

# Prior Authorization Requirements for Arizona Developmentally Disabled Medicaid

Effective January 1, 2022

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Arizona Developmentally Disabled 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 UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal 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> 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> 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</p>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Allergy immunotherapy (continued)</b>	benefit. Allergy testing, including testing for common allergens, is a covered benefit when the member has: <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. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc.</li> </ul> <p><b><u>Prior authorization is required for allergy testing when it meets the criteria above.</u></b></p>				
<b>Augmentative and Alternative Communication</b>	Prior authorization required for the codes listed	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
<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>	Prior authorization required for inpatient admissions  Prior authorization required for outpatient services listed. Second level review required by the Division for Out of State service requests				
					The following benefits and/or codes require prior authorization: <ul style="list-style-type: none"> <li>Acute inpatient admission</li> <li>Applied behavior analysis (ABA)</li> <li>Electroconvulsive therapy</li> <li>Home care training client (S5109)</li> <li>Out-of-state placement</li> <li>Psychological testing</li> <li>Behavioral health Residential Facility-Level II (Group home H0018)</li> <li>Residential Treatment Center – Level 1</li> <li>Transcranial magnetic stimulation</li> </ul> <p>For ABA Therapy, submit via fax or Provider Express.</p>
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes listed	20975	20979	E0760	
<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	Prior authorization required for the codes listed	19316 19330	19318 19340	19325 19342	19328 19350

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (continued) breast except for after mastectomy		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	

**Cancer supportive care** Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis

**Injectable colony-stimulating factor drugs that require prior authorization:**

- Filgrastim (Neupogen®)**  
J1442
- Filgrastim-aafi (Nivestym™)**  
Q5110
- Filgrastim-sndz (Zarxio®)**  
Q5101
- Pegfilgrastim (Neulasta®)**  
J2506
- Pegfilgrastim-appf, biosimilar (Nyvepria®)**  
Q5122
- Pegfilgrastim-bmez (Ziextenzo®)**  
Q5120
- Pegfilgrastim-cbqv (UDENYCA™)**  
Q5111
- Pegfilgrastim-jmdb (Fulphila™)**  
Q5108
- Sargramostim (Leukine®)**  
J2820
- Tbo-filgrastim (Granix®)**  
J1447
- Trilaciclib (Cosela®)**  
J1448

**Bone-modifying agent that requires prior authorization:**

- Denosumab (Xgeva®)**  
J0897

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call **888-397-8129**.

**Cardiology** Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology and stress echoes prior to performance

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call **866-889-8054**.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiology (continued)</b>		For more details and the CPT codes that require prior authorization, please visit: <b>UHCprovider.com/AZcommunityplan</b> > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program			
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	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), Lupron Depot (J1950)</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 on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p>			
<b>Chiropractic care</b>	<p><b>For members younger than 21:</b> Prior authorization not required</p> <p><b>For members ages 21 and older:</b> Chiropractic care is <b>not</b> a covered benefit.</p>				
<b>Circumcision</b>	Routine circumcision is <b>not</b> a covered benefit. Prior authorization required <b>only</b> for cases with documented medical necessity	54150	54160	54161	54162
<b>Cochlear and other auditory implants</b>	<p><b>For members younger than 21:</b> Prior authorization required for the codes listed</p> <p><b>For members ages 21 and older:</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 <b>not</b> a covered benefit.</li> </ul> <p>Clinical documentation <b>must</b> accompany and establish medical necessity for this service request.</p>	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieves conversational speech					
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 E0787	A9276 K0553	A9277 K0554	A9278
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required for the codes listed. Services or items furnished solely for cosmetic purposes	11960 14041 15847	11971 14061 17106	14020 15823 17107	14021 15830 17108

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures (continued)</b>	are <b>excluded</b> from AHCCCS coverage.	17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
	Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	21280	21282	21295	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67923	67924	67950	67961
		67966			
<b>Dental services</b>	For prior authorization requirements, please call UnitedHealthcare Dental at <b>855-812-9208</b> .				
	For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-D1 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 > 310, Covered Services > 310-D1.				
<b>Diabetic supplies</b>	Diabetic supplies are provided by the local pharmacy.	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.			
	Prior authorization for talking glucometers available through the medical prior authorization process				
<b>Durable medical equipment (DME)</b>	Prior authorization required only 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.			
<b>*Requires Prior Authorization regardless of dollar amount</b>	To request DME items, please call Preferred Homecare at <b>800-636-2123</b> .				
	These DME items are <b>not</b> covered by Preferred Homecare:	E0194	E0265	E0266	E0270
		E0300	E0445	E0457	E0460
		E0465	E0466	E0483	E0486
	• Bone stimulators	E0620	E0636	E0638	E0641
	• Diabetic supplies	E0642	E0656	E0669	E0670
	• Enclosed beds	E0675	E0693	E0694	E0700
	• Insulin pumps	E0710	E0745	E0766	E0784
	• Percussion vests	E0984	E0986	E1002	E1003
	• Specialty beds	E1004	E1005	E1006	E1007
	• Wound vacs	E1008	E1009	E1010	E1030
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i>	E1035	E1036	E1161	E1229
		E1231	E1232	E1233	E1234

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		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
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0800
		K0801	K0802	K0806	K0807
		K0808	K0812	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0828	K0829	K0830
		K0831	K0836	K0837	K0838
		K0839	K0840	K0841	K0842
		K0843	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
	K0870	K0871	K0877	K0878	
	K0879	K0880	K0884	K0885	
	K0886	K0890	K0891	S1040	

**Enteral services/parenteral/oral**  
In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN), and/or lipids and oral supplements

To request services and/or supplies, please call Preferred Homecare at **800-636-2123**.

**Clinical documentation and oral supplement Certificate of Medical Necessity, as applicable, must accompany and establish medical necessity for this service request.**

**For members younger than 21:**

For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at [AZAHCCCS.gov](http://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](http://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](http://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](http://AZAHCCCS.gov) > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Experimental or investigational (and/or linked services)</b>	Prior authorization required for all services considered experimental and/or investigational	0191T	33477	36514	55866
		64722	66180	A4638	A9274
	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.	E1831			
<b>Eye care/optometry</b>	<b><u>Benefits provided for members younger than 21:</u></b> <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>Femoroacetabular 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	81401	81415	81417	81465
		81479	88245	88248	88249
	To determine prior authorization requirements, please call LabCorp at <b>800-788-9743</b> .	88261	88262	88263	88264
		88267	88269	88271	88272
		88273	88274	88275	88280
		88283	88285	88289	88291
	88299				
<b>Hearing aids and services</b> Hearing evaluations and hearing aids	<b><u>For members younger than 21:</u></b> Prior authorization not required	92590	92591	92592	92593
		92594	92595	V5010	V5011
	<b><u>For members ages 21 and older:</u></b> Prior authorization required	V5014	V5030	V5040	V5050
		V5060	V5095	V5100	V5120
		V5190	V5230	V5242	V5243
		V5244	V5245	V5246	V5247



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Hearing aids and services (continued)		V5248	V5249	V5250	V5251
		V5252	V5253	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	V5262	V5263
		V5267	V5298		
Home health care	Prior authorization required for the codes listed	G0299	G0300	S9123	S9124
Hospice	Prior authorization required for the codes listed	T2042	T2043	T2044	T2045
Hysterectomy	Prior authorization required for the codes listed	58150	58152	58180	58200
		58210	58240	58260	58262
		58263	58267	58270	58275
		58280	58285	58290	58291
		58292	58293	58294	58541
		58542	58543	58544	58548
		58550	58552	58553	58554
		58570	58571	58572	58573
		58951	58953	58954	58956
		59135	59525		
Incontinence supplies	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> .			
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 <b>888-705-4470</b>			
Injectable medications for in-home usage	Prior authorization required for all medications not covered by Optum Infusion	To request medications, please call Optum Infusion <b>888-705-4470</b>			
Injectable medications	Prior authorization required for the codes listed	<b>Actemra®</b>			
		J3262			
		<b>Acthar®*</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
		<b>Amondys 45™</b>			
		J1426			
		<b>Avsola™</b>			
		Q5121			
		<b>Benlysta</b>			
		J0490			
		<b>Berinert</b>			
		J0597			
<b>Botulinum toxins</b>					
J0585	J0586	J0587	J0588		
<b>Brineura™</b>					
J0567					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)	<b>Cabenuva™</b>	J0741
	<b>Cerezyme®*</b>	J1786
	<b>Cimzia®*</b>	J0717
	<b>Cinqair®</b>	J2786
	<b>Crysvita®</b>	J0584
	<b>Elelyso®*</b>	J3060
	<b>Entyvio®</b>	J3380
	<b>Esperoct®*</b>	J7204
	<b>Evenity™</b>	J3111
	<b>Evkeeza™</b>	J1305
	<b>Exondys 51™*</b>	J1428
	<b>Fasenra™</b>	J0517
	<b>Fensolvi®</b>	J1951
	<b>Feraheme®</b>	Q0138
	<b>Firmagon®</b>	J9155
	<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>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J1459	J1554	J1555	J1556	
	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
	<b>Kalbitor®</b>				
	J1290				
	<b>Krystexxa®</b>				
	J2507				
	<b>Lemtrada®</b>				
	J0202				
	<b>Lupron Depot®</b>				
	J1950				
	<b>Lupron Depot, Eligard®</b>				
	J9217				
	<b>Luxturna™*</b>				
	J3398				
	<b>Makena®</b>				
	J1726	J1729	J2675		
	<b>Monoferric®</b>				
	J1437				
	<b>Nplate®</b>				
	J2796				
	<b>Nucala®</b>				
	J2182				
	<b>Ocrevus™</b>				
	J2350				
	<b>Octreotide Acetate</b>				
	J2354				
	<b>Onpattro™</b>				
	J0222				
	<b>Orencia®</b>				
	J0129				
	<b>Oxlumo™*</b>				
	J0224				
	<b>Parsabiv™</b>				
	J0606				
	<b>Probuphine®</b>				
	J0570				
	<b>Radicava®</b>				
	J1301				
<b>Reblozyl®</b>					
J0896					
<b>Remicade®</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J1745				
	<b>Renflexis®</b>				
	Q5104				
	<b>Riabni™</b>				
	Q5123				
	<b>Rituxan®</b>				
	J9312				
	<b>Rituxan Hycela®</b>				
	J9311				
	<b>Ruconest®</b>				
	J0596				
	<b>Ruxience®</b>				
	Q5119				
	<b>Sandostatin® LAR</b>				
	J2353				
	<b>Scenesse®</b>				
	J7352				
	<b>Sevenfact®*</b>				
	J7212				
	<b>Signifor® LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Sodium Hyaluronate</b>				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Soliris®*</b>				
	J1300				
	<b>Somatuline® Depot</b>				
	J1930				
	<b>Spinraza™*</b>				
	J2326				
	<b>Spravato™</b>				
	S0013				
	<b>Stelara®</b>				
	J3358				
	<b>Sublocade™</b>				
Q9991	Q9992				
<b>Supprelin® LA</b>					
J9226					
<b>Synagis®*</b>					
90378					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Tepezza®</b>				
	J3241				
	<b>Therapeutic Radiopharmaceuticals***</b>				
	A9513	A9590	A9606	A9699	
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur®</b>				
	J3316				
	<b>Trogarzo™</b>				
	J1746				
	<b>Truxima®</b>				
	Q5115				
	<b>Ultomiris™</b>				
	J1303				
	<b>Unclassified codes**</b>				
	C9399	J3490	J3590		
	<b>Uplizna®</b>				
	J1823				
	<b>Vantas™</b>				
	J9225				
	<b>Viltepso™*</b>				
	J1427				
	<b>Vyepti™</b>				
	J3032				
	<b>Vyondys 53®*</b>				
	J1429				
	<b>VPRIV®</b>				
	J3385				
	<b>Xembify®</b>				
	J1558				
<b>Xolair®*</b>					
J2357					
<b>Zoladex®</b>					
J9202					
<b>Zolgensma®*</b>					
J3399					
<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 &amp; 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 <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		<p>* For Acthar, Cerezyme, Cimzia, Elelyso, Esperoct, Exondys 51, Luxturna, OxLumo, Sevenfact, Soliris, Spinraza, Synagis, Viltepso, VPRIV, Vyondys 53, Xolair and Zolgensma prior authorization, please call the Pharmacy Prior Authorization Service at <b>800-310-6826</b>.</p> <p>** For unclassified and temporary codes C9086, C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Lupaneta Pack™, Nulibry, Ryplazim and Saphnelo.</p> <p>***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p>			
<b>Inpatient admission and post acute services</b>	Notification required for admissions	<p>Inpatient admissions/post acute services: Prior authorization and notification of admission date required for these facilities.</p> <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> Joint, total hip and knee replacement procedures	Prior authorization required for the codes listed.	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		
<b>Laboratory services</b>	Prior authorization required	To determine prior authorization requirements, please call LabCorp at <b>800-788-9743</b> .			
<b>Non-emergent air ambulance transport</b>	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b>	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	
<b>Orthotics and prosthetics</b>	Prior authorization required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
	<b><u>For members younger than 21 with orthotic limitation:</u></b>	L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>	L0861	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1830
		L1831	L1832	L1834	L1836
		L1840	L1844	L1845	L1846
	<ul style="list-style-type: none"> <li>The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.</li> </ul>	L1847	L1850	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2136
	<p><b>For members ages 21 and older:</b> AHCCCS orthotics coverage applies if:</p>	L2350	L2510	L2526	L2627
	<ul style="list-style-type: none"> <li>The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines.</li> </ul>	L2628	L3230	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3900
	<ul style="list-style-type: none"> <li>The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.</li> </ul>	L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
	<ul style="list-style-type: none"> <li>The orthotic is ordered by a physician or primary care provider.</li> </ul>	L4350	L4392	L4394	L4631
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
	<p><b>For members ages 21 and older with orthotic limitation:</b></p>	L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
	<ul style="list-style-type: none"> <li>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.</li> </ul>	L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
	<ul style="list-style-type: none"> <li>The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.</li> </ul>	L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5845	L5848	L5857	L5858
	L5930	L5950	L5960	L5961	
	L5962	L5964	L5966	L5968	
	L5976	L5979	L5980	L5981	
	L5982	L5984	L5986	L5987	
	L5988	L5990	L5999	L6000	
	L6010	L6020	L6050	L6055	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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				
<b>Out-of-state services</b>	Benefit only approved when service is emergent or unavailable in the state of Arizona				
<b>Outpatient therapy</b>	<b><u>For members younger than 21:</u></b>	92507	92508	92521	92522
	Prior authorization required for the codes listed	92523	92524	92526	97010
		97012	97014	97016	97018
		97022	97026	97028	97033
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. <b>No benefit limits apply.</b>	97034	97039	97110	97112
		97113	97116	97124	97140
		97161	97162	97163	97164
	<b><u>For members ages 21 and older:</u></b>	97165	97166	97167	97168
	Prior authorization not required	97799			
	<b>Outpatient speech therapy is <u>not</u> a covered benefit.</b>				
Occupational and physical therapy is covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:					
<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</li> </ul>					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Outpatient therapy (continued)</b>	individual restore a skill or level of function and maintain it. <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 acquire a new skill or level of function, and then maintain it.</li> </ul> <p><b><u>For Qualified Medicare Beneficiaries (QMB):</u></b></p> Covered for unlimited visits when medically necessary				
<b>Pain injections and management</b>	Prior authorization required	64490	64493		
<b>Pharmacy drugs</b>	<p>A list of medications requiring prior authorization is available at <b><a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a></b> &gt; Pharmacy Resources &amp; Physician Administered Drugs &gt; Pharmacy Prior Authorization</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>• Cimzia®</li> <li>• Cinryze®</li> <li>• Elaprase®</li> <li>• Exondys 51™</li> <li>• Eleyso®</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>• Soliris®</li> <li>• Spinraza™</li> <li>• Synagis®</li> <li>• VPRIV®</li> <li>• Xolair®</li> <li>• Zolgensma®</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><a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a></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>			
<b>Pregnancy termination</b>	Prior authorization required for the codes listed.  Prior authorization includes Mifepristone, Mifeprex® or RU-486	59840 59852	59841 59855	59850 59856	59851 59857

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pregnancy termination (continued)</b>	<p><b>Clinical documentation and the Certificate of Medical Necessity for pregnancy termination must 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>				
<b>Private duty nursing</b>	Prior authorization required for the codes listed	T1002	T1003		
<b>Proton beam therapy</b>	Prior authorization required for the codes listed	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
<b>Radiology</b>	<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 UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal 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; Radiology Prior Authorization and Notification Program.</p>			
<b>Rhinoplasty and septoplasty</b>	Prior authorization required for the codes listed	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		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	<b>Auditory System</b>			
		69205			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)	hospital setting  Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<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		
58565					
<b>Hemic and Lymphatic Systems</b>					
38500	38510	38525			
<b>Hernia Repair</b>					

Procedures and Services	Additional Information				CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Site of service (SOS) – outpatient hospital (continued)	49505	49585	49587	49650	
	49651	49652	49653	49654	
	49655				
	<b>Integumentary System</b>				
	10121	11440	11450	11624	
	11770	13121	15100	15120	
	15240	19020	19120	19125	
	<b>Liver Biopsy</b>				
	47000				
	<b>Male Genital System</b>				
	54840				
	<b>Miscellaneous</b>				
	20680				
	<b>Musculoskeletal System</b>				
	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			
	<b>Nervous System</b>				
	64561	64640			
	<b>Ophthalmologic</b>				
	65426	65730	65855	66170	
	66761	67028	67036	67040	
	67228	67311	67312		
	<b>Respiratory System</b>				
	30802	30930	31525	31535	
	31536	31541	31624		
	<b>Tonsillectomy &amp; Adenoidectomy</b>				
	42820	42821	42825	42826	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – outpatient hospital (continued)</b>		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 and custodial nursing facility services</b>	Prior authorization required				
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required for the codes listed	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
<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>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
		63042	63045	63046	63047
		63050	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63185

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		63190	63191	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	52601	52630	52647	52648
	<b>Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.</b> For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Section E Sterilization. The Consent to Sterilization form can be found at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.	52649	55250	55450	55801
		55821	55831	58600	58605
		58611	58615	58670	58671
		58700			
Stimulators 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		
Transplant services	Prior authorization required for the codes listed	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
	<b>Clinical documentation to support the need for transplants <u>must</u> 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant services (continued)</b>		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		
		<b>CAR T-Cell therapy:</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
	Q2055				
	*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	37765
		37766	37780		
<b>Ventricular assist devices</b>	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> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required for the codes listed	E2402			