

Prior Authorization Requirements for Arizona Developmentally Disabled

Effective Feb. 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 <p>For ABA Therapy, submit via fax or Provider Express.</p>			
	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 Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.	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	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442</p> <p>Filgrastim-aafi (Nivestym™) Q5110</p> <p>Filgrastim-sndz (Zarxio®) Q5101</p> <p>Pegfilgrastim (Neulasta®) J2505</p> <p>Pegfilgrastim-appgf, biosimilar (Nyvepria®) Q5122</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120</p> <p>Pegfilgrastim-cbqv (UDENYCA™)</p>			

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

Q5111
Pegfilgrastim-jmdb (Fulphila™)
 Q5108
Sargramostim (Leukine®)
 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	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</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 > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.</p>
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Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		95720	95722	95724	95726

Chemotherapy	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p>Injectable chemotherapy drugs that require prior authorization:</p> <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 <p>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>
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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.	54150	54160	54161	54162
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Circumcision (continued)	Prior authorization required <u>only</u> for cases with documented medical necessity				
Cochlear and other auditory implants	For members younger than 21: Prior authorization required for the codes listed	69710 69930	69714 L8614	69715 L8619	69718 L8690
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	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. Clinical documentation must accompany and establish medical necessity for this service request. 	L8691	L8692		
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 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	11971 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
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 <u>not</u> 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 	E0194 E0300 E0465 E0620 E0642 E0675	E0265 E0445 E0466 E0636 E0656 E0693	E0266 E0457 E0483 E0638 E0669 E0694	E0270 E0460 E0486 E0641 E0670 E0700

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued) <i>*Requires Prior Authorization regardless of dollar amount</i>	<ul style="list-style-type: none"> Wound vacs Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	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
		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.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Enteral services/parenteral/oral (continued)		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.			
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	<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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Inflectra®			
		Q5103			
		Injectafer®			
		J1439			
		IVIG			
		C9072	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				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Ruconest®			
	J0596				
	Ruxience®				
	Q5119				
	Scenesse®				
	J7352				
	Simponi Aria®				
	J1602				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332	J7333		
	Soliris®*				
	J1300				
	Spinraza™*				
	J2326				
	Spravato™				
	S0013				
	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			
Uplizna®					
J1823					
Vyepti™					
J3032					
Vyondys®					
J1429					
VPRIV®					
J3385					
Xembify®					
J1558					
Xolair®*					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J2357			
		Zolgensma®* J3399			
		<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* For Acthar, Cerezyme, Cimzia, Elelyso, 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 C9071, C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (continued)		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
	<u>For members younger than 21 with orthotic limitation:</u>	L0638	L0640	L0700	L0710
	• Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit.	L0810	L0820	L0830	L0859
		L0861	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1830
	• The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	L1831	L1832	L1834	L1836
		L1840	L1844	L1845	L1846
		L1847	L1850	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
	<u>For members ages 21 and older:</u> 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
		L4350	L4392	L4394	L4631
	<u>For members ages 21 and older with orthotic limitation:</u>	L5010	L5020	L5050	L5060
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		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 				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Outpatient therapy (continued)	<p>individual restore a skill or level of function, and maintain it.</p> <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 acquire a new skill or level of function, and then maintain it. <p><u>For Qualified Medicare Beneficiaries (QMB):</u></p> <p>Covered for unlimited visits when medically necessary</p>	
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Pharmacy drugs	<p>A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan</p> <p>> 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® • Cimzia® • Cinryze® • Elaprase® • Exondys 51™ • Elelyso® • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • Soliris® • Spinraza™ • Synagis® • VPRIV® • Xolair® • Zolgensma® 	<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>
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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</p> <p>> Resources > Guides-Manuals-Policies ></p>	<table border="1"> <tr> <td>59840</td> <td>59841</td> <td>59850</td> <td>59851</td> </tr> <tr> <td>59852</td> <td>59855</td> <td>59856</td> <td>59857</td> </tr> </table>	59840	59841	59850	59851	59852	59855	59856	59857
59840	59841	59850	59851							
59852	59855	59856	59857							

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pregnancy termination (continued)	AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 410, Maternity Care Services > Section E Pregnancy Termination. 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.				
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	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. 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 > Radiology Prior Authorization and Notification Program.			
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	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Auditory System 69205 Cardiovascular System 36590 36832 Carpal Tunnel Surgery 64721 Cataract Surgery 66821 66982 66984 Colonoscopy 45378 45380 45384 45385 Cosmetic & Reconstructive 13101 13132 14040 14060 14301 21552 21931 Digestive System 42415 42440 43200 43236 43237 43238 43242 43245			

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		27337	27632	28035	28039
		28041	28060	28080	28090
		28104	28110	28118	28119
		28124	28285	28289	28292
		28296	28297	28298	28299
		29806	29807	29819	29822
		29823	29824	29825	29826
		29827	29828	29835	29840
		29845	29846	29848	29861
		29875	29876	29877	29879
		29880	29881	29882	29888
		29893	G0260		
		Nervous System			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	66170
	66761	67028	67036	67040	
	67228	67311	67312		
	Respiratory System				
	30802	30930	31525	31535	
	31536	31541	31624		
	Tonsillectomy & Adenoidectomy				
	42820	42821	42825	42826	
	42830				
	Upper Gastrointestinal Endoscopy				
	43235	43239	43249		
	Urinary System				
	52276	52287	52320	52344	
	Urologic Procedures				
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52281	52310	52332	52351	
	52352	52353	52356	55040	
	55700	57288			
Skilled and custodial nursing facility services	Prior authorization required				
Sleep apnea procedures and surgeries	Prior authorization required for the codes listed	21685	41599	42145	
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	0095T	0098T	0164T	22100

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Spinal surgery (continued)	listed	22101	22102	22110	22112		
		22114	22206	22207	22210		
		22212	22214	22220	22224		
		22532	22533	22548	22551		
		22554	22556	22558	22590		
		22595	22600	22610	22612		
		22630	22633	22800	22802		
		22804	22808	22810	22812		
		22818	22819	22830	22849		
		22850	22852	22855	22856		
		22861	22864	22865	22899		
		63001	63003	63005	63011		
		63012	63015	63016	63017		
		63020	63030	63040	63042		
		63045	63046	63047	63050		
		63055	63056	63064	63075		
		63077	63081	63085	63087		
		63090	63101	63102	63170		
		63172	63173	63185	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	Prior authorization required Any member requesting sterilization must sign an appropriate Consent for Sterilization form. 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. 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.	52601	52630	52647	52648
				52649	55250	55450	55801
				55821	55831	58150	58180
				58200	58210	58240	58260
				58262	58263	58267	58270
				58275	58280	58285	58290
58291	58292			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			
Stimulators (continued)		Neurostimulator					
		43648	43882	61863	61864		
		61867	61868	61885	61886		
		63650	63655	63685	64553		
	64555	64568	64570	64590			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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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.			
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Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request.

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

CAR T-Cell therapy:

0537T	0538T	0539T	0540T
C9073**	J3490**	J3590**	J9999**
Q2041	Q2042		

*Code 38232 will only require prior authorization for an oncology diagnosis
 **For unclassified codes C9073, 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 .			
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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 .			
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33927	33928	33929	33975
33976	33979	33981	33982
33983	Q0507	Q0508	Q0509

Wound vac	Prior authorization required for the codes listed	E2402			
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