

Prior Authorization Requirements for Arizona Long Term Care Medicaid

Effective June 1, 2021

General Information

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Allergy immunotherapy (continued)	<ul style="list-style-type: none"> 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. <u>Prior authorization is required for allergy testing when it meets the criteria above.</u> 				
Bariatric surgery	Prior authorization required for the codes listed	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health	<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"> Acute inpatient admission (includes admissions to AZ State Hospital) Electroconvulsive therapy Home care training client (S5109) Neuropsychological testing Out-of-state placement Psychological testing Residential behavioral health facility – Level II group home (H0018) Residential treatment center – Level 1 Transcranial magnetic stimulation 			
Bone growth stimulator	Prior authorization required for the codes listed	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
BRCA genetic testing	Prior authorization required for the codes listed	81162	81163	81164	81165
	Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.	81166	81212	81215	81216
		81217	81432	81433	
Breast reconstruction (non-mastectomy)	Prior authorization required for the codes listed	19316	19318	19325	19328
		19330	19340	19342	19350
Reconstruction of the breast except for after mastectomy		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		75710*	75716*		
		*Prior authorization required for the following diagnosis codes:			
		E08.51	E08.52	E08.59	E08.621
		E09.51	E09.52	E09.59	E09.621
		E10.51	E10.52	E10.59	E10.621
		E11.51	E11.52	E11.59	E11.621

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	
	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 (continued)	<u>For members younger than 21:</u> Prior authorization not required				
		<u>For members ages 21 and older:</u>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Chiropractic care (continued)	Chiropractic care is <u>not</u> a covered benefit.				
Circumcision	Routine circumcision is <u>not</u> a covered benefit. Prior authorization required <u>only</u> for cases with documented medical necessity.	54150	54160	54161	54162
Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	For members younger than 21: Prior authorization required for the codes listed For members ages 21 and older: <ul style="list-style-type: none"> • Prior authorization required for supplies, equipment maintenance and repair of component parts • Hardware is <u>not</u> a covered benefit. Clinical documentation <u>must</u> accompany and establish medical necessity for this service request.	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 E0787	A9276 K0553	A9277 K0554	A9278
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 required for the codes listed Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.	11960 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	11971 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
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				To locate contracted care providers or vendors, please visit UHCprovider.com/AZcommunityplan >Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental

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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Eye care/optometry (continued)	<p>glasses if lost, stolen or damaged</p> <ul style="list-style-type: none"> Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision. <p>For members ages 21 and older:</p> <p>Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye</p>				
Femoroacetabular impingement syndrome (FAI)	Prior authorization required for the codes listed	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required for the codes listed	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic testing	Prior authorization required for services not covered by LabCorp	88245	88248	88249	88261
		88262	88263	88264	88267
		88269	88271	88272	88273
	To determine prior authorization requirements, please call LabCorp at 800-788-9743 .	88274	88275	88280	88283
		88285	88289	88291	88299
Hearing aids and services	For members younger than 21:	92590	92591	92592	92593
Hearing evaluations and hearing aids	Prior authorization not required	92594	92595	S0618	V5010
	For members ages 21 and older:	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	
Home- and community-based services	Prior authorization required	For home- and community-based services, please call UnitedHealthcare Community Plan at 800-377-2055 or the notification number on the back of the member's health plan ID card.			
Home health care	Prior authorization required for the codes listed	For codes G0299, G0300, S9123 and S9124, please fax Case Management at 877-395-5993 to complete the request.			
	Infusion services – prior authorization not required	G0299	G0300	S9123	S9124
Hospice	Prior authorization required for the codes listed	For prior authorization, please call the Long Term Care Case Management Unit at 602-255-8908 to complete the request.			
		T2042	T2043	T2044	T2045
Incontinence supplies	Incontinence supplies are a benefit only when provided through Byram Healthcare®.	To request incontinence supplies, please call Byram Healthcare at 877-902-9726 .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Incontinence supplies (continued)	<p><u>For members younger than 21:</u> Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 240 per month.</p> <p><u>For members ages 21 and older:</u> Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 180 per month.</p>				
Injectable medications	Prior authorization required for the codes listed	<p>Actemra® J3262</p> <p>Acthar®* J0800</p> <p>Adakveo® J0791</p> <p>Avsola™ Q5121</p> <p>Benlysta J0490</p> <p>Berinert J0597</p> <p>Botulinum toxins J0585 J0586 J0587 J0588</p> <p>Brineura™ J0567</p> <p>Cerezyme®* J1786</p> <p>Cimzia®* J0717</p> <p>Cinqair® J2786</p> <p>Crysvita® J0584</p> <p>ElELYso®* J3060</p> <p>Entyvio® J3380</p> <p>Evenity™ J3111</p> <p>Exondys 51™* J1428</p> <p>Fasenra™ J0517</p> <p>Feraheme®</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	Q0138				
	Gamifant®				
	J9210				
	Givlaari®				
	J0223				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	J1459	J1554	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®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	J0896				
	Remicade®				
	J1745				
	Renflexis®				
	Q5104				
	Ruconest®				
	J0596				
	Scenesse®				
	J7352				
	Simponi Aria®				
	J1602				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris®*				
	J1300				
	Spinraza™*				
	J2326				
	Spravato™				
	S0013				
	Stelara®				
	J3358				
	Sublocade™				
	Q9991	Q9992			
	Synagis®*				
	90378				
	Tepezza®				
	J3241				
	Trogarzo™				
J1746					
Ultomiris™					
J1303					
Unclassified codes**					
C9399	J3490	J3590			
Uplizna®					
J1823					
Viltepso™					
J1427					
VPRIV®					
J3385					
Vyepti™					
J3032					

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

Vyondys 53®
J1429
Xembify®
J1558
Xolair®*
J2357
Zolgensma®*
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 > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

* For Acthar®, Cerezyme®, Cimzia®, Elelyso®, Exondys 51™, Soliris®, Spinraza™, Synagis®, Xolair® and Zolgensma® prior authorization, please call the Pharmacy Prior Authorization Service at **800-310-6826**.

** For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Riabni.

Inpatient admission	<p>Prior authorization required for inpatient admissions including:</p> <ul style="list-style-type: none"> Behavioral/substance abuse Elective surgical with admission Hospice Long term acute care/rehabilitation Skilled nursing facilities <p>Prior authorization not required for emergency services</p>				
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Inpatient – observation	<p>Prior authorization not required</p> <p>Notification required if member is admitted for an inpatient stay</p> <p>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.</p>				
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Joint replacement	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Laboratory services	Prior authorization not required. If you have questions, please call LabCorp at 800-788-9743 .				
Non-emergent air ambulance transport	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required for the codes listed	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
	<u>For members younger than 21 with orthotic limitation:</u>	L0632	L0634	L0636	L0637
	<ul style="list-style-type: none">Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit.	L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834
	<ul style="list-style-type: none">The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	L1836	L1840	L1844	L1845
		L1847	L1860	L1945	L1950
		L2000	L2005	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2136	L2350	L2526	L2627
	<u>For members ages 21 and older:</u>	L2628	L3230	L3265	L3649
	AHCCCS orthotics coverage applies if:	L3671	L3674	L3720	L3730
	<ul style="list-style-type: none">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
		L4010	L4020	L4631	L5010
	<ul style="list-style-type: none">The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.	L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5270
	<ul style="list-style-type: none">The orthotic is ordered by a physician or primary care provider.	L5280	L5301	L5312	L5321
		L5331	L5341	L5400	L5420
		L5460	L5500	L5505	L5510
	<u>For members ages 21 and older with orthotic limitation:</u>	L5520	L5530	L5535	L5540
	<ul style="list-style-type: none">Reasonable repairs or adjustments of purchased	L5560	L5570	L5580	L5585
		L5590	L5595	L5600	L5610

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit.	L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
		L5646	L5647	L5648	L5649
	<ul style="list-style-type: none"> 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
		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	
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				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Outpatient therapy	<u>For members younger than 21:</u>	92507	92508	92526	97012
	Prior authorization required for the codes listed	97014	97016	97018	97022
		97026	97028	97033	97034
		97039	97110	97112	97113
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply.	97116	97124	97140	97535
		97799			

For members ages 21 and older:

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.

Outpatient physical therapy is:

- 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
- 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

For Qualified Medicare Beneficiaries (QMB):

Co-pays are covered when medically necessary until Medicare benefit exhausts.

Pharmacy drugs	A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan	For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:
	> Pharmacy Resources and Physician Administered Drugs	Phone: 800-310-6826 Fax: 866-940-7328
	Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested.	For specialty pharmacy prior authorization, please fax 866-940-7328 .
The following hemophilia factor/biotech drugs are included on the prior authorization list:	Fax forms are available at UHCprovider.com/AZcommunityplan > Arizona > Pharmacy Program > Pharmacy Prior Authorization Forms > Specialty Medication Prior Authorization Cover Sheet. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.	
<ul style="list-style-type: none"> • Acthar® gel • Aldurazyme® • Ceprothin® • Cerezyme® • Cimzia® 		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Pharmacy drugs (continued)	<ul style="list-style-type: none"> • Cinryze® • Elaprase® • Elelyso® • Exondys 51™ • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • Soliris® • Spinraza™ • Synagis® • VPRIV® • Xolair® • Zolgensma® 					
Pregnancy termination	<p>Prior authorization required for the codes listed</p> <p>Prior authorization includes Mifepristone, Mifeprex® or RU-486</p> <p>Clinical documentation and the Certificate of Medical Necessity for pregnancy termination <u>must</u> accompany the prior authorization request form.</p> <p>For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 410, Maternity Care Services > Section E Pregnancy Termination.</p> <p>The Certificate of Medical Necessity For Pregnancy Termination can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > Attachment C.</p>	59840 59852	59841 59855	59850 59856	59851 59857	
Proton beam therapy 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	
Radiology	Prior authorization required for participating physicians who request the following advanced outpatient imaging procedures:	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please fax 800-278-2907 to complete</p>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (continued)	<ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	your request. Fax forms are available at UHCprovider.com/AZcommunityplan >Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program.			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required for the codes listed	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required for the codes listed	31295	31296	31297	31298
Skilled nursing facility services	Prior authorization required Separate prior authorization required for outpatient services				
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required for the codes listed	21685	41599		42145
Spinal surgery	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 63090 63172 63191 63198 63251 63268 63286 63303 63307	0098T 22102 22206 22214 22533 22556 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63194 63199 63252 63270 63300 63304 63308	0164T 22110 22207 22220 22548 22558 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63185 63195 63200 63265 63271 63301 63305	22100 22112 22210 22224 22551 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63190 63196 63250 63267 63272 63302 63306

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Sterilization	<p>Prior authorization required for the codes listed</p> <p><u>For all members younger than age 21:</u></p> <p>Prior authorization required</p> <p>Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.</p> <p>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.</p> <p>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.</p>	52601 52649 55821 58200 58262 58275 58291 58542 58550 58570 58565 58615 58951 59135	52630 55250 55831 58210 58263 58280 58292 58543 58552 58571 58600 58670 58953 59525	52647 55450 58150 58240 58267 58285 58294 58544 58553 58572 58605 58671 58954	52648 55801 58180 58260 58270 58290 58541 58548 58554 58573 58611 58700 58956
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	<p>Bone growth stimulator</p> <p>E0747 E0748 E0749 E0760</p> <p>Neurostimulator</p> <p>43648 43882 61863 61864</p> <p>61867 61868 61885 61886</p> <p>63650 63655 63685 64553</p> <p>64555 64568 64570 64590</p> <p>L8680 L8682 L8685 L8686</p> <p>L8687 L8688</p>			
Transplant services	<p>Prior authorization required for the codes listed</p> <p>Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.</p>	<p>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 888-936-7246 or the notification number on the back of the member's health plan ID card.</p> <p>32850 32851 32852 32853</p> <p>32854 32855 32856 33930</p> <p>33933 33935 33940 33944</p> <p>33945 38208 38209 38210</p> <p>38212 38213 38214 38215</p> <p>38232* 38240 38241 38242</p> <p>44132 44133 44135 44136</p> <p>44137 44715 44720 44721</p> <p>47133 47135 47140 47141</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant services (continued)		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
	CAR-T Cell therapy				
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Transportation	Prior authorization required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at 888-700-6822 .			
Vein procedures 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
Ventricular assist devices (VAD) 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 855-282-8929 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	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: <ul style="list-style-type: none"> • Cancer tissue in the wound • Criteria for continued coverage is no longer met • Necrotic tissue with eschar in the wound, if debridement isn't attempted • Supplies and equipment are no longer being used by the member • Untreated fistula to an organ or body cavity within vicinity of the wound • Untreated osteomyelitis within vicinity of the wound 	E2402			