

# Prior Authorization Requirements for Arizona Developmentally Disabled Effective March 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](https://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:** Call 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 federal- 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
<b>Allergy immunotherapy</b>	<p><b><u>For members younger than 21:</u></b> Allergy immunotherapy <b>and</b> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p><b><u>For members ages 21 and older:</u></b> Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is <b>not</b> 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"> <li>• Sustained an anaphylactic reaction to an unknown allergen</li> <li>• 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.</li> </ul> <p><b><u>Prior authorization is required for allergy testing when it meets the criteria above.</u></b></p>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Bariatric surgery</b>	Prior authorization is required for the codes listed.	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health</b>	<p>Prior authorization is required for inpatient admissions.</p> <p>Prior authorization is required for the outpatient services listed. Second-level review required by the Division for out-of-state service requests.</p>	<p>The following benefits and/or codes require prior authorization:</p> <ul style="list-style-type: none"> <li>• Acute inpatient admission</li> <li>• Applied behavior analysis (ABA)</li> <li>• Electroconvulsive therapy</li> <li>• Home care training client (S5109)</li> <li>• Out-of-state placement</li> <li>• Psychological testing</li> <li>• Behavioral Health Residential Facility – Level II (Group home – H0018)</li> <li>• Residential Treatment Center – Level 1</li> <li>• Transcranial magnetic stimulation</li> </ul>			
<b>Bone-growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization is required for the codes listed.	20975	20979		
<b>BRCA genetic testing</b>	<p>Prior authorization is required for the codes listed.</p> <p>Please direct all lab requests to LabCorp at <b>800-533-0567</b> for review and processing.</p>	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except for after mastectomy	Prior authorization is 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
<b>Cancer supportive care</b>	Prior authorization is required for colony- stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Filgrastim (Neupogen®)</b> J1442</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2505</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care (continued)		<p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p>Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>			
Cardiology	<p>Prior authorization is required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance.</p> <p>Prior authorization is 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 <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit: <a href="https://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program.</p>			
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	<p>Prior authorization is required for inpatient services.</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center.</p>	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
Chemotherapy	<p>Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.</p>	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000-J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul> <p>Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>			
Chiropractic care	<p><b><u>For members younger than 21:</u></b> Prior authorization is not required.</p> <p><b><u>For members ages 21 and older:</u></b> Chiropractic care is <b>not</b> a covered benefit.</p>				
Circumcision	<p>Routine circumcision is <b>not</b> a covered benefit.</p> <p>Prior authorization is required <b>only</b> for cases with documented medical necessity.</p>	54150	54160	54161	54162

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cochlear and other auditory implants</b> A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	<b>For members younger than 21:</b> Prior authorization is required for the codes listed.	69710	69714	69715	69718
	<b>For members ages 21 and older:</b> <ul style="list-style-type: none"> <li>Prior authorization is required for supplies, equipment maintenance and repair of component parts.</li> <li>Hardware is <b>not</b> a covered benefit.</li> <li>Clinical documentation <b>must</b> accompany and establish medical necessity for this service request.</li> </ul>	69930	L8614	L8619	L8690
		L8691	L8692		
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization is required for the codes listed. Services or items furnished solely for cosmetic purposes are <b>excluded</b> from AHCCCS coverage.	11960	11971	15823	15830
		15847	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
	67966				
<b>Dental services</b>	For prior authorization requirements, please call UnitedHealthcare Dental at <b>855-812-9208</b> .  For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-D1 at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-D1.				
<b>Diabetic supplies</b>	Diabetic supplies are provided by the local pharmacy.  Prior authorization for talking glucometers is available through the medical prior authorization process.	To locate contracted care providers or vendors, please visit <b>UHCprovider.com/AZcommunityplan</b> > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans.			
<b>Durable medical equipment (DME)</b>	Prior authorization is 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 <b>800-636-2123</b> .  These DME items are <b>not</b> 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 <b>UHCprovider.com/AZcommunityplan</b> > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans.			
	<ul style="list-style-type: none"> <li>Bone stimulators</li> <li>Diabetic supplies</li> <li>Enclosed beds</li> <li>Insulin pumps</li> <li>Percussion vests</li> <li>Specialty beds</li> <li>Wound vacs</li> </ul>	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

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

\*For dates of service on or after **May 1, 2020**, E0787 will require prior authorization.

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

<b>Home health care</b>	Prior authorization is required for the codes listed.	G0299	G0300	S9123	S9124
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Hospice</b>	Prior authorization is required for the codes listed.	T2042	T2043	T2044	T2045
<b>Incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Preferred Homecare.	To request incontinence supplies, please call Preferred Homecare at <b>800-636-2123</b> .			
<b>Infusion in-home services</b>	Prior authorization is required for all services not covered by Optum Infusion.	To request services and/or supplies, please call Optum Infusion <b>888-705-4470</b> .			
<b>Injectable medications for in-home usage</b>	Prior authorization is required for all medications not covered by Optum Infusion.	To request medications, please call Optum Infusion <b>888-705-4470</b> .			
<b>Injectable medications</b>	Prior authorization is required for the codes listed.	<p><b>Actemra®</b> J3262</p> <p><b>Acthar®*</b> J0800</p> <p><b>Botulinum toxins</b> J0585    J0586            J0587            J0588</p> <p><b>Brineura™</b> J0567</p> <p><b>Cerezyme®*</b> J1786</p> <p><b>Cinqair®</b> J2786</p> <p><b>Crysvita®</b> J0584</p> <p><b>Elelyso®*</b> J3060</p> <p><b>Entyvio®</b> J3380</p> <p><b>Evenity™</b> J3111</p> <p><b>Exondys 51™*</b> J1428</p> <p><b>Fasenra™</b> J0517</p> <p><b>Gamifant®</b> J9210</p> <p><b>Ilaris®</b> J0638</p> <p><b>Ilumya™</b> J3245</p> <p><b>Inflectra®</b> Q5103</p> <p><b>IVIG</b> J1459    J1555            J1556            J1557 J1559    J1561            J1566            J1568 J1569    J1572            J1575            J1599</p> <p><b>Lemtrada®</b> J0202</p>			

**Injectable medications  
(continued)**

<b>Luxturna™</b>			
J3398			
<b>Makena®</b>			
J1726	J1729	J2675	
<b>Nucala®</b>			
J2182			
<b>Ocrevus™</b>			
J2350			
<b>Onpattro™</b>			
J0222			
<b>Orencia®</b>			
J0129			
<b>Parsabiv™</b>			
J0606			
<b>Probuphine®</b>			
J0570			
<b>Radicava®</b>			
J1301			
<b>Remicade®</b>			
J1745			
<b>Renflexis®</b>			
Q5104			
<b>Simponi Aria®</b>			
J1602			
<b>Sodium Hyaluronate</b>			
J7320	J7321	J7322	J7324
J7325	J7326	J7327	J7329
J7331	J7332		
<b>Soliris®*</b>			
J1300			
<b>Spinraza™*</b>			
J2326			
<b>Sublocade™</b>			
Q9991	Q9992		
<b>Synagis®*</b>			
90378			
<b>Therapeutic Radiopharmaceuticals***</b>			
A9513	A9590	A9606	A9699
<b>Trogarzo™</b>			
J1746			
<b>Ultomiris™</b>			
J1303			
<b>Unclassified codes**</b>			
C9399	J3490	J3590	
<b>VPRIV®</b>			
J3385			
<b>Xolair®*</b>			



**Injectable medications (continued)**

J2357

For dates of service on or after April 1, 2020, the following codes will also require prior authorization:

**Benlysta**

J0490

**Feraheme®**

Q0138

**Injectafer®**

J1439

**Rituxan®**

J9312

**Rituxan Hycela®**

J9311

**Stelara®**

J3358

**Truxima®**

Q5115

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

\*\* For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Spravato™ and Xembify®. For dates of service **April 1, 2020 or after**, Reblozyl® and Ruxience® will also require prior authorization.

\*\*\*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 tile 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.

- 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 is required for the codes listed.

23470	23472	23473	23474
24360	24361	24362	24363
24370	24371	27120	27122

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization							
Joint replacement (continued)		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 <b>800-788-9743</b> .							
Non-emergent air ambulance transport	Prior authorization is required for the codes listed.	A0430	A0431	A0435	A0436				
	Orthognathic surgery Treatment of maxillofacial/ jaw functional impairment	Prior authorization is 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 is 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				
		<b><u>For members younger than 21 with orthotic limitation:</u></b>		L0638	L0640	L0700	L0710		
		<ul style="list-style-type: none"> <li>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.</li> </ul>	L0810	L0820	L0830	L0859			
			L0861	L1000	L1005	L1200			
			<ul style="list-style-type: none"> <li>The component will be replaced if, at the time authorization is requested, documentation is provided to establish that the component isn't operating effectively.</li> </ul>	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			
	L2010			L2020	L2030	L2034			
	L2036	L2037		L2038	L2060				
	L2106	L2108		L2126	L2136				
	L2350	L2510	L2526	L2627					
	<b><u>For members ages 21 and older:</u></b>		L2628	L3230	L3265	L3649			
	AHCCCS orthotics coverage applies if:		L3671	L3674	L3720	L3730			
	<ul style="list-style-type: none"> <li>The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines.</li> </ul>	L3740	L3763	L3764	L3900				
		<ul style="list-style-type: none"> <li>The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.</li> </ul>	L3901	L3904	L3905	L3961			
			L3971	L3975	L3976	L3977			
			<ul style="list-style-type: none"> <li>The orthotic is ordered by a physician or primary care provider.</li> </ul>	L3999	L4000	L4010	L4020		
				L4350	L4392	L4394	L4631		
				L5010	L5020	L5050	L5060		
				L5100	L5105	L5150	L5160		
				<b><u>For members ages 21 and older with orthotic limitation:</u></b>		L5200	L5210	L5220	L5230
				<ul style="list-style-type: none"> <li>Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when</li> </ul>	L5250	L5270	L5280	L5301	
					L5312	L5321	L5331	L5341	
	L5400				L5420	L5460	L5500		
	L5505	L5510			L5520	L5530			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>	the repair cost is less than purchasing another unit.	L5535	L5540	L5560	L5570
	<ul style="list-style-type: none"> <li>The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.</li> </ul>	L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5845	L5848	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
	L7040	L7045	L7170	L7180	
	L7181	L7185	L7186	L7190	
	L7191	L7405	L8040	L8042	
L8043	L8044	L8045	L8046		
L8047	L8499	L8609	L8610		
L8612	L8631	L8659			
<b>Out-of-network services</b>	Prior authorization is required for all out-of-network services.				
<b>Out-of-state services</b>	Benefit only approved when service is emergent or unavailable in the state of Arizona.				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy	<b>For members younger than 21:</b>	92507	92508	92521	92522
	Prior authorization is required for the codes listed.	92523	92524	92526	97010
		97012	97014	97016	97018
	Occupational, physical and speech therapy are covered in an inpatient or outpatient setting. <b>No benefit limits apply.</b>	97022	97026	97028	97033
		97034	97039	97110	97112
		97113	97116	97124	97140
		97161	97162	97163	97164
	<b>For members ages 21 and older:</b>	97165	97166	97167	97168
	Prior authorization is not required.	97799			
	<b>Outpatient speech therapy is <u>not</u> a covered benefit.</b>				
	Occupational and physical therapy are covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:				
	<ul style="list-style-type: none"> <li>• <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.</li> <li>• <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.</li> </ul>				
	<b>For Qualified Medicare Beneficiaries (QMB):</b>				
	Covered for unlimited visits when medically necessary				
	<b>Pharmacy drugs</b>	<p>A list of medications requiring prior authorization is available at <b><a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a></b> &gt; Pharmacy Resources &amp; Physician Administered Drugs &gt; Pharmacy Prior Authorization</p> <p><b>Service requests <u>must</u> include “J” codes and NDC codes for the medication requested.</b></p> <p>The following hemophilia factor/biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> <li>• Acthar® gel</li> <li>• Aldurazyme®</li> <li>• Ceprotin®</li> <li>• Cerezyme®</li> <li>• Cinryze®</li> <li>• Elaprase®</li> <li>• Exondys 51™</li> <li>• Eleyso®</li> <li>• Fabrazyme®</li> <li>• Juxtapid®</li> <li>• Kalydeco®</li> <li>• Kuvan®</li> <li>• Kynamro®</li> <li>• Lumizyme®</li> <li>• Myozyme®</li> </ul>	<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: <b>800-310-6826</b> Fax: <b>866-940-7328</b></p> <p>For specialty pharmacy prior authorization, please fax <b>866-940-7328</b>.</p> <p>Fax forms are available at <b><a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a></b> &gt; Pharmacy Resources and Physician-Administered Drugs &gt; Pharmacy Prior Authorization &gt; 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>		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pharmacy drugs (continued)	<ul style="list-style-type: none"> <li>• Orfadin®</li> <li>• Soliris®</li> <li>• Spinraza™</li> <li>• Synagis®</li> <li>• VPRIV®</li> <li>• Xolair®</li> </ul>				
Pregnancy termination	<p>Prior authorization is required for the codes listed.</p> <p>Prior authorization includes Mifepristone, Mifeprex® or RU-486.</p> <p><b>Clinical documentation and the Certificate of Medical Necessity for pregnancy termination <u>must</u> accompany the prior authorization request form.</b></p> <p>For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at <b>AZAHCCCS.gov</b> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 410, Maternity Care Services &gt; Section E Pregnancy Termination.</p> <p>The Certificate of Medical Necessity for Pregnancy Termination can be found at <b>AZAHCCCS.gov</b> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; Attachment C.</p>	59840 59852	59841 59855	59850 59856	59851 59857
Private duty nursing	Prior authorization is 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 is required for the codes listed.	77520	77522	77523	77525
Radiology	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/AZcommunityplan &gt; Radiology Prior Authorization and Notification Program.</b></p>			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization is required for the codes listed.	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization is required for the codes listed.	31295	31296	31297	31298

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting.	<b>Auditory System</b>			
		69205			
Site of service (SOS) – outpatient hospital (continued)	Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Cardiovascular System</b>			
		36590 36832			
		<b>Carpal Tunnel Surgery</b>			
		64721			
		<b>Cataract Surgery</b>			
		66821 66982 66984			
		<b>Colonoscopy</b>			
		45378 45380 45384 45385			
		<b>Cosmetic &amp; Reconstructive</b>			
		13101 13132 14040 14060			
		14301 21552 21931			
		<b>Digestive System</b>			
		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			
		<b>ENT Procedures</b>			
		21320 30140 30520 69436			
		69631			
		<b>Eye and Ocular Adnexa</b>			
		65710 65820 66250 66710			
		66711 66825 66986 66987			
		66988 67010 67041 67042			
		67105 67108 67113 67840			
		68110 68115 68320 68720			
		68815			
		<b>Female Genital System</b>			
		57240 57250 57461 57520			
		58561 58562			
		<b>Gynecologic Procedures</b>			
		57522 58353 58558 58563			
		58565			
		<b>Hemic and Lymphatic Systems</b>			
		38500 38510 38525			
		<b>Hernia Repair</b>			
		49505 49585 49587 49650			
		49651 49652 49653 49654			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		49655			
		<b>Integumentary System</b>			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		<b>Liver Biopsy</b>			
		47000			
		<b>Male Genital System</b>			
		54840			
		<b>Miscellaneous</b>			
		20680			
		<b>Musculoskeletal System</b>			
		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		
		<b>Nervous System</b>			
		64561	64640		
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Respiratory System</b>			
		30802	30930	31525	31535
		31536	31541	31624	
		<b>Tonsillectomy &amp; Adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper Gastrointestinal Endoscopy</b>			
		43235	43239	43249	
		<b>Urinary System</b>			
		52276	52287	52320	52344
		<b>Urologic Procedures</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – outpatient hospital (continued)</b>		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	55040
		55700	57288		
<b>Skilled and custodial nursing facility services</b>	Prior authorization required				
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required for the codes listed.	21685	41599	42145	
<b>Specialty/enclosed beds</b>	Prior authorization is required for the codes listed.	E0250	E0251	E0255	E0256
		E0260	E0261	E0280	E0290
		E0291	E0292	E0293	E0294
		E0295	E0301	E0303	E0315
		E0316	E0462		
<b>Spinal surgery</b>	Prior authorization is required for the codes listed.	0095T	0098T	0164T	22100
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		22532	22533	22548	22551
		22554	22556	22558	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22864	22865	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63180	63182
		63185	63190	63191	63194
		63195	63196	63198	63199
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sterilization</b>	<b><u>For all members younger than 21:</u></b>	52601	52630	52647	52648
	Prior authorization required	52649	55250	55450	55801
		55821	55831	58150	58180
	<b>Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.</b>	58200	58210	58240	58260
		58262	58263	58267	58270
		58275	58280	58285	58290
	For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at <b>AZAHCCCS.gov</b> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Section E Sterilization.	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		
		The Consent to Sterilization form can be found at <b>AZAHCCCS.gov</b> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.			
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone-growth stimulator</b>			
		E0747	E0748	E0749	
		<b>Neurostimulator</b>			
		43648	43882	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590
		L8680	L8682	L8685	L8686
		L8687	L8688		
<b>Transplant services</b>	Prior authorization is 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 <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.			
	<b>Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.</b>				
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
	50370	50380	50547	S2060	
	S2061	S2152			

**CAR T-Cell Therapy:**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant services (continued)</b>		0537T Q2041	0538T Q2042	0539T	0540T
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
<b>Transportation</b>	Prior authorization is required for non-emergent taxi and stretcher van.	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at <b>888-700-6822</b> .			
<b>Vein procedures</b>	Prior authorization is required for the codes listed.	36468 37700	36473 37718	36475 37722	36478 37780
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities					
<b>Ventricular-assist devices</b>	Prior authorization is 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 <b>855-282-8929</b> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509
<b>Wound vac</b>	Prior authorization is required for the codes listed.	E2402			