

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

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Arizona Complete Care Medicaid (ACC) Program 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.
- 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><b><u>For members younger than 21:</u></b></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><b><u>For members ages 21 and older:</u></b></p> <p>Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is <b><u>not</u></b> 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"> <li>• Sustained an anaphylactic reaction to an unknown allergen</li> <li>• 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.</li> </ul>	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Allergy immunotherapy (cont'd)</b>	Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. <b><u>Prior authorization is required for allergy testing when it meets the criteria above</u></b>				
<b>Bariatric surgery</b>	Prior authorization required for the codes listed	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health</b>	<b><u>For members with serious mental illness (SMI):</u></b>  Behavioral health services are available through the Regional Behavioral Health Authority (RBHA) program. For assistance call <b>800-348-4058</b> .	The following benefits and/or codes require prior authorization: <ul style="list-style-type: none"> <li>• Acute inpatient admission</li> <li>• Applied behavior Analysis (ABA)</li> <li>• Electroconvulsive therapy</li> <li>• Home care training client (S5109)</li> <li>• Psychological testing</li> <li>• Out-of-state placement</li> <li>• Residential behavioral health facility Level II (Group home H0018)</li> <li>• Residential treatment center – Level 1</li> </ul>			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes listed	20975	20979		
<b>BRCA genetic testing</b>	Prior authorization required for the codes listed  Please direct all lab requests to LabCorp at <b>800-533-0567</b> for review and processing.	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
<b>Breast reconstruction (non-mastectomy)</b> 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
<b>Cancer supportive services</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>  <b>Filgrastim (Neupogen®)</b> J1442 <b>Filgrastim-aafi (Nivestym™)</b> Q5110 <b>Filgrastim-sndz (Zarxio®)</b> Q5101 <b>Pegfilgrastim (Neulasta®)</b> J2505 <b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120 <b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111 <b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108 <b>Sargramostim (Leukine®)</b>			

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Cancer supportive services (cont'd)		<p>J2820</p> <p><b>Tbo-filgrastim (Granix®)</b></p> <p>J1447</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b></p> <p>J0897</p> <p>Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b>.</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 <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/AZcommunityplan</b> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program.</p>																																																																																																				
Cardiovascular	Prior authorization required for lower extremities angiogram only	<p>75710* 75716*</p> <p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr><td>E08.51</td><td>E08.52</td><td>E08.59</td><td>E08.621</td></tr> <tr><td>E09.51</td><td>E09.52</td><td>E09.59</td><td>E09.621</td></tr> <tr><td>E10.51</td><td>E10.52</td><td>E10.59</td><td>E10.621</td></tr> <tr><td>E11.51</td><td>E11.52</td><td>E11.59</td><td>E11.621</td></tr> <tr><td>E13.51</td><td>E13.52</td><td>E13.59</td><td>E13.621</td></tr> <tr><td>I70.201</td><td>I70.202</td><td>I70.203</td><td>I70.208</td></tr> <tr><td>I70.209</td><td>I70.211</td><td>I70.212</td><td>I70.213</td></tr> <tr><td>I70.218</td><td>I70.219</td><td>I70.221</td><td>I70.222</td></tr> <tr><td>I70.223</td><td>I70.228</td><td>I70.229</td><td>I70.231</td></tr> <tr><td>I70.232</td><td>I70.233</td><td>I70.234</td><td>I70.235</td></tr> <tr><td>I70.238</td><td>I70.239</td><td>I70.241</td><td>I70.242</td></tr> <tr><td>I70.243</td><td>I70.244</td><td>I70.245</td><td>I70.248</td></tr> <tr><td>I70.249</td><td>I70.25</td><td>I70.261</td><td>I70.262</td></tr> <tr><td>I70.263</td><td>I70.268</td><td>I70.269</td><td>I70.291</td></tr> <tr><td>I70.292</td><td>I70.293</td><td>I70.298</td><td>I70.299</td></tr> <tr><td>I70.301</td><td>I70.302</td><td>I70.303</td><td>I70.308</td></tr> <tr><td>I70.309</td><td>I70.311</td><td>I70.312</td><td>I70.313</td></tr> <tr><td>I70.318</td><td>I70.319</td><td>I70.321</td><td>I70.322</td></tr> <tr><td>I70.323</td><td>I70.329</td><td>I70.331</td><td>I70.332</td></tr> <tr><td>I70.333</td><td>I70.334</td><td>I70.335</td><td>I70.338</td></tr> <tr><td>I70.339</td><td>I70.341</td><td>I70.342</td><td>I70.343</td></tr> <tr><td>I70.344</td><td>I70.345</td><td>I70.348</td><td>I70.349</td></tr> <tr><td>I70.35</td><td>I70.361</td><td>I70.362</td><td>I70.363</td></tr> <tr><td>I70.369</td><td>I70.391</td><td>I70.392</td><td>I70.393</td></tr> <tr><td>I70.399</td><td>I70.401</td><td>I70.402</td><td>I70.403</td></tr> </table>	E08.51	E08.52	E08.59	E08.621	E09.51	E09.52	E09.59	E09.621	E10.51	E10.52	E10.59	E10.621	E11.51	E11.52	E11.59	E11.621	E13.51	E13.52	E13.59	E13.621	I70.201	I70.202	I70.203	I70.208	I70.209	I70.211	I70.212	I70.213	I70.218	I70.219	I70.221	I70.222	I70.223	I70.228	I70.229	I70.231	I70.232	I70.233	I70.234	I70.235	I70.238	I70.239	I70.241	I70.242	I70.243	I70.244	I70.245	I70.248	I70.249	I70.25	I70.261	I70.262	I70.263	I70.268	I70.269	I70.291	I70.292	I70.293	I70.298	I70.299	I70.301	I70.302	I70.303	I70.308	I70.309	I70.311	I70.312	I70.313	I70.318	I70.319	I70.321	I70.322	I70.323	I70.329	I70.331	I70.332	I70.333	I70.334	I70.335	I70.338	I70.339	I70.341	I70.342	I70.343	I70.344	I70.345	I70.348	I70.349	I70.35	I70.361	I70.362	I70.363	I70.369	I70.391	I70.392	I70.393	I70.399	I70.401	I70.402	I70.403
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Cardiovascular(cont'd)		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular(cont'd)</b>		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
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>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</li> </ul> <p>Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b>.</p>			
<b>Chiropractic care</b>	<p><b><u>For members younger than 21:</u></b></p> <p>Prior authorization not required</p> <p><b><u>For members ages 21 and older:</u></b></p> <p><b>Chiropractic care is <u>not</u> a covered benefit.</b></p>				
<b>Circumcision</b>	<p><b>Routine circumcision is <u>not</u> a covered benefit.</b></p> <p>Prior authorization required <u>only</u> for cases with documented medical necessity.</p>	54150	54160	54161	54162
<b>Cochlear and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	<p><b><u>For members younger than 21:</u></b></p> <p>Prior authorization required for the codes listed</p> <p><b><u>For members ages 21 and older:</u></b></p> <ul style="list-style-type: none"> <li>Prior authorization required for supplies, equipment maintenance and repair of component parts</li> <li>Hardware is <u>not</u> a covered benefit.</li> </ul>	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cochlear and other auditory implants (cont'd)</b>	<ul style="list-style-type: none"> <li>Clinical documentation <u>must</u> accompany and establish medical necessity for this service request.</li> </ul>				
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required for the codes listed	11960	11971	15823	15830
		15847	17106	17107	17108
		17999	21137	21138	21139
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.	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			
<b>Dental services</b>	For prior authorization requirements, please call UnitedHealthcare Dental at <b>855-812-9208</b> .				
<b>Diabetic supplies</b>	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 <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans			
<b>Durable medical equipment (DME)</b>	To request DME items, please call Preferred Homecare at <b>800-636-2123</b> .  Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	For services not covered by Preferred Homecare, please review UnitedHealthcare Community Plan's Provider Manual for a list of contracted vendors related to DME products at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans. Information.			
	These DME items are <u>not</u> covered by Preferred Homecare:	E0194	E0265	E0266	E0270
	<ul style="list-style-type: none"> <li>Bone stimulators</li> <li>Diabetic supplies</li> <li>Enclosed beds</li> <li>Insulin pumps</li> <li>Percussion vests</li> <li>Specialty beds</li> <li>Wound vacs</li> </ul>	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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (cont'd)</b>		K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890	K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891	K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040	K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886
<b>Enteral services/parenteral/oral</b> 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 <b>800-636-2123</b> .	<p data-bbox="876 661 1508 777"><b>Clinical documentation and oral supplement Certificate of Medical Necessity as applicable <u>must</u> accompany and establish medical necessity for this service request.</b></p> <p data-bbox="876 777 1508 819"><b><u>For members younger than 21:</u></b></p> <p data-bbox="876 819 1508 1029">For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 400, Section 430, Policy 430-10 at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 430, EPSDT Services &gt; 430-10.</p> <p data-bbox="876 1029 1508 1207">The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 430-2.</p> <p data-bbox="876 1207 1508 1249"><b><u>For members ages 21 and older:</u></b></p> <p data-bbox="876 1249 1508 1407">Please review AMPM Chapter 300, Policy 310-GG at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; 310, Covered Services &gt; 310-GG.</p> <p data-bbox="876 1407 1508 1575">The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; Chapter 300 - Overview &gt; Attachment C.</p>			
<b>Experimental and investigational services (and/or linked services)</b>	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 <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.	33477 66180 A9274	36514 0191T E1831	55866 A4226*	64722 A4638

\*For dates of service on or after **August 1, 2020** A4226 will require prior authorization

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Eye care/optometry</b>	<p><b><u>Benefits provided for members younger than 21:</u></b></p> <ul style="list-style-type: none"> <li>• One routine eye exam every 12 months</li> <li>• Regular single vision bifocal or trifocal polycarbonate lenses</li> <li>• Frame for up to \$79.99 retail price</li> <li>• One replacement pair of glasses if lost, stolen or damaged</li> <li>• Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision.</li> </ul> <p><b><u>For members ages 21 and older:</u></b> 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 <b>800-481-2779</b> .			
<b>Femoracetabular impingement syndrome (FAI)</b>	Prior authorization required for the codes listed	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required for the codes listed	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic testing</b>	Prior authorization required for all services not covered by LabCorp	88245	88248	88249	88261
		88262	88263	88264	88267
	To determine prior authorization requirements, please call LabCorp at <b>800-788-9743</b> .	88269	88271	88272	88273
		88274	88275	88280	88283
		88285	88289	88291	88299
<b>Hearing services</b>	<b><u>For members younger than 21:</u></b>	92590	92591	92592	92593
Hearing evaluations and hearing aids	Prior authorization not required	92594	92595	V5010	V5011
		V5014	V5030	V5040	V5050
	<b><u>For members ages 21 and older:</u></b>	V5060	V5095	V5100	V5120
	Prior authorization required	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		
<b>Home health care services</b>	Prior authorization required for the codes listed	G0299	G0300	S9123	S9124
<b>Incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Preferred Homecare.	To request incontinence supplies, please call Preferred Homecare at <b>800-636-2123</b> .			
<b>Infusion in-home services</b>	Prior authorization required for all services not covered by Optum Infusion	To request services and/or supplies, please call Optum Infusion <b>888-705-4470</b>			
<b>Injectable medications for in-home usage</b>	Prior authorization required for all medications not covered by Optum Infusion	To request medications, please call Optum Infusion <b>888-705-4470</b>			
<b>Injectable medications</b>	Prior authorization required for the codes listed	<b>Adakveo®</b> J0791 <b>Actemra®</b> J3262			



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

<b>Acthar®*</b>				
J0800				
<b>Avsola™</b>				
Q5121				
<b>Benlysta</b>				
J0490				
<b>Botulinum toxins</b>				
J0585	J0586	J0587	J0588	
<b>Brineura™</b>				
J0567				
<b>Cerezyme®*</b>				
J1786				
<b>Cinqair®</b>				
J2786				
<b>Crysvita®</b>				
J0584				
<b>Elelyso®*</b>				
J3060				
<b>Entyvio®</b>				
J3380				
<b>Evenity™</b>				
J3111				
<b>Exondys 51™*</b>				
J1428				
<b>Fasenra™</b>				
J0517				
<b>Feraheme®</b>				
Q0138				
<b>Gamifant®</b>				
J9210				
<b>Givlaari®</b>				
J0223				
<b>Ilaris®</b>				
J0638				
<b>Ilumya™</b>				
J3245				
<b>Inflectra®</b>				
Q5103				
<b>Injectafer®</b>				
J1439				
<b>IVIG</b>				
J1459	J1555	J1556	J1557	
J1559	J1561	J1566	J1568	
J1569	J1572	J1575	J1599	
<b>Lemtrada®</b>				
J0202				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)	<b>Luxturna™</b>				
	J3398				
	<b>Makena®</b>				
	J1726	J1729	J2675		
	<b>Nucala®</b>				
	J2182				
	<b>Ocrevus™</b>				
	J2350				
	<b>Orencia®</b>				
	J0129				
	<b>Onpattro™</b>				
	J0222				
	<b>Parsabiv™</b>				
	J0606				
	<b>Probuphine®</b>				
	J0570				
	<b>Radicava®</b>				
	J1301				
	<b>Reblozyl®</b>				
	J0896				
	<b>Remicade®</b>				
	J1745				
	<b>Renflexis®</b>				
	Q5104				
	<b>Rituxan®</b>				
	J9312				
	<b>Rituxan Hycela®</b>				
	J9311				
	<b>Ruxience®</b>				
	Q5119				
	<b>Simponi Aria®</b>				
	J1602				
<b>Sodium Hyaluronate</b>					
J7320	J7321	J7322	J7324		
J7325	J7326	J7327	J7329		
J7331	J7332	J7333			
<b>Soliris®*</b>					
J1300					
<b>Spinraza™*</b>					
J2326					
<b>Stelara®</b>					
J3358					
<b>Sublocade™</b>					
Q9991	Q9992				
<b>Synagis®*</b>					
90378					

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

**Therapeutic Radiopharmaceuticals\*\*\***

A9513	A9590	A9606	A9699
<b>Trogarzo™</b>			
J1746			
<b>Truxima®</b>			
Q5115			
<b>Ultomiris™</b>			
J1303			
<b>Unclassified codes**</b>			
C9399	J3490	J3590	
<b>Vyondys 53®</b>			
J1429			
<b>VPRIV®*</b>			
J3385			
<b>Xembify®</b>			
J1558			
<b>Xolair®*</b>			
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](http://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 Cutaquig® and Spravato™.

\*\*\*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](http://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**

<b>Inpatient admissions-and post acute services:</b>	Notification required for admissions	Inpatient admissions-post acute services: Prior authorization and notification of admission date required for these facilities.			
		<ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>			
<b>Joint replacement</b>	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Joint replacement (cont'd)		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	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 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
	<b><u>For members younger than 21 with orthotic limitation:</u></b>	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 that the component is not operating effectively.	L1831	L1832	L1834	L1836
		L1840	L1844	L1845	L1846
		L1847	L1850	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
	<b><u>For members ages 21 and older:</u></b>	L2036	L2037	L2038	L2060
	• AHCCCS orthotics coverage applies if: The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines.	L2106	L2108	L2126	L2136
		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
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont'd)</b>		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
		L7191	L7405	L8040	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8609	L8610
		L8612	L8631	L8659	
<b>Out-of-network services</b>	Prior authorization required for all out-of-network services				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Out-of-state services</b>	Benefit only approved when service is emergent or unavailable in the state of Arizona				
<b>Outpatient therapy - Occupational and physical therapy</b>	<p><b><u>For members younger than 21:</u></b></p> <p>Prior authorization required after the 12<sup>th</sup> visit</p> <p>Occupational and physical therapy are covered in an inpatient or outpatient setting. No benefit limits apply.</p> <p><b><u>For members ages 21 and older:</u></b></p> <p>Prior authorization not required</p> <p>Occupational and physical therapy are covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:</p> <ul style="list-style-type: none"> <li>• <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.</li> <li>• <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.</li> </ul> <p><b><u>For QMB members:</u></b></p> <p>Covered for unlimited visits when medically necessary</p>	97012 97022 97034 97113 97535	97014 97026 97039 97116 97799	97016 97028 97110 97124	97018 97033 97112 97140
<b>Outpatient therapy – Speech therapy</b>	<p><b><u>For members younger than 21:</u></b></p> <p>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.</p> <p><b><u>For members ages 21 and older:</u></b></p> <p>Prior authorization not required</p> <p><b>Outpatient speech therapy is <u>not</u> a covered benefit.</b></p> <p><b><u>For QMB members:</u></b></p> <p>Covered for unlimited visits when medically necessary</p>	92507	92508	92526	
<b>Pharmacy drugs</b>	<p>A list of medications requiring prior authorization is available at <b><u><a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a></u></b> &gt; Pharmacy Resources and Physician Administered Drugs</p> <p><b>Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested.</b></p> <p>The following hemophilia factor/biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> <li>• Acthar® gel</li> <li>• Aldurazyme®</li> <li>• Ceprotin®</li> <li>• Cerezyme®</li> <li>• Cinryze®</li> <li>• Elaprase®</li> </ul>	<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: <b>800-310-6826</b> Fax: <b>866-940-7328</b></p> <p>For specialty pharmacy prior authorization, please fax <b>866-940-7328</b>.</p> <p>Fax forms are available at <b><u><a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a></u></b> &gt; Pharmacy Resources and Physician Administered Drugs &gt; Pharmacy Prior Authorization &gt; 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>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pharmacy drugs (cont'd)	<ul style="list-style-type: none"> <li>• Elelyso®</li> <li>• Fabrazyme®</li> <li>• Juxtapid®</li> <li>• Kalydeco®</li> <li>• Kuvan®</li> <li>• Kynamro®</li> <li>• Lumizyme®</li> <li>• Myozyme®</li> <li>• Orfadin®</li> <li>• VPRIV®</li> </ul>				
Pregnancy termination	<p>Prior authorization required for the codes listed</p> <p>Prior authorization includes Mifepristone, Mifeprex® or RU-486</p> <p><b>Clinical documentation and the Certificate of Medical Necessity for pregnancy termination <u>must</u> accompany the prior authorization request form.</b></p> <p>For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 410, Maternity Care Services &gt; Section E Pregnancy Termination.</p> <p>The Certificate of Medical Necessity For Pregnancy Termination can be found at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; Attachment C.</p>	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	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required for the codes listed	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required for the codes listed	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69205			
		<b>Cardiovascular System</b>			
		36590	36832		
		<b>Carpal Tunnel Surgery</b>			
		64721			
		<b>Cataract Surgery</b>			
		66821	66982	66984	
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic &amp; Reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive System</b>			
		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	
		<b>ENT Procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Eye and Ocular Adnexa</b>			
		65710	65820	66250	66710
		66711	66825	66986	66987
		66988	67010	67041	67042
		67105	67108	67113	67840
		68110	68115	68320	68720
		68815			
		<b>Female Genital System</b>			
		57240	57250	57461	57520
		58561	58562		
		<b>Gynecologic Procedures</b>			
		57522	58353	58558	58563



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service (SOS) –  
outpatient hospital (cont'd)

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

66761      67028      67036      67040

67228      67311      67312

**Respiratory System**

30802      30930      31525      31535

31536      31541      31624

**Tonsillectomy & Adenoidectomy**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (cont'd)		42820	42821	42825	42826
		42830			
		<b>Upper Gastrointestinal Endoscopy</b>			
		43235	43239	43249	
		<b>Urinary System</b>			
		52276	52287	52320	52344
		<b>Urologic Procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
	52352	52353	52356	55040	
	55700	57288			
<b>Skilled nursing facility services</b>	Prior authorization required				
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required for the codes listed	21685	41599	42145	
<b>Specialty/enclosed beds</b>	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		
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required				
		<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	
		<b>Neurostimulator</b>			
		43648	43882	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590
		L8680	L8682	L8685	L8686
		L8687	L8688		
<b>Spinal surgery</b>	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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont'd)		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
		52649	55250	55450	55801
<b>For all members younger than 21:</b> Prior authorization required		55821	55831	58150	58180
		58200	58210	58240	58260
<b>Any member requesting sterilization must sign an appropriate Consent for Sterilization form.</b>		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
<b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 420, Family Planning &gt; Section E Sterilization.</b>		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				
	<b>Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request.</b>				
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant services (cont'd)</b>		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		<b>CAR T-Cell therapy:</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
	<b>Transportation</b>	Prior authorization required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at <b>888-700-6822</b> .		
<b>Vein procedures</b> 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
<b>Ventricular assist devices (VAD)</b> 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 <b>855-282-8929</b> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required for the code listed	E2402			