

# Prior Authorization Requirements for Arizona Long Term Care Effective Jan. 1, 2021

## 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 Link. Go to [UHCprovider.com](https://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link 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> <li>• Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc.</li> </ul> <p><b><u>Prior authorization is required for allergy testing when it meets the criteria above.</u></b></p>	

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PCA-1-20-00964-Clinical-WEB-04072020

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Bariatric surgery</b>	Prior authorization required for the codes listed	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health</b>	Prior authorization required for inpatient admissions	The following benefits and/or codes require prior authorization: <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>			
	Prior authorization required for outpatient services listed.				
<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	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> Reconstruction of the breast except for after mastectomy	Prior authorization required for the codes listed	19316	19318	19325	19328
		19330	19340	19342	19350
		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
		E13.51	E13.52	E13.59	E13.621
		I70.201	I70.202	I70.203	I70.208
		I70.209	I70.211	I70.212	I70.213
		I70.218	I70.219	I70.221	I70.222
		I70.223	I70.228	I70.229	I70.231
		I70.232	I70.233	I70.234	I70.235
		I70.238	I70.239	I70.241	I70.242
		I70.243	I70.244	I70.245	I70.248
		I70.249	I70.25	I70.261	I70.262
		I70.263	I70.268	I70.269	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
I70.318	I70.319	I70.321	I70.322		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729
		170.731	170.732	170.733	170.734
		170.735	170.738	170.739	170.741
		170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762
		170.763	170.768	170.769	170.791
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92
		172.3	172.4	172.8	172.9
	173.89	173.9	174.3	174.4	
	174.5	174.8	174.9	175.021	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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> <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><u>For members younger than 21:</u></b> Prior authorization required for the codes listed	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		
	<b><u>For members ages 21 and older:</u></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>				
<b>Cosmetic and reconstructive procedures</b>  Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required for the codes listed	11960	11971	15823	15830
		15847	17106	17107	17108
	<b>Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.</b>	17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures (continued)</b>		21230	21235	21256	21275
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21280	21282	21295	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966			
<b>Dental services</b>	<p>For prior authorization requirements, please call UnitedHealthcare Dental at <b>855-812-9208</b>.</p> <p>For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-D2 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-D2.</p>				
<b>Diabetic supplies</b>	<p>Diabetic supplies are provided by the local pharmacy.</p> <p>Prior authorization for talking glucometers available through the medical prior authorization process</p>	<p>To locate contracted care providers or vendors, please visit <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt;Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental &amp; Vision plans</p>			
<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	E0787	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	K0005	K0008	K0013
		K0108	K0800	K0801	K0802
		K0806	K0807	K0808	K0812
		K0821	K0822	K0823	K0824
		K0825	K0826	K0827	K0828

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Durable medical equipment (DME)(continued)</b>		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> In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN), and/or lipids and oral supplements	Prior authorization required for the codes listed	B4034	B4035	B4036	B4100	
	<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>	B4102	B4103	B4104	B4149	
		B4150	B4152	B4153	B4155	
		B4158	B4159	B4160	B4161	
		B9002	B9998			
		<b><u>For members younger than 21:</u></b> For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 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 > 430, EPSDT Services > 430-10.				
		The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements 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 > 430-2.				
<b><u>For members 21 and older:</u></b> Please review AMPM Chapter 300, Policy 310-GG at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG. The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG. > Attachment A						
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required for all services considered experimental and/or investigational	0191T	33477	36514	55866	
		64722	66180	A4226	A4638	
	For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> >	A9274	E1831			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Experimental and investigational (and/or linked services) (continued)</b>	Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.				
<b>Eye care/optometry</b>	<p><b><u>Benefits provided for members younger than 21:</u></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 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><u>For members ages 21 and older:</u></b></p> <p>Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye</p>	For member eye care services, please call Nationwide Vision at <b>800-481-2779</b> .			
<b>Femoracetabular 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	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic testing</b>	Prior authorization required for services not covered by LabCorp	88245	88248	88249	88261
		88262	88263	88264	88267
	To determine prior authorization requirements, please call LabCorp at <b>800-788-9743</b> .	88269	88271	88272	88273
		88274	88275	88280	88283
		88285	88289	88291	88299
<b>Hearing aids and services</b>	<b><u>For members younger than 21:</u></b>	92590	92591	92592	92593
Hearing evaluations and hearing aids	Prior authorization not required	92594	92595	S0618	V5010
	<b><u>For members ages 21 and older:</u></b>	V5011	V5014	V5030	V5040
	Prior authorization required	V5050	V5060	V5095	V5100
		V5120	V5190	V5230	V5242
		V5243	V5244	V5245	V5246
		V5247	V5248	V5249	V5250
		V5251	V5252	V5253	V5254
		V5255	V5256	V5257	V5258
		V5259	V5260	V5261	V5262
		V5263	V5267	V5298	
<b>Home- 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</b> – prior authorization not required	G0299	G0300	S9123	S9124
<b>Hospice</b>	Prior authorization required for the	For prior authorization, please call the Long Term			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Hospice (continued)</b>	codes listed	Care Case Management Unit at <b>602-255-8908</b> to complete the request. T2042    T2043    T2044    T2045
<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>Avsola™</b> Q5121</p> <p><b>Benlysta</b> J0490</p> <p><b>Berinert</b> J0597</p> <p><b>Botulinum toxins</b> J0585            J0586            J0587            J0588</p> <p><b>Brineura™</b> J0567</p> <p><b>Cerezyme®*</b> J1786</p> <p><b>Cimzia®*</b> J0717</p> <p><b>Cinqair®</b> J2786</p> <p><b>Crysvita®</b> J0584</p> <p><b>Elelyso®*</b> J3060</p> <p><b>Entyvio®</b> J3380</p> <p><b>Evenity™</b> J3111</p> <p><b>Exondys 51™*</b> J1428</p> <p><b>Fasenra™</b> J0517</p>



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Feraheme®				
		Q0138			
	Gamifant®				
		J9210			
	Givlaari®				
		J0223			
	Ilaris®				
		J0638			
	Ilumya™				
		J3245			
	Inflectra®				
		Q5103			
	Injectafer®				
		J1439			
	IVIG				
		J1459	J1555	J1556	J1557
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
	Kalbitor®				
		J1290			
	Lemtrada®				
		J0202			
	Luxturna™				
		J3398			
	Makena®				
		J1726	J1729	J2675	
	Monoferric®				
		J1437			
	Nucala®				
		J2182			
Ocrevus™					
	J2350				
Orencia®					
	J0129				
Onpattro™					
	J0222				
Parsabiv™					
	J0606				
Probuphine®					
	J0570				
Radicava®					
	J1301				
Reblozyl®					
	J0896				
Remicade®					
	J1745				

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

<b>Renflexis®</b>			
Q5104			
<b>Ruconest®</b>			
J0596			
<b>Simponi Aria®</b>			
J1602			
<b>Sodium Hyaluronate</b>			
J7320	J7321	J7322	J7324
J7325	J7326	J7327	J7329
J7331	J7332	J7333	
<b>Soliris®*</b>			
J1300			
<b>Spinraza™*</b>			
J2326			
<b>Stelara®</b>			
J3358			
<b>Sublocade™</b>			
Q9991	Q9992		
<b>Synagis®*</b>			
90378			
<b>Tepezza®</b>			
J3241			
<b>Trogarzo™</b>			
J1746			
<b>Ultomiris™</b>			
J1303			
<b>Unclassified codes**</b>			
C9399	J3490	J3590	
<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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		<p><b>UHCprovider.com</b> &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®, Eleyso®, Exondys 51™, Soliris®, Spinraza™, Synagis®, Xolair® and Zolgensma® prior authorization, please call the Pharmacy Prior Authorization Service at <b>800-310-6826</b>.</p> <p>** For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Scenesse®, Spravato™, Uplizna®, Viltipso™.</p>			
<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>				
<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>				
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required for the codes listed	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487	23474 24363 27122 27134 27446 29866
<b>Laboratory services</b>	<p>Prior authorization not required</p> <p>If you have questions, please call LabCorp at <b>800-788-9743</b>.</p>				
<b>Non-emergent air ambulance transport</b>	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required for the codes listed	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<b>Orthotics and prosthetics</b>	Prior authorization required for orthotics and prosthetic codes listed	L0112 L0464	L0170 L0480	L0456 L0482	L0462 L0484

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>	with a retail purchase or cumulative rental cost of more than \$500	L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
	<b><u>For members younger than 21 with orthotic limitation:</u></b>	L0638	L0640	L0700	L0710
	• Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit.	L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834
		L1836	L1840	L1844	L1845
	• The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	L1847	L1860	L1945	L1950
		L2000	L2005	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2136	L2350	L2526	L2627
	<b><u>For members ages 21 and older:</u></b>	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
		L3976	L3977	L3999	L4000
	• The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.	L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5270
	• The orthotic is ordered by a physician or primary care provider.	L5280	L5301	L5312	L5321
		L5331	L5341	L5400	L5420
	<b><u>For members ages 21 and older with orthotic limitation:</u></b>	L5460	L5500	L5505	L5510
	• 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.	L5520	L5530	L5535	L5540
		L5560	L5570	L5580	L5585
		L5590	L5595	L5600	L5610
		L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
		L5646	L5647	L5648	L5649
	• The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	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	
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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>	92507	92508	92526	97012
		97014	97016	97018	97022
	Prior authorization required for the codes listed	97026	97028	97033	97034
		97039	97110	97112	97113
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. <b>No benefit limits apply.</b>	97116	97124	97140	97535
		97799			
	<b><u>For members ages 21 and older:</u></b>				
	Prior authorization required for the codes listed for occupational and speech therapy				
	Prior authorization not required for physical therapy				
	Physical therapy is covered in an inpatient or outpatient setting. <b>Outpatient physical therapy is:</b>				
<ul style="list-style-type: none"> <li>• <u>Limited</u> 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>• <u>Limited</u> to 15 physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual</li> </ul>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy (continued)	acquire a new skill or level of function, and then maintain it				
	<b><u>For Qualified Medicare Beneficiaries (QMB):</u></b>				
	Co-pays are covered when medically necessary until Medicare benefit exhausts.				
Pharmacy drugs	<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>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>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>• Eleyso®</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>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>			
Pregnancy termination	<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><a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a></b> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for</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>	Maternal and Child Health > 410, Maternity Care Services > Section E Pregnancy Termination.  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>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> Treatment of nasal functional impairment and septal deviation	Prior authorization required for the codes listed	30400 30435 30465	30410 30450	30420 30460	30430 30462
<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	0095T 22101 22114 22212 22532 22554 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077	0098T 22102 22206 22214 22533 22556 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081	0164T 22110 22207 22220 22548 22558 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085	22100 22112 22210 22224 22551 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Spinal surgery (continued)		63090	63101	63102	63170		
		63172	63173	63185	63190		
		63191	63194	63195	63196		
		63198	63199	63200	63250		
		63251	63252	63265	63267		
		63268	63270	63271	63272		
		63286	63300	63301	63302		
		63303	63304	63305	63306		
		63307	63308				
	Sterilization	Prior authorization required for the codes listed	52601	52630	52647	52648	
		52649	55250	55450	55801		
<b>For all members younger than age 21:</b>		55821	55831	58150	58180		
		58200	58210	58240	58260		
Prior authorization required		58262	58263	58267	58270		
<b>Any member requesting sterilization must sign an appropriate Consent for Sterilization form.</b>		58275	58280	58285	58290		
		58291	58292	58294	58541		
For more information, please review		58542	58543	58544	58548		
AMPM Chapter 400, Section 420,		58550	58552	58553	58554		
Section E Sterilization at		58570	58571	58572	58573		
<b>AZAHCCCS.gov &gt; Resources &gt;</b>		58565	58600	58605	58611		
<b>Guides-Manuals-Policies &gt; AHCCCS</b>		58615	58670	58671	58700		
<b>Medical Policy Manual (AMPM) &gt;</b>		58951	58953	58954	58956		
<b>Chapter 400, Medical Policy for</b>		59135	59525				
<b>Maternal and Child Health &gt; 420,</b>							
<b>Family Planning &gt; Section E</b>							
<b>Sterilization.</b>							
	The Consent to Sterilization form can be found at <b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 420, Family Planning &gt; Attachment A.</b>						
Stimulators 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				
		Transplant services	Prior authorization required for the codes listed	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Transplant services</b> (continued)		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
			C9399**	J3490**	J3590**	J9999**
			Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis				
		**For unclassified codes C9399, J3490, J3590 and J9999 prior authorization is only required for Tecartus™.				
<b>Transportation</b>	Prior authorization required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at <b>888-700-6822</b> .				
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required for the codes listed	36468	36473	36475	36478	
		37700	37718	37722	37780	
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required for the codes listed	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> .				
		33927	33928	33929	33975	
		33976	33979	33981	33982	
		33983	Q0507	Q0508	Q0509	
<b>Wound vac</b>	Prior authorization required for the codes listed A negative pressure wound therapy (NPWT) pump and supplies will be denied if one or more of the following are present:	E2402				
		<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>				