

Prior Authorization Requirements for Arizona Long Term Care Medicaid

Effective September 1, 2021

General Information

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Arizona Long Term Care for inpatient and outpatient services.

Additional state variations and regulations may apply. Please check the latest COVID-19 guidance, requirements and coverage mandate from your state. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** 800-377-2055

Important Information

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Allergy immunotherapy	<p>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	<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 14041 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	11971 14061 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	14020 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14021 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
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.	To locate contracted care providers or vendors, please visit UHCprovider.com/AZcommunityplan >Member Information:			

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<p>Enteral services/parental/ Oral (continued)</p> <p>parenteral nutrition (TPN), and/or lipids and oral supplements</p>	<p><u>For members younger than 21:</u> 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><u>For members 21 and older:</u> 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><u>Benefits provided for members younger than 21:</u></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
Hysterectomy	Prior authorization required for the codes listed	58150	58152	58180	58200
		58210	58240	58260	58262

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Hysterectomy (continued)		58263	58267	58270	58275
		58280	58285	58290	58291
		58292	58293	58294	58541
		58542	58543	58544	58548
		58550	58552	58553	58554
		58570	58571	58572	58573
		58951	58953	58954	58956
		59135	59525		

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**.

For members younger than 21:
Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 240 per month.

For members ages 21 and older:
Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 180 per month.

Injectable medications	Prior authorization required for the codes listed	Actemra®			
		J3262			
		Acthar®*			
		J0800			
		Adakveo®			
		J0791			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Berinert			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Cerezyme®*			
J1786					
Cimzia®*					
J0717					
Cinqair®					
J2786					
Crysvita®					
J0584					
Elelyso®*					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J3060 Entyvio®				
	J3380 Evenity™				
	J3111 Exondys 51™*				
	J1428 Fasenra™				
	J0517 Fensolvi®***				
	J1951				
	J0138 Feraheme®				
	J9210 Gamifant®				
	J0223 Givlaari®				
	J0638 Ilaris®				
	J3245 Ilumya™				
	Q5103 Inflectra®				
	J1439 Injectafer®				
	J1459 IVIG		J1554	J1555	J1556
	J1557		J1559	J1561	J1566
	J1568		J1569	J1572	J1575
	J1599 Kalbitor®				
	J1290 Krystexxa®				
	J0202 Lemtrada®				
	J3398 Luxturna™				
	J1726 Makena®		J1729	J2675	
	J1437 Monoferric®				
	J1437 Nplate®				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J2796				
	Nucala®				
	J2182				
	Ocrevus™				
	J2350				
	Orencia®				
	J0129				
	Onpattro™				
	J0222				
	Oxlumo™				
	J0224				
	Parsabiv™				
	J0606				
	Probuphine®				
	J0570				
	Radicava®				
	J1301				
	Reblozyl®				
	J0896				
	Remicade®				
	J1745				
	Renflexis®				
	Q5104				
	Riabni™				
	Q5123				
	Ruconest®				
	J0596				
	Scenesse®				
	J7352				
	Signifor® LAR				
J2502					
Simponi Aria®					
J1602					
Sodium Hyaluronate					
J7320	J7321	J7322	J7324		
J7325	J7326	J7327	J7329		
J7331	J7332				
Soliris®*					
J1300					
Spinraza™*					
J2326					
Spravato™					
S0013					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
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Injectable medications (continued)	Stelara®			
	J3358			
	Sublocade™			
	Q9991	Q9992		
	Synagis®*			
	90378			
	Tepezza®			
	J3241			
	Triptodur®			
	J3316			
	Trogarzo™			
	J1746			
	Ultomiris™			
	J1303			
	Unclassified codes**			
	C9399	J3490	J3590	
	Uplizna®			
	J1823			
	Viltepso™			
	J1427			
VPRIV®				
J3385				
Vyepti™				
J3032				
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®, Eleyso®, Exondys 51™, Soliris®, Spinraza™, Synagis®, Xolair® and Zolgensma® prior authorization, please call the Pharmacy Prior Authorization Service at **800-310-6826**.

** For unclassified and temporary codes C9075, C9077,

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		C9079, C9399, J3490 and J3590, prior authorization is only required for Amondys 45 (casimersen), Cabenuva™, Cutaquig®, Evkeeza™ and Lupaneta Pack™. ***Codes are effective 10/1/2021			
Inpatient admission	Prior authorization required for inpatient admissions including: <ul style="list-style-type: none"> Behavioral/substance abuse Elective surgical with admission Hospice Long term acute care/rehabilitation Skilled nursing facilities Prior authorization not required for emergency services				
Inpatient – observation	Prior authorization 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.				
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		
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	Prior authorization required for the codes listed	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
	21255	21296	21299		
Orthotics and prosthetics	Prior authorization required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500 <u>For members younger than 21 with</u>	L0112	L0170	L0456	L0462
	L0464	L0480	L0482	L0484	
	L0486	L0624	L0629	L0631	
	L0632	L0634	L0636	L0637	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	<u>orthotic limitation:</u>	L0638	L0640	L0700	L0710
	<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. 	L0810	L0820	L0830	L0859
	<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. 	L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834
		L1836	L1840	L1844	L1845
		L1847	L1860	L1945	L1950
		L2000	L2005	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2136	L2350	L2526	L2627
		L2628	L3230	L3265	L3649
	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
	<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. 	L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider. 	L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5270
		L5280	L5301	L5312	L5321
		L5331	L5341	L5400	L5420
		L5460	L5500	L5505	L5510
		L5520	L5530	L5535	L5540
	<u>For members ages 21 and older with orthotic limitation:</u>	L5560	L5570	L5580	L5585
	<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. 	L5590	L5595	L5600	L5610
		L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
	<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. 	L5646	L5647	L5648	L5649
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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				
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
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply.	97039	97110	97112	97113
		97116	97124	97140	97535
	97799				
	<u>For members ages 21 and older:</u>				
	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:				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy (continued)	<ul style="list-style-type: none"> • <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 • <u>Limited</u> 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 <p><u>For Qualified Medicare Beneficiaries (QMB):</u></p> <p>Co-pays are covered when medically necessary until Medicare benefit exhausts.</p>				
Pharmacy drugs	<p>A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan</p> <p>> Pharmacy Resources and Physician Administered Drugs</p> <p>Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested.</p> <p>The following hemophilia factor/biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> • Acthar® gel • Aldurazyme® • Ceprotin® • Cerezyme® • Cimzia® • Cinryze® • Elaprase® • Elelyso® • Exondys 51™ • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • Soliris® • Spinraza™ • Synagis® • VPRIV® • Xolair® • Zolgensma® 	<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: 800-310-6826 Fax: 866-940-7328</p> <p>For specialty pharmacy prior authorization, please fax 866-940-7328.</p> <p>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.</p>			
Pregnancy termination	<p>Prior authorization required for the codes listed</p> <p>Prior authorization includes Mifepristone, Mifeprex® or RU-486</p>	59840 59852	59841 59855	59850 59856	59851 59857

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pregnancy termination (continued)	<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>				
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: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please fax 800-278-2907 to complete 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	30410	30420	30430
Sinuplasty	Prior authorization required for the codes listed	30435	30450	30460	30462
Skilled nursing facility services	Prior authorization required Separate prior authorization required for outpatient services	30465	31295	31296	31297
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep	Prior authorization required for the codes listed	21685	41599	42145	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
apnea					
Spinal surgery	Prior authorization required for the codes listed	0095T	0098T	0164T	22100
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		22532	22533	22548	22551
		22554	22556	22558	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22864	22865	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	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
	<u>For all members younger than age 21:</u>	55821	55831	58565	58600
		58605	58611	58615	58670
		58671	58700		
	Prior authorization required				
	Any member requesting sterilization <u>must</u> 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-					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Sterilization (continued)	Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.				
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Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		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 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 Ciccleucel), Breyanzi® (Lisocabtagene Maralucecl), 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.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		CAR-T Cell therapy			
		0537T	0538T	0539T	0540T
		C9076**	C9399**	J3490**	J3590**
		J9999**	Q2041	Q2042	Q2053
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		** For unclassified codes C9076, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma®, and Breyanzi®.			

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 .
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Vein procedures	Prior authorization required for the codes listed	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
Ventricular assist devices (VAD)	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 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
		E2402			
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 				