

Prior authorization requirements for Arizona Long Term Care

Effective August 1, 2024

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Arizona Long Term Care providing inpatient and outpatient services.

Additional state variations and regulations may apply. To request prior authorization, please submit your request using one of the following:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **By phone:** Call **877-842-3210**

Please note

- To be eligible for authorization, services must be covered benefits as outlined and defined by the Arizona Health Care Cost Containment System (AHCCCS)
- Services provided by out-of-network, out-of-state health care professionals require prior authorization and documentation supporting the out-of-network request
- Experimental and investigational services are not covered benefits
- All rendering health care professionals, facilities and vendors must be actively registered with AHCCCS
- Only 1 health care professional may request services on a prior authorization request form
- Only medically necessary, cost-effective, federally- and state-reimbursable services are covered, as outlined by AHCCCS

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
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| Allergy immunotherapy | <p>For members younger than 21: Allergy immunotherapy and allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p>For members 21 and older: 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 benefit.</p> <p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p> <ul style="list-style-type: none">• Sustained an anaphylactic reaction to an unknown allergen• Exhibited such a severe allergic | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
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| Allergy immunotherapy (cont.) | 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. Prior authorization is required for allergy testing when it meets the criteria above. | | | | |
| Augmentative and alternative communication | Prior authorization is required for the codes listed. | 92607 E2500 E2508 E2599 | 92608 E2502 E2510 V5336 | 92609 E2504 E2511 | A9901 E2506 E2512 |
| Bariatric surgery | Prior authorization is required for the codes listed. | 43644 43775 43847 | 43645 43842 43848 | 43659 43845 43860 | 43770 43846 |
| Behavioral health | Prior authorization is required for inpatient admissions. Prior authorization is required for outpatient services listed. | For a full list of Behavioral Health prior authorization requirements, please visit providerexpress.com Behavioral Health Prior Authorization Code List by State (providerexpress.com) | | | |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization is required for the codes listed. | 20975 | 20979 | | |
| Breast cancer (BRCA) genetic testing | Prior authorization is required for the codes listed Please direct all lab requests to LabCorp at 800-533-0567 for review and processing. | 81162 81166 81217 | 81163 81212 81432 | 81164 81215 81433 | 81165 81216 |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast except for after mastectomy | Prior authorization is required for the codes listed. | 19316 19330 19357 19368 19380 | 19318 19340 19361 19369 19396 | 19325 19342 19364 19370 L8600 | 19328 19350 19367 19371 |
| Cardiovascular | Prior authorization is required. | 37220 37226 37230 | 37221 37227 37231 | 37224 37228 | 37225 37229 |
| | | DX Not Req PA | | | |
| | | E08.52 E13.52 I70.228 I70.233 I70.239 I70.244 I70.25 I70.268 | E09.52 I70.221 I70.229 I70.234 I70.241 I70.245 I70.261 I70.269 | E10.52 I70.222 I70.231 I70.235 I70.242 I70.248 I70.262 I70.321 | E11.52 I70.223 I70.232 I70.238 I70.243 I70.249 I70.263 I70.322 |

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| Cardiovascular (cont.) | | I70.323 | I70.329 | I70.331 | I70.332 |
| | | I70.333 | I70.334 | I70.335 | I70.338 |
| | | I70.339 | I70.341 | I70.342 | I70.343 |
| | | I70.344 | I70.345 | I70.348 | I70.349 |
| | | I70.35 | I70.361 | I70.362 | I70.363 |
| | | I70.369 | I70.421 | I70.422 | I70.423 |
| | | I70.428 | I70.429 | I70.431 | I70.432 |
| | | I70.433 | I70.434 | I70.435 | I70.438 |
| | | I70.439 | I70.441 | I70.442 | I70.443 |
| | | I70.444 | I70.445 | I70.448 | I70.449 |
| | | I70.461 | I70.462 | I70.463 | I70.468 |
| | | I70.469 | I70.521 | I70.522 | I70.523 |
| | | I70.528 | I70.529 | I70.531 | I70.532 |
| | | I70.533 | I70.534 | I70.535 | I70.538 |
| | | I70.539 | I70.541 | I70.542 | I70.543 |
| | | I70.544 | I70.545 | I70.548 | I70.549 |
| | | I70.561 | I70.562 | I70.563 | I70.568 |
| | | I70.569 | I70.621 | I70.622 | I70.623 |
| | | I70.628 | I70.629 | I70.631 | I70.632 |
| | | I70.633 | I70.634 | I70.635 | I70.638 |
| | | I70.639 | I70.641 | I70.642 | I70.643 |
| | | I70.644 | I70.645 | I70.648 | I70.649 |
| | | I70.661 | I70.662 | I70.663 | I70.668 |
| | | I70.669 | I70.721 | I70.722 | I70.723 |
| | | I70.728 | I70.729 | I70.731 | I70.732 |
| | | I70.733 | I70.734 | I70.735 | I70.738 |
| | | I70.739 | I70.741 | I70.742 | I70.743 |
| | | I70.744 | I70.745 | I70.748 | I70.749 |
| | | I70.761 | I70.762 | I70.763 | I70.768 |
| | | I70.769 | I72.3 | I72.4 | I72.8 |
| | | I72.9 | I77.2 | I77.70 | I77.72 |
| | | I77.77 | I77.79 | I74.3 | I74.4 |
| | | I74.5 | I74.8 | I74.9 | I75.021 |
| | | I75.022 | I75.023 | I75.029 | I75.89 |
| | | T82.818A | T82.868A | S81.801A | S81.802A |
| | | S81.809A | S91.301A | S91.302A | S91.309A |
| | | M86.051 | M86.052 | M86.059 | M86.061 |
| | | M86.062 | M86.069 | M86.071 | M86.072 |
| | | M86.079 | M86.08 | M86.09 | M86.1 |
| | | M86.10 | M86.151 | M86.152 | M86.159 |
| | | M86.161 | M86.162 | M86.169 | M86.171 |
| | | M86.172 | M86.179 | M86.18 | M86.19 |
| | | M86.20 | M86.251 | M86.252 | M86.259 |
| | | M86.261 | M86.262 | M86.269 | M86.271 |
| | | M86.272 | M86.279 | M86.28 | M86.29 |
| | | M86.30 | M86.351 | M86.352 | M86.359 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
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| | | M86.361 | M86.362 | M86.369 | M86.371 |
| | | M86.372 | M86.379 | M86.38 | M86.39 |
| | | M86.40 | M86.451 | M86.452 | M86.459 |
| | | M86.461 | M86.462 | M86.469 | M86.471 |
| | | M86.472 | M86.479 | M86.48 | M86.49 |
| | | M86.50 | M86.551 | M86.552 | M86.559 |
| | | M86.561 | M86.562 | M86.571 | M86.572 |
| | | M86.579 | M86.58 | M86.59 | M86.60 |
| | | M86.651 | M86.652 | M86.659 | M86.661 |
| | | M86.662 | M86.669 | M86.671 | M86.672 |
| | | M86.679 | M86.68 | M86.69 | M86.8X0 |
| | | M86.8X5 | M86.8X6 | M86.8X7 | M86.8X8 |
| | | M86.8X9 | M86.9 | I96 | L03.115 |
| | | L03.116 | Q27.30 | Q27.32 | Q27.39 |
| | | Q27.8 | Q27.9 | Q87.2 | S35.511A |
| | | S35.512A | T82.312A | T82.318A | T82.319A |
| | | T82.338A | T82.392A | T82.398A | T82.399A |
| | | T82.898A | I73.00 | I73.01 | I73.1 |
| | | I73.81 | | | |
| Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG) | Prior authorization is 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 |
| Circumcision | Routine circumcision is <u>not</u> a covered benefit. Prior authorization is required <u>only</u> for cases with documented medical necessity. | 54150 | 54160 | 54161 | 54162 |
| Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech | For members younger than 21: Prior authorization is required for the codes listed. | 69710 | 69714 | 69930 | L8614 |
| | For members 21 and older: <ul style="list-style-type: none"> Prior authorization required for supplies, equipment maintenance and repair of component parts Hardware is <u>not</u> a covered benefit Clinical documentation <u>must</u> accompany and establish medical necessity for this service request. | L8619 | L8690 | L8691 | L8692 |
| Continuous glucose monitor | Prior authorization is required with Type 2 diabetes diagnosis. | A4226 | A4238 | A4239 | A9276 |
| | | A9277 | A9278 | E0787 | E2102 |
| | | E2103 | | | |
| Cosmetic and reconstructive procedures | Prior authorization is required for the codes listed. Services or items furnished | 11960 | 11971 | 14020* | 14021* |
| | | 14041 | 14061* | 15823 | 15830 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
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| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function | solely for cosmetic purposes are excluded from AHCCCS coverage. | 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 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 67916 | 67917 | 67921 | 67922 |
| | | 67923 | 67924 | 67950 | 67961 |
| | | 67966 | | | |
| | | *Will NOT require prior auth when billed with skin cancer diagnoses | | | |

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-D2 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300: Medical Policy for Covered Services > 310, Covered Services > 310-D2.

Diabetic supplies Diabetic supplies are provided by the local pharmacy. Prior authorization for talking glucometers is available through the medical prior authorization process.

To locate contracted health care professionals or vendors, please visit UHCprovider.com/AZcommunityplan > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.

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| Durable medical equipment (DME) | Prior authorization is required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. | E0193 | E0194 | E0265 | E0266 | |
| | | E0270 | E0277 | E0300 | E0302 | |
| | | E0304 | E0329 | E0445 | E0457 | |
| | | E0465 | E0466 | E0483 | E0486 | |
| | | Arizona Long-Term Care will review Medicare denials of DME. Clinical documentation and a copy of the denial <u>must</u> accompany and establish medical necessity for the service request. | E0620 | E0636 | E0656 | E0669 |
| | | Prosthetics are not DME – see orthotics and prosthetics. | E0670 | E0675 | E0693 | E0694 |
| | | | E0700 | E0710 | E0745 | E0766 |
| | | | E0784 | E0984 | E0986 | E1002 |
| | | | E1003 | E1004 | E1005 | E1006 |
| | | | E1007 | E1008 | E1009 | E1010 |
| | | | E1030 | E1035 | E1036 | E1161 |
| | | | E1229 | E1231 | E1232 | E1233 |
| | | | E1234 | E1235 | E1236 | E1237 |
| | | | E1238 | E1239 | E1825 | E1902 |
| | | | E2100 | E2227 | E2228 | E2230 |

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| DME (cont.) | | E2298 | E2301 | E2322 | E2325 |
| | | E2327 | E2329 | E2331 | E2351 |
| | | E2373 | E2500 | E2502 | E2504 |
| | | E2506 | E2508 | E2510 | E2511 |
| | | E2512 | E2599 | E2626 | 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 | | |

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| Enteral services/parental/oral | Prior authorization is required for the codes listed. | B4034 | B4035 | B4036 | B4100 |
| | | B4102 | B4103 | B4104 | B4149 |
| | | B4150 | B4152 | B4153 | B4155 |
| | | B4158 | B4159 | B4160 | B4161 |
| | | B9002 | B9998 | | |
| In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplements | Clinical documentation and oral supplement certificate of medical necessity, as applicable, <u>must</u> 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. | | | | |
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| Enteral services/parental/ Oral (cont.) | <p>For members 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. 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 > 310, Covered Services > 310-GG. > Attachment A</p> | | | | |
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| Experimental and investigational (and/or linked services) | <p>Prior authorization is required for all services considered experimental and/or investigational.</p> <p>For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.</p> | 33477 A4638 G0293 S9991 | 36514 A9274 G2000 S9992 | 64722 E1831 S9988 S9994 | 66180 G0276 S9990 S9996 |
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| Eye care/optometry | <p>Benefits provided for members younger than 21:</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>For members 21 and older:</p> <p>Prior authorization is required when medically necessary to diagnose or treat diseases and conditions of the eye.</p> | <p>For member eye care services, please call Nationwide Vision at 480-961-1702.</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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| Femoroacetabular impingement syndrome (FAI) | Prior authorization is required for the codes listed. | 29914 | 29915 | 29916 | |
| Functional endoscopic sinus surgery (FESS) | Prior authorization is required for the codes listed. | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |
| | | 31276 | 31287 | 31288 | |
| Genetic testing | Prior authorization is required for services not covered by LabCorp. | 81265 | 81302 | 81321 | 81323 |
| | | 81325 | 81401 | 81403 | 81404 |
| | To determine prior authorization requirements, please call LabCorp at 800-788-9743. | 81405 | 81406 | 81407 | 81408 |
| | | 81415 | 81416 | 81417 | 81460 |
| | | 81465 | 81479 | 86353 | 88245 |
| | | 88248 | 88249 | 88261 | 88262 |
| | | 88263 | 88264 | 88267 | 88269 |
| | | 88271 | 88272 | 88273 | 88274 |
| | | 88275 | 88280 | 88283 | 88285 |
| | | 88289 | 88291 | 88299 | |
| | | Biomarker Codes | | | |
| | | 81313 | 81327 | 81435 | 81490 |
| Hearing aids and services | For members younger than 21: Prior authorization is not required. | 92590 | 92591 | 92592 | 92593 |
| Hearing evaluations and hearing aids | For members 21 and older: Prior authorization is 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- and community-based services | Prior authorization is required. | For home- and community-based services, please call UnitedHealthcare Community Plan of Arizona at 800-293-3740 or the notification number on the back of the member's health plan ID card. | | | |
| Home health care | Prior authorization is required for the codes listed. | For codes G0299, G0300, S9123 and S9124, please fax Case Management at 877-395-5993 to complete the request. | | | |
| | Infusion services – prior authorization is not required. | G0299 | G0300 | S9123 | S9124 |
| Hospice | Prior authorization is required for the codes listed. | For prior authorization, please call the Long-Term Care Case Management Unit at 602-255-8908 to complete the request. | | | |
| Hysterectomy | Prior authorization is required for the codes listed. | 58150 | 58152 | 58180 | 58200 |
| | | 58210 | 58240 | 58260 | 58262 |
| | | 58263 | 58267 | 58270 | 58275 |
| | | 58280 | 58285 | 58290 | 58291 |
| | | 58292 | 58293 | 58294 | 58541 |
| | | 58542 | 58543 | 58544 | 58548 |

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| | | 58550 | 58552 | 58553 | 58554 |
| | | 58570 | 58571 | 58572 | 58573 |
| | | 58951 | 58953 | 58954 | 58956 |
| | | 59525 | | | |

Incontinence supplies

For members younger than 21:
Prior authorization is required for incontinence briefs and diapers, including pull-ups, when requests are greater than 240 per month.

For members 21 and older:
Prior authorization is required for incontinence briefs and diapers, including pull-ups, when requests are greater than 180 per month.

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| Injectable medications | Prior authorization is required for the codes listed. | Actemra | | | |
| | | J3262 | | | |
| | | Adakveo | | | |
| | | J0791 | | | |
| | | Aduhelm | | | |
| | | J0172 | | | |
| | | Adzynma | | | |
| | | J7171 | | | |
| | | Amondys 45 | | | |
| | | J1426 | | | |
| | | Amvuttra | | | |
| | | J0225 | | | |
| | | Apretude | | | |
| | | J0739 | | | |
| | | Aralast NP, Prolastin-C, Zemaira | | | |
| | | J0256 | | | |
| | | Avsola | | | |
| | | Q5121 | | | |
| | | Benlysta | | | |
| | | J0490 | | | |
| Berinert | | | | | |
| J0597 | | | | | |
| Botulinum toxins | | | | | |
| J0585 | J0586 | J0587 | J0588 | | |
| Brineura | | | | | |
| J0567 | | | | | |
| Briumvi | | | | | |
| J2329 | | | | | |
| Cimerli | | | | | |
| Q5128 | | | | | |
| Cinqair | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
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| Injectable medications (cont.) | | J2786 Cosentyx IV |
| | | J3247 |
| | | Crysvita |
| | | J0584 |
| | | Cutaquig |
| | | J1551 |
| | | Daxxify |
| | | J0589 |
| | | Elevidys |
| | | J1413 |
| | | Elfabrio |
| | | J2508 |
| | | Enjaymo |
| | | J1302 |
| | | Entyvio |
| | | J3380 |
| | | Esperoct |
| | | J7204 |
| | | Evenity |
| | | J3111 |
| | | Evkeeza |
| | | J1305 |
| | | Eylea HD |
| | | J0177 |
| | | Fasenra |
| | | J0517 |
| | | Fensolvi |
| | | J1951 |
| | | Feraheme |
| | | Q0138 |
| | | Gamifant |
| | | J9210 |
| | | Givlaari |
| | | J0223 |
| | | Glassia |
| | | J0257 |
| | | Hemgenix |
| | | J1411 |
| | | Ilaris |
| | | J0638 |
| | | Ilumya |
| | | J3245 |
| | | Inflectra |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
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| Injectable medications (cont.) | Q5103 | | | | |
| | Injectafer | | | | |
| | J1439 | | | | |
| | IVIG | | | | |
| | J1459 | J1554 | J1555 | J1556 | |
| | J1557 | J1559 | J1561 | J1566 | |
| | J1568 | J1569 | J1572 | J1575 | |
| | J1599 | | | | |
| | Izervay | | | | |
| | J2782 | | | | |
| | Korsuva | | | | |
| | J0879 | | | | |
| | Krystexxa | | | | |
| | J2507 | | | | |
| | Lamzede | | | | |
| | J0217 | | | | |
| | Lemtrada | | | | |
| | J0202 | | | | |
| | Leqvio | | | | |
| | J1306 | | | | |
| | Mepsevii | | | | |
| | J3397 | | | | |
| | Monoferric | | | | |
| | J1437 | | | | |
| | Nexviazyme | | | | |
| | J0219 | | | | |
| | Nglazyme | | | | |
| | J1458 | | | | |
| | Nplate | | | | |
| | J2796 | | | | |
| Nucala | | | | | |
| J2182 | | | | | |
| Ocrevus | | | | | |
| J2350 | | | | | |
| Orencia | | | | | |
| J0129 | | | | | |
| OmvoH | | | | | |
| J2267 | | | | | |
| Onpattro | | | | | |
| J0222 | | | | | |
| Panzyga | | | | | |
| J1576 | | | | | |
| Parsabiv | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--------------------------------|---------------------------|--------------------------------------------------------------|-------|-------|--|
| Injectable medications (cont.) | | J0606 | | | |
| | | Pombiliti | | | |
| | | J1203 | | | |
| | | Prolia | | | |
| | | J0897 | | | |
| | | Qalsody | | | |
| | | J1304 | | | |
| | | Radicava | | | |
| | | J1301 | | | |
| | | Reblozyl | | | |
| | | J0896 | | | |
| | | Remicade | | | |
| | | J1745 | | | |
| | | Renflexis | | | |
| | | Q5104 | | | |
| | | Riabni | | | |
| | | Q5123 | | | |
| | | Roctavian | | | |
| | | J1412 | | | |
| | | Ruconest | | | |
| | | J0596 | | | |
| | | Ryplazim | | | |
| | | J2998 | | | |
| | | Rystiggo | | | |
| | | J9333 | | | |
| | | Saphnelo | | | |
| | | J0491 | | | |
| | | Scenesse | | | |
| | | J7352 | | | |
| | | Sevenfact | | | |
| | | J7212 | | | |
| | | Signifor® LAR | | | |
| | | J2502 | | | |
| | Simponi Aria | | | | |
| | J1602 | | | | |
| | Skyrizi | | | | |
| | J2327 | | | | |
| | Sodium Hyaluronate | | | | |
| | J7320 | J7321 | J7322 | J7324 | |
| | J7325 | J7326 | J7327 | J7329 | |
| | J7331 | J7332 | | | |
| | Spevigo | | | | |
| | J1747 | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
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|--|--|---------------------------------------------------------------|-------|-------|-------|
| | | Stelara | | | |
| | | J3358 | | | |
| | | Sublocade | | | |
| | | Q9991 | Q9992 | | |
| | | Syfovre | | | |
| | | J2781 | | | |
| | | Synagis | | | |
| | | 90378 | | | |
| | | Tepezza | | | |
| | | J3241 | | | |
| | | Tezspire | | | |
| | | J2356 | | | |
| | | Triptodur | | | |
| | | J3316 | | | |
| | | Tzield | | | |
| | | J9381 | | | |
| | | Unclassified codes* | | | |
| | | C9094 | C9149 | C9157 | C9166 |
| | | C9399 | J3490 | J3590 | |
| | | Uplizna | | | |
| | | J1823 | | | |
| | | Intravitreal Vascular Endothelial Growth Factor (VEGF) | | | |
| | | J0178 | J0179 | J2777 | J2778 |
| | | J2779 | Q5124 | Q5128 | |
| | | Veopoz | | | |
| | | J9376 | | | |
| | | Vimizim | | | |
| | | J1322 | | | |
| | | Vyepti | | | |
| | | J3032 | | | |
| | | Vyvgart | | | |
| | | J9332 | | | |
| | | Vyvgart Hytrulo | | | |
| | | J9334 | | | |
| | | Xembify | | | |
| | | J1558 | | | |
| | | Xenpozyme | | | |
| | | J0218 | | | |

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

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
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available at [UHCprovider.com/policies](https://www.uhc.com/provider/policies) > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

*For unclassified and temporary codes C9094, C9149, C9157, C9166, C9167, C9168, C9399, J3490 and J3590, prior authorization is only required for Nulibry, Revcovi, Rivfloza, Vabysmo

Inpatient admission Prior authorization is required for inpatient admissions including:

- Behavioral/ substance abuse
- Elective surgical with admission
- Hospice
- Long-term acute care/rehabilitation
- Skilled nursing facilities

Prior authorization is not required for emergency services.

Inpatient – observation Prior authorization is not required. Notification required if member is admitted for an inpatient stay.

Observation must be ordered in writing by a physician, or other individual authorized by hospital staff bylaws, to admit patients to the hospital or to order outpatient diagnostic tests or treatments.

| | | | | | |
|------------------------------------------------------------------------------|-------------------------------------------------------|-------|-------|-------|-------|
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization is required for the codes listed. | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27125 |
| | | 27130 | 27132 | 27134 | 27137 |
| | | 27138 | 27412 | 27446 | 27447 |
| | | 27486 | 27487 | 29866 | 29867 |
| | | 29868 | | | |

Laboratory services Prior authorization is not required. If you have questions, please call LabCorp at 800-788-9743.

| | | | | | |
|------------------------|-------------------------------------------------------|-------------------------|-------|-------|-------|
| Musculoskeletal | Prior authorization is required for the codes listed. | Shoulder surgery | | | |
| | | 23470 | 23472 | 23743 | 23474 |

| | | | | | |
|---------------------------------------------|-------------------------------------------------------|-------|-------|-------|-------|
| 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 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | |
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| | | | | | | |
| | | 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 | |
| | For members younger than 21 with orthotic limitation: | <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 The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively | L0632 | L0634 | L0636 | L0637 |
| | | | L0638 | L0640 | L0700 | L0710 |
| | | | L0810 | L0820 | L0830 | L0859 |
| | | | L1000 | L1005 | L1200 | L1300 |
| | | | L1310 | L1499 | L1680 | L1685 |
| | | | L1720 | L1730 | L1755 | L1820 |
| | | | L1830 | L1831 | L1832 | L1834 |
| | | | L1836 | L1840 | L1844 | L1845 |
| | | | L1847 | L1860 | L1945 | L1950 |
| | | | L2000 | L2005 | L2020 | L2030 |
| | | | L2034 | L2036 | L2037 | L2038 |
| | | | L2060 | L2106 | L2108 | L2126 |
| | For members 21 and older: | AHCCCS orthotics coverage applies if: <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 physician | L2136 | L2350 | L2526 | L2627 |
| | | | L2628 | L3230 | L3265 | L3649 |
| | | | L3671 | L3674 | L3720 | L3730 |
| | | | L3740 | L3763 | L3764 | L3900 |
| | | | L3901 | L3904 | L3905 | L3961 |
| | | | L3976 | L3977 | L3999 | L4000 |
| | | | L4010 | L4020 | L4631 | L5010 |
| | | | L5020 | L5050 | L5060 | L5100 |
| | | | L5105 | L5150 | L5160 | L5200 |
| | | | L5210 | L5220 | L5230 | L5270 |
| | For members 21 and older with orthotic limitation: | <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 The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively | L5280 | L5301 | 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 | L5724 | L5726 | L5728 | | | |
| L5780 | L5790 | L5795 | L5811 | | | |
| L5812 | L5814 | L5816 | L5818 | | | |
| L5822 | L5824 | L5826 | L5828 | | | |
| L5830 | L5845 | L5848 | L5857 | | | |
| L5858 | L5930 | L5950 | L5960 | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-----------------------------------|------------------------|--------------------------------------------------------------|-------|-------|-------|
| Orthotics and prosthetics (cont.) | | L5961 | L5962 | L5964 | L5966 |
| | | L5968 | L5976 | L5979 | L5980 |
| | | L5981 | L5982 | L5984 | L5986 |
| | | L5987 | L5988 | L5990 | L5999 |
| | | L6000 | L6020 | L6050 | L6055 |
| | | L6100 | L6110 | L6120 | L6130 |
| | | L6200 | L6205 | L6250 | L6300 |
| | | L6310 | L6320 | 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 | L6881 | L6882 | L6883 |
| | | L6884 | L6885 | L6895 | L6900 |
| | | L6905 | L6910 | L6920 | L6925 |
| | | 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-state services Benefit only approved when service is emergent or unavailable in Arizona.

Out-of-network services Prior authorization is required for all out-of-network services.

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|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|-------|
| Outpatient therapy – occupational, physical and speech therapy | For members younger than 21: Occupational, physical and speech therapy are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity. | 97012 | 97014 | 97016 | 97018 |
| | | 97022 | 97026 | 97028 | 97033 |
| | | 97034 | 97039 | 97110 | 97112 |
| | | 97113 | 97116 | 97124 | 97140 |
| | | 97530 | 97535 | 97799 | G0281 |
| | | G0283 | | | |

• Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits

For members 21 and older:
Occupational/speech therapy

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
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Prior authorization is required for Occupational and speech therapy. Occupational and speech therapy services are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity.

- Prior authorization is required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits.

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| 92507 | 92508 | 92526 | |
|-------|-------|-------|--|

Physical therapy - outpatient
 Prior authorization is NOT required for outpatient physical therapy. Outpatient physical therapy services are:

- Limited to 15 visits per benefit year, Oct. 1 - Sept. 30, to help an individual acquire a new skill or level of function, and then maintain it

Physical therapy - skilled nursing or custodial facility considered as inpatient.

Services are covered when medically necessary and not subjected to outpatient benefits limitations.

- Prior authorization is required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits.

| Pain injections and management | Additional information | 64490 | 64493 | | |
|--------------------------------|------------------------|-------|-------|--|--|
|--------------------------------|------------------------|-------|-------|--|--|

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|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| Pharmacy drugs | A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunity plan > Pharmacy Resources and Physician Administered Drugs Service requests <u>must</u> include "J" codes and National Drug Code (NDC) codes for the medication requested. | 90378 | J0224 | J0717 | J1290 |
| | | J1300 | J1303 | J1427 | J1428 |
| | | J1429 | J1786 | J2326 | J2357 |
| | | J2840 | J3060 | J3385 | J3398 |
| | | J3399 | | | |
| | | | | | |
| | The following hemophilia factor/ biotech drugs are included on the prior authorization list: <ul style="list-style-type: none"> • Aldurazyme® • Ceprotin® • Cerezyme® | 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 . | | | |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|

- Cimzia®
- Cinryze®
- Elaprase®
- Eleyso®
- Exondys 51™
- Fabrazyme®
- Juxtapid®
- Kalydeco®
- Kuvan®
- Kynamro®
- Lumizyme®
- Myozyme®
- Orfadin®
- Soliris®
- Spinraza™
- Synagis®
- VPRIV®
- Xolair®
- Zolgensma®

Fax forms are available at UHCprovider.com/AZcommunityplan > Arizona > Pharmacy Program > Pharmacy Prior Authorization Forms > Specialty Medication Prior Authorization Cover Sheet. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.

| | | | | | |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|
| Potentially Unproven Services | Prior authorization is required. | 33289 | C2624 | | |
| Pregnancy termination | <p>Prior authorization is 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 |
| Prostate procedures | Prior authorization required | 37243 53852 | 52441 55873 | 52442 55874 | 53850 |
| Proton beam | Prior authorization required for the | 77520 | 77522 | 77523 | 77525 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | codes listed | | | | |
| 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 |
| Shoulder surgery | Prior authorization is required for the codes listed. | Musculoskeletal system | | | |
| | | 29805 29820 29825 | 29806 29822 29826 | 29807 29823 29827 | 29819 29824 29828 |
| Sinuplasty | Prior authorization is required for the codes listed. | 31295 | 31296 | 31297 | 31298 |
| Skilled nursing facility services | Prior authorization is required. Separate prior authorization is required for outpatient services. | | | | |
| Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea | Prior authorization is required for the codes listed. | 21685 | 41599 | | 42145 |
| Spinal surgery | Prior authorization is required for the codes listed. | 22100 22112 22210 22224 22513 22533 22556 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087 63170 | 22101 22114 22212 22510 22514 22548 22558 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090 63172 | 22102 22206 22214 22511 22515 22551 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 | 22110 22207 22220 22512 22532 22554 22595 22630 22804 22818 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| Spinal surgery (cont.) | | 63190 | 63191 | 63200 | 63250 |
| | | 63251 | 63252 | 63265 | 63267 |
| | | 63268 | 63270 | 63271 | 63272 |
| | | 63286 | 63300 | 63301 | 63302 |
| | | 63303 | 63304 | 63305 | 63306 |
| | | 63307 | 63308 | 0098T | |
| Sterilization | Prior authorization is required for the codes listed. | 52601 | 52630 | 52647 | 52648 |
| | | 52649 | 55250 | 55801 | 55821 |
| | For all members younger than age 21: | 55831 | 58565 | 58600 | 58605 |
| | | 58611 | 58615 | 58670 | 58671 |
| | Prior authorization is required. | 58700 | | | |
| | 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. | | | | |
| | Stimulators Implantation of a device that sends electrical impulses | Prior authorization is required. | Bone growth stimulator | | |
| E0747 | | | E0748 | E0749 | E0760 |
| Neurostimulator | | | | | |
| | | 43648 | 43882 | 61863 | 61864 |
| | | 61867 | 61868 | 61885 | 61886 |
| | | 63650 | 63655 | 63685 | 64553 |
| | | 64555 | 64568 | 64570 | 64590 |
| | | L8680 | L8682 | L8685 | L8686 |
| | | L8687 | L8688 | | |
| Transplant services | | Prior authorization is required for the codes listed. | For transplant and CAR T-Cell therapy services including Abecma® (idecaptopogene cicleucel), Breyanzi® (lisocabtagene maralucecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Lyfgenia® (lovotibeglogene autotemcel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card. | | |
| | Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request. | 32850 | 32851 | 32852 | 32853 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|-------|
| | | 32854 | 32855 | 32856 | 33930 |
| | | 33933 | 33935 | 33940 | 33944 |
| | | 33945 | 38208 | 38209 | 38210 |
| | | 38212 | 38213 | 38214 | 38215 |
| | | 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 |
| | | 50547 | 38232* | J3394 | |
| | | CAR-T cell therapy | | | |
| | | 0537T | 0538T | 0539T | 0540T |
| | | J9999 | Q2041 | Q2042 | Q2053 |
| | | Q2054 | Q2055 | Q2056 | |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis | | | |
| | | Temporary and Unclassified codes**: | | | |
| | | C9399 | J3490 | J3590 | |
| | | **Amtagvi, Casgevy, Lantidra, Lenmeldy | | | |
| Transportation | Transportation Prior authorization is required for non-emergent taxi and stretcher van | To schedule transportation, please call Medical Transportation Management (MTM) at 888-700-6822. | | | |
| Vein procedures | Prior authorization is required for the codes listed. | 36473 | 36475 | 36478 | 37700 |
| | | 37718 | 37722 | 37765 | 37766 |
| | Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | 37780 | | | |
| Ventricular assist devices (VAD) | 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 855-282-8929. | | | |
| | A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | 33927 | 33928 | 33929 | 33975 |
| | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | Q0507 | Q0508 | Q0509 |
| Wound vac | Prior authorization is required for the codes listed. A negative pressure wound therapy (NPWT) pump and supplies will be denied if one or | E2402 | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| | <p>more of the following are present:</p> <ul style="list-style-type: none"> • Cancer tissue in the wound • Criteria for continued coverage is no longer met • Necrotic tissue with eschar in the wound, if debridement isn't attempted • Supplies and equipment are no longer being used by the member • Untreated fistula to an organ or body cavity within vicinity of the wound • Untreated osteomyelitis within vicinity of the wound | |