

Prior Authorization Requirements for Arizona Long Term Care

Effective December 1, 2019

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Arizona Long Term Care 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:** 800-377-2055

Important Information

- **To be eligible for 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.
- **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 and 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 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. 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>	

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.	The following benefits and/or codes require prior authorization: <ul style="list-style-type: none"> • Acute inpatient admission (includes admissions to AZ State Hospital) • Electroconvulsive therapy • Home care training client (H0018) • Neurobehavioral Status • Neuropsychological testing • Out-of-state placement • Psychological testing • 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 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
Cardiovascular	Prior authorization required for lower extremities angiogram only	75710	75716	Prior authorization required for the following diagnosis codes:	
		E08.51 E09.51 E10.51 E11.51 E13.51 I70.201 I70.209 I70.218 I70.223 I70.232 I70.238 I70.243 I70.249 I70.263 I70.292 I70.301 I70.309 I70.318 I70.323	E08.52 E09.52 E10.52 E11.52 E13.52 I70.202 I70.211 I70.219 I70.228 I70.233 I70.239 I70.244 I70.25 I70.268 I70.293 I70.302 I70.311 I70.319 I70.329	E08.59 E09.59 E10.59 E11.59 E13.59 I70.203 I70.212 I70.221 I70.229 I70.234 I70.241 I70.245 I70.261 I70.269 I70.298 I70.303 I70.312 I70.321 I70.331	E08.621 E09.621 E10.621 E11.621 E13.621 I70.208 I70.213 I70.222 I70.231 I70.235 I70.242 I70.248 I70.262 I70.291 I70.299 I70.308 I70.313 I70.322 I70.332

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		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
		I70.423	I70.428	I70.429	I70.431
		I70.432	I70.433	I70.434	I70.435
		I70.438	I70.439	I70.441	I70.442
		I70.443	I70.444	I70.445	I70.448
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		I70.621	I70.622	I70.623	I70.628
		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644
		I70.645	I70.648	I70.649	I70.661
		I70.662	I70.663	I70.668	I70.669
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
	I70.8	I70.90	I70.91	I70.92	
	I72.3	I72.4	I72.8	I72.9	
	I73.89	I73.9	I74.3	I74.4	
	I74.5	I74.8	I74.9	I75.021	
	I75.022	I75.023	I75.029	I75.89	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	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
		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			
Chiropractic care	For members younger than 21: Prior authorization not required				
	For members ages 21 and older: 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	For members younger than 21: Prior authorization required for the codes listed	69710	69714	69715	69718
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		69930	L8614	L8619	L8690
		L8691	L8692		
	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 <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
		15847	17106	17107	17108
		17999	21137	21138	21139

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (cont'd) 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	Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.	21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
		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 . For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-D2 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300: Medical Policy for Covered Services > 310, Covered Services > 310-D2.				
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 for the codes listed with a retail purchase or a cumulative rental cost of more than \$500 UnitedHealthcare Community Plan Long Term Care will review Medicare denials of DME. Clinical documentation and a copy of the denial <u>must</u> accompany and establish medical necessity for the service request. Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0193	E0194	E0265	E0266
		E0270	E0277	E0300	E0302
		E0304	E0329	E0445	E0457
		E0460	E0465	E0466	E0483
		E0486	E0620	E0636	E0656
		E0669	E0670	E0675	E0693
		E0694	E0700	E0710	E0745
		E0766	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1030	E1035	E1036
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1825
		E1902	E2100	E2227	E2228
		E2230	E2300	E2301	E2322
		E2325	E2327	E2329	E2331
		E2351	E2373	E2500	E2502
		E2504	E2506	E2508	E2510
		E2511	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		K0005	K0008	K0013	K0108
		K0800	K0801	K0802	K0806
		K0807	K0808	K0812	K0821

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME)(cont'd)		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/parental/oral In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN), and/or lipids and oral supplements	Prior authorization required for the codes listed	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
	Clinical documentation and oral supplement Certificate of Medical Necessity, as applicable, must accompany and establish medical necessity for this service request.	B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
	<u>For members younger than 21:</u> 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.				
	<u>For members 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 > 310, Covered Services > 310-GG. > Attachment A				
Experimental and investigational (and/or linked services)	Prior authorization required for all services considered experimental and/or investigational	0191T	33477	36514	55866
		64722	66180	A4638	A9274
		E1831			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Experimental and investigational (and/or linked services) (cont'd)	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.				
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></p> <p>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 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 aids and 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
	Prior authorization required	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- and community-based services	Prior authorization required	For home- and community-based services, please call UnitedHealthcare Community Plan at 800-377-2055 or the notification number on the back of the member's health plan ID card.			
Home health care	Prior authorization required for the codes listed	For codes G0299, G0300, S9123 and S9124, please fax Case Management at 877-395-5993 to complete the request.			
	Infusion services – prior authorization not required	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	For prior authorization, please call the Long Term Care Case Management Unit at 602-255-8908 to complete the request. T2042 T2043 T2044 T2045
Incontinence supplies	<p>Incontinence supplies are a benefit only when provided through Byram Healthcare®.</p> <p><u>For members younger than 21:</u> Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 240 per month.</p> <p><u>For members ages 21 and older:</u> Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 180 per month.</p>	To request incontinence supplies, please call Byram Healthcare at 877-902-9726 .
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</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		J1459	J1555	J1556	J1557
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		Lemtrada®			
		J0202			
		Luxturna™			
		J3398			
		Makena®			
		J1726	J1729	J2675	
		Nucala®			
		J2182			
		Ocrevus™			
		J2350			
		Orencia®			
		J0129			
		Onpattro™			
		J0222			
		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				
	Trogarzo™				
	J1746				
	Ultomiris™				
	J1303				
	Unclassified codes**				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		C9399	J3490	J3590	
		VPRIV®			
		J3385			
		Xolair®*			
		J2357			
		Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> 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® 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			
Inpatient admission	Prior authorization required for inpatient admissions including: <ul style="list-style-type: none"> Behavioral/substance abuse Elective surgical with admission Hospice Long term acute care/rehabilitation Skilled nursing facilities Prior authorization not required for emergency services				
Inpatient – observation	Prior authorization not required Notification required if member is admitted for an inpatient stay Observation <u>must</u> be ordered in writing by a physician, or other individual authorized by hospital staff bylaws, to admit patients to the hospital or to order outpatient diagnostic tests or treatments.				
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 not required If you have questions, 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	21121	21123	21125	21127

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (cont'd) Treatment of maxillofacial/jaw functional impairment	codes listed	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
	<u>For members younger than 21 with orthotic limitation:</u>	L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		<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. 	L0810	L0820	L0830
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834
	<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. 	L1836	L1840	L1844	L1845
		L1847	L1860	L1945	L1950
		L2000	L2005	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2136	L2350	L2526	L2627
	<u>For members ages 21 and older:</u>	L2628	L3230	L3265	L3649
	AHCCCS orthotics coverage applies if:	L3671	L3674	L3720	L3730
	<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. 	L3740	L3763	L3764	L3900
		L3901	L3904	L3905	L3961
	<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. 	L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider. 	L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5270
		L5280	L5301	L5312	L5321
	<u>For members ages 21 and older with orthotic limitation:</u>	L5331	L5341	L5400	L5420
	<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. 	L5460	L5500	L5505	L5510
		L5520	L5530	L5535	L5540
		L5560	L5570	L5580	L5585
		L5590	L5595	L5600	L5610
		L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
<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. 	L5646	L5647	L5648	L5649	
	L5651	L5653	L5661	L5673	
	L5682	L5683	L5700	L5702	
	L5703	L5705	L5706	L5716	
	L5718	L5724	L5726	L5728	
	L5780	L5790	L5795	L5811	
	L5812	L5814	L5816	L5818	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		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	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	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	L6920
		L6925	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-state services	Benefit only approved when service is emergent or unavailable in the state of Arizona				
Out-of-network services	Prior authorization required for all out-of-network services				
Outpatient therapy	<u>For members younger than 21:</u>	92507	92508	92526	97012
		97014	97016	97018	97022
	Prior authorization required for the codes listed	97026	97028	97033	97034
		97039	97110	97112	97113
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply.	97116	97124	97140	97535
		97799			
	<u>For members ages 21 and older:</u>				
	Prior authorization required for the codes listed for occupational and speech therapy				
	Prior authorization not required for physical therapy				

Outpatient therapy (cont'd)

Physical therapy is covered in an inpatient or outpatient setting.

Outpatient physical therapy is:

- Limited to 15 physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual restore a skill or level of function, and then maintain it
- Limited to 15 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

For Qualified Medicare Beneficiaries (QMB):

Co-pays are covered when medically necessary until Medicare benefit exhausts.

Pharmacy drugs

A list of medications requiring prior authorization is available at **UHCprovider.com/AZcommunityplan** > Pharmacy Resources and Physician Administered Drugs

Service requests must include “J” Codes and NDC Codes for the medication requested.

The following hemophilia factor/biotech drugs are included on the prior authorization list:

- Acthar® gel
- Aldurazyme®
- Ceprotin®
- Cerezyme®
- Cinryze®
- Elaprase®
- Elelyso®
- Exondys 51™
- Fabrazyme®
- Juxtapid®
- Kalydeco®
- Kuvan®
- Kynamro®
- Lumizyme®
- Myozyme®
- Orfadin®
- Soliris®
- Spinraza™
- Synagis®
- VPRIV®
- Xolair®

For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:

Phone: **800-310-6826**
 Fax: **866-940-7328**

For specialty pharmacy prior authorization, please fax **866-940-7328**.

Fax forms are available at **UHCprovider.com/AZcommunityplan** > Arizona > Pharmacy Program > Pharmacy Prior Authorization Forms > Specialty Medication Prior Authorization Cover Sheet. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.

Pregnancy termination	Prior authorization required for the codes listed	59840	59841	59850	59851
		59852	59855	59856	59857
	Prior authorization includes Mifepristone, Mifeprex® or RU-486				
	Clinical documentation and the Certificate of Medical Necessity for				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pregnancy termination (cont'd)	<p>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>				
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 the following 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 fax 800-278-2907 to complete your request. Fax forms are available at 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 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required for the codes listed	31295	31296	31297	31298
Skilled nursing facility services	Prior authorization required				
	Separate prior authorization required for outpatient services				
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	
Spinal surgery	Prior authorization required for the codes listed	0095T 22101 22114 22212 22532 22554 22595 22630 22804	0098T 22102 22206 22214 22533 22556 22600 22633 22808	0164T 22110 22207 22220 22548 22558 22610 22800 22810	22100 22112 22210 22224 22551 22590 22612 22802 22812

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (cont'd)		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	
		63265	63267	63268	63270	
		63271	63272	63286	63300	
		63301	63302	63303	63304	
		63305	63306	63307	63308	
	Sterilization	Prior authorization required for the codes listed	52601	52630	52647	52648
			52649	55250	55450	55801
<u>For all members younger than age 21:</u>		55821	55831	58150	58180	
		58200	58210	58240	58260	
Prior authorization required		58262	58263	58267	58270	
Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.		58275	58280	58285	58290	
		58291	58292	58293	58294	
For more information, please review		58541	58542	58543	58544	
AMPM Chapter 400, Section 420,		58548	58550	58552	58553	
Section E Sterilization at		58554	58570	58571	58572	
AZAHCCCS.gov > Resources >		58573	58565	58600	58605	
Guides-Manuals-Policies > AHCCCS		58611	58615	58670	58671	
Medical Policy Manual (AMPM) >		58700	58951	58953	58954	
Chapter 400, Medical Policy for		58956	59135	59525		
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.					
Stimulators	Prior authorization required	Bone growth stimulator				
		E0747	E0748	E0749	E0760	
Implantation of a device that sends electrical impulses		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				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Transplant services (cont'd)	Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.	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.					
		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				
				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 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	37780		
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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 .					
		33927	33928	33929	33975		
		33976	33979	33981	33982		
		33983	Q0507	Q0508	Q0509		
Wound vac	Prior authorization required for the codes listed A negative pressure wound therapy (NPWT) pump and supplies will be denied if one or more of the following are present: <ul style="list-style-type: none"> • Cancer tissue in the wound • Criteria for continued coverage is no longer met • Necrotic tissue with eschar in the wound, if debridement isn't attempted • Supplies and equipment are no longer being used by the member 	E2402					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Wound vac (cont'd)	<ul style="list-style-type: none"> • Untreated fistula to an organ or body cavity within vicinity of the wound • Untreated osteomyelitis within vicinity of the wound 	