

# Prior Authorization Requirements for Arizona Developmentally Disabled Medicaid

Effective May 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](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:** 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><b><u>For members younger than 21:</u></b> Allergy immunotherapy <u>and</u> 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><u>not</u></b> a covered</p>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Allergy immunotherapy (continued)</b>	benefit. Allergy testing, including testing for common allergens, is a covered benefit when the member has: <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>				
<b>Augmentative and Alternative Communication</b>	Prior authorization required for the codes listed	92607 E2500 E2508 E2599	92608 E2502 E2510 K0739	92609 E2504 E2511 V5336	A9901 E2506 E2512
<b>Bariatric surgery</b>	Prior authorization required for the codes listed	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health</b>	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"> <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> <p>For ABA Therapy, submit via fax or Provider Express.</p>
<b>Bone growth stimulator Electronic stimulation or Bone growth stimulator (continued)</b>	Prior authorization required for the codes listed	20975	20979		
ultrasound to heal fractures					
<b>BRCA genetic testing</b>	Prior authorization required for the codes listed  Please direct all lab requests to LabCorp at <b>800-533-0567</b> for review and processing.	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Breast reconstruction (non-mastectomy)</b> 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

**Injectable colony-stimulating factor drugs that require prior authorization:**

**Filgrastim (Neupogen®)**

J1442

**Filgrastim-aafi (Nivestym™)**

Q5110

**Filgrastim-sndz (Zarxio®)**

Q5101

**Pegfilgrastim (Neulasta®)**

J2505

**Pegfilgrastim-apgf, biosimilar (Nyvepria®)**

Q5122

**Pegfilgrastim-bmez (Ziextenzo®)**

Q5120

**Pegfilgrastim-cbqv (UDENYCA™)**

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** 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiology (continued)</b>		Prior Authorization and Notification Program			
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <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 tool on your Link dashboard. Or, call <b>888-397-8129</b>.</p>			
<b>Chiropractic care</b>	<p><b><u>For members younger than 21:</u></b> Prior authorization not required</p> <p><b><u>For members ages 21 and older:</u></b> Chiropractic care is <b>not</b> a covered benefit.</p>				
<b>Circumcision</b>	Routine circumcision is <b>not</b> a covered benefit. Prior authorization required <b>only</b> for cases with documented medical necessity	54150	54160	54161	54162
<b>Cochlear and other auditory implants</b>	<p><b><u>For members younger than 21:</u></b> Prior authorization required for the codes listed</p> <p><b><u>For members ages 21 and older:</u></b></p> <ul style="list-style-type: none"> <li>Prior authorization required for supplies, equipment maintenance and repair of component parts</li> <li>Hardware is <b>not</b> a covered benefit.</li> </ul> <p>Clinical documentation <b>must</b> accompany and establish medical necessity for this service request.</p>	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieves conversational speech					
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required for the codes listed. Services or items furnished solely for cosmetic purposes are <b>excluded</b> from AHCCCS coverage.	11960 15847 17999 21172 21181 21230 21280 21742 67900 67904	11971 17106 21137 21175 21182 21235 21282 21743 67901 67906	15823 17107 21138 21179 21183 21256 21295 28344 67902 67908	15830 17108 21139 21180 21184 21275 21740 30620 67903 67909
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function					
Reconstructive procedures that treat a medical condition or					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures (continued)</b>  improve or restore physiologic function		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 available through the medical prior authorization process	To locate contracted care providers or vendors, please visit <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans.			
<b>Durable medical equipment (DME)</b>	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	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 <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans.			
<b>*Requires Prior Authorization regardless of dollar amount</b>	To request DME items, please call Preferred Homecare at <b>800-636-2123</b> .	E0194	E0265	E0266	E0270
	These DME items are <u>not</u> covered by Preferred Homecare:	E0300	E0445	E0457	E0460
		E0465	E0466	E0483	E0486
	<ul style="list-style-type: none"> <li>Bone stimulators</li> </ul>	E0620	E0636	E0638	E0641
	<ul style="list-style-type: none"> <li>Diabetic supplies</li> </ul>	E0642	E0656	E0669	E0670
	<ul style="list-style-type: none"> <li>Enclosed beds</li> </ul>	E0675	E0693	E0694	E0700
	<ul style="list-style-type: none"> <li>Insulin pumps</li> </ul>	E0710	E0745	E0766	E0784
	<ul style="list-style-type: none"> <li>Percussion vests</li> </ul>	E0787	E0984	E0986	E1002
	<ul style="list-style-type: none"> <li>Specialty beds</li> </ul>	E1003	E1004	E1005	E1006
	<ul style="list-style-type: none"> <li>Wound vacs</li> </ul>	E1007	E1008	E1009	E1010
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i>	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		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		
<b>Enteral services/parenteral/oral</b> 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 <b>800-636-2123</b> .	<b>Clinical documentation and oral supplement Certificate of Medical Necessity, as applicable, <u>must</u> accompany and establish medical necessity for this service request.</b>			
		<b><u>For members younger than 21:</u></b> For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at <b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 430, EPSDT Services &gt; 430-10.</b>			
		The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 430-2.</b>			
		<b><u>For members ages 21 and older:</u></b> Please review AMPM Chapter 300, Policy 310-GG at <b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; 310, Covered Services &gt; 310-GG.</b>			
		The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; Chapter 300 - Overview &gt; Attachment C.</b>			
<b>Experimental or investigational (and/or linked services)</b>	Prior authorization required for all services considered experimental and/or investigational	0191T	33477	36514	55866
		64722	66180	A4226	A4638
	For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at <b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy</b>	A9274	E1831		

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

for Covered Services > 320, Services With Special Circumstances > 320-B.

<b>Eye care/optometry</b>	<b>Benefits provided for members younger than 21:</b> <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>For members ages 21 and older:</b> 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 <b>800-481-2779</b> .			
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<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required for the codes listed	29914	29915	29916	
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<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required for the codes listed	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	

<b>Genetic testing</b>	Prior authorization required for all services not covered by LabCorp	88245	88248	88249	88261	
		88262	88263	88264	88267	
		To determine prior authorization requirements, please call LabCorp at <b>800-788-9743</b> .	88269	88271	88272	88273
		88274	88275	88280	88283	
		88285	88289	88291	88299	

<b>Hearing aids and services</b> Hearing evaluations and hearing aids	<b>For members younger than 21:</b> Prior authorization not required	92590	92591	92592	92593
		92594	92595	V5010	V5011
	<b>For members ages 21 and older:</b> Prior authorization required	V5014	V5030	V5040	V5050
		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		

<b>Home health care</b>	Prior authorization 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 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 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 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 required for the codes listed	<p><b>Actemra®</b> J3262</p> <p><b>Acthar®*</b> J0800</p> <p><b>Adakveo®</b> J0791</p> <p><b>Avsola™</b> Q5121</p> <p><b>Benlysta</b> J0490</p> <p><b>Berinert</b> J0597</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>Cimzia®*</b> J0717</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>			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Feraheme®</b>				
	Q0138				
	<b>Gamifant®</b>				
	J9210				
	<b>Givlaari®</b>				
	J0223				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	J1459	J1554	J1555	J1556	
	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
	<b>Kalbitor®</b>				
	J1290				
	<b>Lemtrada®</b>				
	J0202				
	<b>Luxturna™</b>				
	J3398				
	<b>Makena®</b>				
	J1726	J1729	J2675		
	<b>Monoferric®</b>				
	J1437				
	<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					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Reblozyl®</b>				
	J0896				
	<b>Remicade®</b>				
	J1745				
	<b>Renflexis®</b>				
	Q5104				
	<b>Rituxan®</b>				
	J9312				
	<b>Rituxan Hycela®</b>				
	J9311				
	<b>Ruconest®</b>				
	J0596				
	<b>Ruxience®</b>				
	Q5119				
	<b>Scenesse®</b>				
	J7352				
	<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>Spravato™</b>				
	S0013				
	<b>Stelara®</b>				
	J3358				
	<b>Sublocade™</b>				
	Q9991	Q9992			
	<b>Synagis®*</b>				
	90378				
<b>Tepezza®</b>					
J3241					
<b>Therapeutic Radiopharmaceuticals***</b>					
A9513	A9590	A9606	A9699		
<b>Trogarzo™</b>					
J1746					
<b>Truxima®</b>					
Q5115					
<b>Ultomiris™</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization							
Injectable medications (continued)		J1303	<b>Unclassified codes**</b>	C9399	J3490	J3590			
				<b>Uplizna®</b>					
				J1823					
				<b>Viltepso™</b>					
				J1427					
				<b>Vyepti™</b>					
				J3032					
				<b>Vyondys®</b>					
				J1429					
				<b>VPRIV®</b>					
				J3385					
				<b>Xembify®</b>					
				J1558					
				<b>Xolair®*</b>					
				J2357					
				<b>Zolgensma®*</b>					
				J3399					
				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 <b>UHCprovider.com &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan</b> .					
				* For Acthar, Cerezyme, Cimzia, Eluelyso, Exondys 51, Soliris, Spinraza, Synagis, VPRIV, Xolair and Zolgensma prior authorization, please call the Pharmacy Prior Authorization Service at <b>800-310-6826</b> .					
				** For unclassified C9399, J3490 and J3590, prior authorization is only required for Cutaquig®.					
				***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 tool on your Link dashboard. Or, call <b>888-397-8129</b>					
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"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>							
Joint replacement	Prior authorization required for the Joint, total hip and knee codes listed.	23470	23472	23473	23474	23470	23472	23473	23474
		24360	24361	24362	24363	24360	24361	24362	24363

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Joint replacement (continued) replacement procedures		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 <b>800-788-9743</b> .				
Non-emergent air ambulance transport	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436	
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required for the codes listed	21121	21123	21125	21127	
		21141	21142	21143	21145	
		21146	21147	21150	21151	
		21154	21155	21159	21160	
		21188	21193	21194	21195	
		21196	21198	21199	21206	
		21208	21209	21210	21215	
		21240	21242	21244	21245	
		21246	21247	21248	21249	
		21255	21296	21299		
		Orthotics and prosthetics	Prior authorization required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456
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
• 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	
	L2036		L2037	L2038	L2060	
<b><u>For members ages 21 and older:</u></b>	L2106		L2108	L2126	L2136	
AHCCCS orthotics coverage applies if:	L2350		L2510	L2526	L2627	
• The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines.	L2628		L3230	L3265	L3649	
	L3671		L3674	L3720	L3730	
	L3740		L3763	L3764	L3900	
• The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.	L3901		L3904	L3905	L3961	
	L3971		L3975	L3976	L3977	
	L3999		L4000	L4010	L4020	
• The orthotic is ordered by a physician or primary care provider.	L4350		L4392	L4394	L4631	
	L5010		L5020	L5050	L5060	
<b><u>For members ages 21 and older</u></b>	L5100		L5105	L5150	L5160	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	<b><u>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 the repair cost is less than purchasing another unit.</li> </ul>	L5250	L5270	L5280	L5301
	<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>	L5312	L5321	L5331	L5341
	L5400	L5420	L5460	L5500	
	L5505	L5510	L5520	L5530	
	L5535	L5540	L5560	L5570	
	L5580	L5585	L5590	L5595	
	L5600	L5610	L5613	L5614	
	L5616	L5639	L5640	L5642	
	L5643	L5644	L5646	L5647	
	L5648	L5649	L5651	L5653	
	L5661	L5673	L5682	L5683	
	L5700	L5702	L5703	L5705	
	L5706	L5716	L5718	L5722	
	L5724	L5726	L5728	L5780	
	L5790	L5795	L5811	L5812	
	L5814	L5816	L5818	L5822	
	L5824	L5826	L5828	L5830	
	L5845	L5848	L5857	L5858	
	L5930	L5950	L5960	L5961	
	L5962	L5964	L5966	L5968	
	L5976	L5979	L5980	L5981	
	L5982	L5984	L5986	L5987	
	L5988	L5990	L5999	L6000	
	L6010	L6020	L6050	L6055	
	L6100	L6110	L6120	L6130	
	L6200	L6205	L6250	L6300	
	L6310	L6320	L6350	L6360	
	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		L7191	L7405	L8040	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8609	L8610
		L8612	L8631	L8659	
<b>Out-of-network services</b>	Prior authorization 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				
<b>Outpatient therapy</b>	<b><u>For members younger than 21:</u></b>	92507	92508	92521	92522
	Prior authorization required for the codes listed	92523	92524	92526	97010
		97012	97014	97016	97018
		97022	97026	97028	97033
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. <b>No benefit limits apply.</b>	97034	97039	97110	97112
		97113	97116	97124	97140
		97161	97162	97163	97164
	<b><u>For members ages 21 and older:</u></b>	97165	97166	97167	97168
	Prior authorization not required	97799			
	<b>Outpatient speech therapy is <u>not</u> a covered benefit.</b>				
Occupational and physical therapy is 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><u>For Qualified Medicare Beneficiaries (QMB):</u></b>					
Covered for unlimited visits when medically necessary					
<b>Pharmacy drugs</b>	A list of medications requiring prior authorization is available at <b>UHCprovider.com/AZcommunityplan</b> > Pharmacy Resources & Physician Administered Drugs > Pharmacy Prior Authorization	For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by: Phone: <b>800-310-6826</b> Fax: <b>866-940-7328</b>			
	<b>Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested.</b>	For specialty pharmacy prior authorization, please fax <b>866-940-7328</b> .			
	The following hemophilia factor/biotech drugs are included on	Fax forms are available at <b>UHCprovider.com/AZcommunityplan</b> > Pharmacy Resources and Physician Administered Drugs >			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pharmacy drugs (continued)</b>	the prior authorization list: <ul style="list-style-type: none"> <li>• Acthar® gel</li> <li>• Aldurazyme®</li> <li>• Ceprotin®</li> <li>• Cerezyme®</li> <li>• Cimzia®</li> <li>• Cinryze®</li> <li>• Elaprase®</li> <li>• Exondys 51™</li> <li>• Elelyso®</li> <li>• Fabrazyme®</li> <li>• Juxtapid®</li> <li>• Kalydeco®</li> <li>• Kuvan®</li> <li>• Kynamro®</li> <li>• Lumizyme®</li> <li>• Myozyme®</li> <li>• Orfadin®</li> <li>• Soliris®</li> <li>• Spinraza™</li> <li>• Synagis®</li> <li>• VPRIV®</li> <li>• Xolair®</li> <li>• Zolgensma®</li> </ul>	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.			
<b>Pregnancy termination</b>	<p>Prior authorization 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
<b>Private duty nursing</b>	Prior authorization required for the codes listed	T1002	T1003		
<b>Proton beam therapy</b>	Prior authorization required for the codes listed	77520	77522	77523	77525



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Proton beam therapy (continued)**

Focused radiation therapy using beams of protons, which are tiny particles with a positive charge

<b>Radiology</b>	<p>Prior authorization 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 tool 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>			
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<b>Rhinoplasty and septoplasty</b> 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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<b>Sinuplasty</b>	Prior authorization required for the codes listed	31295	31296	31297	31298
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<b>Site of service (SOS) – outpatient hospital</b>	<p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p>	<p><b>Auditory System</b> 69205</p> <p><b>Cardiovascular System</b> 36590      36832</p> <p><b>Carpal Tunnel Surgery</b> 64721</p> <p><b>Cataract Surgery</b> 66821      66982      66984</p> <p><b>Colonoscopy</b> 45378      45380      45384      45385</p> <p><b>Cosmetic &amp; Reconstructive</b> 13101      13132      14040      14060 14301      21552      21931</p> <p><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</p>			
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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
		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

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		
		<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>				
	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>	Prior authorization required for the codes listed	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Specialty/enclosed beds</b>	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		
<b>Spinal surgery</b>	Prior authorization required for the codes listed	0095T	0098T	0164T	22100
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		22532	22533	22548	22551
		22554	22556	22558	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22864	22865	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	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				
<b>Sterilization</b>	Prior authorization required  <b>Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.</b> 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.	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sterilization (continued)</b>	The Consent to Sterilization form can be found at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.	58953 59525	58954	58956	59135
<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 required for the codes listed  <b>Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.</b>	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 <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.  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  <b>CAR T-Cell therapy:</b> 0537T      0538T      0539T      0540T Q2041      Q2042      Q2053 *Code 38232 will only require prior authorization for an oncology diagnosis			
<b>Transportation</b>	Prior authorization 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> Removal and ablation of the main trunks and	Prior authorization required for the codes listed	36468 37700	36473 37718	36475 37722	36478 37780

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Vein procedures (continued)</b>					
named branches of the saphenous veins for treating venous disease and varicose veins of the extremities					
<b>Ventricular assist devices</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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 <b>855-282-8929</b> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required for the codes listed	E2402			