td>I70.341</td><td>I70.342</td><td>I70.343</td></tr> <tr><td>I70.344</td><td>I70.345</td><td>I70.348</td><td>I70.349</td></tr> <tr><td>I70.35</td><td>I70.361</td><td>I70.362</td><td>I70.363</td></tr> <tr><td>I70.369</td><td>I70.391</td><td>I70.392</td><td>I70.393</td></tr> <tr><td>I70.399</td><td>I70.401</td><td>I70.402</td><td>I70.403</td></tr> <tr><td>I70.408</td><td>I70.409</td><td>I70.411</td><td>I70.412</td></tr> <tr><td>I70.413</td><td>I70.418</td><td>I70.421</td><td>I70.422</td></tr> </table>	E08.51	E08.52	E08.59	E08.621	E09.51	E09.52	E09.59	E09.621	E10.51	E10.52	E10.59	E10.621	E11.51	E11.52	E11.59	E11.621	E13.51	E13.52	E13.59	E13.621	I70.201	I70.202	I70.203	I70.208	I70.209	I70.211	I70.212	I70.213	I70.218	I70.219	I70.221	I70.222	I70.223	I70.228	I70.229	I70.231	I70.232	I70.233	I70.234	I70.235	I70.238	I70.239	I70.241	I70.242	I70.243	I70.244	I70.245	I70.248	I70.249	I70.25	I70.261	I70.262	I70.263	I70.268	I70.269	I70.291	I70.292	I70.293	I70.298	I70.299	I70.301	I70.302	I70.303	I70.308	I70.309	I70.311	I70.312	I70.313	I70.318	I70.319	I70.321	I70.322	I70.323	I70.329	I70.331	I70.332	I70.333	I70.334	I70.335	I70.338	I70.339	I70.341	I70.342	I70.343	I70.344	I70.345	I70.348	I70.349	I70.35	I70.361	I70.362	I70.363	I70.369	I70.391	I70.392	I70.393	I70.399	I70.401	I70.402	I70.403	I70.408	I70.409	I70.411	I70.412	I70.413	I70.418	I70.421	I70.422
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular(cont'd)		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729
		170.731	170.732	170.733	170.734
		170.735	170.738	170.739	170.741
		170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762
		170.763	170.768	170.769	170.791
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92
		172.3	172.4	172.8	172.9
		173.89	173.9	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		177.1	177.2	177.70	177.72
		177.77	177.79	196	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular(cont'd)		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
	Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	For dates of service on or after Jan. 1, 2020 these codes will require prior authorization		
Prior authorization is not required for outpatient hospital or ambulatory surgical center		95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	
		*For dates of service on or after Jan, 1, 2020 this code will not require prior authorization.			
		95951*			
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization:			
		<ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) 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 tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 .			
Chiropractic care	<u>For members younger than 21:</u>				
	Prior authorization not required				
	<u>For members ages 21 and older:</u>				
	Chiropractic care is <u>not</u> a covered benefit.				
Circumcision	Routine circumcision is <u>not</u> a covered benefit.	54150	54160	54161	54162
	Prior authorization required <u>only</u> for cases with documented medical necessity.				
Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	<u>For members younger than 21:</u>				
	Prior authorization required for the codes listed	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		
	<u>For members ages 21 and older:</u>				
	<ul style="list-style-type: none"> Prior authorization required for supplies, equipment maintenance 				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cochlear and other auditory implants (cont'd)	and repair of component parts <ul style="list-style-type: none"> Hardware is <u>not</u> a covered benefit. Clinical documentation <u>must</u> accompany and establish medical necessity for this service request. 				
Cosmetic and reconstructive procedures	Prior authorization required for the codes listed	11960	11971	15823	15830
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.	15847	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966			
Dental services	For prior authorization requirements, please call UnitedHealthcare Dental at 855-812-9208 .				
Diabetic supplies	Diabetic supplies are provided by the local pharmacy. Prior authorization for talking glucometers available through the medical prior authorization process	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)	To request DME items, please call Preferred Homecare at 800-636-2123 . Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	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. Information.			
	These DME items are <u>not</u> covered by Preferred Homecare:	E0194	E0265	E0266	E0270
	• Bone stimulators	E0300	E0445	E0457	E0460
	• Diabetic supplies	E0465	E0466	E0483	E0486
	• Enclosed beds	E0620	E0636	E0638	E0641
	• Insulin pumps	E0642	E0656	E0669	E0670
	• Percussion vests	E0675	E0693	E0694	E0700
	• Specialty beds	E0710	E0745	E0766	E0784
	• Wound vacs	E0984	E0986	E1002	E1003
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E1004	E1005	E1006	E1007
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont'd)		E2627	E2628	E2629	E2630
		E8001	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 <u>must</u> accompany and establish medical necessity for this service request.			
		<u>For members younger than 21:</u>			
		For more information, please review the AHCCCS Medical Policy Manual (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.			
		<u>For members ages 21 and older:</u>			
		Please review AMPM Chapter 300, Policy 310-GG at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG.			
		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.			
Experimental and investigational services (and/or linked services)	Prior authorization required for all services considered experimental and/or investigational	33477	36514	55866	64722
		66180	0191T	A4638	A9274
	For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at AZAHCCCS.gov > Resources > Guides-Manuals-Policies	E1831			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Experimental and investigational services (and/or linked services) (cont'd)	> AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.				
Eye care/optometry	<p><u>Benefits provided for members younger than 21:</u></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><u>For members ages 21 and older:</u> 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 .			
Femoracetabular 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	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic testing	Prior authorization required for all services not covered by LabCorp	88245	88248	88249	88261
		88262	88263	88264	88267
	To determine prior authorization requirements, please call LabCorp at 800-788-9743 .	88269	88271	88272	88273
		88274	88275	88280	88283
		88285	88289	88291	88299
Hearing services	<u>For members younger than 21:</u>	92590	92591	92592	92593
Hearing evaluations and hearing aids	Prior authorization not required	92594	92595	S0618	V5010
	<u>For members ages 21 and older:</u>	V5011	V5014	V5030	V5040
		V5050	V5060	V5095	V5100
	Prior authorization required	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 services	Prior authorization required for the codes listed	G0299	G0300	S9123	S9124
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 Preferred Homecare	To request services and/or supplies, please call Preferred Homecare at 800-636-2123 .			
Injectable medications for in-home usage (cont'd)	Prior authorization required for all medications not covered by Preferred Homecare	To request medications, please call Preferred Homecare at 800-636-2123 .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications	Prior authorization required for the codes listed	<p>Actemra® J3262</p> <p>Acthar®* J0800</p> <p>Botulinum toxins J0585 J0586 J0587 J0588</p> <p>Brineura™ J0567</p> <p>Cerezyme®* J1786</p> <p>Cinqair® J2786</p> <p>Crysvita® J0584</p> <p>Elelyso®* J3060</p> <p>Entyvio® J3380</p> <p>Evenity™ J3111</p> <p>Exondys 51™* J1428</p> <p>Fasenra™ J0517</p> <p>Gamifant® J9210</p> <p>Ilaris® J0638</p> <p>Ilumya™ J3245</p> <p>Inflectra® Q5103</p> <p>IVIG J1459 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Lemtrada® J0202</p> <p>Luxturna™ J3398</p> <p>Makena® J1726 J1729 J2675</p> <p>Nucala® J2182</p> <p>Ocrevus™ J2350</p>			

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

Orencia®

J0129

Onpattro™

J0222

Parsabiv™

J0606

Probuphine®

J0570

Radicava®

J1301

Remicade®

J1745

Renflexis®

Q5104

Simponi Aria®

J1602

Sodium Hyaluronate

J7320	J7321	J7322	J7324
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J7325	J7326	J7327	J7329
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J7331	J7332		
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Soliris®*

J1300

Spinraza™*

J2326

Sublocade™

Q9991	Q9992
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Synagis®*

90378

Therapeutic Radiopharmaceuticals***

A9513	A9606	A9699
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Trogarzo™

J1746

Ultomiris™

J1303

Unclassified codes**

C9399	J3490	J3590
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VPRIV®*

J3385

Xolair®*

J2357

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		Coverage Determination Guidelines for Community Plan.			
		* For Acthar, Cerezyme, Eleyso, Exondys 51, Soliris, Spinraza, Synagis, VPRIV and Xolair prior authorization, please call the Pharmacy Prior Authorization Service at 800-310-6826 .			
		** For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Spravato™ For dates of service on or after Jan. 1, 2020, Cutaquig® and Xembify® will also require prior authorization			
		***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129			
Inpatient admissions-post acute services:	Notification required for admissions	Inpatient admissions-post acute services: Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:			
		<ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required for the codes listed	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		
Laboratory services	Prior authorization required	Please call LabCorp at 800-788-9743 .			
Non-emergent air ambulance transport	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
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 the codes listed with a retail purchase or a 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 orthotics are covered for all members to make the orthotic serviceable and/or when the repair	L0810	L0820	L0830	L0859
		L0861	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Orthotics and prosthetics (cont'd)	cost is less than purchasing another unit.	L1730	L1755	L1820	L1830		
	<ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish that the component is not operating effectively. 	L1831	L1832	L1834	L1836		
		L1840	L1844	L1845	L1846		
		L1847	L1850	L1860	L1945		
		L1950	L1970	L2000	L2005		
		L2010	L2020	L2030	L2034		
		<u>For members ages 21 and older:</u>	L2036	L2037	L2038	L2060	
		<ul style="list-style-type: none"> AHCCCS orthotics coverage applies if: The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. 	L2106	L2108	L2126	L2136	
			<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. 	L2350	L2510	L2526	L2627
				L2628	L3230	L3265	L3649
				L3671	L3674	L3720	L3730
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider. 		L3740	L3763	L3764	L3900	
			L3901	L3904	L3905	L3961	
			L3971	L3975	L3976	L3977	
			L3999	L4000	L4010	L4020	
			L4350	L4392	L4394	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	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				
L6200	L6205	L6250	L6300				
L6310	L6320	L6350	L6360				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		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	L8040	L8042
		L8043	L8044	L8045	L8046
	L8047	L8499	L8609	L8610	
	L8612	L8631	L8659		
Out-of-network services	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*	92526*	97012
	* Prior authorization required on first visit.	97014	97016	97018	97022
		97026	97028	97033	97034
	Prior authorization required after the 12 th visit	97039	97110	97112	97113
		97116	97124	97140	97535
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply.	97799			
	<u>For members ages 21 and older:</u>				
	Prior authorization not required				
	Outpatient speech therapy is <u>not</u> a covered benefit.				
	Occupational and physical therapy are covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:				
<ul style="list-style-type: none"> Limited to 15 occupational and physical therapy visits per benefit year, Oct. 1 - Sept. 30, to help an individual restore a skill or level of function, and maintain it. Limited to 15 occupational and physical therapy visits per benefit year, Oct. 1 - Sept. 30, to help an individual acquire a new skill or 					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy (cont'd)	<p>level of function, and then maintain it.</p> <p>For QMB members: Covered for unlimited visits when medically necessary</p>				
Pharmacy drugs	<p>A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources and Physician Administered Drugs</p> <p>Service requests <u>must</u> 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® • Cinryze® • Elaprase® • Elelyso® • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • VPRIV® 	<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> <p>Clinical documentation and the Certificate of Medical Necessity for pregnancy termination <u>must</u> accompany the prior authorization request form.</p> <p>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.</p> <p>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.</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			
Private duty nursing	Prior authorization required for the codes listed	T1002	T1003		
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	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program</p>			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required for the codes listed	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required for the codes listed	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	<p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p>	<p>Carpal tunnel surgery 64721</p> <p>Cataract surgery 66821 66982 66984</p> <p>Colonoscopy 45378 45380 45384 45385</p> <p>Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931</p> <p>Ear, nose and throat (ENT) procedures 21320 30140 30520 69436 69631</p> <p>Gynecologic procedures 57522 58353 58558 58563 58565</p> <p>Hernia repair 49505 49585 49587 49650 49651 49652 49653 49654 49655</p> <p>Liver biopsy 47000</p> <p>Miscellaneous 20680</p> <p>Ophthalmologic 65426 65730 65855 66170 66761 67028 67036 67040 67228 67311 67312</p> <p>Tonsillectomy and adenoidectomy 42820 42821 42825 42826</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (cont'd)		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	55040
		55700	57288		
	Skilled nursing facility services	Prior authorization required			
Sleep apnea procedures and surgeries	Prior authorization required for the codes listed	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
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		
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		
		Spinal surgery	Prior authorization required for the codes listed	22100	22101
22112	22114			22206	22207
22210	22212			22214	22220
22224	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			63046	63047
63050	63055			63056	63064
63075	63077			63081	63085
63087	63090			63101	63102
63170	63172	63173	63180		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont'd)		63182	63185	63190	63191
		63194	63195	63196	63198
		63199	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0095T	0098T	0164T
Sterilization	Prior authorization required for the codes listed	52601	52630	52647	52648
		52649	55250	55450	55801
	For all members younger than 21: Prior authorization required	55821	55831	58150	58180
		58200	58210	58240	58260
	Any member requesting sterilization must sign an appropriate Consent for Sterilization form.	58262	58263	58267	58270
		58275	58280	58285	58290
		58291	58292	58293	58294
	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.	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		
Transplant services	Prior authorization required for the codes listed	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 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.	32850	32851	32852	32853
		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	50380	50547	S2060
		S2061	S2152		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant services (cont'd)		CAR T-Cell therapy:			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
		*For dates of service on or after Jan. 1, 2020 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	Prior authorization required for the codes listed	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37780
Ventricular assist devices (VAD)	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 code listed	E2402			