

Prior Authorization Requirements for Arizona Developmentally Disabled

Effective Jan. 1, 2021

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 Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile 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>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 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>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Augmentative and Alternative Communication	Prior authorization required for the codes listed	92607	92608	92609	A9901
		E2500	E2502	E2504	E2506
		E2508	E2510	E2511	E2512
		E2599	K0739	V5336	
Bariatric surgery	Prior authorization required for the codes listed	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Behavioral health	Prior authorization required for inpatient admissions	<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 			
	Prior authorization required for outpatient services listed. Second level review required by the Division for Out of State service requests				
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	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
Breast reconstruction (non-mastectomy) Reconstruction of the breast except for after mastectomy	Prior authorization required for the codes listed	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	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	<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-bmez (Ziextenzo®)			
		Q5120			
		Pegfilgrastim-cbqv (UDENYCA™)			
		Q5111			
Pegfilgrastim-jmdb (Fulphila™)					
Q5108					
Sargramostim (Leukine®)					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cancer supportive care (continued)

J2820

Tbo-filgrastim (Granix®)

J1447

Bone-modifying agent that requires prior authorization:

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

Prior authorization is not required for outpatient hospital or ambulatory surgical center

95700	95711	95712	95713
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:

- Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)
- Chemotherapy injectable drugs that have a Q code
- Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code

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 **only** for cases with documented medical necessity

54150	54160	54161	54162
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Cochlear and other auditory implants

For members younger than 21:

Prior authorization required for the codes listed

69710	69714	69715	69718
69930	L8614	L8619	L8690

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cochlear and other auditory implants (continued)	For members ages 21 and older:	L8691	L8692		
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	<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. 				
Cosmetic and reconstructive procedures	Prior authorization required for the codes listed. Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.	11960	11971	15823	15830
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15847	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
Reconstructive procedures that treat a medical condition or improve or restore physiologic 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
		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. Prior authorization for talking glucometers available through the medical prior authorization process	To locate contracted care providers or vendors, please visit UHCprovider.com/AZcommunityplan > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans .			
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500 To request DME items, please call Preferred Homecare at 800-636-2123 . These DME items are not covered by Preferred Homecare:	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 .			
	<ul style="list-style-type: none"> Bone stimulators Diabetic supplies Enclosed beds Insulin pumps Percussion vests Specialty beds Wound vacs 	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
		E0787	E0984	E0986	E1002
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		E1030	E1035	E1036	E1161
		E1229	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1239	E1825	E2100
		E2227	E2228	E2230	E2300
		E2301	E2322	E2325	E2327
		E2329	E2331	E2351	E2373
		*E2510	*E2511	*E2512	*E2599
		E2626	E2627	E2628	E2629
		E2630	E8001	K0005	K0008
		K0013	K0108	K0800	K0801
		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		

<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>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.</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>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.</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 300, Medical</p>
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Enteral services/parenteral/oral (continued)		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 64722 A9274	33477 66180 E1831	36514 A4226	55866 A4638
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 .			
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	Prior authorization required for all services not covered by LabCorp To determine prior authorization requirements, please call LabCorp at 800-788-9743 .	88245 88262 88269 88274 88285	88248 88263 88271 88275 88289	88249 88264 88272 88280 88291	88261 88267 88273 88283 88299
Hearing aids and services Hearing evaluations and hearing aids	<u>For members younger than 21:</u> Prior authorization not required <u>For members ages 21 and older:</u> Prior authorization required	92590 92594 V5014 V5060 V5190 V5244 V5248 V5252 V5256 V5260 V5267	92591 92595 V5030 V5095 V5230 V5245 V5249 V5253 V5257 V5261 V5298	92592 V5010 V5040 V5100 V5242 V5246 V5250 V5254 V5258 V5262	92593 V5011 V5050 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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 Avsola™ Q5121 Benlysta J0490 Berinert J0597 Botulinum toxins J0585 J0586 J0587 J0588 Brineura™ J0567 Cerezyme®* J1786 Cimzia®* J0717 Cinqair® J2786 Crysvita® J0584 Elelyso®* J3060 Entyvio® J3380 Evenity™ J3111 Exondys 51™* J1428 Fasenra™ J0517 Feraheme® Q0138 Gamifant® J9210 Givlaari® J0223 Ilaris® J0638

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization						
Injectable medications (continued)		Ilumya™						
	J3245							
	Inflectra®							
	Q5103							
	Injectafer®							
	J1439							
	IVIG							
	J1459		J1555		J1556		J1557	
	J1559		J1561		J1566		J1568	
	J1569		J1572		J1575		J1599	
	Kalbitor®							
	J1290							
	Lemtrada®							
	J0202							
	Luxturna™							
	J3398							
	Makena®							
	J1726		J1729		J2675			
	Monoferric®							
	J1437							
	Nucala®							
	J2182							
	Ocrevus™							
	J2350							
	Onpattro™							
	J0222							
	Orencia®							
	J0129							
	Parsabiv™							
	J0606							
	Probuphine®							
	J0570							
	Radicava®							
	J1301							
	Reblozyl®							
J0896								
Remicade®								
J1745								
Renflexis®								
Q5104								
Rituxan®								
J9312								
Rituxan Hycela®								
J9311								
Ruconest®								
J0596								
Ruxience®								

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (continued)		Q5119			
		Simponi Aria®			
		J1602			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332	J7333	
		Soliris®*			
		J1300			
		Spinraza™*			
		J2326			
		Stelara®			
		J3358			
		Sublocade™			
		Q9991	Q9992		
		Synagis®*			
		90378			
		Tepezza®			
		J3241			
		Therapeutic Radiopharmaceuticals***			
		A9513	A9590	A9606	A9699
		Trogarzo™			
		J1746			
		Truxima®			
		Q5115			
		Ultomiris™			
		J1303			
		Unclassified codes**			
		C9399	J3490	J3590	
		Vyepti™			
		J3032			
		Vyondys®			
	J1429				
	VPRIV®				
	J3385				
	Xembify®				
	J1558				
	Xolair®*				
	J2357				
	Zolgensma®*				
	J3399				

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		<p>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, Eyleyo, Exondys 51, Soliris, Spinraza, Synagis, VPRIV, Xolair and Zolgensma prior authorization, please call the Pharmacy Prior Authorization Service at 800-310-6826.</p> <p>** For unclassified C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Scenesse®, Spravato™, Uplizna®, Viltepso™.</p> <p>***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129</p>			
Inpatient admission and post acute services	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"> • 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 .			
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
	For members younger than 21 with orthotic limitation:	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	L0810	L0820	L0830	L0859
		L0861	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	cost is less than purchasing another unit.	L1730	L1755	L1820	L1830
		L1831	L1832	L1834	L1836
	• The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	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> AHCCCS orthotics coverage applies if:	L2106	L2108	L2126	L2136
	• The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines.	L2350	L2510	L2526	L2627
		L2628	L3230	L3265	L3649
	• The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.	L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3900
	• The orthotic is ordered by a physician or primary care provider.	L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
		L4350	L4392	L4394	L4631
		L5010	L5020	L5050	L5060
	<u>For members ages 21 and older with orthotic limitation:</u>	L5100	L5105	L5150	L5160
	• 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.	L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
	• The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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>					
Covered for unlimited visits when medically necessary					
Pharmacy drugs	A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources & Physician	For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pharmacy drugs (continued)	<p>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® • Cimzia® • Cinryze® • Elaprase® • Exondys 51™ • Elelyso® • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • Soliris® • Spinraza™ • Synagis® • VPRIV® • Xolair® • Zolgensma® 	<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 Health > Attachment C.</p>	59840 59852	59841 59855	59850 59856	59851 59857
Private duty nursing	Prior authorization required for the codes listed	T1002	T1003		
Proton beam therapy Focused radiation therapy using	Prior authorization required for the codes listed	77520	77522	77523	77525

Proton beam therapy (continued)

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 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>			
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Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required for the codes listed	30400 30435 30465	30410 30450	30420 30460	30430 30462
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Sinuplasty	Prior authorization required for the codes listed	31295	31296	31297	31298
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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>Auditory System 69205</p> <p>Cardiovascular System 36590 36832</p> <p>Carpal Tunnel Surgery 64721</p> <p>Cataract Surgery 66821 66982 66984</p> <p>Colonoscopy 45378 45380 45384 45385</p> <p>Cosmetic & Reconstructive 13101 13132 14040 14060 14301 21552 21931</p> <p>Digestive System 42415 42440 43200 43236 43237 43238 43242 43245 43246 43247 43248 43251 43254 43255 43259 44360 44361 45171 45334 45335 45381 45390 45990 46020 46040 46050 46200 46220 46221 46250 46255 46261 46270 46275 46288 46505 46750 46910 46946</p> <p>ENT Procedures 21320 30140 30520 69436</p>			
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service (SOS) –
outpatient hospital
(continued)

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	
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	

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Spinal surgery (continued)		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	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		

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
	For more information, please review AMPM	58275	58280	58285	58290
	Chapter 400, Section 420, Section E	58291	58292	58294	58541
	Sterilization at AZAHCCCS.gov >	58542	58543	58544	58548
	Resources > Guides-Manuals-Policies >	58550	58552	58553	58554
	AHCCCS Medical Policy Manual (AMPM) >	58570	58571	58572	58573
	Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning >	58600	58605	58611	58615
	Section E Sterilization.	58670	58671	58700	58951
	The Consent to Sterilization form can be found at AZAHCCCS.gov > Resources >	58953	58954	58956	59135
	Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.	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), Tecartus™ (brexucabtagene autoleucel) 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.	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Transplant services (continued)		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
			C9399**	J3490**	J3590**	J9999**
			Q2041	Q2042		
			*Code 38232 will only require prior authorization for an oncology diagnosis			
		**For unclassified codes C9399, J3490, J3590 and J9999 prior authorization is only required for Tecartus™.				
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				