

# Prior Authorization Requirements for Arizona Long Term Care Medicaid

Effective January 1, 2022

## General Information

### General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Arizona Long Term Care 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 UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** 800-377-2055

### Important Information

- **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 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.
- **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>For members younger than 21:</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>For members ages 21 and older:</b> Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, <b>is not a covered benefit.</b></p> <p>Allergy testing, including testing for common allergens, <b>is a covered benefit</b> when the member has:</p> <ul style="list-style-type: none"><li>• Sustained an anaphylactic reaction to an unknown allergen</li></ul>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Allergy immunotherapy (continued)</b>	<ul style="list-style-type: none"> <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. <b><u>Prior authorization is required for allergy testing when it meets the criteria above.</u></b></li> </ul>				
<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>	<p>Prior authorization required for inpatient admissions</p> <p>Prior authorization required for outpatient services listed.</p>	<p>The following benefits and/or codes require prior authorization:</p> <ul style="list-style-type: none"> <li>Acute inpatient admission (includes admissions to AZ State Hospital)</li> <li>Electroconvulsive therapy</li> <li>Home care training client (S5109)</li> <li>Neuropsychological testing</li> <li>Out-of-state placement</li> <li>Psychological testing</li> <li>Residential behavioral health facility – Level II group home (H0018)</li> <li>Residential treatment center – Level 1</li> <li>Transcranial magnetic stimulation</li> </ul>			
<b>Bone growth stimulator</b>	Prior authorization required for the codes listed	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
<b>BRCA genetic testing</b>	Prior authorization required for the codes listed	81162	81163	81164	81165
	Please direct all lab requests to LabCorp at <b>800-533-0567</b> for review and processing.	81166	81212	81215	81216
		81217	81432	81433	
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required for the codes listed	19316	19318	19325	19328
		19330	19340	19342	19350
Reconstruction of the breast except for after mastectomy		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
<b>Cardiovascular</b>	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		75710*	75716*		
		*Prior authorization required for the following diagnosis codes:			
		E08.51	E08.52	E08.59	E08.621
		E09.51	E09.52	E09.59	E09.621
		E10.51	E10.52	E10.59	E10.621
		E11.51	E11.52	E11.59	E11.621

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>	E13.51	E13.52	E13.59	E13.621	
	170.201	170.202	170.203	170.208	
	170.209	170.211	170.212	170.213	
	170.218	170.219	170.221	170.222	
	170.223	170.228	170.229	170.231	
	170.232	170.233	170.234	170.235	
	170.238	170.239	170.241	170.242	
	170.243	170.244	170.245	170.248	
	170.249	170.25	170.261	170.262	
	170.263	170.268	170.269	170.291	
	170.292	170.293	170.298	170.299	
	170.301	170.302	170.303	170.308	
	170.309	170.311	170.312	170.313	
	170.318	170.319	170.321	170.322	
	170.323	170.329	170.331	170.332	
	170.333	170.334	170.335	170.338	
	170.339	170.341	170.342	170.343	
	170.344	170.345	170.348	170.349	
	170.35	170.361	170.362	170.363	
	170.369	170.391	170.392	170.393	
	170.399	170.401	170.402	170.403	
	170.408	170.409	170.411	170.412	
	170.413	170.418	170.421	170.422	
	170.423	170.428	170.429	170.431	
	170.432	170.433	170.434	170.435	
	170.438	170.439	170.441	170.442	
	170.443	170.444	170.445	170.448	
	170.449	170.461	170.462	170.463	
	170.468	170.469	170.491	170.492	
	170.493	170.498	170.499	170.501	
	170.502	170.503	170.508	170.509	
	170.511	170.512	170.513	170.518	
	170.519	170.521	170.522	170.523	
	170.528	170.529	170.531	170.532	
	170.533	170.534	170.535	170.538	
	170.539	170.541	170.542	170.543	
	170.544	170.545	170.548	170.549	
	170.561	170.562	170.563	170.568	
	170.569	170.591	170.592	170.593	
	170.598	170.599	170.601	170.602	
	170.603	170.608	170.609	170.611	
	170.612	170.613	170.618	170.619	
	170.621	170.622	170.623	170.628	
	170.629	170.631	170.632	170.633	
170.634	170.635	170.638	170.639		
170.641	170.642	170.643	170.644		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (continued)</b>		I70.645	I70.648	I70.649	I70.661	
		I70.662	I70.663	I70.668	I70.669	
		I70.691	I70.692	I70.693	I70.698	
		I70.699	I70.701	I70.702	I70.703	
		I70.708	I70.709	I70.711	I70.712	
		I70.713	I70.718	I70.719	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	I70.791	
		I70.792	I70.793	I70.798	I70.799	
		I70.8	I70.90	I70.91	I70.92	
		I72.3	I72.4	I72.8	I72.9	
		I73.89	I73.9	I74.3	I74.4	
		I74.5	I74.8	I74.9	I75.021	
		I75.022	I75.023	I75.029	I75.89	
		I77.1	I77.2	I77.70	I77.72	
		I77.77	I77.79	I96	L03.115	
		L03.116	L97.319	L97.329	L97.419	
		L97.429	L97.511	L97.512	L97.513	
		L97.519	L97.521	L97.522	L97.529	
		L97.819	L97.828	L97.829	L97.909	
		L97.919	L97.929	L98.491	L98.499	
		M79.604	M79.605	M79.606	M79.609	
		M79.651	M79.652	M79.659	M79.661	
		M79.662	M79.669	M79.671	M79.672	
		M79.673	M79.674	M79.675	M79.676	
		M86.661	M86.662	M86.669	M86.671	
		M86.672	M86.679	M86.8X7	Q27.30	
		Q27.32	Q27.39	Q27.8	Q27.9	
		Q87.2	R93.6	S35.511A	S35.512A	
		S81.801A	S81.802A	S81.809A	S91.301A	
		S91.302A	S91.309A	T82.312A	T82.318A	
		T82.319A	T82.338A	T82.392A	T82.398A	
		T82.399A	T82.818A	T82.856A	T82.858A	
		T82.868A	T82.898A	Z95.820	Z98.62	
	<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>Chiropractic care</b>	<b><u>For members younger than 21:</u></b> Prior authorization not required				
		<b><u>For members ages 21 and older:</u></b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chiropractic care (continued)</b>	<b>Chiropractic care is <u>not</u> a covered benefit.</b>				
<b>Circumcision</b>	<b>Routine circumcision is <u>not</u> a covered benefit.</b>  Prior authorization required <u>only</u> for cases with documented medical necessity.	54150	54160	54161	54162
<b>Cochlear and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	<b>For members younger than 21:</b> Prior authorization required for the codes listed  <b>For members ages 21 and older:</b> <ul style="list-style-type: none"> <li>• Prior authorization required for supplies, equipment maintenance and repair of component parts</li> <li>• <b>Hardware is <u>not</u> a covered benefit.</b></li> </ul> <b>Clinical documentation <u>must</u> accompany and establish medical necessity for this service request.</b>	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 E0787	A9276 K0553	A9277 K0554	A9278
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required for the codes listed  <b>Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.</b>	11960 14041 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	11971 14061 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	14020 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14021 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
<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-D2 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-D2</b> .				
<b>Diabetic supplies</b>	Diabetic supplies are provided by the local pharmacy.	To locate contracted care providers or vendors, please visit <b>UHCprovider.com/AZcommunityplan &gt;Member Information:</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Diabetic supplies (continued)</b>	Prior authorization for talking glucometers available through the medical prior authorization process	Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans			
<b>Durable medical equipment (DME)</b>	<p>Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500</p> <p><b>UnitedHealthcare Community Plan 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.</b></p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	E0193	E0194	E0265	E0266
		E0270	E0277	E0300	E0302
		E0304	E0329	E0445	E0457
		E0460	E0465	E0466	E0483
		E0486	E0620	E0636	E0656
		E0669	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	E2300	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		
<b>Enteral services/parental/oral</b>	<p>Prior authorization required for the codes listed</p> <p><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></p>	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					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<p><b>Enteral services/parental/ Oral (continued)</b></p> <p>parenteral nutrition (TPN), and/or lipids and oral supplements</p>	<p><b>For members younger than 21:</b>  For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &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.</p> <p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &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.</p> <p><b>For members 21 and older:</b>  Please review AMPM Chapter 300, Policy 310-GG at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &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. The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &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. &gt; Attachment A</p>				
<p><b>Experimental and investigational (and/or linked services)</b></p>	<p>Prior authorization 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 <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; 320, Services With Special Circumstances &gt; 320-B.</p>	<p>0191T 64722 E1831</p>	<p>33477 66180</p>	<p>36514 A4638</p>	<p>55866 A9274</p>
<p><b>Eye care/optometry</b></p>	<p><b>Benefits provided for members younger than 21:</b></p> <ul style="list-style-type: none"> <li>• One routine eye exam every 12 months</li> <li>• Regular single vision bifocal or trifocal polycarbonate lenses</li> <li>• Frame for up to \$79.99 retail price</li> <li>• One replacement pair of</li> </ul>	<p>For member eye care services, please call Nationwide Vision at <b>800-481-2779</b>.</p>			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Eye care/optometry (continued)</b>	<p>glasses if lost, stolen or damaged</p> <ul style="list-style-type: none"> <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></p> <p>Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye</p>				
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required for the codes listed	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required for the codes listed	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Genetic testing</b>	<p>Prior authorization required for services not covered by LabCorp</p> <p>To determine prior authorization requirements, please call LabCorp at <b>800-788-9743</b>.</p>	81401 81479 88261 88267 88273 88283 88299	81415 88245 88262 88269 88274 88285	81417 88248 88263 88271 88275 88289	81465 88249 88264 88272 88280 88291
<b>Hearing aids and services</b>	<b>For members younger than 21:</b> Prior authorization not required	92590	92591	92592	92593
Hearing evaluations and hearing aids	<b>For members ages 21 and older:</b> Prior authorization required	92594 V5011 V5050 V5120 V5243 V5247 V5251 V5255 V5259 V5263	92595 V5014 V5060 V5190 V5244 V5248 V5252 V5256 V5260 V5267	S0618 V5030 V5095 V5230 V5245 V5249 V5253 V5257 V5261 V5298	V5010 V5040 V5100 V5242 V5246 V5250 V5254 V5258 V5262
<b>Home- and community-based services</b>	Prior authorization required	For home- and community-based services, please call UnitedHealthcare Community Plan at <b>800-377-2055</b> or the notification number on the back of the member's health plan ID card.			
<b>Home health care</b>	Prior authorization required for the codes listed	For codes G0299, G0300, S9123 and S9124, please fax Case Management at <b>877-395-5993</b> to complete the request.			
	<b>Infusion services – prior authorization not required</b>	G0299	G0300	S9123	S9124
<b>Hospice</b>	Prior authorization required for the codes listed	For prior authorization, please call the Long Term Care Case Management Unit at <b>602-255-8908</b> to complete the request.			
		T2042	T2043	T2044	T2045



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Hysterectomy</b>	Prior authorization required for the codes listed	58150 58210 58263 58280 58292 58542 58550 58570 58951 59135	58152 58240 58267 58285 58293 58543 58552 58571 58953 59525	58180 58260 58270 58290 58294 58544 58553 58572 58954	58200 58262 58275 58291 58541 58548 58554 58573 58956
<b>Incontinence supplies</b>	<p>Incontinence supplies are a benefit only when provided through Byram Healthcare®.</p> <p><b><u>For members younger than 21:</u></b> Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 240 per month.</p> <p><b><u>For members ages 21 and older:</u></b> Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 180 per month.</p>	To request incontinence supplies, please call Byram Healthcare at <b>877-902-9726</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>Amondys 45</b> J1426</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>Cabenuva™</b> J0741</p> <p><b>Cerezyme®*</b> J1786</p> <p><b>Cimzia®*</b></p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J0717				
	<b>Cinqair®</b>				
	J2786				
	<b>Crysvita®</b>				
	J0584				
	<b>Elelyso®*</b>				
	J3060				
	<b>Entyvio®</b>				
	J3380				
	<b>Esperoct®*</b>				
	J7204				
	<b>Evenity™</b>				
	J3111				
	<b>Evkeeza™</b>				
	J1305				
	<b>Exondys 51™*</b>				
	J1428				
	<b>Fasenra™</b>				
	J0517				
	<b>Fensolvi®</b>				
	J1951				
	<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>Krystexxa®</b>					
J2507					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)	<b>Lemtrada®</b>		
	J0202		
	<b>Luxturna™*</b>		
	J3398		
	<b>Makena®</b>		
	J1726		J1729
	<b>Monoferric®</b>		
	J1437		J2675
	<b>Nplate®</b>		
	J2796		
	<b>Nucala®</b>		
	J2182		
	<b>Ocrevus™</b>		
	J2350		
	<b>Orencia®</b>		
	J0129		
	<b>Onpattro™</b>		
	J0222		
	<b>Oxlumo™*</b>		
	J0224		
	<b>Parsabiv™</b>		
	J0606		
	<b>Probuphine®</b>		
	J0570		
	<b>Radicava®</b>		
	J1301		
	<b>Reblozyl®</b>		
	J0896		
	<b>Remicade®</b>		
	J1745		
<b>Renflexis®</b>			
Q5104			
<b>Riabni™</b>			
Q5123			
<b>Ruconest®</b>			
J0596			
<b>Scenesse®</b>			
J7352			
<b>Sevenfact®*</b>			
J7212			
<b>Signifor® LAR</b>			
J2502			
<b>Simponi Aria®</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	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>Triptodur®</b>				
	J3316				
	<b>Trogarzo™</b>				
	J1746				
	<b>Ultomiris™</b>				
	J1303				
	<b>Unclassified codes**</b>				
	C9399	J3490	J3590		
	<b>Uplizna®</b>				
	J1823				
	<b>Viltepso™*</b>				
	J1427				
	<b>VPRIV®</b>				
J3385					
<b>Vyepti™</b>					
J3032					
<b>Vyondys 53®*</b>					
J1429					
<b>Xembify®</b>					
J1558					
<b>Xolair®*</b>					
J2357					
<b>Zolgensma®*</b>					
J3399					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Injectable medications (continued)</b>	<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; 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 <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* For Acthar®, Cerezyme®, Cimzia®, Elelyso®, Esperoct, Exondys 51™, Luxturna, Oxlumo, Sevenfact, Soliris®, Spinraza™, Synagis®, Viltepso, Vyondys 53, Xolair® and Zolgensma® prior authorization, please call the Pharmacy Prior Authorization Service at <b>800-310-6826</b>.</p> <p>** For unclassified and temporary codes C9086, C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Lupaneta Pack™, Nulibry, Ryplazim and Saphnelo.</p>				
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<b>Inpatient admission</b>	<p>Prior authorization required for inpatient admissions including:</p> <ul style="list-style-type: none"> <li>Behavioral/substance abuse</li> <li>Elective surgical with admission</li> <li>Hospice</li> <li>Long term acute care/rehabilitation</li> <li>Skilled nursing facilities</li> </ul> <p>Prior authorization not required for emergency services</p>				
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<b>Inpatient – observation</b>	<p>Prior authorization not required</p> <p>Notification required if member is admitted for an inpatient stay</p> <p><b>Observation <u>must</u> 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.</b></p>				
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<b>Joint replacement</b> 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		

<b>Laboratory services</b>	Prior authorization not required. If you have questions, please call LabCorp at <b>800-788-9743</b> .				
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<b>Non-emergent air ambulance transport</b>	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
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<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw	Prior authorization required for the codes listed	21121	21123	21125	21127
		21141	21142	21143	21145

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (continued)  functional impairment		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
	<b><u>For members younger than 21 with orthotic limitation:</u></b>	L0632	L0634	L0636	L0637
	• 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.	L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834
	• The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	L1836	L1840	L1844	L1845
		L1847	L1860	L1945	L1950
		L2000	L2005	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
	<b><u>For members ages 21 and older:</u></b>	L2136	L2350	L2526	L2627
		L2628	L3230	L3265	L3649
	AHCCCS orthotics coverage applies if:	L3671	L3674	L3720	L3730
	• The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines.	L3740	L3763	L3764	L3900
		L3901	L3904	L3905	L3961
	• The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.	L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
	• The orthotic is ordered by a physician or primary care provider.	L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5270
		L5280	L5301	L5312	L5321
		L5331	L5341	L5400	L5420
		L5460	L5500	L5505	L5510
	<b><u>For members ages 21 and older with orthotic limitation:</u></b>	L5520	L5530	L5535	L5540
	• 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.	L5560	L5570	L5580	L5585
		L5590	L5595	L5600	L5610
		L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
	L5646	L5647	L5648	L5649	
	L5651	L5653	L5661	L5673	
• The component will be replaced if, at the time authorization is requested, documentation is provided to establish the	L5682	L5683	L5700	L5702	
	L5703	L5705	L5706	L5716	
	L5718	L5724	L5726	L5728	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>	component isn't operating effectively.	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	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	L6715	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
<b>Out-of-state services</b>	Benefit only approved when service is emergent or unavailable in the state of Arizona				
<b>Out-of-network services</b>	Prior authorization required for all out-of-network services				
<b>Outpatient therapy</b>	<b><u>For members younger than 21:</u></b>  Prior authorization required for the codes listed  Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. <b>No benefit limits apply.</b>	92507	92508	92526	97012
		97014	97016	97018	97022
		97026	97028	97033	97034
		97039	97110	97112	97113
		97116	97124	97140	97535



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
<b>Outpatient therapy (continued)</b>	<p><b><u>For members ages 21 and older:</u></b></p> <p>Prior authorization required for the codes listed for occupational and speech therapy</p> <p>Physical therapy conducted within a Nursing or Custodial Facility are considered as Inpatient and not subjected to outpatient benefits limitations.</p> <p>Physical therapy is covered in an inpatient or outpatient setting.</p> <p><b>Outpatient physical therapy is:</b></p> <ul style="list-style-type: none"> <li>• <b>Limited</b> to 15 physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual restore a skill or level of function, and then maintain it</li> <li>• <b>Limited</b> to 15 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> <p><b><u>For Qualified Medicare Beneficiaries (QMB):</u></b></p> <p>Co-pays are covered when medically necessary until Medicare benefit exhausts.</p>		
<b>Pain injections and management</b>	Prior authorization required	64490	64493
<b>Pharmacy drugs</b>	<p>A list of medications requiring prior authorization is available at <b><a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a></b></p> <p>&gt; Pharmacy Resources and Physician Administered Drugs</p> <p><b>Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested.</b></p> <p>The following hemophilia factor/biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> <li>• Acthar® gel</li> <li>• Aldurazyme®</li> <li>• Ceprotin®</li> <li>• Cerezyme®</li> <li>• Cimzia®</li> <li>• Cinryze®</li> <li>• Elaprase®</li> <li>• Elelyso®</li> <li>• Exondys 51™</li> <li>• Fabrazyme®</li> <li>• Juxtapid®</li> <li>• Kalydeco®</li> </ul>	<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: <b>800-310-6826</b>            Fax: <b>866-940-7328</b></p> <p>For specialty pharmacy prior authorization, please fax <b>866-940-7328</b>.</p> <p>Fax forms are available at <b><a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a></b> &gt; Arizona &gt; Pharmacy Program &gt; Pharmacy Prior Authorization Forms &gt; 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.</p>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pharmacy drugs (continued)</b>	<ul style="list-style-type: none"> <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>				
<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>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required for the codes listed	77520	77522	77523	77525
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request the following 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 fax <b>800-278-2907</b> to complete your request. Fax forms are available at <b>UHCprovider.com/AZcommunityplan</b> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal	Prior authorization required for the codes listed	30400 30435	30410 30450	30420 30460	30430 30462

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Rhinoplasty and septoplasty</b>		30465			
functional impairment and septal deviation					
<b>Sinuplasty</b>	Prior authorization required for the codes listed	31295	31296	31297	31298
<b>Skilled nursing facility services</b>	Prior authorization required Separate prior authorization required for outpatient services				
<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					
<b>Spinal surgery</b>	Prior authorization required for the codes listed	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	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	0095T	0098T
		0164T			
<b>Sterilization</b>	Prior authorization required for the codes listed	52601	52630	52647	52648
		52649	55250	55450	55801
	<b><u>For all members younger than age 21:</u></b>	55821	55831	58565	58600
		58605	58611	58615	58670

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Sterilization (continued)</b>	<p>Prior authorization required</p> <p><b>Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.</b></p> <p>For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization 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; 420, Family Planning &gt; Section E Sterilization.</p> <p>The Consent to Sterilization form 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; 420, Family Planning &gt; Attachment A.</p>	58671	58700		
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<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<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>	<p>Prior authorization required for the codes listed</p> <p><b>Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.</b></p>	<p>For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucaptagene autoleucel) and Yescarta™ (axicaptagene 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.</p>			
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant services (continued)</b>		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		<b>CAR-T Cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055			
		*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>	Prior authorization required for the codes listed	36468	36473	36475	36478
		37700	37718	37722	37765
	Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	37766	37780		
<b>Ventricular assist devices (VAD)</b>	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> .			
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
<b>Wound vac</b>	<p>Prior authorization required for the codes listed</p> <p>A negative pressure wound therapy (NPWT) pump and supplies will be denied if one or more of the following are present:</p> <ul style="list-style-type: none"> <li>• Cancer tissue in the wound</li> <li>• Criteria for continued coverage is no longer met</li> <li>• Necrotic tissue with eschar in the wound, if debridement isn't attempted</li> <li>• Supplies and equipment are no longer being used by the member</li> <li>• Untreated fistula to an organ or body cavity within vicinity of the wound</li> <li>• Untreated osteomyelitis within vicinity of the wound</li> </ul>	E2402			