

Prior Authorization Requirements for Arizona Complete Care Medicaid Effective March 1, 2020

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Arizona Complete Care (ACC) Medicaid Program for inpatient and outpatient services.

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

- **Online:** Use the Prior Authorization and Notification tool on 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.
- Services delivered inside the Multi-Specialty Interdisciplinary Clinics (MSIC) to CRS designated/CRS formerly designated members do not require prior authorization.
- Only one care provider may request services on a prior authorization request form.
- Only medically necessary, cost effective, and federally- and state-reimbursable services are covered services, as outlined by AHCCCS.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Allergy immunotherapy	<p><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 	

CPT® is a registered trademark of the American Medical Association.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Allergy immunotherapy (continued)	unknown allergen may result in a life-threatening situation. 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 • Applied Behavior Analysis (ABA) • Electroconvulsive therapy • Home care training client (S5109) • Psychological testing • Out-of-state placement • Residential behavioral health facility Level II (Group home H0018) • Residential treatment center – Level 1 			
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			

CPT® is a registered trademark of the American Medical Association.

PCA-1-20-00953-Clinical-WEB_04012020

© 2020 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																																								
Cancer supportive services (continued)		<p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) 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> </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
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																																																																																							

CPT® is a registered trademark of the American Medical Association.

PCA-1-20-00953-Clinical-WEB_04012020

© 2020 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		I77.1	I77.2	I77.70	I77.72
	I77.77	I77.79	I96	L03.115	

CPT® is a registered trademark of the American Medical Association.

PCA-1-20-00953-Clinical-WEB_04012020

© 2020 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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	M86.8X	Q27.30
				7	
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511	S35.512
				A	A
		S81.801	S81.802	S81.809	S91.301
		A	A	A	A
		S91.302	S91.309	T82.312	T82.318
		A	A	A	A
		T82.319	T82.338	T82.392	T82.398
	A	A	A	A	
	T82.399	T82.818	T82.856	T82.858	
	A	A	A	A	
	T82.868	T82.898	Z95.820	Z98.62	
	A	A			
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642) • 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 <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>			
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

CPT® is a registered trademark of the American Medical Association.

PCA-1-20-00953-Clinical-WEB_04012020

© 2020 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	Prior authorization required <u>only</u> for cases with documented medical necessity				
Cochlear and other auditory implants	For members younger than 21:				
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required for the codes listed	69710	69714	69715	69718
		69930	L8614	L8619	L8690
	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. 	L8691	L8692		
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		15847	17106	17107	17108
	Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.	17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
21742	21743	28344	30620		
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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 .				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.
	Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500				
	These DME items are <u>not</u> covered by Preferred Homecare:	E0194	E0265	E0266	E0270
	<ul style="list-style-type: none"> Bone stimulators Diabetic supplies Enclosed beds Insulin pumps Percussion vests Specialty beds Wound vacs 	E0300	E0445	E0457	E0460
		E0465	E0466	E0483	E0486
		E0620	E0636	E0638	E0641
		E0642	E0656	E0669	E0670
		E0675	E0693	E0694	E0700
		E0710	E0745	E0766	E0784
		E0787*	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1161

CPT® is a registered trademark of the American Medical Association.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		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	

*For dates of service on or after **May 1, 2020**, E0787 will require prior authorization.

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 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.

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 > Guides-Manuals-

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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)	<p>Prior authorization required for all services considered experimental and/or investigational</p> <p>For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.</p>	33477 66180 E1831	36514 0191T	55866 A4638	64722 A9274
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 .			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required for the codes listed	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required for the codes listed	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic testing	<p>Prior authorization required for all services not covered by LabCorp</p> <p>To determine prior authorization requirements, please call LabCorp at 800-788-9743.</p>	88245	88248	88249	88261
		88262	88263	88264	88267
		88269	88271	88272	88273
		88274	88275	88280	88283
		88285	88289	88291	88299
Hearing services Hearing evaluations and hearing aids	<u>For members younger than 21:</u>	92590	92591	92592	92593
		92594	92595	V5010	V5011
		V5014	V5030	V5040	V5050
		V5060	V5095	V5100	V5120
		V5190	V5230	V5242	V5243
		V5244	V5245	V5246	V5247
		V5248	V5249	V5250	V5251
		V5252	V5253	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	V5262	V5263
		V5267	V5298		

CPT® is a registered trademark of the American Medical Association.

PCA-1-20-00953-Clinical-WEB_04012020

© 2020 United HealthCare Services, Inc.



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 Optum Infusion	To request services and/or supplies, please call Optum Infusion at 888-705-4470 .			
Injectable medications for in-home usage	Prior authorization required for all medications not covered by Optum Infusion	To request medications, please call Optum Infusion at 888-705-4470 .			
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			

CPT® is a registered trademark of the American Medical Association.

PCA-1-20-00953-Clinical-WEB_04012020

© 2020 United HealthCare Services, Inc.



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

**Injectable medications
(continued)**

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				
Therapeutic Radiopharmaceuticals***				
A9513	A9590	A9606	A9699	
Trogarzo™				
J1746				
Ultomiris™				
J1303				
Unclassified codes**				

CPT® is a registered trademark of the American Medical Association.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		C9399 VPRIV®*	J3490	J3590	
		J3385 Xolair®*			
		J2357			
		<p>For dates of service on or after April 1, 2020, the following codes will also require prior authorization:</p>			
		<p>Benlysta</p>			
		<p>J0490</p>			
		<p>Feraheme®</p>			
		<p>Q0138</p>			
		<p>Injectafer®</p>			
		<p>J1439</p>			
		<p>Rituxan®</p>			
		<p>J9312</p>			
		<p>Rituxan Hycela®</p>			
		<p>J9311</p>			
		<p>Stelara®</p>			
		<p>J3358</p>			
		<p>Truxima®</p>			
		<p>Q5115</p>			
		<p>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.</p>			
		<p>* 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.</p>			
		<p>** For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Spravato™ and Xembify®. For dates of service April 1, 2020, or after, Reblozyl® and Ruxience® will also require prior authorization.</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 888-397-8129.</p>			
<p>Inpatient admissions and post-acute services:</p>	<p>Notification required for admissions</p>	<p>Inpatient admissions– post-acute services: Prior authorization and notification of admission date required for these facilities.</p>			
		<ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Long-term acute care hospitals • Skilled nursing facilities 			
<p>Joint replacement</p>	<p>Prior authorization required for the</p>	<p>23470</p>	<p>23472</p>	<p>23473</p>	<p>23474</p>

CPT® is a registered trademark of the American Medical Association.

PCA-1-20-00953-Clinical-WEB_04012020

© 2020 United HealthCare Services, Inc.



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Joint, total hip and knee replacement procedures Joint replacement (continued)	codes listed	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 cost is less than purchasing another unit.	L0810	L0820	L0830	L0859	
			L0861	L1000	L1005	L1200	
			L1300	L1310	L1499	L1680	
		• The component will be replaced if, at the time authorization is requested, documentation is provided to establish that the component is not operating effectively.	L1685	L1700	L1710	L1720	
			L1730	L1755	L1820	L1830	
			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
			L2106	L2108	L2126	L2136	
		• AHCCCS orthotics coverage applies if: The use of the orthotic is medically necessary as the preferred treatment option, consistent with Medicare guidelines.	L2350	L2510	L2526	L2627	
			L2628	L3230	L3265	L3649	
			L3671	L3674	L3720	L3730	
			L3740	L3763	L3764	L3900	
		• The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.	L3901	L3904	L3905	L3961	
			L3971	L3975	L3976	L3977	
			L3999	L4000	L4010	L4020	
		• The orthotic is ordered by a physician or primary care provider.	L4350	L4392	L4394	L4631	
			L5010	L5020	L5050	L5060	
			L5100	L5105	L5150	L5160	
	L5200	L5210	L5220	L5230			

CPT® is a registered trademark of the American Medical Association.

PCA-1-20-00953-Clinical-WEB_04012020

© 2020 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

**Orthotics and prosthetics
(continued)**

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
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

CPT® is a registered trademark of the American Medical Association.

PCA-1-20-00953-Clinical-WEB_04012020

© 2020 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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 - Occupational and physical therapy	<u>For members younger than 21:</u>	97012	97014	97016	97018
	Prior authorization required after the 12 th visit	97022	97026	97028	97033
	Occupational and physical therapy are covered in an inpatient or outpatient setting. No benefit limits apply.	97034	97039	97110	97112
		97113	97116	97124	97140
		97535	97799		
Outpatient therapy - Occupational and physical therapy (continued)	<u>For members ages 21 and older:</u>				
	Prior authorization not required				
	Occupational and physical therapy are 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 individual acquire a new skill or level of function, and then maintain it. 				
Outpatient therapy – Speech therapy	<u>For members younger than 21:</u>	92507	92508	92526	
	Prior authorization required after the evaluation and before the first visit. Speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply.				
	<u>For members ages 21 and older:</u>				
	Prior authorization not required				
	Outpatient speech therapy is <u>not</u> a covered benefit.				
	<u>For QMB members:</u>				
	Covered for unlimited visits when medically necessary				
Pharmacy drugs	A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources and Physician Administered Drugs.	For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:			
	Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested.	Phone: 800-310-6826 Fax: 866-940-7328			
		For specialty pharmacy prior authorization, please fax 866-940-7328 .			
	The following hemophilia factor/biotech				

CPT® is a registered trademark of the American Medical Association.

PCA-1-20-00953-Clinical-WEB_04012020

© 2020 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pharmacy drugs (continued)	drugs are included on the prior authorization list: <ul style="list-style-type: none"> • Acthar® gel • Aldurazyme® • Ceprotin® • Cerezyme® • Cinryze® • Elaprase® • Elelyso® • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • VPRIV® 	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.			
Pregnancy termination	Prior authorization required for the codes listed Prior authorization includes Mifepristone, Mifeprex® or RU-486 Clinical documentation and the Certificate of Medical Necessity for pregnancy termination must accompany the prior authorization request form. For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 410, Maternity Care Services > Section E Pregnancy Termination. The Certificate of Medical Necessity for Pregnancy Termination can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > Attachment C.	59840 59852	59841 59855	59850 59856	59851 59857
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	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior			

CPT® is a registered trademark of the American Medical Association.

PCA-1-20-00953-Clinical-WEB_04012020

© 2020 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (continued)		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 > Radiology Prior Authorization and Notification Program.			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required for the codes listed	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required for the codes listed	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Auditory System 69205 Cardiovascular System 36590 36832 Carpal Tunnel Surgery 64721 Cataract Surgery 66821 66982 66984 Colonoscopy 45378 45380 45384 45385 Cosmetic & Reconstructive 13101 13132 14040 14060 14301 21552 21931 Digestive System 42415 42440 43200 43236 43237 43238 43242 43245 43246 43247 43248 43251 43254 43255 43259 44360 44361 45171 45334 45335 45381 45390 45990 46020 46040 46050 46200 46220 46221 46250 46255 46261 46270 46275 46288 46505 46750 46910 46946 ENT Procedures 21320 30140 30520 69436 69631 Eye and Ocular Adnexa 65710 65820 66250 66710 66711 66825 66986 66987 66988 67010 67041 67042 67105 67108 67113 67840 68110 68115 68320 68720			

CPT® is a registered trademark of the American Medical Association.

PCA-1-20-00953-Clinical-WEB_04012020

© 2020 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

Site of service (SOS) –
outpatient hospital
(continued)

68815				
Female Genital System				
57240	57250	57461	57520	
58561	58562			
Gynecologic Procedures				
57522	58353	58558	58563	
58565				
Hemic and Lymphatic Systems				
38500	38510	38525		
Hernia Repair				
49505	49585	49587	49650	
49651	49652	49653	49654	
49655				
Integumentary System				
10121	11440	11450	11624	
11770	13121	15100	15120	
15240	19020	19120	19125	
Liver Biopsy				
47000				
Male Genital System				
54840				
Miscellaneous				
20680				
Musculoskeletal System				
20552	20553	21012	21013	
21336	21554	21555	21556	
21930	22514	22902	22903	
23071	23075	24071	27327	
27337	27632	28035	28039	
28041	28060	28080	28090	
28104	28110	28118	28119	
28124	28285	28289	28292	
28296	28297	28298	28299	
29806	29807	29819	29822	
29823	29824	29825	29826	
29827	29828	29835	29840	
29845	29846	29848	29861	
29875	29876	29877	29879	
29880	29881	29882	29888	
29893	G0260			
Nervous System				
64561	64640			
Ophthalmologic				
65426	65730	65855	66170	

CPT® is a registered trademark of the American Medical Association.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory System			
		30802	30930	31525	31535
		31536	31541	31624	
		Tonsillectomy & Adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper Gastrointestinal Endoscopy			
		43235	43239	43249	
		Urinary System			
		52276	52287	52320	52344
		Urologic Procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
	52281	52310	52332	52351	
	52352	52353	52356	55040	
	55700	57288			
Skilled 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		
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	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

CPT® is a registered trademark of the American Medical Association.

PCA-1-20-00953-Clinical-WEB_04012020

© 2020 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		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	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
	<u>For all members younger than 21:</u> Prior authorization required	55821	55831	58150	58180
		58200	58210	58240	58260
	Any member requesting sterilization <u>must sign an appropriate Consent for Sterilization form.</u>	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	58541	58542	58543	58544
	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.	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				
	Clinical documentation to support the need for transplants <u>must accompany and establish medical necessity for service request.</u>				
		32850	32851	32852	32853
	32854	32855	32856	33930	

CPT® is a registered trademark of the American Medical Association.

PCA-1-20-00953-Clinical-WEB_04012020

© 2020 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant services (continued)		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			
	*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 code listed	E2402			

CPT® is a registered trademark of the American Medical Association.