

Prior Authorization Requirements for Arizona Developmentally Disabled

Effective December 1, 2019

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Arizona Developmentally Disabled 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> 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> Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is <u>not</u> 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. 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>	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 • Adaptive behavioral analysis • Electroconvulsive therapy • Home care training client (H0018) • Out-of-state placement • Psychological testing • Residential behavioral health facility • Behavioral health Residential Facility-Level II • 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 except for after 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 care	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®) J1447 <u>Bone-modifying agent that requires prior authorization:</u>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization															
Cancer supportive care (cont'd)		Denosumab (Xgeva®) J0897 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 .															
Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance	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 . 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.															
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services Prior authorization is not required for outpatient hospital or ambulatory surgical center	For dates of service on or after Jan. 1, 2020 these codes will require prior authorization <table border="1" style="margin-left: 20px;"> <tr> <td>95700</td> <td>95711</td> <td>95712</td> <td>95713</td> </tr> <tr> <td>95714</td> <td>95715</td> <td>95716</td> <td>95718</td> </tr> <tr> <td>95720</td> <td>95722</td> <td>95724</td> <td></td> </tr> </table> *For dates of service on or after Jan, 1, 2020 the following code will not require prior authorization: 95951*				95700	95711	95712	95713	95714	95715	95716	95718	95720	95722	95724	
95700	95711	95712	95713														
95714	95715	95716	95718														
95720	95722	95724															
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	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 <u>only</u> 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	69710 69930	69714 L8614	69715 L8619	69718 L8690												

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech Cochlear and other auditory implants (cont'd)	For members ages 21 and older: <ul style="list-style-type: none"> • Prior authorization required for supplies, equipment maintenance and repair of component parts • Hardware is not a covered benefit. • Clinical documentation must accompany and establish medical necessity for this service request. 	L8691	L8692		
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required for the codes listed. Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.	11960 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	11971 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
Dental services	For prior authorization requirements, please call UnitedHealthcare Dental at 855-812-9208 . 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 .				
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)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500 To request DME items, please call Preferred Homecare at 800-636-2123 . These DME items are <u>not</u> covered by Preferred Homecare: <ul style="list-style-type: none"> • Bone stimulators • Diabetic supplies • Enclosed beds • Insulin pumps • Percussion vests • Specialty beds • Wound vacs Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0194 E0300 E0465 E0620 E0642 E0675 E0710 E0984 E1004	E0265 E0445 E0466 E0636 E0656 E0693 E0745 E0986 E1005	E0266 E0457 E0483 E0638 E0669 E0694 E0766 E1002 E1006	E0270 E0460 E0486 E0641 E0670 E0700 E0784 E1003 E1007

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont'd)		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
		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, 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 > 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 >

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Enteral services/parenteral/oral (cont'd)		Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C.			
Experimental or investigational (and/or linked services)	Prior authorization required for all services considered experimental and/or investigational 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.	0191T 64722 E1831	33477 66180	36514 A4638	55866 A9274
Eye care/optometry	<u>Benefits provided for members younger than 21:</u> <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. <u>For members ages 21 and older:</u> Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye	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 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic testing	Prior authorization required for all services not covered by LabCorp To determine prior authorization requirements, please call LabCorp at 800-788-9743 .	88245 88262 88269 88274 88285	88248 88263 88271 88275 88289	88249 88264 88272 88280 88291	88261 88267 88273 88283 88299
Hearing aids and services Hearing evaluations and hearing aids	<u>For members younger than 21:</u> Prior authorization not required <u>For members ages 21 and older:</u> Prior authorization required	92590 92594 V5011 V5050 V5120 V5243 V5247 V5251 V5255 V5259 V5263	92591 92595 V5014 V5060 V5190 V5244 V5248 V5252 V5256 V5260 V5267	92592 S0618 V5030 V5095 V5230 V5245 V5249 V5253 V5257 V5261 V5298	92593 V5010 V5040 V5100 V5242 V5246 V5250 V5254 V5258 V5262
Home health care	Prior authorization required for the codes listed	G0299	G0300	S9123	S9124

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Hospice	Prior authorization required for the codes listed	T2042	T2043	T2044	T2045
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	Prior authorization required for all medications not covered by Preferred Homecare	To request medications, please call Preferred Homecare at 800-636-2123 .			
Injectable medications	Prior authorization required for the codes listed	Actemra® J3262 Acthar®* J0800 Botulinum toxins J0585 J0586 J0587 J0588 Brineura™ J0567 Cerezyme®* J1786 Cinqair® J2786 Crysvita® J0584 ElELYso®* J3060 Entyvio® J3380 Evenity™ J3111 Exondys 51™* J1428 Fasenra™ J0517 Gamifant® J9210 Ilaris® J0638 Ilumya™ J3245 Inflectra® Q5103 IVIG J1459 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Lemtrada® J0202 Luxturna™			

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

J3398

Makena®

J1726 J1729 J2675

Nucala®

J2182

Ocrevus™

J2350

Onpattro™

J0222

Orencia®

J0129

Parsabiv™

J0606

Probuphine®

J0570

Radicava®

J1301

Remicade®

J1745

Renflexis®

Q5104

Simponi Aria®

J1602

Sodium Hyaluronate

J7320 J7321 J7322 J7324

J7325 J7326 J7327 J7329

J7331 J7332

Soliris®*

J1300

Spinraza™*

J2326

Sublocade™

Q9991 Q9992

Synagis®*

90378

Therapeutic Radiopharmaceuticals***

A9513 A9606 A9699

Trogarzo™

J1746

Ultomiris™

J1303

Unclassified codes**

C9399 J3490 J3590

VPRIV®

J3385

Xolair®*

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

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 Coverage Determination Guidelines for Community Plan**.

* For Acthar, Cerezyme, Elelyso, 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 admission	Notification required for admissions				
Joint replacement	Prior authorization required for the codes listed	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		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	To determine prior authorization requirements, 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	Prior authorization required for the codes listed	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		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 cost is less than purchasing another unit.	L0810	L0820	L0830	L0859
		L0861	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1830
	• The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't 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> AHCCCS orthotics coverage applies if:	L2036	L2037	L2038	L2060
	• The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines.	L2106	L2108	L2126	L2136
		L2350	L2510	L2526	L2627
		L2628	L3230	L3265	L3649
	• The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.	L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3900
		L3901	L3904	L3905	L3961
	• The orthotic is ordered by a physician or primary care provider.	L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
		L4350	L4392	L4394	L4631
	<u>For members ages 21 and older with orthotic limitation:</u>	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
	• 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.	L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
	• The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
	L7181	L7185	L7186	L7190	
	L7191	L7405	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	92521	92522
	Prior authorization required for the codes listed	92523	92524	92526	97010
		97012	97014	97016	97018
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply.	97022	97026	97028	97033
		97034	97039	97110	97112
		97113	97116	97124	97140
	<u>For members ages 21 and older:</u>	97161	97162	97163	97164
	Prior authorization not required	97165	97166	97167	97168
		97799			
	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 individual restore a skill or level of function, and maintain it. • <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			
Outpatient therapy (cont'd)	<p>individual acquire a new skill or level of function, and then maintain it.</p> <p><u>For Qualified Medicare Beneficiaries (QMB):</u></p> <p>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 & Physician Administered Drugs > Pharmacy Prior Authorization</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® • Exondys 51™ • Elelyso® • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • Soliris® • Spinraza™ • Synagis® • VPRIV® • Xolair® 	<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>	59840 59852	59841 59855	59850 59856	59851 59857

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pregnancy termination (cont'd)	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		
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 > 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</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)		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
		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		
Custodial Skilled nursing facility services	Prior authorization required				
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	
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	0095T	0098T	0164T	22100
		22101	22102	22110	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	63182
		63185	63190	63191	63194
		63195	63196	63198	63199
		63200	63250	63251	63252

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (cont'd)		63265	63267	63268	63270	
		63271	63272	63286	63300	
		63301	63302	63303	63304	
		63305	63306	63307	63308	
Sterilization	<u>For all members younger than 21:</u>	52601	52630	52647	52648	
	Prior authorization required	52649	55250	55450	55801	
		55821	55831	58150	58180	
	Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.	58200	58210	58240	58260	
		58262	58263	58267	58270	
		58275	58280	58285	58290	
	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.	58291	58292	58293	58294	
		58541	58542	58543	58544	
		58548	58550	58552	58553	
		58554	58570	58571	58572	
		58573	58600	58605	58611	
		58615	58670	58671	58700	
	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.	58951	58953	58954	58956	
		59135	59525			
	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 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 <u>must</u> 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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant services (cont'd)		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		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	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			