Prior authorization requirements for Arizona Long Term Care

Effective January 1, 2024

General information

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

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

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

Please note

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

Procedures and services	Additional information	CPT [®] or HCPCS codes and/or how to obtain prior authorization
Allergy immunotherapy	For members younger than 21: Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.	
	For members 21 and older: Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is <u>not</u> a covered benefit.	
	 Allergy testing, including testing for common allergens, is a covered benefit when the member has: Sustained an anaphylactic reaction to an unknown allergen Exhibited such a severe allergic 	



Procedures and services	Additional information		CPCS codes ain prior aut		
Allergy immunotherapy (cont.)	reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. Prior authorization is required for allergy testing when it meets the criteria above.				
Augmentative and alternative communication	Prior authorization is required for the codes listed.	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
Bariatric surgery	Prior authorization is required for the codes listed.	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health	Prior authorization is required for inpatient admissions. Prior authorization is required for outpatient services listed.	Acute inpatient admission (includes admissions to Arizona State Hospital)			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required for the codes listed.	20975	20979		
Breast cancer (BRCA) genetic testing	Prior authorization is required for the codes. listed Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the breast except for after mastectomy	Prior authorization is required for the codes listed.	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371
Cardiovascular	Prior authorization is required.	37220 37226 37230 E08.52	37221 37227 37231 DX Not E09.52	37224 37228 Req PA E10.52	37225 37229 E11.52



Procedures	Additional information	CPT [®] or HC	CPCS codes	and/or	
and services	Additional information	how to obt	ain prior autl	horization	
Cardiovascular		E13.52	170.221	170.222	170.223
(cont.)		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	170.321	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	170.421	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	170.521	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	170.621	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	170.721	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	172.3	172.4	172.8
		172.9	177.2	177.70	177.72
		177.77	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022 T02.010A	175.023	175.029	175.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1



Procedures and services	Additional information		PCS codes a in prior auth		
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	196	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A I73.81	173.00	173.01	173.1
Cerebral seizure	Prior authorization is required for				
monitoring -	inpatient services.	95700	95711	95712	95713
Inpatient video	Prior authorization is not required	95714	95715	95716	95718
electroencephalogr am (EEG)	for outpatient hospital or ambulatory surgical. center	95720	95722	95724	95726
Circumcision	Routine circumcision is <u>not</u> a covered benefit.	54150	54160	54161	54162
	Prior authorization is required <u>only</u> for cases with documented medical necessity.				
Cochlear and other auditory implants A medical device	For members younger than 21: Prior authorization is required for the codes listed.	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	 For members 21 and older: Prior authorization required for supplies, equipment maintenance and repair of component parts Hardware is <u>not</u> a covered benefit Clinical documentation <u>must</u> accompany and establish medical necessity for this 				





Procedures and services	Additional information		CPCS codes a a ain prior auth		
	service request.	-			
Continuous glucose monitor	Prior authorization is required with Type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
Cosmetic and reconstructive procedures 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 is required for the codes listed. Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.	11960 14041 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966 *Will NOT req diagnoses	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 en billed with ski	14021* 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961 n cancer
Dental services	For prior authorization requirements, please call UnitedHealthcare dental at 855- 812-9208. For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-D2 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300: Medical Policy for Covered Services > 310, Covered Services > 310-D2.				
Diabetic supplies	Diabetic supplies are provided by the local pharmacy. Prior authorization for talking glucometers is available through the medical prior authorization process.	visit UHCprovi Handbooks, Cu	acted health care der.com/AZcomr Irrent Medical Pla Plans Information	nunityplan > Me ns, ID Cards, Pro	
Durable medical equipment (DME)	Prior authorization is required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. Arizona Long-Term Care will review Medicare denials of DME. Clinical documentation and a copy of the denial <u>must</u> accompany and establish medical necessity for the	E0193 E0270 E0304 E0465 E0620 E0670 E0700 E0784	E0194 E0277 E0329 E0466 E0636 E0675 E0710 E0984	E0265 E0300 E0445 E0483 E0656 E0693 E0745 E0986	E0266 E0302 E0457 E0486 E0669 E0694 E0766 E1002



DME (cont.) service request. Prosthetics and prosthetics. E1003 E1004 E1005 E1006 E1007 E1003 E1003 E1005 E1006 E1010 E1030 E1035 E1036 E1036 E1161 E1229 E1231 E1232 E1233 E1232 E1233 E1234 E1239 E1234 E1232 E1232 E1233 E2300 E22301 E2322 E2321 E23231 E2321 E2321 E2321 E2321 E2321 E23231 E2321 E2321 E23231 E2321 E2321 E23231 E2321 E2323 E2326 E2627 E2626 E2627 E2628 E2629 E2630 E8000 K0801 K0802 K0803 K0803 K0803 K0811 K0822 K0823 K0824 K0822 K0823 K0824 K0824 K0824 K0824 K0824 K0824 K0824 K0824 K0824 K0831 K0844 K0844 K0844 K0845 K0855	Procedures	Additional information		PCS codes ar		
(cont.) Prosthetics are not DME—see orthotics and prosthetics. E1007 E1008 E1009 E1010 E1030 E1033 E1038 E1039 E1010 E1030 E1035 E1036 E1036 E1036 E1036 E1234 E1235 E1236 E1233 E1237 E1238 E1237 E1238 E1237 E1238 E1237 E1238 E1239 E1236 E1237 E1238 E1236 E1236 E1260 E2604 E2604 E2606 E2607 E2611 E2528 E2629 E2630 E2611 E2528 E2628 E2629 E2630 E2647 E2630 E2644 E2630 E2630 E0000 E0011 E0000 E0011<	and services		now to obtai	in prior autho	orization	
arthotics and prosthetics. E1000 E1003 E1002 E1003 E1002 E1003 E1002 E200 E200 E200 E200 E200 E200 E200 E200 E200 E2001 E2011 E2011 E2012 E2011 E2012 E2011 E2011 E2011 E0001 E0001 E0001 E0001 E0001 E00001 E0001 E0001 </th <th></th> <th></th> <th>E1003</th> <th>E1004</th> <th>E1005</th> <th>E1006</th>			E1003	E1004	E1005	E1006
E1030 E1035 E1036 E1141 E1229 E1231 E1232 E1233 E2322 E2325 E2327 E2329 E2331 E2351 E2373 E2500 E2504 E2504 E2504 E2504 E2504 E2504 E2504 E2504 E2504 E2628 E2629 E2630 E2601 E2511 E2509 E2628 E2628 E2629 E2628 E2629 E2628 E2629 E2630 E2600 E2628 K0807 K0808 K0808 K0807 K0808 K0822 K0823 K0824 K0822 K0823 K0824 K0825 K0826 K0827 K0828 K0849 K0849 K0849 K0849 K0849 K0846 K0846 K0846 K0847 K	(cont.)		E1007	E1008	E1009	E1010
Enteral Fil234 E1235 E1236 E1237 E1238 E1239 E1232 E1230 E2300 E2301 E2322 E2301 E2337 E2508 E2501 E2501 E2501 E2373 E2500 E2501 E2511 E2512 E2508 E2601 E2511 E2512 E2508 E2628 E2628 E2628 E2630 E8001 E8001 K0005 K0008 K0013 K0108 K0080 K0081 K0082 K0086 K0821 K0822 K0823 K0823 K0823 K0823 K0823 K0823 K0833 K0831 K0843 <			E1030	E1035	E1036	E1161
Enteral or number sources Prior authorization is required for the codes listed. Prior authorization please review AMPM Chapter 400, Section Plays Pla				E1231	E1232	E1233
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E2512 E2599 E2626 E2627 E2628 E2629 E2630 E8000 E8001 E8002 K0005 K0081 K0013 K0108 K0802 K0866 K0807 K0888 K0812 K0821 K0822 K0823 K0831 K0824 K0825 K0826 K0827 K0831 K0824 K0825 K0828 K0829 K0830 K0831 K0824 K0825 K0826 K0827 K0838 K0839 K0824 K0825 K0828 K0829 K0830 K0851 K0825 K0855 K0856 K0857 K0858 K0859 K0860 K0861 K0862 K0863 K0869 K0861 K0863 K0860 K0861 K0868 K0869 K0861 K0863 K0869 K0861 K0863 K0869 K0861 K0863 K0864 K0864 K0868 K0869 K0861 K0863 K0861 K0863 <						
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K0836K0837K0838K0839K0840K0841K0842K0843K0840K0841K0842K0843K0848K0849K0850K0851K0852K0853K0854K0853K0856K0857K0858K0859K0860K0861K0862K0863K0871K0877K0878K0879K0880K0884K0885K0866K0890K0891S1040Enteral services/parental/ oralPrior authorization is required for the codes listed.B4034B4035B4036B4100In-home nutritional therap either enteral oral dical necessity, as applicable, must accompany or this service request.B4102B4103B4104B4149B4150B4152B4153B4155B4161B4161B9002B9998B9998B998S14104B4161ard/or lipids and oral supplementsFor members younger than 21: For more information, please review AMPM Chapter 400, Medical Policy for Matemal and Child (AMPM) > Chapter 400, Medical Policy for Matemal and Child (Heatth > 430, EPSDT Services >						
K0840K0841K0842K0843K0848K0849K0850K0851K0852K0853K0854K0855K0856K0857K0858K0859K0860K0861K0862K0863K0864K0868K0869K0870K0877K0878K0878K0879K0880K0884K0885K0886K0890K0811S1040Enteral services/parental/ oralPrior authorization is required for the codes listed.B4034B4035B4036B4102In-home nutritional therap either enteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplementsB4036B4102B4153B4160B4161For members younger than 21: For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services >Sinteral supering service sSinteral service s						
K0848K0849K0850K0851K0852K0853K0854K0855K0856K0857K0858K0859K0860K0861K0862K0863K0864K0868K0869K0870K0871K0877K0878K0879K0880K0884K0885K0886K0880K0891S1040Enteral services/parental/ oralPrior authorization is required for the codes listed.B4034B4035B4036B4100In-home nutritional herapy either enteral or through a gastrostomy tube, otal parenteral nutrition (TPN) and/or lipids and oral section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Matemal and Child Heath > 430, EPSDT Services >Since Since Si						
K0852K0853K0854K0855K0856K0857K0858K0859K0860K0861K0862K0863K0864K0868K0869K0870K0871K0877K0878K0879K0880K0884K0885K0866K0890K0891S1040Enteral services/parental/ oralPrior authorization is required for the codes listed.B4034B4035B4036B4102In-home nutritional toral parenteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplementsPrior authorization at a zatoccs, gov > Resources > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical and Child Heath + 340, EPSD Services >SH035K0854K0855K0890K0891S1040S1040S1040S1040Enteral services/parental/ toral parenteral or through a gastrostomy tube, total parenteral nutrition (TPN) and establish medical necessity, as applicable, must accompany and establish medical necessity, as applicable, must a						
Enteral services/parental/ or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplementsMissing accompany and establish medical necessity, as policy 430-10 at aza/hcccs gov > Resources > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Matemal and Child Heatth > 430, EPSDT Services >K0856 K0856 K0857 K0860 K0861 K0868 K0868 K08684 K0884 K0884 K0885 K0886 K0890K08677 K0877 K0877 K0877 K0878 K0878 K0878 K0886 K0890 S1040Enteral services/parental/ or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplementsPrior authorization is required for the codes listed.B4034 B4034 B4035 B4035 B4035 B4152 B4153 B4153 B4153 B4154B4100 B4104 B4149For members younger than 21: For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at aza/hcccs gov > Resources > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Matemal and Child Heatth > 430, EPSDT Services >K0857 K0856 K0856 K0866 K0884 K0885 K0886 K0890K0858 K0890 K0891K0858 K0866 K0886 K0886 B4160						
K0860K0861K0862K0863K0864K0868K0869K0870K0871K0877K0878K0879K0800K0814K0885K0866K0800K0891S1040S1040Enteral services/parental/ <ord>Prior authorization is required for the codes listed.B4034B4035B4036B4102In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral supplement certificate of medical necessity, as applicable, must accompany and establish medical necessity as applicable, must accompany accompany and establish medical necessity as applicable, must accompany and establish medical necessity as applicable, must accompany applicable, must accompany accompany accompany acco</ord>						
K0864K0868K0869K0870K0871K0877K0878K0879K080K080K0884K0855K0886K0890K0891S1040S1040Enteral services/parental/ oralPrior authorization is required for the codes listed.B4034B4035B4036B4100In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteralClinical documentation and oral supplement certificate of medical necessity, as applicable, must accompany and establish medical necessity for this service request.B4150B4152B4160B4161For members younger than 21: For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies >For members younger han 21: Policy for Maternal and Child Heatin > 430, EPSDT Services >For SDT Services >Site Site Site Site Site Site Site Site						
K0871 K0800 K0800 K0891K0877 K0884 K0885 K0891K0878 K0885 K0885 S1040K0879 K0886Enteral services/parental/ oral In-home nutritional the codes listed.Prior authorization is required for the codes listed.B4034 B4102B4035 B4103B4036 B4104B4109 B4104In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplementsB4034 B4158 B4150B4152 B4152B4160 B4161B4161 B4161For members younger than 21: For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual AHCCS Medical Policy Manual AHCCS Section 430, EPSDT Services >For members younger section and child Health > 430, EPSDT Services >For members younger section and child Health > 430, EPSDT Services >For members younger section and child Health > 430, EPSDT Services >For members younger section and child Health > 430, EPSDT Services >For members younger section and child Health > 430, EPSDT Services >For members younger section and child Health > 430, EPSDT Services >For members younger section and child Health > 430, EPSDT Services >For members younger section and child Health > 430, EPSDT Services >For members younger section and child Health > 430, EPSDT Services >For members younger section and child Health > 430, EPSDT Services >For members younger section and child Health > 430, EPSDT Services >For members younger section and child Health > 430, EPSDT Services >For members younger section and chil						
K0880 K0890K0884 K0891K0885 S1040K0886Enteral services/parental/ oralPrior authorization is required for the codes listed.B4034B4035B4036B4100In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplementsClinical documentation and oral supplement certificate of medical necessity, as applicable, must accompany and establish medical necessity for this service request.B4150B4152B4160B4161For members younger than 21: For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies >For members younger than 21: Policy for Maternal and Child Heatth > 430, EPSDT Services >For members younger than 21: Policy for Maternal and Child Heatth > 430, EPSDT Services >K0880K0880K0880K0880						
K0890K0891S1040Enteral services/parental/ oralPrior authorization is required for the codes listed.B4034B4035B4036B4100In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplementsClinical documentation and oral applicable, <u>must accompany</u> and establish medical necessity, as and/or lipids and oral supplementsB4102B4103B4104B4149For members younger than 21: For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Heatth > 430, EPSDT Services >K0891S1040						
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services/parental/ oralthe codes listed.D4034D4033 <th></th> <th></th> <th>K0890</th> <th>K0891</th> <th>S1040</th> <th></th>			K0890	K0891	S1040	
oralB4102B4103B4104B4149In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN)Clinical documentation and oral supplement certificate of medical necessity, as applicable, <u>must</u> accompany and establish medical necessity for this service request.B4150B4152B4153B4160B4161B9002B9998B9998B9998B9998B9998B9998B9998B9998and/or lipids and oral supplementsFor members younger than 21: For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services >B4102B4103B4104B4149		· · · · · · · · · · · · · · · · · · ·	B4034	B4035	B4036	B4100
therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplements		the codes listed.	B4102	B4103	B4104	B4149
therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplements For members younger than 21: For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services >			B4150	B4152	B4153	B4155
applicable, must_accompany and establish medical necessity for this service request. B9002 B9998 nutrition (TPN) and/or lipids and oral supplements For members younger than 21: For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services >			B4158	B4159	B4160	B4161
gastostony tube, and establish medical necessity total parenteral nutrition (TPN) and/or lipids and oral For members younger than 21: supplements For members younger than 21: For more information, please review AMPM Chapter 400, section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > Services >	-		B9002	B9998		
nutrition (TPN) for this service request. and/or lipids and oral supplements For members younger than 21: For more information, please For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services >		and establish medical necessity				
supplements For members younger than 21: For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services >	nutrition (TPN)	for this service request.				
For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services >		For members younger than 21:				
Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services >	supplements	For more information, please				
AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services >						
(AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services >						
Health > 430, EPSDT Services >		(AMPM) > Chapter 400, Medical				
		•				





Procedures and services	Additional information	CPT [®] or HCPC how to obtain p			
Enteral services/parental/ Oral (cont.)	The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at azahcccs.gov > Resources > Guides-Manuals- Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430-2.				
	For members 21 and older: Please review AMPM Chapter 300, Policy 310-GG at azahcccs.gov > Resources> Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG. The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at azahcccs.gov > Resources > Guides-Manuals- Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG. > Attachment A				
Experimental and investigational (and/or linked services)	Prior authorization is required for all services considered experimental and/or investigational. For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at azahcccs.gov > Resources > Guides-Manuals- Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.	33477 A4638	36514 A9274	64722 E1831	66180
Eye care/optometry	 Benefits provided for members younger than 21: One routine eye exam every 12 months Regular single vision bifocal or trifocal polycarbonate lenses Frame for up to \$79.99 retail price One replacement pair of glasses if lost, stolen or damaged Members may pay the difference for a more expensive pair of glasses, 	For member eye car 480-961-1702.	re services, pleas	e call Nationwide	e Vision at





Procedures and services	Additional information	CPT [®] or HCP how to obtain			
Eye care/optometry (cont.)	but must sign a waiver provided by Nationwide Vision.				
	For members 21 and older:				
	Prior authorization is required when medically necessary to diagnose or treat diseases and conditions of the eye.				
Femoroacetabular impingement syndrome (FAI)	Prior authorization is required for the codes listed.	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization is required for the codes listed.	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic testing	Prior authorization is required for services not covered by LabCorp.	81265 81325	81302 81401	81321 81403	81323 81404
	To determine prior authorization requirements, please call LabCorp at	81405 81415 81465	81406 81416 81479	81407 81417 86353	81408 81460 88245
	800-788-9743.	88248 88263	88249 88264	88261 88267	88262 88269
		88271 88275	88272 88280	88273 88283	88274 88285
		88289	88291	88299	
		Biomarker Co	des		
		81313	81327	81435	81490
Hearing aids and services Hearing evaluations	For members younger than 21: Prior authorization is not required.	92590 92594	92591 92595	92592 V5010	92593 V5011
and hearing aids	For members 21 and older: Prior authorization is required.	V5014 V5060	V5030 V5095	V5040 V5100	V5050 V5120
		V5190	V5230	V5242	V5243
		V5244	V5245	V5246	V5247
		V5248	V5249	V5250	V5251
		V5252	V5253	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260 V5267	V5261 V5298	V5262	V5263
Home- and community-based services	Prior authorization is required.	For home- and cc UnitedHealthcare the notification nu card.	Community Pla	an of Arizona at	
Home health care	Prior authorization is required for the codes listed.	For codes G0299 Management at 8	77-395-5993 to	complete the r	
	Infusion services – prior authorization is not required.	G0299	G0300	S9123	S9124
Hospice	Prior authorization is required for the codes listed.	For prior authoriza Management Unit			



Procedures	Additional information	CPT [®] or HCPC			
and services		how to obtain	prior authoria	zation	
Hysterectomy	Prior authorization is required for the codes listed.	58150 58210 58263 58280 58292 58542 58550 58550 58570 58951 59525	58152 58240 58267 58285 58293 58543 58552 58552 58571 58953	58180 58260 58270 58290 58294 58544 58553 58552 58552 58954	58200 58262 58275 58291 58541 58548 58554 58554 58573 58956
Incontinence supplies	For members younger than 21: Prior authorization is required for incontinence briefs and diapers, including pull-ups, when requests are greater than 240 per month. For members 21 and older: Prior authorization is required for incontinence briefs and diapers, including pull-ups, when requests are greater than 180 per month.				
Injectable medications	Prior authorization is required for the codes listed. Do Not Start Case – Direct Provider using the information below: To submit a prior authorization request and, for UnitedHealthcare commercial non-PAR health care professionals, to submit a pre- determination request, the health care professional can go to UHCprovider.com/priorauth > Specialty Medications > Submission and Status For questions about this online authorization process, the health care professional may call Optum® Specialty Guidance Program (SGP): 877-881-7618	Actemra [®] J3262 Acthar® J0801 Adakveo [®] J0791 Aduhelm® J0172 Amondys 45 J1426 Amvuttra™ J0225 Apretude™ J0225 Apretude™ J0225 Apretude™ J0256 Avsola™ Q5121 Benlysta J0490 Berinert J0597 Botulinum toxins J0585		J0587	J0588

Procedures and services	Additional information	CPT [®] or HCPCS codes and/or how to obtain prior authorization
Injectable		J0567
medications (cont.)		Briumvi®
(contra)		J2329
		Cabenuva™
		J0741
		Cimerli®
		Q5128
		Cinqair®
		J2786
		Cortrophin Gel®
		J0802
		Crysvita®
		J0584
		Cutaquig [®]
		J1551
		Elevidys®
		J1413
		Elfabrio®
		J2508
		Enjaymo®
		J1302
		Entyvio®
		J3380
		Esperoct [®]
		J7204
		Evenity™
		J3111 Evkeeza™
		J1305 Fasenra™
		J0517
		Fensolvi®
		J1951
		Feraheme®
		Q0138
		Fylnetra®
		Q5130
		Gamifant®
		J9210
		Givlaari®
		J0223
		Glassia®
		J0257
		Hemgenix®





Procedures	Additional information	CPT [®] or HCP			
and services Injectable		how to obtain	r prior auth	orization	
medications		llaris®			
(cont.)		J0638			
		llumya™			
		J3245			
		Inflectra®			
		Q5103			
		Injectafer [®]			
		J1439			
		IVIG			
		J1459	J1554	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		Korsuva®			
		J0879			
		Krystexxa®			
		J2507			
		Lamzede®			
		J0217			
		Lemtrada®			
		J0202			
		Leqvio ® J1306			
		Makena [®]			
		J1726	J1729	J2675	
		Mepsevii®	• · · · · ·		
		J3397			
		Monoferric®			
		J1437			
		Nexviazyme®			
		J0219			
		Nglazyme®			
		J1458			
		Nplate [®]			
		J2796			
		Nucala®			
		J2182			
		Ocrevus™			
		J2350			
		Orencia®			
		J0129			
		Onpattro™			





Procedures and services	Additional information	CPT [®] or HCPC how to obtain			
Injectable		J0222			
medications		Panzyga®			
(cont.)		J1576			
		Parsabiv™			
		J0606			
		Prolia®			
		J0897			
		Qalsody®			
		J1304			
		Radicava®			
		J1301			
		Reblozyl ®			
		J0896			
		Remicade®			
		J1745			
		Renflexis®			
		Q5104			
		Riabni™			
		Q5123			
		Roctavian®			
		J1412			
		Ruconest®			
		J0596			
		Ryplazim™			
		J2998			
		Rystiggo ® J9333			
		Saphnelo [®]			
		J0491			
		Scenesse®			
		J7352			
		Sevenfact®			
		J7212			
		Signifor [®] LAR			
		J2502			
		Simponi Aria [®]			
		J1602			
		Skyrizi®			
		J2327			
		Sodium Hyaluro	nate		
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		



Procedures and services	Additional information		PCS codes a ain prior auth		
		Spevigo®			
		J1747			
		Spravato™			
		S0013 Stelara®			
		J3358			
		Sublocade™			
		Q9991	Q9992		
		Sunlenca®	Q3332		
		J1961			
		Syfovre®			
		J2781			
		Synagis®			
		90378			
		Tepezza®			
		J3241			
		Tezspire™			
		J2356			
		Triptodur®			
		J3316			
		Trogarzo™			
		J1746			
		Tzield™			
		J9381			
		Unclassified	codes*		
		C9090	C9094	C9149	C9157
		C9399	C9160	C9162	J3490
		J3590			
		Uplizna®			
		J1823			
				helial Growth Fa	
		J0178	J0179	J2777	J2778
		J2779 Vimisin®	Q5124	Q5128	
		Vimizim [®] J1322			
		Vyepti™			
		J3032			
		Vyvgart™			
		J9332			
		Vyvgart Hytru	llo™		
		J9334			
		Xembify [®]			
		J1558			
		91008			



and services	Additional information	how to obtain	S codes and prior authoria			
		Xenpozyme® J0218 Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre- determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com/policies > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.				
		*For unclassified and temporary codes C9151, C9399, C9149, C9157, C9160, C9162, J3490 and J3590, prior authorization is only required for Daxxify, Izervay, Leqembi, Nulibry, Releuko®, Revcovi, Vabysmo, Veopoz, Vyjuvek				
· i	 Prior authorization is required for inpatient admissions including: Behavioral/ substance abuse Elective surgical with admission Hospice Long-term acute care/rehabilitation Skilled nursing facilities Prior authorization is not required for emergency services. 					
Inpatient – F observation I a i i i i i i i i i i i i i i i i i i	Prior authorization is not required. Notification required if member is admitted for an inpatient stay. 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.					
	Prior authorization is required for the codes listed.	24360 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487	24362 27120 27134 27446 29866	24363 27125 27137 27447 29867	
services I	Prior authorization is not required. If you have questions, please call LabCorp at 800-788-9743.					
Musculoskeletal	Prior authorization is required for the codes listed.	Shoulder surge 23470	ery 23472	23743	23474	
	Prior authorization is required for the codes listed.	A0430	A0431	A0435	A0436	



Procedures		CPT [®] or HCPCS codes and/or			
and services	Additional information		in prior autho		
Orthognathic	Prior authorization is required for	21121	21123	21125	21127
surgery Treatment of	the codes listed.	21141	21142	21143	21145
maxillofacial/jaw		21146	21147	21150	21151
functional		21154	21155	21159	21160
impairment		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	Prior authorization is required for	L0112	L0170	L0456	L0462
prosthetics	orthotics and prosthetic codes	L0464	L0480	L0482	L0484
	listed with a retail purchase or cumulative rental cost of more	L0486	L0624	L0629	L0631
	than \$500.	L0632	L0634	L0636	L0637
	For members younger than 21	L0638	L0640	L0700	L0710
	with orthotic limitation:	L0810	L0820	L0830	L0859
	Reasonable repairs or	L1000	L1005	L1200	L1300
	adjustments of purchased orthotics are covered for all	L1310	L1499	L1680	L1685
	members to make the orthotic	L1720	L1730	L1755	L1820
	serviceable and/or when the	L1830	L1831	L1832	L1834
	repair cost is less than purchasing another unit	L1836	L1840	L1844	L1845
	The component will be replaced if, at the time	L1847	L1860	L1945	L1950
		L2000	L2005	L2020	L2030
	authorization is requested,	L2034	L2036	L2037	L2038
	documentation is provided to establish the component isn't	L2060	L2106	L2108	L2126
	operating effectively	L2136	L2350	L2526	L2627
	For members 21 and older:	L2628	L3230	L3265	L3649
	AHCCCS orthotics coverage	L3671	L3674	L3720	L3730
	applies if:	L3740	L3763	L3764	L3900
	• The use of the orthotic is	L3901	L3904	L3905	L3961
	medically necessary as the preferred treatment option	L3976	L3977	L3999	L4000
	consistent with Medicare	L4010	L4020	L4631	L5010
	guidelines	L5020	L5050	L5060	L5100
	The orthotic is less expensive then all other treatment	L5105	L5150	L5160	L5200
	than all other treatment options or surgical procedures	L5210	L5220	L5230	L5270
	to treat the same diagnosed	L5280	L5301	L5312	L5321
		L5331	L5341	L5400	L5420
	The orthotic is ordered by a physician or primary care	L5460	L5500	L5505	L5510
	physician of phinary care	L5520	L5530	L5535	L5540
	For members 21 and older with	L5560	L5570	L5580	L5585
	orthotic limitation:	L5590	L5595	L5600	L5610
	Reasonable repairs or	L5613	L5614	L5616	L5639
	adjustments of purchased	L5640	L5642	L5643	L5644
	orthotics are covered for all members to make the orthotic	L5646	L5647	L5648	L5649
	serviceable and/or when the	L5651	L5653	L5661	L5673
	repair cost is less than	L5682	L5683	L5700	L5702



Procedures	Additional information			codes a		
and services		how to ol	otain p	rior autho	orization	
Orthotics and	purchasing another unit	L5703		L5705	L5706	L5716
prosthetics (cont.)	The component will be replaced if, at the time	L5718		L5724	L5726	L5728
	authorization is requested,	L5780		L5790	L5795	L5811
	documentation is provided to establish the component isn't operating effectively	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		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
Out-of-state	Benefit only approved when	L8612		L8631	L8659	
services	service is emergent or unavailable in Arizona.					
Out-of-network services	Prior authorization is required for all out-of-network services.					
Outpatient therapy – occupational,	For members younger than 21: Occupational, physical and speech	97012 97022	97014 97026	97016 97028	97018 97033	
physical and	therapy are covered when	97034	97039	97110	97112	
speech therapy	medically necessary. No annual benefit limits apply; however,	97113	97116	97124	97140	
	requests will be reviewed for medical necessity.	97530	97535	97799	G0281	



Procedures and services	Additional information		PCS codes ar		
	• Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits	G0283			
	For members 21 and older: Occupational/speech therapy Prior authorization is required for Occupational and speech therapy. Occupational and speech therapy services are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity.				
	• Prior authorization is required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits.	92507	92508	92526	
	Physical therapy - outpatient Prior authorization is NOT required for outpatient physical therapy. Outpatient physical therapy services are:				
	• Limited to 15 visits per benefit year, Oct. 1 - Sept. 30, to help an individual acquire a new skill or level of function, and then maintain it				
	Physical therapy - skilled nursing or custodial facility considered as inpatient.				
	Services are covered when medically necessary and not subjected to outpatient benefits limitations.				
	• Prior authorization is required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits.				
Pain injections and management	Prior authorization is required.	64490	64493		
Pharmacy drugs	A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunity plan > Pharmacy Resources and Physician Administered Drugs Service requests <u>must</u> include	90378 J1300 J1429 J2840 J3399	J0224 J1303 J1786 J3060	J0717 J1427 J2326 J3385	J1290 J1428 J2357 J3398



Procedures and services	Additional information		PCS codes and in prior author		
	"J" codes and National Drug Code (NDC) codes for the medication requested. The following hemophilia factor/ biotech drugs are included on the prior authorization list: • Aldurazyme® • Ceprotin® • Cerezyme® • Cimzia® • Cinryze® • Elaprase® • Elelyso® • Exondys 51™ • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • Soliris® • Spinraza™ • Synagis® • VPRIV® • Xolair® • Zolgensma®	UnitedHealthca Phone: 800-310 Fax: 866-940-7 For specialty ph 7328 . Fax forms are av > Arizona > Phai Forms> Specialt specific medicati		Authorization S orization, please ovider.com/AZc Pharmacy Prior Authorization C ection, click on t	fax 866-940- ommunityplan Authorization over Sheet. For he medication
Potentially Unproven Services	Prior authorization is required.	33289	C2624		
Pregnancy termination	Prior authorization is required for the codes listed. Prior authorization includes Mifepristone, Mifeprex® or RU-486 Clinical documentation and the certificate of medical necessity	59840 59852	59841 59855	59850 59856	59851 59857

certificate of medical necessity for pregnancy termination <u>must</u> accompany the prior authorization request form.

For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 410, Maternity Care Services > Section E Pregnancy Termination.

The Certificate of Medical Necessity For Pregnancy Termination can be found at azahcccs.gov > Resources >



Procedures and services	Additional information		PCS codes ar in prior autho			
	Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > Attachment C.					
Prostate procedures	Prior authorization required	37243 53852	52441 55866	52442 55873	53850 55874	
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520	77522	77523	77525	
Radiology	Prior authorization is required for participating physicians who request the following advanced	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.				
	 outpatient imaging procedures: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	For prior authorization, please fax 800-278-2907 to complet request. Fax forms are available at UHCprovider.com/AZcommunityplan >Prior Authorization Notification Resources > Radiology Prior Authorization and Notification Program.				
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization Is required for the codes listed.	30400 30435 30465	30410 30450	30420 30460	30430 30462	
Shoulder surgery	Prior authorization is required for the codes listed.	Musculoske 29805 29820 29825	eletal system 29806 29822 29826	29807 29823 29827	29819 29824 29828	
Sinuplasty	Prior authorization is required for the codes listed.	31295	31296	31297	31298	
Skilled nursing facility services	Prior authorization is required. Separate prior authorization is required for outpatient services.					
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required for the codes listed.	21685	41599		42145	
Spinal surgery	Prior authorization is required for the codes listed.	22100 22112 22210 22224 22513	22101 22114 22212 22510 22514	22102 22206 22214 22511 22515	22110 22207 22220 22512 22532	



Procedures and services	Additional information		PCS codes ar		
Spinal surgery		22533	22548	22551	22554
(cont.)		22556	22558	22590	22595
		22600	22610	22612	22630
		22633	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22849	22850
		22852	22855	22856	22861
		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	0098T	
Sterilization	Prior authorization is required for	52601	52630	52647	52648
	the codes listed.	52649	55250	55801	55821
	For all members younger than	55831	58565	58600	58605
	age 21:	58611	58615	58670	58671
	Prior authorization is required. Any member requesting sterilization must sign an appropriate Consent for Sterilization form. For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at azahcccs.gov > Resources > Guides-Manuals- Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Section E Sterilization. The Consent to Sterilization form can be found at azahcccs.gov > Resources > Guides-Manuals- Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.	58700			
Stimulators	Prior authorization is required.	Bone growth st	imulator		
Implantation of a		E0747	E0748	E0749	E0760



Procedures and services	Additional information	CPT [®] or HCF how to obtai				
device that sends	·	Neurostimulato	r			
electrical impulses		43648	43882	61863	61864	
		61867	61868	61885	61886	
		63650	63655	63685	64553	
		64555	64568	64570	64590	
		L8680	L8682	L8685	L8686	
		L8687	L8688			
Transplant services	Prior authorization is required for the codes listed. Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.	For transplant and CAR T-Cell therapy services including Abecma [®] (idecaptagene cicleucel), Breyanzi [®] (lisocabtagene maraluecel), Carvykti [™] (ciltacabtagene autoleucel), Kymriah [™] (tisagenlecleucel), Tecartus [™] (brexucabtagene autoleucel) and Yescarta [™] (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number o 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	50547			
		CAR-T cell thera		05207	05407	
		0537T J9999	0538T Q2041	0539T	0540T	
		J9999 Q2054	Q2041 Q2055	Q2042	Q2053	
		*Code 38232 will diagnosis		Q2056 rior authorization	for an oncology	
		-				
		Gene therapy**: C9399	: J3490	J3590		
Transportation	Prior authorization is required for non-emergent taxi and stretcher van.	To schedule tran Brokerage of Aria			Fransportation	
Vein procedures	Prior authorization is required for	36468	36473	36475	36478	
-	the codes listed.	37700	37718	37722	37765	
Removal and ablation of the main trunks and named branches of the saphenous veins for		37766	37780			





Procedures and services	Additional information	CPT [®] or HCP how to obtain				
treating venous disease and varicose veins of the extremities						
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the	Prior authorization is required for the codes listed.	Please call the notification number on the back of the mem- health plan ID card. Then, fax the form provided by the num the Optum VAD Case Management Team at 855-282-892 33927 33928 33929 339				
damaged ventricle of the heart and		33976	33979	33981	33982	
restores normal blood flow		33983	Q0507	Q0508	Q0509	
Wound vac	 Prior authorization is required for the codes listed. A negative pressure wound therapy (NPWT) pump and supplies will be denied if one or more of the following are present: Cancer tissue in the wound Criteria for continued coverage is no longer met Necrotic tissue with eschar in the wound, if debridement isn't attempted Supplies and equipment are no longer being used by the member Untreated fistula to an organ or body cavity within vicinity of the wound Untreated osteomyelitis within vicinity of the wound 	E2402				

