

Prior Authorization Requirements for Arizona Developmentally Disabled Medicaid

Effective July 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><u>For members younger than 21:</u> Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p><u>For members ages 21 and older:</u> Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is <u>not</u> a covered</p>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Allergy immunotherapy (continued)	benefit. Allergy testing, including testing for common allergens, is a covered benefit when the member has: <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>				
Augmentative and Alternative Communication	Prior authorization required for the codes listed	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
Bariatric surgery	Prior authorization required for the codes listed	43644 43775 43847	43645 43842 43848	43659 43845	43770 43846
Behavioral health	Prior authorization required for inpatient admissions Prior authorization required for outpatient services listed. Second level review required by the Division for Out of State service requests				The following benefits and/or codes require prior authorization: <ul style="list-style-type: none"> Acute inpatient admission Applied behavior analysis (ABA) Electroconvulsive therapy Home care training client (S5109) Out-of-state placement Psychological testing Behavioral health Residential Facility-Level II (Group home H0018) Residential Treatment Center – Level 1 Transcranial magnetic stimulation <p>For ABA Therapy, submit via fax or Provider Express.</p>
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes listed	20975	20979	E0760	
BRCA genetic testing	Prior authorization required for the codes listed Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the	Prior authorization required for the codes listed	19316 19330	19318 19340	19325 19342	19328 19350

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (continued)		19357	19361	19364	19367
		19368	19369	19370	19371
	breast except for after mastectomy	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	<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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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) 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>			
Chiropractic care	<p><u>For members younger than 21:</u> Prior authorization not required</p> <p><u>For members ages 21 and older:</u> Chiropractic care is not a covered benefit.</p>				
Circumcision	Routine circumcision is not a covered benefit. Prior authorization required only for cases with documented medical necessity	54150	54160	54161	54162
Cochlear and other auditory implants	<p><u>For members younger than 21:</u> Prior authorization required for the codes listed</p> <p><u>For members ages 21 and older:</u></p> <ul style="list-style-type: none"> Prior authorization required for supplies, equipment maintenance and repair of component parts Hardware is not a covered benefit. <p>Clinical documentation must 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					
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 E0787	A9276 K0553	A9277 K0554	A9278
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 14041 15847 17999 21172 21181 21230 21280	11971 14061 17106 21137 21175 21182 21235 21282	14020 15823 17107 21138 21179 21183 21256 21295	14021 15830 17108 21139 21180 21184 21275 21740
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (continued)		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67916	67917	67921	67922
		67923	67924	67950	67961
	67966				
Dental services	For prior authorization requirements, please call UnitedHealthcare Dental at 855-812-9208 .				
	For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-D1 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-D1.				
Diabetic supplies	Diabetic supplies are provided by the local pharmacy.	To locate contracted care providers or vendors, please visit UHCprovider.com/AZcommunityplan > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans.			
	Prior authorization for talking glucometers available through the medical prior authorization process				
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	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.			
*Requires Prior Authorization regardless of dollar amount	To request DME items, please call Preferred Homecare at 800-636-2123 .				
	These DME items are <u>not</u> covered by Preferred Homecare:	E0194	E0265	E0266	E0270
		E0300	E0445	E0457	E0460
		E0465	E0466	E0483	E0486
	• Bone stimulators	E0620	E0636	E0638	E0641
	• Diabetic supplies	E0642	E0656	E0669	E0670
	• Enclosed beds	E0675	E0693	E0694	E0700
	• Insulin pumps	E0710	E0745	E0766	E0784
	• Percussion vests	E0984	E0986	E1002	E1003
	• Specialty beds	E1004	E1005	E1006	E1007
	• Wound vacs	E1008	E1009	E1010	E1030
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i>	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0800
		K0801	K0802	K0806	K0807
		K0808	K0812	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0828	K0829	K0830
		K0831	K0836	K0837	K0838
		K0839	K0840	K0841	K0842
		K0843	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	S1040
Enteral services/parenteral/oral In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN), and/or lipids and oral supplements	To request services and/or supplies, please call Preferred Homecare at 800-636-2123 .	Clinical documentation and oral supplement Certificate of Medical Necessity, as applicable, <u>must</u> accompany and establish medical necessity for this service request. <u>For members younger than 21:</u> For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10. 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. <u>For members ages 21 and older:</u> Please review AMPM Chapter 300, Policy 310-GG at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG. 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	0191T	33477	36514	55866
		64722	66180	A4638	A9274
		E1831			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Experimental or investigational (and/or linked services) (continued)	> AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.				
Eye care/optometry	<p><u>Benefits provided for members younger than 21:</u></p> <ul style="list-style-type: none"> • One routine eye exam every 12 months • Regular single vision bifocal or trifocal polycarbonate lenses • Frame for up to \$79.99 retail price • One replacement pair of glasses if lost, stolen or damaged • Members may pay the difference for a more expensive pair of glasses but must sign a waiver provided by Nationwide Vision. <p><u>For members ages 21 and older:</u> Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye</p>	For member eye care services, please call Nationwide Vision at 800-481-2779 .			
Femoroacetabular 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	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic testing	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 800-788-9743 .	88269	88271	88272	88273
		88274	88275	88280	88283
		88285	88289	88291	88299
Hearing aids and services	<u>For members younger than 21:</u> Prior authorization not required	92590	92591	92592	92593
Hearing evaluations and hearing aids	<u>For members ages 21 and older:</u> Prior authorization required	92594	92595	V5010	V5011
		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		
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			

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

Feraheme®				
Q0138				
Firmagon®				
J9155				
Gamifant®				
J9210				
Givlaari®				
J0223				
Ilaris®				
J0638				
Ilumya™				
J3245				
Inflectra®				
Q5103				
Injectafer®				
J1439				
IVIG				
J1459	J1554	J1555	J1556	
J1557	J1559	J1561	J1566	
J1568	J1569	J1572	J1575	
J1599				
Kalbitor®				
J1290				
Lemtrada®				
J0202				
Krystexxa®****				
J2507				
Lupron Depot®				
J1950				
Lupron Depot, Eligard®				
J9217				
Luxturna™				
J3398				
Makena®				
J1726	J1729	J2675		
Monoferric®				
J1437				
Nplate®****				
J2796				
Nucala®				
J2182				
Ocrevus™				
J2350				

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

Octreotide Acetate****				
J2354				
Onpattro™				
J0222				
Orencia®				
J0129				
Oxlumo™				
J0224				
Parsabiv™				
J0606				
Probuphine®				
J0570				
Radicava®				
J1301				
Reblozyl®				
J0896				
Remicade®				
J1745				
Renflexis®				
Q5104				
Riabni™				
Q5123				
Rituxan®				
J9312				
Rituxan Hycela®				
J9311				
Ruconest®				
J0596				
Ruxience®				
Q5119				
Sandostatin® LAR****				
J2353				
Scenesse®				
J7352				
Signifor® LAR****				
J2502				
Simponi Aria®				
J1602				
Sodium Hyaluronate				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
Soliris®*				

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

J1300				
Somatuline® Depot****				
J1930				
Spinraza™*				
J2326				
Spravato™				
S0013				
Stelara®				
J3358				
Sublocade™				
Q9991	Q9992			
Supprelin® LA				
J9226				
Synagis®*				
90378				
Tepezza®				
J3241				
Therapeutic Radiopharmaceuticals***				
A9513	A9590	A9606	A9699	
Trelstar®				
J3315				
Triptodur®				
J3316				
Trogarzo™				
J1746				
Truxima®				
Q5115				
Ultomiris™				
J1303				
Unclassified codes**				
C9399	J3490	J3590		
Uplizna®				
J1823				
Vantas™				
J9225				
Viltepso™				
J1427				
Vyepti™				
J3032				
Vyondys®				
J1429				
VPRIV®				
J3385				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (continued)		Xembify®
		J1558
		Xolair®*
		J2357
		Zoladex®
		J9202
		Zolgensma®*
		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 UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
		* For Acthar, Cerezyme, Cimzia, Elelyso, Exondys 51, Soliris, Spinraza, Synagis, VPRIV, Xolair and Zolgensma prior authorization, please call the Pharmacy Prior Authorization Service at 800-310-6826 .
	** For unclassified and temporary codes C9075, C9399, J3490 and J3590, prior authorization is only required for Amondys 45 (casimersen), Cutaquig®, Lupaneta Pack™.	
	***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	
	****Codes are Effective 8/1/2021	

Inpatient admission and post acute services	Notification required for admissions	Inpatient admissions/post acute services: Prior authorization and notification of admission date required for these facilities. <ul style="list-style-type: none"> Acute care hospitals Acute inpatient rehabilitation Long-term acute care hospitals Skilled nursing facilities
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Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required for the codes listed.	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		

Laboratory services	Prior authorization required	To determine prior authorization requirements, please call LabCorp at 800-788-9743 .			
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Non-emergent air ambulance transport	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
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Orthognathic surgery	Prior authorization required for the	21121	21123	21125	21127
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization						
Orthognathic surgery (continued)	codes listed	21141	21142	21143	21145			
		21146	21147	21150	21151			
		21154	21155	21159	21160			
		21188	21193	21194	21195			
		21196	21198	21199	21206			
		21208	21209	21210	21215			
		21240	21242	21244	21245			
		21246	21247	21248	21249			
		21255	21296	21299				
		Orthotics and prosthetics	Prior authorization required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462	
L0464	L0480			L0482	L0484			
L0486	L0624			L0629	L0631			
L0632	L0634			L0636	L0637			
<u>For members younger than 21 with orthotic limitation:</u>				L0638	L0640	L0700	L0710	
<ul style="list-style-type: none"> 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		
	L1831			L1832	L1834	L1836		
	<ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. 			L1840	L1844	L1845	L1846	
				L1847	L1850	L1860	L1945	
				L1950	L1970	L2000	L2005	
				L2010	L2020	L2030	L2034	
L2036				L2037	L2038	L2060		
<u>For members ages 21 and older:</u>				L2106	L2108	L2126	L2136	
AHCCCS orthotics coverage applies if:				L2350	L2510	L2526	L2627	
<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition. The orthotic is ordered by a physician or primary care provider. 	L2628			L3230	L3265	L3649		
	L3671			L3674	L3720	L3730		
	L3740			L3763	L3764	L3900		
	L3901			L3904	L3905	L3961		
	L3971			L3975	L3976	L3977		
	L3999			L4000	L4010	L4020		
	L4350			L4392	L4394	L4631		
	L5010			L5020	L5050	L5060		
	<u>For members ages 21 and older with orthotic limitation:</u>			L5100	L5105	L5150	L5160	
	<ul style="list-style-type: none"> 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		
L5535				L5540	L5560	L5570		
L5580				L5585	L5590	L5595		
The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating				L5600	L5610	L5613	L5614	
		L5616	L5639	L5640	L5642			
		L5643	L5644	L5646	L5647			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	effectively.	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			
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	For members younger than 21:	92507	92508	92521	92522

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy (continued)	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
		97161	97162	97163	97164
	<u>For members ages 21 and older:</u>	97165	97166	97167	97168
	Prior authorization not required	97799			
	Outpatient speech therapy is <u>not</u> a covered benefit.				
	Occupational and physical therapy is covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are: <ul style="list-style-type: none"> • <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual restore a skill or level of function and maintain it. • <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual acquire a new skill or level of function, and then maintain it. 				
<u>For Qualified Medicare Beneficiaries (QMB):</u> Covered for unlimited visits when medically necessary					
Pharmacy drugs	A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources & Physician Administered Drugs > Pharmacy Prior Authorization Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested. The following hemophilia factor/biotech drugs are included on the prior authorization list: <ul style="list-style-type: none"> • Acthar® gel • Aldurazyme® • Ceprotin® • Cerezyme® • Cimzia® • Cinryze® • Elaprase® • Exondys 51™ • Elelyso® • Fabrazyme® • Juxtapid® • Kalydeco® 	For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by: Phone: 800-310-6826 Fax: 866-940-7328 For specialty pharmacy prior authorization, please fax 866-940-7328 . 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.			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Pharmacy drugs (continued)	<ul style="list-style-type: none"> • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • Soliris® • Spinraza™ • Synagis® • VPRIV® • Xolair® • Zolgensma® 				
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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 > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 410, Maternity Care Services > Section E Pregnancy Termination.</p> <p>The Certificate of Medical Necessity For Pregnancy Termination can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > Attachment C.</p>	59840 59852	59841 59855	59850 59856	59851 59857
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Private duty nursing	Prior authorization required for the codes listed	T1002	T1003		
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Proton beam therapy	Prior authorization required for the codes listed	77520	77522	77523	77525
<p>Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>					

Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-</p>			
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Radiology (continued)		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
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Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69205			
		Cardiovascular System			
		36590	36832		
		Carpal Tunnel Surgery			
		64721			
		Cataract Surgery			
		66821	66982	66984	
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic & Reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Digestive System			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		ENT Procedures			
		21320	30140	30520	69436
		69631			
		Eye and Ocular Adnexa			
		65710	65820	66250	66710
		66711	66825	66986	66987
		66988	67010	67041	67042
		67105	67108	67113	67840

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		68110	68115	68320	68720
		68815			
		Female Genital System			
		57240	57250	57461	57520
		58561	58562		
		Gynecologic Procedures			
		57522	58353	58558	58563
		58565			
		Hemic and Lymphatic Systems			
		38500	38510	38525	
		Hernia Repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Integumentary System			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		Liver Biopsy			
		47000			
		Male Genital System			
		54840			
		Miscellaneous			
		20680			
		Musculoskeletal System			
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22514	22902	22903
		23071	23075	24071	27327
		27337	27632	28035	28039
		28041	28060	28080	28090
		28104	28110	28118	28119
		28124	28285	28289	28292
		28296	28297	28298	28299
		29806	29807	29819	29822
		29823	29824	29825	29826
		29827	29828	29835	29840
		29845	29846	29848	29861
		29875	29876	29877	29879
		29880	29881	29882	29888
		29893	G0260		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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 Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required for the codes listed	21685	41599	42145	
Specialty/enclosed beds	Prior authorization required for the codes listed	E0250	E0251	E0255	E0256
		E0260	E0261	E0280	E0290
		E0291	E0292	E0293	E0294
		E0295	E0301	E0303	E0315
		E0316	E0462		
Spinal surgery	Prior authorization required for the codes listed	0095T	0098T	0164T	22100
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		22532	22533	22548	22551
		22554	22556	22558	22590
		22595	22600	22610	22612

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		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	52601	52630	52647	52648
	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.	52649	55250	55450	55801
		55821	55831	58150	58152
		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	
		Neurostimulator			
		43648	43882	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590
	L8680	L8682	L8685	L8686	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Stimulators (continued)		L8687	L8688		
Transplant services	Prior authorization required for the codes listed Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 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		
		CAR T-Cell therapy:			
		0537T	0538T	0539T	0540T
		C9076**	C9399**	J3490**	J3590**
		J9999**	Q2041	Q2042	Q2053
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		**For unclassified codes C9076, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®			
Transportation	Prior authorization required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at 888-700-6822 .			
Vein procedures	Prior authorization required for the codes listed	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
Ventricular assist devices	Prior authorization required for the codes listed	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of		33927	33928	33929	33975

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Ventricular assist devices (continued) the heart and restores normal blood flow		33976 33983	33979 Q0507	33981 Q0508	33982 Q0509
Wound vac	Prior authorization required for the codes listed	E2402			