

Prior Authorization Requirements for Arizona Developmentally Disabled

Effective January 1, 2020

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. To request prior authorization, please submit your request online, or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone:** 866-604-3267

Important Information

- To be eligible for prior authorization, services must be covered benefits as outlined and defined by the Arizona Health Care Cost Containment System (AHCCCS).
- Services provided by non-network health and out-of-state care providers require prior authorization and documentation supporting the out-of-network request.
- Experimental and investigational services are not covered benefits.
- All rendering providers, facilities and vendors must be actively registered with AHCCCS.
- Services delivered inside the Multi-Specialty Interdisciplinary Clinics (MSIC) to CRS designated /CRS formerly designated members do not require prior authorization.
- Only one care provider may request services on a prior authorization request form.
- Only medically necessary, cost effective, and federally- and state-reimbursable services are covered services, as outlined by AHCCCS.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Allergy immunotherapy	<p><u>For members younger than 21:</u> Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p><u>For members ages 21 and older:</u> Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is <u>not</u> a covered benefit.</p> <p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p> <ul style="list-style-type: none"> • Sustained an anaphylactic reaction to an unknown allergen • Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. <p><u>Prior authorization is required for allergy testing when it meets the criteria above.</u></p>	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery	Prior authorization required for the codes listed	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health	Prior authorization required for inpatient admissions Prior authorization required for outpatient services listed. 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"> • 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 			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes listed	20975	20979		
BRCA genetic testing	Prior authorization required for the codes listed Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the breast except for after mastectomy	Prior authorization required for the codes listed	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Filgrastim (Neupogen®) J1442 Filgrastim-aafi (Nivestym™) Q5110 Filgrastim-sndz (Zarxio®) Q5101 Pegfilgrastim (Neulasta®) J2505 Pegfilgrastim-cbqv (UDENYCA™) Q5111 Pegfilgrastim-jmdb (Fulphila™) Q5108 Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447 <u>Bone-modifying agent that requires prior authorization:</u>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care (cont'd)		Denosumab (Xgeva®) J0897 Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 .			
Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054 . 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.			
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	
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) 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 Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 .			
Chiropractic care	For members younger than 21: Prior authorization not required For members ages 21 and older: 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 A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	For members younger than 21: Prior authorization required for the codes listed	69710	69714	69715	69718
	For members ages 21 and older: <ul style="list-style-type: none"> Prior authorization required for supplies, equipment maintenance and repair of component parts Hardware is not a covered benefit. 	69930	L8614	L8619	L8690
		L8691	L8692		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cochlear and other auditory implants (cont'd)	<ul style="list-style-type: none"> Clinical documentation must accompany and establish medical necessity for this service request. 				
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required for the codes listed. Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.	11960	11971	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
		67923	67924	67950	67961
	67966				
Dental services	<p>For prior authorization requirements, please call UnitedHealthcare Dental at 855-812-9208.</p> <p>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.</p>				
Diabetic supplies	<p>Diabetic supplies are provided by the local pharmacy.</p> <p>Prior authorization for talking glucometers available through the medical prior authorization process</p>	To locate contracted care providers or vendors, please visit UHCprovider.com/AZcommunityplan > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans.			
Durable medical equipment (DME)	<p>Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500</p> <p>To request DME items, please call Preferred Homecare at 800-636-2123.</p> <p>These DME items are <u>not</u> covered by Preferred Homecare:</p> <ul style="list-style-type: none"> Bone stimulators Diabetic supplies Enclosed beds Insulin pumps Percussion vests Specialty beds Wound vacs <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	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.			
		E0194	E0265	E0266	E0270
		E0300	E0445	E0457	E0460
		E0465	E0466	E0483	E0486
		E0620	E0636	E0638	E0641
		E0642	E0656	E0669	E0670
		E0675	E0693	E0694	E0700
		E0710	E0745	E0766	E0784
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1030
		E1035	E1036	E1161	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont'd)		E1239	E1825	E2100	E2227
		E2228	E2230	E2300	E2301
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8001	K0005	K0008	K0013
		K0108	K0800	K0801	K0802
		K0806	K0807	K0808	K0812
		K0821	K0822	K0823	K0824
		K0825	K0826	K0827	K0828
		K0829	K0830	K0831	K0836
		K0837	K0838	K0839	K0840
		K0841	K0842	K0843	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0868	K0869	K0870	K0871
		K0877	K0878	K0879	K0880
		K0884	K0885	K0886	K0890
		K0891	S1040		

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** > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10.

The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at **AZAHCCCS.gov** > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430-2.

For members ages 21 and older:

Please review AMPM Chapter 300, Policy 310-GG at **AZAHCCCS.gov** > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG.

The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at **AZAHCCCS.gov** > Resources > Guides-Manuals-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			
Experimental or investigational (and/or linked services)	<p>Prior authorization required for all services considered experimental and/or investigational</p> <p>For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.</p>	0191T 64722 E1831	33477 66180	36514 A4638	55866 A9274
Eye care/optometry	<p><u>Benefits provided for members younger than 21:</u></p> <ul style="list-style-type: none"> • One routine eye exam every 12 months • Regular single vision bifocal or trifocal polycarbonate lenses • Frame for up to \$79.99 retail price • One replacement pair of glasses if lost, stolen or damaged • Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision. <p><u>For members ages 21 and older:</u> Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye</p>	For member eye care services, please call Nationwide Vision at 800-481-2779 .			
Femoracetabular impingement syndrome (FAI)	Prior authorization required for the codes listed	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required for the codes listed	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic testing	<p>Prior authorization required for all services not covered by LabCorp</p> <p>To determine prior authorization requirements, please call LabCorp at 800-788-9743.</p>	88245 88262 88269 88274 88285	88248 88263 88271 88275 88289	88249 88264 88272 88280 88291	88261 88267 88273 88283 88299
Hearing aids and services	<u>For members younger than 21:</u>	92590	92591	92592	92593
Hearing evaluations and hearing aids	Prior authorization not required	92594	92595	V5010	V5011
	<u>For members ages 21 and older:</u>	V5014	V5030	V5040	V5050
	Prior authorization required	V5060 V5190 V5244 V5248 V5252 V5256 V5260 V5267	V5095 V5230 V5245 V5249 V5253 V5257 V5261 V5298	V5100 V5242 V5246 V5250 V5254 V5258 V5262	V5120 V5243 V5247 V5251 V5255 V5259 V5263
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
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 .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 Botulinum toxins J0585 J0586 J0587 J0588 Brineura™ J0567 Cerezyme®* J1786 Cinqair® J2786 Crysvita® J0584 ElELYso®* J3060 Entyvio® J3380 Evenity™ J3111 Exondys 51™* J1428 Fasenra™ J0517 Gamifant® J9210 Ilaris® J0638 Ilumya™ J3245 Inflectra® Q5103 IVIG J1459 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Lemtrada® J0202 Luxturna™ J3398 Makena® J1726 J1729 J2675 Nucala®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont'd)		J2182			
		Ocrevus™			
		J2350			
		Onpattro™			
		J0222			
		Orencia®			
		J0129			
		Parsabiv™			
		J0606			
		Probuphine®			
		J0570			
		Radicava®			
		J1301			
		Remicade®			
		J1745			
		Renflexis®			
		Q5104			
		Simponi Aria®			
		J1602			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Soliris®*			
		J1300			
		Spinraza™*			
		J2326			
		Sublocade™			
		Q9991	Q9992		
		Synagis®*			
		90378			
		Therapeutic Radiopharmaceuticals***			
		A9513	A9606	A9699	
		Trogarzo™			
		J1746			
	Ultomiris™				
	J1303				
	Unclassified codes**				
	C9399	J3490	J3590		
	VPRIV®				
	J3385				
	Xolair®*				
	J2357				

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included

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

on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

* For Acthar, Cerezyme, Elelyso, Exondys 51, Soliris, Spinraza, Synagis, VPRIV, and Xolair prior authorization, please call the Pharmacy Prior Authorization Service at **800-310-6826**.

** For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Spravato™ and Xembify®

***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call **888-397-8129**

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
		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 .			
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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	
		L0810	L0820	L0830	L0859	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)	<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. 	L0861	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
	<ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. 	L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1830
	<p><u>For members ages 21 and older:</u> AHCCCS orthotics coverage applies if:</p> <ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition. The orthotic is ordered by a physician or primary care provider. 	L1831	L1832	L1834	L1836
		L1840	L1844	L1845	L1846
		L1847	L1850	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2136
		L2350	L2510	L2526	L2627
		L2628	L3230	L3265	L3649
		L3671	L3674	L3720	L3730
	<p><u>For members ages 21 and older with orthotic limitation:</u></p> <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. The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. 	L3740	L3763	L3764	L3900
		L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
		L4350	L4392	L4394	L4631
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
	L5400	L5420	L5460	L5500	
	L5505	L5510	L5520	L5530	
	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		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		
Out-of-network services	Prior authorization required for all out-of-network services				
Out-of-state services	Benefit only approved when service is emergent or unavailable in the state of Arizona				
Outpatient therapy	<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
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply.	97022	97026	97028	97033
		97034	97039	97110	97112
		97113	97116	97124	97140
	<u>For members ages 21 and older:</u>	97161	97162	97163	97164
	Prior authorization not required	97165	97166	97167	97168
		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>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy (cont'd)	Covered for unlimited visits when medically necessary				
Pharmacy drugs	<p>A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources & Physician Administered Drugs > Pharmacy Prior Authorization</p> <p>Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested.</p> <p>The following hemophilia factor/biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> • Acthar® gel • Aldurazyme® • Ceprotin® • Cerezyme® • Cinryze® • Elaprase® • Exondys 51™ • Elelyso® • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • Soliris® • Spinraza™ • Synagis® • VPRIV® • Xolair® 	<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: 800-310-6826 Fax: 866-940-7328</p> <p>For specialty pharmacy prior authorization, please fax 866-940-7328.</p> <p>Fax forms are available at UHCprovider.com/AZcommunityplan > Pharmacy Resources and Physician Administered Drugs > Pharmacy Prior Authorization > Pharmacy Prior Authorization Forms. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.</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</p>	59840 59852	59841 59855	59850 59856	59851 59857

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pregnancy termination (cont'd)	Health > Attachment C.				
Private duty nursing	Prior authorization required for the codes listed	T1002	T1003		
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required for the codes listed	77520	77522	77523	77525
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • 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 Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/AZcommunityplan > 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>	<p>Carpal tunnel surgery 64721</p> <p>Cataract surgery 66821 66982 66984</p> <p>Colonoscopy 45378 45380 45384 45385</p> <p>Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931</p> <p>Ear, nose and throat (ENT) procedures 21320 30140 30520 69436 69631</p> <p>Gynecologic procedures 57522 58353 58558 58563 58565</p> <p>Hernia repair 49505 49585 49587 49650 49651 49652 49653 49654 49655</p> <p>Liver biopsy 47000</p> <p>Miscellaneous 20680</p> <p>Ophthalmologic 65426 65730 65855 66170 66761 67028 67036 67040 67228 67311 67312</p> <p>Tonsillectomy and adenoidectomy 42820 42821 42825 42826</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (cont'd)		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	
		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	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
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		
Spinal surgery	Prior authorization required for the codes listed	0095T	0098T	0164T	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	63180	63182
		63185	63190	63191	63194
		63195	63196	63198	63199
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Sterilization	<u>For all members younger than 21:</u>	52601	52630	52647	52648	
	Prior authorization required	52649	55250	55450	55801	
		55821	55831	58150	58180	
	Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.	58200	58210	58240	58260	
		58262	58263	58267	58270	
		58275	58280	58285	58290	
	For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at AZAHCCCS.gov >	58291	58292	58293	58294	
	Resources > Guides-Manuals-Policies >	58541	58542	58543	58544	
	AHCCCS Medical Policy Manual (AMPM) >	58548	58550	58552	58553	
	Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning >	58554	58570	58571	58572	
	Section E Sterilization.	58573	58600	58605	58611	
	The Consent to Sterilization form can be found at AZAHCCCS.gov > Resources >	58615	58670	58671	58700	
	Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning >	58951	58953	58954	58956	
	Attachment A.	59135	59525			
	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 Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.			
	Clinical documentation to support the need for transplants <u>must</u> 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:					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant services (cont'd)		0537T	0538T	0539T	0540T
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Transportation	Prior authorization required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at 888-700-6822 .			
Vein procedures	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	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			