

Prior Authorization Requirements for Arizona Developmentally Disabled Medicaid

Effective March 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 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>For members younger than 21: Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p>For members ages 21 and older: Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is not a covered</p> | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|----------------------------------|--|-------------------------|
| Allergy immunotherapy (continued) | <p>benefit.</p> <p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p> <ul style="list-style-type: none"> • Sustained an anaphylactic reaction to an unknown allergen • Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. <p>Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc.</p> <p><u>Prior authorization is required for allergy testing when it meets the criteria above.</u></p> | | | | |
| Augmentative and Alternative Communication | Prior authorization required for the codes listed | 92607 E2500 E2508 E2599 | 92608 E2502 E2510 V5336 | 92609 E2504 E2511 | A9901 E2506 E2512 |
| Bariatric surgery | Prior authorization required for the codes listed | 43644 43775 43847 | 43645 43842 43848 | 43659 43845 43860 | 43770 43846 |
| Behavioral health | <p>Prior authorization required for inpatient admissions</p> <p>Prior authorization required for outpatient services listed. Second level review required by the Division for Out of State service requests</p> | | | <p>The following benefits and/or codes require prior authorization:</p> <ul style="list-style-type: none"> • Acute inpatient admission • Applied behavior analysis (ABA) • Electroconvulsive therapy • Home care training client (S5109) • Out-of-state placement • Psychological testing • Behavioral health Residential Facility-Level II (Group home H0018) • Residential Treatment Center – Level 1 • Transcranial magnetic stimulation <p>For ABA Therapy, submit via fax or Provider Express.</p> | |
| Bone growth stimulator | Prior authorization required for the codes listed | 20975 | 20979 | E0760 | |
| Electronic stimulation or ultrasound to heal fractures | | | | | |
| BRCA genetic testing | Prior authorization required for the codes listed | 81162 81166 81217 | 81163 81212 81432 | 81164 81215 81433 | 81165 81216 |
| | Please direct all lab requests to LabCorp at 800-533-0567 for review and processing. | | | | |
| Breast reconstruction (non-mastectomy) | Prior authorization required for the codes listed | 19316 19330 | 19318 19340 | 19325 19342 | 19328 19350 |
| Reconstruction of the | | | | | |

| 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-apgf, 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 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 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 | | | |
|--|--|---|----------------|----------------|-------|
| Cardiology (continued) | | 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 | | | |
| Cardiovascular | Prior authorization required | 93850 | | | |
| | | *Code effective 4/1/2022 | | | |
| Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG) | 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 |
| 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), Lupron Depot (J1950) 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 on UnitedHealthcare Provider Portal.. Go to 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.</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 not a covered benefit. | | | | |
| Circumcision | Routine circumcision is not a covered benefit. Prior authorization required <u>only</u> for cases with documented medical necessity | 54150 | 54160 | 54161 | 54162 |
| Cochlear and other auditory implants | <u>For members younger than 21:</u> Prior authorization required for the codes listed <u>For members ages 21 and older:</u> <ul style="list-style-type: none"> Prior authorization required for supplies, equipment maintenance and repair of component parts Hardware is not a covered benefit. Clinical documentation must accompany and establish medical necessity for this service request. | 69710 | 69714 | 69930 | L8614 |
| | | L8619 | L8690 | L8691 | L8692 |
| A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieves conversational speech | | | | | |
| Continuous glucose monitor | Prior authorization required with Type 2 Diabetes Diagnosis | A4226 E0787 | A9276 K0553 | A9277 K0554 | A9278 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| Cosmetic and reconstructive Cosmetic and reconstructive procedures (continued) procedures | Prior authorization required for the codes listed. Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage. | 11960 | 11971 | 14020 | 14021 |
| | | 14041 | 14061 | 15823 | 15830 |
| | | 15847 | 17106 | 17107 | 17108 |
| | | 17999 | 21137 | 21138 | 21139 |
| | | 21172 | 21175 | 21179 | 21180 |
| | | 21181 | 21182 | 21183 | 21184 |
| | | 21230 | 21235 | 21256 | 21275 |
| | | 21280 | 21282 | 21295 | 21740 |
| | | 21742 | 21743 | 28344 | 30620 |
| | | 67900 | 67901 | 67902 | 67903 |
| | | 67904 | 67906 | 67908 | 67909 |
| | | 67911 | 67912 | 67914 | 67915 |
| | | 67916 | 67917 | 67921 | 67922 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | 67923 | 67924 | 67950 | 67961 | |
| 67966 | | | | | |
| Dental services | For prior authorization requirements, please call UnitedHealthcare Dental at 855-812-9208 . | | | | |
| | For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-D1 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-D1. | | | | |
| Diabetic supplies | Diabetic supplies are provided by the local pharmacy. | To locate contracted care providers or vendors, please visit UHCprovider.com/AZcommunityplan > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans. | | | |
| | Prior authorization for talking glucometers available through the medical prior authorization process | | | | |
| Durable medical equipment (DME) | Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500 | 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. | | | |
| *Requires Prior Authorization regardless of dollar amount | To request DME items, please call Preferred Homecare at 800-636-2123 . | | | | |
| | These DME items are <u>not</u> 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 | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|--------|--------|--------|
| Durable medical equipment (DME) (continued) | Prosthetics are not DME – see <i>Orthotics and prosthetics</i> | 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 |
| | | 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 | | |

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| <p>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</p> | <p>To request services and/or supplies, please call Preferred Homecare at 800-636-2123.</p> | <p>Clinical documentation and oral supplement Certificate of Medical Necessity, as applicable, <u>must</u> accompany and establish medical necessity for this service request.</p> |
| <p><u>For members younger than 21:</u> For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10.</p> | | |
| <p>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.</p> | | |
| <p><u>For members ages 21 and older:</u> Please review AMPM Chapter 300, Policy 310-GG at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG.</p> | | |
| <p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at</p> | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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| Enteral services/parenteral/oral (continued) | | AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C. | | | |
| Experimental or investigational (and/or linked services) | Prior authorization required for all services considered experimental and/or investigational For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B. | 0191T 66180 | 33477 A4638 | 36514 A9274 | 64722 E1831 |
| Eye care/optometry | <u>Benefits provided for members younger than 21:</u> <ul style="list-style-type: none"> • One routine eye exam every 12 months • Regular single vision bifocal or trifocal polycarbonate lenses • Frame for up to \$79.99 retail price • One replacement pair of glasses if lost, stolen or damaged • Members may pay the difference for a more expensive pair of glasses but must sign a waiver provided by Nationwide Vision. <u>For members ages 21 and older:</u> Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye | For member eye care services, please call Nationwide Vision at 800-481-2779 . | | | |
| 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 31256 31276 | 31253 31257 31287 | 31254 31259 31288 | 31255 31267 |
| Genetic testing | Prior authorization required for all services not covered by LabCorp To determine prior authorization requirements, please call LabCorp at 800-788-9743 . | 81265 81325 81405 81415 81465 88248 88263 88271 88275 88289 | 81302 81401 81406 81416 81479 88249 88264 88272 88280 88291 | 81321 81403 81407 81417 86353 88261 88267 88273 88283 88299 | 81323 81404 81408 81460 88245 88262 88269 88274 88285 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|---|-------|-------|-------|
| Hearing aids and services Hearing evaluations and hearing aids | For members younger than 21: Prior authorization not required | 92590 | 92591 | 92592 | 92593 |
| | | 92594 | 92595 | V5010 | V5011 |
| | For members ages 21 and older: Prior authorization required | 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 | | | |
| 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 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 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 888-705-4470 | | | |
| Injectable medications | Prior authorization required for the codes listed | Actemra® | | | |
| | | J3262 | | | |
| | | Acthar® | | | |
| | | J0800 | | | |
| | | Adakveo® | | | |
| | | J0791 | | | |
| | | Amondys 45™ | | | |
| | | J1426 | | | |
| | | Aralast NP, Prolastin-C, Zemaira**** | | | |
| | | J0256 | | | |
| Avsola™ | | | | | |
| Q5121 | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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|------------------------------------|-------------------------|-------|-------|-------|--|
| Injectable medications (continued) | Benlysta | | | | |
| | J0490 | | | | |
| | Berinert | | | | |
| | J0597 | | | | |
| | Botulinum toxins | | | | |
| | J0585 | J0586 | J0587 | J0588 | |
| | Brineura™ | | | | |
| | J0567 | | | | |
| | Cabenuva™ | | | | |
| | J0741 | | | | |
| | Cerezyme®* | | | | |
| | J1786 | | | | |
| | Cimzia®* | | | | |
| | J0717 | | | | |
| | Cinqair® | | | | |
| | J2786 | | | | |
| | Crysvita® | | | | |
| | J0584 | | | | |
| | ElELYso®* | | | | |
| | J3060 | | | | |
| | Entyvio® | | | | |
| | J3380 | | | | |
| | Esperoct®* | | | | |
| | J7204 | | | | |
| | Evenity™ | | | | |
| | J3111 | | | | |
| | Evkeeza™ | | | | |
| | J1305 | | | | |
| | Exondys 51™* | | | | |
| | J1428 | | | | |
| Fasenra™ | | | | | |
| J0517 | | | | | |
| Fensolvi® | | | | | |
| J1951 | | | | | |
| Feraheme® | | | | | |
| Q0138 | | | | | |
| Firmagon® | | | | | |
| J9155 | | | | | |
| Gamifant® | | | | | |
| J9210 | | | | | |
| Givlaari® | | | | | |
| J0223 | | | | | |
| Glassia®**** | | | | | |

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|------------------------------------|-------------------------------|-------|-------|-------|--|
| Injectable medications (continued) | J0257 | | | | |
| | Ilaris® | | | | |
| | J0638 | | | | |
| | Ilumya™ | | | | |
| | J3245 | | | | |
| | Inflectra® | | | | |
| | Q5103 | | | | |
| | Injectafer® | | | | |
| | J1439 | | | | |
| | IVIG | | | | |
| | J1459 | J1554 | J1555 | J1556 | |
| | J1557 | J1559 | J1561 | J1566 | |
| | J1568 | J1569 | J1572 | J1575 | |
| | J1599 | | | | |
| | Kalbitor® | | | | |
| | J1290 | | | | |
| | Kanuma®**** | | | | |
| | J2840 | | | | |
| | Krystexxa® | | | | |
| | J2507 | | | | |
| | Lemtrada® | | | | |
| | J0202 | | | | |
| | Lupron Depot® | | | | |
| | J1950 | | | | |
| | Lupron Depot, Eligard® | | | | |
| | J9217 | | | | |
| | Luxturna™* | | | | |
| | J3398 | | | | |
| | Makena® | | | | |
| | J1726 | J1729 | J2675 | | |
| | Mepsevii®**** | | | | |
| | J3397 | | | | |
| | Monoferric® | | | | |
| | J1437 | | | | |
| | Nexviazyme®**** | | | | |
| | J0219 | | | | |
| | Nglazyme®**** | | | | |
| | J1458 | | | | |
| | Nplate® | | | | |
| | J2796 | | | | |
| | Nucala® | | | | |
| | J2182 | | | | |
| | Ocrevus™ | | | | |

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

J2350
Octreotide Acetate
 J2354
Onpattro™
 J0222
Orencia®
 J0129
Oxlumo™*
 J0224
Parsabiv™
 J0606
Probuphine®
 J0570
Radicava®
 J1301
Reblozyl®
 J0896
Remicade®
 J1745
Renflexis®
 Q5104
Riabni™
 Q5123
Rituxan®
 J9312
Rituxan Hycela®
 J9311
Ruconest®
 J0596
Ruxience®
 Q5119
Sandostatin® LAR
 J2353
Saphnelo®****
 J0491
Scenesse®
 J7352
Sevenfact®*
 J7212
Signifor® LAR
 J2502
Simponi Aria®
 J1602

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|---------------------------|--|-------|-------|-------|
| Injectable medications (continued) | Sodium Hyaluronate | J7320 | J7321 | J7322 | J7324 |
| | | J7325 | J7326 | J7327 | J7329 |
| | | J7331 | J7332 | | |
| | | Soliris®* | | | |
| | | J1300 | | | |
| | | Somatuline® Depot | | | |
| | | J1930 | | | |
| | | Spinraza™* | | | |
| | | J2326 | | | |
| | | Spravato™ | | | |
| | | S0013 | | | |
| | | Stelara® | | | |
| | | J3358 | | | |
| | | Sublocade™ | | | |
| | | Q9991 | Q9992 | | |
| | | Supprelin® LA | | | |
| | | J9226 | | | |
| | | Synagis®* | | | |
| | | 90378 | | | |
| | | Tepezza® | | | |
| | | J3241 | | | |
| | | Therapeutic Radiopharmaceuticals*** | | | |
| | | A9513 | A9590 | A9606 | A9699 |
| | | Trelstar® | | | |
| | | J3315 | | | |
| | | Triptodur® | | | |
| | | J3316 | | | |
| | | Trogarzo™ | | | |
| | | J1746 | | | |
| | | Truxima® | | | |
| | | Q5115 | | | |
| | | Ultomiris™ | | | |
| | | J1303 | | | |
| | | Unclassified codes** | | | |
| | | C9399 | J3490 | J3590 | |
| | | Uplizna® | | | |
| | | J1823 | | | |
| | | Vantas™ | | | |
| | J9225 | | | | |
| | Viltepso™* | | | | |
| | J1427 | | | | |
| | Vimizim®**** | | | | |

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

| | | |
|---|-------|---------------------|
| Injectable medications (continued) | | J1322 |
| | | Vyepti™ |
| | | J3032 |
| | | Vyondys 53®* |
| | | J1429 |
| | | VPRIV® |
| | | J3385 |
| | | Xembify® |
| | | J1558 |
| | | Xolair®* |
| | | J2357 |
| | | Zoladex® |
| | | J9202 |
| | | Zolgensma®* |
| | 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 & 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, 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 800-310-6826.</p> <p>** For unclassified and temporary codes C9090, C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Lupaneta Pack™, Nulibry, Revcovi, and Ryplazim .</p> <p>***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare provider Portal. Go to 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.</p> <p>****Codes Effective 4/1/2022</p> | | |

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|--|--------------------------------------|--|--|--|--|
| Inpatient admission and post acute services | 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"> • Acute care hospitals • Acute inpatient rehabilitation • Long-term acute care hospitals • Skilled nursing facilities | | | |

| | | | | | |
|--|--|-------|-------|-------|-------|
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization required for the codes listed. | 23470 | 23472 | 23473 | 23474 |
| | | 24360 | 24361 | 24362 | 24363 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | | |
|--|--|---|-------|-------|-------|-------|-------|
| Joint replacement (continued) | | 24370 | 24371 | 27120 | 27122 | | |
| | | 27125 | 27130 | 27132 | 27134 | | |
| | | 27137 | 27138 | 27412 | 27446 | | |
| | | 27447 | 27486 | 27487 | 29866 | | |
| | | 29867 | 29868 | | | | |
| Laboratory services | Prior authorization required | To determine prior authorization requirements, please call LabCorp at 800-788-9743 . | | | | | |
| Non-emergent air ambulance transport | Prior authorization required for the codes listed | A0430 | A0431 | A0435 | A0436 | | |
| Orthognathic surgery 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 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 | | |
| | | <u>For members younger than 21 with orthotic limitation:</u> | | L0638 | L0640 | L0700 | L0710 |
| | | • Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit. | L0810 | L0820 | L0830 | L0859 | |
| | | | L0861 | L1000 | L1005 | L1200 | |
| | | | L1300 | L1310 | L1499 | L1680 | |
| | | | L1685 | L1700 | L1710 | L1720 | |
| | | | L1730 | L1755 | L1820 | L1830 | |
| | • The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. | L1831 | L1832 | L1834 | L1836 | | |
| | | L1840 | L1844 | L1845 | L1846 | | |
| | | L1847 | L1850 | L1860 | L1945 | | |
| | | L1950 | L1970 | L2000 | L2005 | | |
| | | L2010 | L2020 | L2030 | L2034 | | |
| | | L2036 | L2037 | L2038 | L2060 | | |
| | <u>For members ages 21 and older:</u> | | L2106 | L2108 | L2126 | L2136 | |
| | AHCCCS orthotics coverage applies if: | | L2350 | L2510 | L2526 | L2627 | |
| | • The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. | L2628 | L3230 | L3265 | L3649 | | |
| | | L3671 | L3674 | L3720 | L3730 | | |
| | • The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition. | L3740 | L3763 | L3764 | L3900 | | |
| | | 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 | | | |
| <u>For members ages 21 and older</u> | | L5100 | L5105 | L5150 | L5160 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------|---|--|-------|-------|-------|
| Orthotics and prosthetics (continued) | <u>with orthotic limitation:</u> | L5200 | L5210 | L5220 | L5230 |
| | <ul style="list-style-type: none"> Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit. | L5250 | L5270 | L5280 | L5301 |
| | The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. | 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 | | |

| 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 | Prior authorization required for all out-of-network services | | | | |
| Out-of-state services | Benefit only approved when service is emergent or unavailable in the state of Arizona | | | | |
| Outpatient therapy | <u>For members younger than 21:</u> | 92507 | 92508 | 92521 | 92522 |
| | Prior authorization required for the codes listed | 92523 | 92524 | 92526 | 97010 |
| | | 97012 | 97014 | 97016 | 97018 |
| | | 97022 | 97026 | 97028 | 97033 |
| | Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply. | 97034 | 97039 | 97110 | 97112 |
| | | 97113 | 97116 | 97124 | 97140 |
| | | 97161 | 97162 | 97163 | 97164 |
| | | <u>For members ages 21 and older:</u> | 97165 | 97166 | 97167 |
| | Prior authorization not required | 97799 | | | |
| | Outpatient speech therapy is <u>not</u> a covered benefit. | | | | |
| | Occupational and physical therapy is covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are: | | | | |
| <ul style="list-style-type: none"> • <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual restore a skill or level of function and maintain it. • <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual acquire a new skill or level of function, and then maintain it. | | | | | |
| <u>For Qualified Medicare Beneficiaries (QMB):</u> | | | | | |
| Covered for unlimited visits when medically necessary | | | | | |
| Pain injections and management | Prior authorization required | 64490 | 64493 | | |
| Pharmacy drugs | A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources & Physician Administered Drugs > Pharmacy Prior Authorization | For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by: Phone: 800-310-6826 Fax: 866-940-7328 | | | |
| | Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested. | For specialty pharmacy prior authorization, please fax 866-940-7328 . Fax forms are available at | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|----------------------------|---|--|----------------|----------------|----------------|
| Pharmacy drugs (continued) | <p>The following hemophilia factor/biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> • Acthar® gel • Aldurazyme® • Ceproin® • Cerezyme® • Cimzia® • Cinryze® • Elaprase® • Exondys 51™ • Elelyso® • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • Soliris® • Spinraza™ • Synagis® • VPRIV® • Xolair® • Zolgensma® | <p>UHCprovider.com/AZcommunityplan > Pharmacy Resources and Physician Administered Drugs > Pharmacy Prior Authorization > Pharmacy Prior Authorization Forms. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.</p> | | | |
| Pregnancy termination | <p>Prior authorization required for the codes listed.</p> <p>Prior authorization includes Mifepristone, Mifeprex® or RU-486</p> <p>Clinical documentation and the Certificate of Medical Necessity for pregnancy termination <u>must</u> accompany the prior authorization request form.</p> <p>For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 410, Maternity Care Services > Section E Pregnancy Termination.</p> <p>The Certificate of Medical Necessity For Pregnancy Termination can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > Attachment C.</p> | 59840 59852 | 59841 59855 | 59850 59856 | 59851 59857 |
| Private duty nursing | <p>Prior authorization required for the codes listed</p> | T1002 | T1003 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | | |
|---|---|--|-------|-------|-------|-------|-------|
| Prostate procedures | Prior authorization required | 37243 | 52441 | 52442 | 53850 | | |
| | | 53852 | 55866 | 55873 | 55874 | | |
| *New category effective 4/1/2022 | | | | | | | |
| Proton beam therapy | 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 | | | | | | | |
| Radiology | <p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures | <p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to 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.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/AZcommunityplan > Radiology Prior Authorization and Notification Program.</p> | | | | | |
| Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization required for the codes listed | 30400 | 30410 | 30420 | 30430 | | |
| | | 30435 | 30450 | 30460 | 30462 | | |
| | | 30465 | | | | | |
| Sinuplasty | Prior authorization required for the codes listed | 31295 | 31296 | 31297 | 31298 | | |
| Site of service (SOS) – outpatient hospital | <p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p> | 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 | | |

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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (continued) | | 21336 | 21554 | 21555 | 21556 |
| | | 21930 | 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 | | | | |
| | 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 and custodial nursing facility services | Prior authorization required | | | | |
| Sleep apnea procedures and surgeries | Prior authorization required for the codes listed | 21685 | 41599 | 42145 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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Sleep apnea procedures and surgeries (continued)
 Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea

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|--------------------------------|---|-------|-------|-------|-------|
| 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 | | |

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|-----------------------|---|---------|---------|---------|---------|
| Spinal surgery | Prior authorization required for the codes listed | 22100 | 22101 | 22102 | 22110 |
| | | 22112 | 22114 | 22206 | 22207 |
| | | 22210 | 22212 | 22214 | 22220 |
| | | 22224 | 22510** | 22511** | 22512** |
| | | 22513** | 22514* | 22515** | 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 | 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 | |

*SOS applies effective 4/1/2022
 **Codes effective 4/1/2022

| | | | | | | |
|----------------------|------------------------------|---|-------|-------|-------|-------|
| Sterilization | Prior authorization required | 52601 | 52630 | 52647 | 52648 | |
| | | 52649 | 55250 | 55450 | 55801 | |
| | | Any member requesting sterilization must sign an appropriate Consent for Sterilization form. | 55821 | 55831 | 58600 | 58605 |
| | | For more information, please review AMPM Chapter 400, Section 420, | 58611 | 58615 | 58670 | 58671 |
| | | | 58700 | | | |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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| Sterilization (continued) | <p>Section E Sterilization at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Section E Sterilization.</p> <p>The Consent to Sterilization form can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.</p> | | | | |
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|---|------------------------------|-------------------------------|-------|-------|-------|
| Stimulators Implantation of a device that sends electrical Impulses | Prior authorization required | Bone growth stimulator | | | |
| | | E0747 | E0748 | E0749 | |
| | | Neurostimulator | | | |
| | | 43648 | 43882 | 61863 | 61864 |
| | | 61867 | 61868 | 61885 | 61886 |
| | | 63650 | 63655 | 63685 | 64553 |
| | | 64555 | 64568 | 64570 | 64590 |
| | | L8680 | L8682 | L8685 | L8686 |
| | L8687 | L8688 | | | |

| | | | | | |
|----------------------------|---|---|--|--|--|
| Transplant services | Prior authorization required for the codes listed | For transplant and CAR T-Cell therapy services including 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 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| | Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request. | | | | |

| | | | |
|--------|-------|-------|-------|
| 32850 | 32851 | 32852 | 32853 |
| 32854 | 32855 | 32856 | 33930 |
| 33933 | 33935 | 33940 | 33944 |
| 33945 | 38208 | 38209 | 38210 |
| 38212 | 38213 | 38214 | 38215 |
| 38232* | 38240 | 38241 | 38242 |
| 44132 | 44133 | 44135 | 44136 |
| 44137 | 44715 | 44720 | 44721 |
| 47133 | 47135 | 47140 | 47141 |
| 47142 | 47143 | 47144 | 47145 |
| 47146 | 47147 | 48551 | 48552 |
| 48554 | 50300 | 50320 | 50323 |
| 50325 | 50340 | 50360 | 50365 |
| 50370 | 50380 | 50547 | S2060 |
| S2061 | S2152 | | |

CAR T-Cell therapy:
0537T 0538T 0539T 0540T

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PCA-1-20-00955-Clinical-WEB_04072020
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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| Transplant services (continued) | | Q2041 Q2055 | Q2042 | Q2053 | Q2054 |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis. | | | |
| Transportation | Prior authorization required for non-emergent taxi and stretcher van | To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at 888-700-6822 . | | | |
| Vein procedures | Prior authorization required for the codes listed | 36468 | 36473 | 36475 | 36478 |
| Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | | 37700 | 37718 | 37722 | 37765 |
| | | 37766 | 37780 | | |
| Ventricular assist devices | Prior authorization required for the codes listed | Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 . | | | |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | | 33927 | 33928 | 33929 | 33975 |
| | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | Q0507 | Q0508 | Q0509 |
| Wound vac | Prior authorization required for the codes listed | E2402 | | | |