

# Prior Authorization Requirements for Arizona Long Term Care Medicaid

Effective March 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> Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes listed	20975	20979																		
<b>BRCA genetic testing</b>	Prior authorization required for the codes listed Please direct all lab requests to LabCorp at <b>800-533-0567</b> for review and processing.	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216																
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except for after mastectomy	Prior authorization required for the codes listed	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371																
<b>Cardiovascular</b>	Prior authorization required	37220 37226 75710*	37221 37227 75716*	37224 37228 93580**	37225 37229																
		<p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td>E08.621</td> </tr> <tr> <td>E09.51</td> <td>E09.52</td> <td>E09.59</td> <td>E09.621</td> </tr> <tr> <td>E10.51</td> <td>E10.52</td> <td>E10.59</td> <td>E10.621</td> </tr> <tr> <td>E11.51</td> <td>E11.52</td> <td>E11.59</td> <td>E11.621</td> </tr> </table>				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
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			
Cardiovascular (continued)		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				
Cardiovascular (continued)		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	
	**Code effective 4/1/2022					
	Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	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
	Chiropractic care	<b>For members younger than 21:</b> Prior authorization not required				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chiropractic care (continued)</b>	<b>For members ages 21 and older:</b> Chiropractic care is <u>not</u> a covered benefit.				
<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 L8619	69714 L8690	69930 L8691	L8614 L8692
<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	To locate contracted care providers or vendors, please visit			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Diabetic supplies (continued)</b>	local pharmacy. Prior authorization for talking glucometers available through the medical prior authorization process	<b>UHCprovider.com/AZcommunityplan</b> >Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans			
<b>Durable medical equipment (DME)</b>	Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500  <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> Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0193 E0270 E0304 E0460 E0486 E0669 E0694 E0766 E1002 E1006 E1010 E1161 E1233 E1237 E1902 E2230 E2325 E2351 E2504 E2511 E2627 E8000 K0008 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886	E0194 E0277 E0329 E0465 E0620 E0670 E0700 E0784 E1003 E1007 E1030 E1229 E1234 E1238 E2100 E2300 E2327 E2373 E2506 E2512 E2628 E8001 K0013 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890	E0265 E0300 E0445 E0466 E0636 E0675 E0710 E0984 E1004 E1008 E1035 E1231 E1235 E1239 E2227 E2301 E2329 E2500 E2508 E2599 E2629 E8002 K0108 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891	E0266 E0302 E0457 E0483 E0656 E0693 E0745 E0986 E1005 E1009 E1036 E1232 E1236 E1825 E2228 E2322 E2331 E2502 E2510 E2626 E2630 K0005 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040
<b>Enteral services/parental/oral</b>	Prior authorization required for the codes listed	B4034 B4102 B4150 B4158 B9002	B4035 B4103 B4152 B4159 B9998	B4036 B4104 B4153 B4160	B4100 B4149 B4155 B4161
In-home nutritional therapy either enteral or through a	<b>Clinical documentation and oral supplement Certificate of Medical Necessity, as applicable, <u>must</u> accompany and establish medical</b>				

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>gastrostomy tube, total parenteral nutrition (TPN), and/or lipids and oral supplements</p>	<p><b>necessity for this service request.</b>  <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 66180</p>	<p>33477 A4638</p>	<p>36514 A9274</p>	<p>64722 E1831</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> </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>	<ul style="list-style-type: none"> <li>One replacement pair of glasses if lost, stolen or damaged</li> <li>Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision.</li> </ul> <p><b>For members ages 21 and older:</b> Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye</p>				
<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>	Prior authorization required for services not covered by LabCorp	81265 81325 81405 81415 81465 88248 88263 88271 88275 88289	81302 81401 81406 81416 81479 88249 88264 88272 88280 88291	81321 81403 81407 81417 86353 88261 88267 88273 88283 88299	81323 81404 81408 81460 88245 88262 88269 88274 88285
<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	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</b>		G0299	G0300	S9123	S9124



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	authorization not required				
<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
<b>Hysterectomy</b>	Prior authorization 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
		58550	58552	58553	58554
		58570	58571	58572	58573
		58951	58953	58954	58956
		59135	59525		
<b>Incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Byram Healthcare®. <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. <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.	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	<b>Actemra®</b> J3262			
		<b>Acthar®*</b> J0800			
		<b>Adakveo®</b> J0791			
		<b>Amondys 45</b> J1426			
		<b>Aralast NP, Prolastin-C, Zemaira***</b> J0256			
		<b>Avsola™</b> Q5121			
		<b>Benlysta</b> J0490			
		<b>Berinert</b> J0597			
		<b>Botulinum toxins</b> J0585	J0586	J0587	J0588
		<b>Brineura™</b> J0567			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)	<b>Cabenuva™</b>			
	J0741			
	<b>Cerezyme®*</b>			
	J1786			
	<b>Cimzia®*</b>			
	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>Glassia®***</b>				
J0257				
<b>Ilaris®</b>				
J0638				
<b>Ilumya™</b>				
J3245				
<b>Inflectra®</b>				
Q5103				
<b>Injectafer®</b>				
J1439				
<b>IVIG</b>				
J1459		J1554	J1555	
			J1556	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
	<b>Kalbitor®</b>				
	J1290				
	<b>Kanuma®***</b>				
	J2840				
	<b>Krystexxa®</b>				
	J2507				
	<b>Lemtrada®</b>				
	J0202				
	<b>Luxturna™*</b>				
	J3398				
	<b>Makena®</b>				
	J1726	J1729	J2675		
	<b>Mepsevii®***</b>				
	J3397				
	<b>Monoferric®</b>				
	J1437				
	<b>Nexviazyme®***</b>				
	J0219				
	<b>Nglazyme®***</b>				
	J1458				
	<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					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Remicade®</b>				
	J1745				
	<b>Renflexis®</b>				
	Q5104				
	<b>Riabni™</b>				
	Q5123				
	<b>Ruconest®</b>				
	J0596				
	<b>Saphnelo®***</b>				
	J0491				
	<b>Scenese®</b>				
	J7352				
	<b>Sevenfact®*</b>				
	J7212				
	<b>Signifor® LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Sodium Hyaluronate</b>				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Soliris®*</b>				
	J1300				
	<b>Spinraza™*</b>				
	J2326				
	<b>Spravato™</b>				
	S0013				
	<b>Stelara®</b>				
	J3358				
<b>Sublocade™</b>					
Q9991	Q9992				
<b>Synagis®*</b>					
90378					
<b>Tepezza®</b>					
J3241					
<b>Triptodur®</b>					
J3316					
<b>Trogarzo™</b>					
J1746					
<b>Ultomiris™</b>					
J1303					
<b>Unclassified codes**</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
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Injectable medications (continued)		C9399	J3490	J3590
		<b>Uplizna®</b>		
		J1823		
		<b>Viltepso™*</b>		
		J1427		
		<b>Vimizim®***</b>		
		J1322		
		<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			

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at [UHCprovider.com](http://UHCprovider.com) > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

\* 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 **800-310-6826**.

\*\* For unclassified and temporary codes C9090, C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Lupaneta Pack™, Nulibry, Revcovi, and Ryplazim.

\*\*\*Codes effective 4/1/2022

**Inpatient admission** Prior authorization required for inpatient admissions including:

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

Prior authorization not required for emergency services

**Inpatient – Inpatient –** Prior authorization not required

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>observation (continued)</b>	Notification required if member is admitted for an inpatient stay  <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>				
<b>Joint replacement</b>	Prior authorization required for the codes listed	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		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> .				
<b>Non-emergent air ambulance transport</b>	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b>	Prior authorization required for the codes listed	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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	
<b>Orthotics and prosthetics</b>	Prior authorization required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500  <b><u>For members younger than 21 with orthotic limitation:</u></b> <ul style="list-style-type: none"> <li>Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit.</li> <li>The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.</li> </ul> <b><u>For members ages 21 and older:</u></b> AHCCCS orthotics coverage applies	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		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
		L2136	L2350	L2526	L2627
		L2628	L3230	L3265	L3649

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	if: <ul style="list-style-type: none"> <li>The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines.</li> <li>The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.</li> <li>The orthotic is ordered by a physician or primary care provider.</li> </ul>	L3671 L3740 L3901 L3976 L4010 L5020 L5105 L5210 L5280 L5331 L5460	L3674 L3763 L3904 L3977 L4020 L5050 L5150 L5220 L5301 L5341 L5500	L3720 L3764 L3905 L3999 L4631 L5060 L5160 L5230 L5312 L5400 L5505	L3730 L3900 L3961 L4000 L5010 L5100 L5200 L5270 L5321 L5420 L5510
	<b><u>For members ages 21 and older with orthotic limitation:</u></b>	L5520	L5530	L5535	L5540
	<ul style="list-style-type: none"> <li>Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit.</li> </ul>	L5560 L5590 L5613 L5640 L5646 L5651	L5570 L5595 L5614 L5642 L5647 L5653	L5580 L5600 L5616 L5643 L5648 L5661	L5585 L5610 L5639 L5644 L5649 L5673
	<ul style="list-style-type: none"> <li>The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.</li> </ul>	L5682 L5703 L5718 L5780 L5812 L5822 L5830 L5858 L5961 L5968 L5981 L5987	L5683 L5705 L5724 L5790 L5814 L5824 L5845 L5930 L5962 L5976 L5982 L5988	L5700 L5706 L5726 L5795 L5816 L5826 L5848 L5950 L5964 L5979 L5984 L5990	L5702 L5716 L5728 L5811 L5818 L5828 L5857 L5960 L5966 L5980 L5986 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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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 the state of Arizona				
Out-of-network services	Prior authorization required for all out-of-network services				
Outpatient therapy	<b>For members younger than 21:</b>	92507	92508	92526	97012
	Prior authorization required for the codes listed	97014	97016	97018	97022
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. <b>No benefit limits apply.</b>	97026	97028	97033	97034
		97039	97110	97112	97113
		97116	97124	97140	97535
		97799			
	<b>For members ages 21 and older:</b>				
	Prior authorization required for the codes listed for occupational and speech therapy				
	Physical therapy conducted within a Nursing or Custodial Facility are considered as Inpatient and not subjected to outpatient benefits limitations.				
	Physical therapy is covered in an inpatient or outpatient setting.				
	<b>Outpatient physical therapy is:</b>				
	<ul style="list-style-type: none"> <li>Limited 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> </ul>				
	<ul style="list-style-type: none"> <li>Limited 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>				
	<b>For Qualified Medicare Beneficiaries (QMB):</b>				
	Co-pays are covered when medically necessary until Medicare benefit exhausts.				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Pain injections and management</b>	Prior authorization required	64490	64493		
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<b>Pharmacy drugs</b>	<p>A list of medications requiring prior authorization is available at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Pharmacy Resources and Physician Administered Drugs</p> <p><b>Service requests must 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> <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>	<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 <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &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>
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<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 must accompany the prior authorization request form.</b></p> <p>For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination 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; 410, Maternity Care Services &gt; Section E Pregnancy Termination.</p>	59840	59841	59850	59851
		59852	59855	59856	59857



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pregnancy termination (continued)</b>	The Certificate of Medical Necessity For Pregnancy Termination can be found at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > Attachment C.				
<b>Prostate procedures</b>	Prior authorization required	37243 53852	52441 55866	52442 55873	53850 55874
		*Entire category effective 4/1/2022			
<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>	Prior authorization required for participating physicians who request the following advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.  For prior authorization, please fax <b>800-278-2907</b> to complete your request. Fax forms are available at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> >Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
<b>Rhinoplasty and septoplasty</b>	Prior authorization required for the codes listed	30400 30435 30465	30410 30450	30420 30460	30430 30462
Treatment of nasal 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> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required for the codes listed	21685	41599		42145
<b>Spinal surgery</b>	Prior authorization required for the codes listed	22100 22112 22210 22224 22513* 22533 22556 22600	22101 22114 22212 22510* 22514* 22548 22558 22610	22102 22206 22214 22511* 22515* 22551 22590 22612	22110 22207 22220 22512* 22532 22554 22595 22630

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

\*Codes Effective 4/1/2022

Sterilization	Prior authorization required for the codes listed	52601	52630	52647	52648
		52649	55250	55450	55801
	<b>For all members younger than age 21:</b>	55821	55831	58565	58600
		58605	58611	58615	58670
	Prior authorization required <b>Any member requesting sterilization must sign an appropriate Consent for Sterilization form.</b> For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at <b>AZAHCCCS.gov</b> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Section E Sterilization.  The Consent to Sterilization form can be found at <b>AZAHCCCS.gov</b> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.	58671	58700		

Stimulators	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
Implantation of a device that sends Stimulators		<b>Neurostimulator</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
(continued)		43648	43882	61863	61864
electrical impulses		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590
		L8680	L8682	L8685	L8686
		L8687	L8688		
<b>Transplant services</b>	Prior authorization required for the codes listed  <b>Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.</b>	For transplant and CAR T-Cell therapy services including 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 <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		<b>CAR-T Cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	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
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		
<b>Ventricular assist devices (VAD)</b> A mechanical pump	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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Ventricular assist devices (VAD) (continued)</b>		the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> .			
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			