

Prior Authorization Requirements for Arizona Developmentally Disabled

Effective Oct. 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.

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			
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-bmez (Ziextenzo®) Q5120 Pegfilgrastim-cbqv (UDENYCA™) Q5111 Pegfilgrastim-jmdb (Fulphila™) Q5108 Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447 <u>Bone-modifying agent that requires prior</u>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care (continued)		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: <ul style="list-style-type: none"> 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
Cochlear and other auditory implants	For members younger than 21: Prior authorization required for the codes listed 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. 	69710	69714	69715	69718
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		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 (continued)	<ul style="list-style-type: none"> 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	<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>				
		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
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1161
		E1229	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1239	E1825	E2100

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		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, <u>must</u> accompany and establish medical necessity for this service request.			
		<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 AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C.</p>			
Experimental or investigational (and/or linked services)	Prior authorization required for all services considered experimental and/or investigational For more information, please refer to	0191T	33477	36514	55866
		64722	66180	A4226	A4638

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Experimental or investigational (and/or linked services (continued))	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.	A9274	E1831		
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	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
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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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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 Ellyso®* J3060 Entyvio® J3380 Evenity™ J3111 Exondys 51™* J1428 Fasenra™ J0517 Feraheme® Q0138 Gamifant® J9210 Givlaari® J0223 Ilaris® J0638 Ilumya™ J3245 Inflectra® Q5103 Injectafer®
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																							
Injectable medications (continued)		<p data-bbox="974 159 1055 189">J1439</p> <p data-bbox="974 199 1039 228">IVIG</p> <table data-bbox="974 231 1503 346"> <tr> <td data-bbox="974 231 1055 260">J1459</td> <td data-bbox="1055 231 1136 260">J1555</td> <td data-bbox="1136 231 1218 260">J1556</td> <td data-bbox="1218 231 1299 260">J1557</td> </tr> <tr> <td data-bbox="974 262 1055 291">J1559</td> <td data-bbox="1055 262 1136 291">J1561</td> <td data-bbox="1136 262 1218 291">J1566</td> <td data-bbox="1218 262 1299 291">J1568</td> </tr> <tr> <td data-bbox="974 294 1055 323">J1569</td> <td data-bbox="1055 294 1136 323">J1572</td> <td data-bbox="1136 294 1218 323">J1575</td> <td data-bbox="1218 294 1299 323">J1599</td> </tr> </table> <p data-bbox="974 348 1088 378">Kalbitor®</p> <p data-bbox="974 380 1055 409">J1290</p> <p data-bbox="974 411 1104 441">Lemtrada®</p> <p data-bbox="974 443 1055 472">J0202</p> <p data-bbox="974 474 1104 504">Luxturna™</p> <p data-bbox="974 506 1055 535">J3398</p> <p data-bbox="974 537 1088 567">Makena®</p> <table data-bbox="974 569 1503 640"> <tr> <td data-bbox="974 569 1055 598">J1726</td> <td data-bbox="1055 569 1136 598">J1729</td> <td data-bbox="1136 569 1218 598">J2675</td> <td></td> </tr> </table> <p data-bbox="974 642 1120 672">Monoferric®</p> <p data-bbox="974 674 1055 703">J1437</p> <p data-bbox="974 705 1071 735">Nucala®</p> <p data-bbox="974 737 1055 766">J2182</p> <p data-bbox="974 768 1104 798">Ocrevus™</p> <p data-bbox="974 800 1055 829">J2350</p> <p data-bbox="974 831 1104 861">Onpattro™</p> <p data-bbox="974 863 1055 892">J0222</p> <p data-bbox="974 894 1088 924">Orencia®</p> <p data-bbox="974 926 1055 955">J0129</p> <p data-bbox="974 957 1104 987">Parsabiv™</p> <p data-bbox="974 989 1055 1018">J0606</p> <p data-bbox="974 1020 1120 1050">Probuphine®</p> <p data-bbox="974 1052 1055 1081">J0570</p> <p data-bbox="974 1083 1104 1113">Radicava®</p> <p data-bbox="974 1115 1055 1144">J1301</p> <p data-bbox="974 1146 1088 1176">Reblozyl®</p> <p data-bbox="974 1178 1055 1207">J0896</p> <p data-bbox="974 1209 1104 1239">Remicade®</p> <p data-bbox="974 1241 1055 1270">J1745</p> <p data-bbox="974 1272 1104 1302">Renflexis®</p> <p data-bbox="974 1304 1055 1333">Q5104</p> <p data-bbox="974 1335 1088 1365">Rituxan®</p> <p data-bbox="974 1367 1055 1396">J9312</p> <p data-bbox="974 1398 1169 1428">Rituxan Hycela®</p> <p data-bbox="974 1430 1055 1459">J9311</p> <p data-bbox="974 1461 1104 1491">Ruconest®</p> <p data-bbox="974 1493 1055 1522">J0596</p> <p data-bbox="974 1524 1104 1554">Ruxience®</p> <p data-bbox="974 1556 1055 1585">Q5119</p> <p data-bbox="974 1587 1136 1617">Simponi Aria®</p> <p data-bbox="974 1619 1055 1648">J1602</p> <p data-bbox="974 1650 1218 1680">Sodium Hyaluronate</p> <table data-bbox="974 1682 1503 1753"> <tr> <td data-bbox="974 1682 1055 1711">J7320</td> <td data-bbox="1055 1682 1136 1711">J7321</td> <td data-bbox="1136 1682 1218 1711">J7322</td> <td data-bbox="1218 1682 1299 1711">J7324</td> </tr> </table>				J1459	J1555	J1556	J1557	J1559	J1561	J1566	J1568	J1569	J1572	J1575	J1599	J1726	J1729	J2675		J7320	J7321	J7322	J7324
J1459	J1555	J1556	J1557																						
J1559	J1561	J1566	J1568																						
J1569	J1572	J1575	J1599																						
J1726	J1729	J2675																							
J7320	J7321	J7322	J7324																						

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		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 **UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.**

* For Acthar, Cerezyme, Cimzia, Elelyso, Exondys 51, Soliris, Spinraza, Synagis, VPRIV, Xolair and Zolgensma prior authorization, please

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

call the Pharmacy Prior Authorization Service at **800-310-6826**.

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

***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** 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
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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	
		L0638	L0640	L0700	L0710	
		L0810	L0820	L0830	L0859	
		L0861	L1000	L1005	L1200	
		L1300	L1310	L1499	L1680	
		L1685	L1700	L1710	L1720	
		L1730	L1755	L1820	L1830	
		L1831	L1832	L1834	L1836	
		L1840	L1844	L1845	L1846	
		L1847	L1850	L1860	L1945	
	L1950	L1970	L2000	L2005		
	<u>For members younger than 21 with orthotic limitation:</u>					
	• 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.					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	<u>For members ages 21 and older:</u>	L2010	L2020	L2030	L2034
	AHCCCS orthotics coverage applies if:	L2036	L2037	L2038	L2060
	• The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines.	L2106	L2108	L2126	L2136
		L2350	L2510	L2526	L2627
		L2628	L3230	L3265	L3649
	• 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
		L3901	L3904	L3905	L3961
	• The orthotic is ordered by a physician or primary care provider.	L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
	<u>For members ages 21 and older with orthotic limitation:</u>	L4350	L4392	L4394	L4631
		L5010	L5020	L5050	L5060
	• 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.	L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
	• The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Orthotics and prosthetics (continued)		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 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 .				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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The following hemophilia factor/biotech drugs are included on the prior authorization list:

- 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®

Fax forms are available at [UHCprovider.com/AZcommunityplan](https://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.

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	59841	59850	59851
Private duty nursing	Prior authorization required for the codes listed	59852	59855	59856	59857
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	T1002	T1003		
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 	77520	77522	77523	77525
		Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Radiology (continued)	<ul style="list-style-type: none"> Nuclear medicine and nuclear cardiology procedures 	<p>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	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	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			
		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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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
		29880	29881	29882	29888
		29893	G0260		
		Nervous System			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (continued)		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	
	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	
For more information, please review AMPM Chapter 400, Section 420, 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.		58262	58263	58267	58270	
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.		58275	58280	58285	58290	
		58291	58292	58293	58294	
		58541	58542	58543	58544	
		58548	58550	58552	58553	
		58554	58570	58571	58572	
		58573	58600	58605	58611	
		58615	58670	58671	58700	
		58951	58953	58954	58956	
		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	

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