

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan of Arizona Acute Medicaid participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 888-899-1499; fax form is available at UHCCCommunityPlan.com > For Health Care Professionals > Arizona > Provider Forms.

Important Information

- **To be eligible for prior 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	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Allergy immunotherapy	<p><u>For members younger than age 21:</u></p> <p>Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p><u>For members age 21 and older:</u></p> <p>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.</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 • 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 these situations.</u> 	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																								
Bariatric surgery	Prior authorization required for the codes identified	<table border="1"> <tr> <td>43644</td> <td>43645</td> <td>43648</td> <td>43659</td> </tr> <tr> <td>43770</td> <td>43775</td> <td>43842</td> <td>43845</td> </tr> <tr> <td>43846</td> <td>43847</td> <td>43848</td> <td>43860</td> </tr> <tr> <td>43882</td> <td>43887</td> <td>64590</td> <td></td> </tr> </table>	43644	43645	43648	43659	43770	43775	43842	43845	43846	43847	43848	43860	43882	43887	64590									
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Behavioral health	<p><u>For members younger than age 18:</u></p> <p>Behavioral health services are available through the Regional Behavioral Health Authority (RBHA) program at 800-348-4058.</p> <p><u>For members age 18 and older:</u></p> <p>Prior authorization required for Acute Medicaid members with Medicare Part A and/or B</p>	<p>The following benefits and/or codes require prior authorization:</p> <ul style="list-style-type: none"> • Acute inpatient admission • Residential treatment center – Level 1 • Residential behavioral health facility – Level II group home • Electroconvulsive therapy – code 90870 • Out-of-state placement • Neuropsychological testing • Codes 96116, 96118, 96119, 96120 																								
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes identified	<table border="1"> <tr> <td>20975</td> <td>20979</td> <td>E0747</td> <td>E0748</td> </tr> <tr> <td>E0749</td> <td></td> <td></td> <td></td> </tr> </table>	20975	20979	E0747	E0748	E0749																			
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BRCA genetic testing	<p>Prior authorization required for the codes identified</p> <p>Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.</p>	<table border="1"> <tr> <td>81162</td> <td>81211</td> <td>81212</td> <td>81213</td> </tr> <tr> <td>81214</td> <td>81215</td> <td>81216</td> <td>81217</td> </tr> <tr> <td>81432</td> <td>81433</td> <td></td> <td></td> </tr> </table>	81162	81211	81212	81213	81214	81215	81216	81217	81432	81433														
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Breast reconstruction (non-mastectomy) Reconstruction of the breast except for after mastectomy	Prior authorization required for the codes identified	<table border="1"> <tr> <td>19316</td> <td>19318</td> <td>19324</td> <td>19325</td> </tr> <tr> <td>19328</td> <td>19330</td> <td>19340</td> <td>19342</td> </tr> <tr> <td>19350</td> <td>19357</td> <td>19361</td> <td>19364</td> </tr> <tr> <td>19366</td> <td>19367</td> <td>19368</td> <td>19369</td> </tr> <tr> <td>19370</td> <td>19371</td> <td>19380</td> <td>19396</td> </tr> <tr> <td>L8600</td> <td></td> <td></td> <td></td> </tr> </table>	19316	19318	19324	19325	19328	19330	19340	19342	19350	19357	19361	19364	19366	19367	19368	19369	19370	19371	19380	19396	L8600			
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Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echos prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Arizona > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.</p>																								

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Carpal tunnel surgery	<p>Prior authorization required for the code identified if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	64721
Cataract surgery	<p>Prior authorization required for the code identified if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	66821 66982 66984
Chemotherapy	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis</p>	<p>The following injectable drugs/codes require prior authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • Prior authorization required for chemotherapy injectable drugs that haven't yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p>
Chiropractic care	<p><u>For members younger than age 21:</u></p> <p>Prior authorization not required</p> <p><u>For members age 21 and older:</u></p> <p>Chiropractic care is <u>not</u> a covered benefit.</p>	
Circumcision	<p>Routine circumcision is <u>not</u> a covered benefit.</p> <p>Prior authorization required <u>only</u> for cases with documented medical necessity.</p>	54150 54160 54161 54162

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<p>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</p>	<p><u>For members younger than age 21:</u> Prior authorization required for the codes identified</p> <p><u>For members age 21 and older:</u></p> <ul style="list-style-type: none"> • Prior authorization required for supplies, equipment maintenance and repair of component parts • Hardware is not a covered benefit. • Clinical documentation <u>must</u> accompany and establish medical necessity for this service request. 	<p>69710 69930 L8691</p>	<p>69714 L8614 L8692</p>	<p>69715 L8619</p>	<p>69718 L8690</p>
<p>Colonoscopy</p>	<p>Prior authorization required for the codes identified if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	<p>45378</p>	<p>45380</p>	<p>45384</p>	<p>45385</p>
<p>Colony stimulating factor drugs</p>	<p>Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p>	<p><u>Injectable colony stimulating factor drugs that require prior authorization:</u></p> <ul style="list-style-type: none"> • J1442 filgrastim (Neupogen®) • J1447 tbo-filgrastim (Granix®) • J2505 pegfilgrastim (Neulasta®) • J2820 sargramostim (Leukine®) • Q5101 filgrastim, bio similar (Zarxio®) <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p>			
<p>Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>	<p>Prior authorization required for the codes identified</p> <p>Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.</p> <p><u>For codes with an asterisk:</u></p> <p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	<p>11960 14040* 15830 17108 21139 21180 21184 21275 21552* 21931* 67901 67906 67912</p>	<p>11971 14060* 15847 17999 21172 21181 21230 21280 21740 28344 67902 67908 67914</p>	<p>13101* 14301* 17106 21137 21175 21182 21235 21282 21742 30620 67903 67909 67915</p>	<p>13132* 15823 17107 21138 21179 21183 21256 21295 21743 67900 67904 67911 67916</p>

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Cosmetic and reconstructive procedures (cont'd)		67917	67921	67922	67923																																																																																																																
Dental services	For prior authorization requirements, please call UnitedHealthcare Dental at 855-812-9208 .	67924	67950	67961	67966																																																																																																																
Diabetic supplies	Diabetic supplies are provided by the local pharmacy. Prior authorization for talking glucometers available through the medical prior authorization process	To locate contracted care providers or vendors, please visit UHCCommunityPlan.com > For Health Care Professionals > Arizona > Claims and Member Information.																																																																																																																			
<p>Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or a cumulative rental cost of more than \$500</p>	<p>To request DME items, please call Preferred Homecare at 800-636-2123.</p> <p>These DME items are <u>not</u> covered by Preferred Homecare:</p> <ul style="list-style-type: none"> • Bone stimulators • Diabetic supplies • Enclosed beds • Insulin pumps • Percussion vests • Specialty beds • Wound vacs <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	<p>For services not covered by Preferred Homecare, please review UnitedHealthcare Community Plan's Provider Manual for a list of contracted vendors related to DME products at UHCCommunityPlan.com > For Health Care Professionals > Arizona > Claims and Member Information.</p> <table border="0" data-bbox="1045 968 1539 1961"> <tr><td>E0194</td><td>E0265</td><td>E0266</td><td>E0270</td></tr> <tr><td>E0300</td><td>E0445</td><td>E0457</td><td>E0460</td></tr> <tr><td>E0466</td><td>E0483</td><td>E0620</td><td>E0636</td></tr> <tr><td>E0638</td><td>E0641</td><td>E0642</td><td>E0656</td></tr> <tr><td>E0669</td><td>E0670</td><td>E0675</td><td>E0693</td></tr> <tr><td>E0694</td><td>E0700</td><td>E0710</td><td>E0745</td></tr> <tr><td>E0766</td><td>E0784</td><td>E0984</td><td>E0986</td></tr> <tr><td>E1002</td><td>E1003</td><td>E1004</td><td>E1005</td></tr> <tr><td>E1006</td><td>E1007</td><td>E1008</td><td>E1009</td></tr> <tr><td>E1010</td><td>E1030</td><td>E1035</td><td>E1036</td></tr> <tr><td>E1161</td><td>E1229</td><td>E1231</td><td>E1232</td></tr> <tr><td>E1233</td><td>E1234</td><td>E1235</td><td>E1236</td></tr> <tr><td>E1237</td><td>E1238</td><td>E1239</td><td>E2100</td></tr> <tr><td>E2227</td><td>E2228</td><td>E2230</td><td>E2300</td></tr> <tr><td>E2301</td><td>E2322</td><td>E2325</td><td>E2327</td></tr> <tr><td>E2329</td><td>E2331</td><td>E2351</td><td>E2373</td></tr> <tr><td>E2510</td><td>E2511</td><td>E2599</td><td>E2626</td></tr> <tr><td>E2627</td><td>E2628</td><td>E2629</td><td>E2630</td></tr> <tr><td>E8001</td><td>K0005</td><td>K0008</td><td>K0013</td></tr> <tr><td>K0108</td><td>K0800</td><td>K0801</td><td>K0802</td></tr> <tr><td>K0806</td><td>K0807</td><td>K0808</td><td>K0821</td></tr> <tr><td>K0822</td><td>K0823</td><td>K0824</td><td>K0825</td></tr> <tr><td>K0826</td><td>K0827</td><td>K0828</td><td>K0829</td></tr> <tr><td>K0830</td><td>K0831</td><td>K0836</td><td>K0837</td></tr> <tr><td>K0838</td><td>K0839</td><td>K0840</td><td>K0841</td></tr> <tr><td>K0842</td><td>K0843</td><td>K0848</td><td>K0849</td></tr> <tr><td>K0850</td><td>K0851</td><td>K0852</td><td>K0853</td></tr> <tr><td>K0854</td><td>K0855</td><td>K0856</td><td>K0857</td></tr> </table>				E0194	E0265	E0266	E0270	E0300	E0445	E0457	E0460	E0466	E0483	E0620	E0636	E0638	E0641	E0642	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	E2100	E2227	E2228	E2230	E2300	E2301	E2322	E2325	E2327	E2329	E2331	E2351	E2373	E2510	E2511	E2599	E2626	E2627	E2628	E2629	E2630	E8001	K0005	K0008	K0013	K0108	K0800	K0801	K0802	K0806	K0807	K0808	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
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<p>Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or a cumulative rental cost of more than \$500</p>		K0858 K0862 K0869 K0878 K0885 S1040	K0859 K0863 K0870 K0879 K0886	K0860 K0864 K0871 K0880 K0890	K0861 K0868 K0877 K0884 K0891
<p>Ear, nose and throat procedures</p>	<p>Prior authorization required for the codes identified if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	21320 69631	30140	30520	69436
<p>Enteral services/parenteral/oral In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN), and/or lipids and oral supplements</p>	<p>To request services and/or supplies, please call Preferred Homecare at 800-636-2123.</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> <p><u>For members younger than age 21:</u></p> <p>For more information, please review AMPM Chapter 400 Policy 430-10 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 400: Medical Policy for Maternal and Child Health > Policy 430-10. The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 400: Medical Policy for Maternal and Child Health > Exhibit 430-2.</p> <p><u>For members age 21 and older:</u></p> <p>Please review AMPM Chapter 300, Policy 310-GG at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 300: Medical Policy for Covered Services > Policy 310-123.</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 > Chapter 300: Medical Policy for Covered Services > Attachment C.</p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Experimental and investigational	<p>Prior authorization required for all services considered experimental and/or investigational</p> <p>For more information, please refer to the AHCCCS Medical Policy Manual Chapter 300, Policy 320 B at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 300: Medical Policy for Covered Services > Policy 320-B.</p>	0191T 61863 61886 95978	33477 61864 64555 A4638	36514 61867 64722 A9274	55866 61868 66180 E1831
Eye care/optometry	<p><u>Benefits provided for members younger than age 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 glasses if lost, stolen or damaged Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision. <p><u>For members age 21 and older:</u></p> <p>Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye</p>	For member eye care services, please call Nationwide Vision at 800-481-2779 .			
Femoracetabular impingement syndrome (FAI)	Prior authorization required for the codes identified	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required for the codes identified	31240 31267	31254 31276	31255 31287	31256 31288
Genetic testing	<p>Prior authorization required for all services not covered by LabCorp</p> <p>To determine prior authorization requirements, please call LabCorp at 800-788-9743.</p>	88245 88262 88269 88274 88285	88248 88263 88271 88275 88289	88249 88264 88272 88280 88291	88261 88267 88273 88283 88299
Gynecologic procedures	<p>Prior authorization required for the codes identified if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	57522 58565	58353	58558	58563

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																
<p>Hearing services Hearing evaluations and hearing aids</p>	<p><u>For members younger than age 21:</u> Prior authorization not required</p> <p><u>For members age 21 and older:</u> Prior authorization required</p>	<table border="0"> <tr> <td>92590</td> <td>92591</td> <td>92592</td> <td>92593</td> </tr> <tr> <td>92594</td> <td>92595</td> <td>S0618</td> <td>V5010</td> </tr> <tr> <td>V5011</td> <td>V5014</td> <td>V5030</td> <td>V5040</td> </tr> <tr> <td>V5050</td> <td>V5060</td> <td>V5095</td> <td>V5100</td> </tr> <tr> <td>V5120</td> <td>V5170</td> <td>V5180</td> <td>V5190</td> </tr> <tr> <td>V5220</td> <td>V5230</td> <td>V5242</td> <td>V5243</td> </tr> <tr> <td>V5244</td> <td>V5245</td> <td>V5246</td> <td>V5247</td> </tr> <tr> <td>V5248</td> <td>V5249</td> <td>V5250</td> <td>V5251</td> </tr> <tr> <td>V5252</td> <td>V5253</td> <td>V5254</td> <td>V5255</td> </tr> <tr> <td>V5256</td> <td>V5257</td> <td>V5258</td> <td>V5259</td> </tr> <tr> <td>V5260</td> <td>V5261</td> <td>V5262</td> <td>V5263</td> </tr> <tr> <td>V5267</td> <td>V5298</td> <td></td> <td></td> </tr> </table>	92590	92591	92592	92593	92594	92595	S0618	V5010	V5011	V5014	V5030	V5040	V5050	V5060	V5095	V5100	V5120	V5170	V5180	V5190	V5220	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		
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<p>Home health care services</p>	<p>Prior authorization required for the codes identified</p>	<table border="0"> <tr> <td>G0299</td> <td>G0300</td> <td></td> <td></td> </tr> </table>	G0299	G0300																																														
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<p>Incontinence supplies</p>	<p>Incontinence supplies are a benefit only when provided through Preferred Homecare.</p>	<p>To request incontinence supplies, please call Preferred Homecare at 800-636-2123.</p>																																																
<p>Infusion in-home services</p>	<p>Prior authorization required for all services not covered by Preferred Homecare</p>	<p>To request services and/or supplies, please call Preferred Homecare at 800-636-2123.</p>																																																
<p>Injectable medications for in-home usage</p>	<p>Prior authorization required for all medications not covered by Preferred Homecare</p>	<p>To request medications, please call Preferred Homecare at 800-636-2123.</p>																																																
<p>Injectable medications</p>	<p>Prior authorization required for the codes identified</p>	<p>Acthar® J0800</p> <p>Botox® J0585 J0586 J0587 J0588</p> <p>Cerezyme®** J1786</p> <p>Cinqair® J2786</p> <p>ElELYso®** J3060</p> <p>Exondys 51™** J2326</p>																																																

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Injectable medications (cont'd)		<p>IVIG J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Lemtrada® J0202</p> <p>Makena®* J1726 J1729</p> <p>Nucala® J2182</p> <p>Ocrevus™ J2350</p> <p>Probuphine® J0570</p> <p>Radicava™ C9493</p> <p>Soliris®** J1300</p> <p>Spinraza™** J1428</p> <p>Synagis®** 90378</p> <p>Unclassified*** C9399 J3490 J3590</p> <p>VPRIV® J3385</p> <p>Xolair®** J2357</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch</i></p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																												
Injectable medications (cont'd)		<p><i>for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p><i>*For Makena prior authorization, please fax 888-899-1499. Fax forms are available at UHCCommunityPlan.com > For Health Care Professionals > Arizona > Provider Forms > Additional Forms > Makena Prior Authorization Form.</i></p> <p><i>**For Cerezyme, Elelyso, Exondys 51, Soliris, Spinraza, Synagis and Xolair prior authorization, please call the Pharmacy Prior Authorization Service at 800-310-6826.</i></p> <p><i>*** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura™ and Radicava.</i></p>																												
Inpatient admission	Notification required for admissions																													
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required for the codes identified	<table border="1"> <tr> <td>23470</td> <td>23472</td> <td>23473</td> <td>23474</td> </tr> <tr> <td>24360</td> <td>24361</td> <td>24362</td> <td>24363</td> </tr> <tr> <td>24370</td> <td>24371</td> <td>27120</td> <td>27122</td> </tr> <tr> <td>27125</td> <td>27130</td> <td>27132</td> <td>27134</td> </tr> <tr> <td>27137</td> <td>27138</td> <td>27412</td> <td>27446</td> </tr> <tr> <td>27447</td> <td>27486</td> <td>27487</td> <td>29866</td> </tr> <tr> <td>29867</td> <td>29868</td> <td></td> <td></td> </tr> </table>	23470	23472	23473	23474	24360	24361	24362	24363	24370	24371	27120	27122	27125	27130	27132	27134	27137	27138	27412	27446	27447	27486	27487	29866	29867	29868		
23470	23472	23473	23474																											
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 required	Please call LabCorp at 800-788-9743 .																												
Liver biopsy	Prior authorization required for the code identified if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	47000																												
Miscellaneous – hardware removal	Prior authorization required for the codes identified if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	20680																												
Neuropsychological testing	Prior authorization required for the codes identified	<table border="1"> <tr> <td>96116</td> <td>96118</td> <td>96119</td> <td>96120</td> </tr> </table>	96116	96118	96119	96120																								
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Non-emergent air ambulance transport	Prior authorization required for the codes identified	A0430	A0431	A0435	A0436
Ophthalmologic	<p>Prior authorization required for the codes identified if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	65426 66761 67228	65730 67028 67311	65855 67036 67312	66170 67040
Orthognatic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required for the codes identified	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<p>Orthotics and prosthetics: more than \$500</p> <p>Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500</p>	<p>Prior authorization required for the codes identified</p> <p><u>For members younger than age 21 with orthotic limitation:</u></p> <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. The component will be replaced if, at the time authorization is requested, documentation is provided to establish that the component is not operating effectively. <p><u>For members age 21 and older:</u></p> <p>AHCCCS orthotics coverage applies if:</p> <ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition. The orthotic is ordered by a physician or primary care provider. 	L0112 L0464 L0486 L0632 L0638 L0810 L0861 L1300 L1685 L1730 L1834 L1845 L1860 L2000 L2030 L2038 L2126 L2510 L3230 L3674 L3764 L3905 L3976 L4010 L4394 L5060	L0170 L0480 L0624 L0634 L0640 L0820 L1000 L1310 L1700 L1755 L1836 L1846 L1945 L2005 L2034 L2060 L2128 L2526 L3265 L3720 L3900 L3961 L3977 L4020 L5010 L5100	L0456 L0482 L0629 L0636 L0700 L0830 L1005 L1499 L1710 L1830 L1840 L1847 L1950 L2010 L2036 L2106 L2136 L2627 L3649 L3730 L3901 L3971 L3999 L4350 L5020 L5105	L0462 L0484 L0631 L0637 L0710 L0859 L1200 L1680 L1720 L1831 L1844 L1850 L1970 L2020 L2037 L2108 L2350 L2628 L3671 L3740 L3904 L3975 L4000 L4392 L5050 L5150

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
<p>Orthotics and prosthetics: more than \$500 (cont'd) Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500</p>		L5160	L5200	L5210	L5220
		L5230	L5250	L5270	L5280
		L5301	L5312	L5321	L5331
		L5341	L5400	L5420	L5460
		L5500	L5505	L5510	L5520
		L5530	L5535	L5540	L5560
		L5570	L5580	L5585	L5590
		L5595	L5600	L5610	L5613
		L5614	L5616	L5639	L5640
		L5642	L5643	L5644	L5646
		L5648	L5651	L5653	L5661
		L5682	L5702	L5703	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5848
		L5857	L5858	L5930	L5950
		L5960	L5961	L5964	L5966
		L5968	L5976	L5979	L5980
		L5981	L5982	L5984	L5987
		L5988	L5990	L6000	L6010
		L6020	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	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	L6915
		L6920	L6925	L6930	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		

**Prior Authorization Requirements for Arizona Acute Medicaid
Effective January 1, 2018**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics: more than \$500 (cont'd) Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500		L8044 L8499 L8631	L8045 L8609 L8659	L8046 L8610	L8047 L8612
Out-of-network services	Prior authorization required for all out-of-network services				
Out-of-state services	Benefit only approved when service is emergent or unavailable in the state of Arizona				
Outpatient therapy – occupational and speech therapy	<u>For members younger than age 21:</u> Prior authorization required after the 12th visit	92508 92524	92521 92526	92522 S9152	92523 92507
	<u>For members age 21 and older:</u> Prior authorization not required Outpatient speech therapy is not a covered benefit. Occupational therapy is covered in an inpatient or outpatient setting. Outpatient occupational therapy is: <ul style="list-style-type: none"> • Limited to 15 visits per contract year, Oct. 1 – Sept. 30, to help an individual restore and maintain a particular skill or function that was lost due to injury or disease • Limited to 15 visits per contract year, Oct. 1 – Sept. 30, to help an individual attain and maintain a particular skill or function that was never learned or acquired 				
	<u>For QMB members:</u> Covered for unlimited visits when medically necessary				
Outpatient therapy – physical therapy	<u>For members younger than age 21:</u> Prior authorization required after the 12 th visit Physical therapy is covered in an inpatient or outpatient setting. No benefit limits apply.	97010 97018 97033 97112 97140 97164 97168	97012 97022 97034 97113 97161 97165 97799	97014 97026 97039 97116 97162 97166 G0129	97016 97028 97110 97124 97163 97167 S8990
	<u>For members age 21 and older:</u> Prior authorization not required				

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization								
<p>Outpatient therapy – physical therapy (cont'd)</p>	<p>Physical therapy is covered in an inpatient or outpatient setting. Outpatient physical therapy is:</p> <ul style="list-style-type: none"> • <u>Limited</u> to 15 visits per contract year, Oct. 1 – Sept. 30, to help an individual restore and maintain a particular skill or function that was lost due to injury or disease • <u>Limited</u> to 15 visits per contract year, Oct. 1 – Sept. 30, to help an individual attain and maintain a particular skill or function that was never learned or acquired <p><u>For QMB members:</u></p> <p>Covered for unlimited visits when medically necessary</p>									
<p>Pharmacy drugs</p>	<p>A list of medications requiring prior authorization is available at UHCCommunityPlan.com > For Healthcare Professionals > Arizona > Pharmacy Program.</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® • Cinryze® • Elaprase® • Elelyso® • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • VPRIV® 	<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. Fax forms are available at UHCCommunityPlan.com > 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>								
<p>Pregnancy termination</p>	<p>Prior authorization required for the codes identified</p> <p>Prior authorization includes Mifepristone, Mifeprex or RU-486</p>	<table border="0"> <tr> <td>59840</td> <td>59841</td> <td>59850</td> <td>59851</td> </tr> <tr> <td>59852</td> <td>59855</td> <td>59856</td> <td>59857</td> </tr> </table>	59840	59841	59850	59851	59852	59855	59856	59857
59840	59841	59850	59851							
59852	59855	59856	59857							

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
<p>Pregnancy termination (cont'd)</p>	<p>Clinical documentation and the Certificate of Medical Necessity for pregnancy termination must accompany the prior authorization request form.</p> <p>For more information, please review AMPM Chapter 400 Policy 410-15 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 400: Medical Policy for Maternal and Child Health > Policy 410-15.</p> <p>The Certificate of Medical Necessity For Pregnancy Termination can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 400: Medical Policy for Maternal and Child Health > Exhibit 410-4.</p>				
<p>Private duty nursing</p>	<p>Prior authorization required for the codes identified</p>	T1002	T1003		
<p>Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	<p>Prior authorization required for the codes identified</p>	77520	77522	77523	77525
<p>Radiology</p>	<p>Prior authorization required for participating physicians who request the following advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology 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 submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCCCommunityPlan.com > For Health Care Professionals > Arizona > Radiology > CPT Code List.</p>			
<p>Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation</p>	<p>Prior authorization required for the codes identified</p>	30400 30435 30465	30410 30450	30420 30460	30430 30462
<p>Sinuplasty</p>	<p>Prior authorization required for the codes identified</p>	31295	31296	31297	

**Prior Authorization Requirements for Arizona Acute Medicaid
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Skilled nursing facility services	Prior authorization required				
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required for the codes identified	21685	41599	42145	
Specialty/enclosed beds	Prior authorization required for the codes identified	E0250 E0260 E0291 E0295 E0316	E0251 E0261 E0292 E0301 E0462	E0255 E0280 E0293 E0303	E0256 E0290 E0294 E0315
Spinal stimulator for pain management	Prior authorization required for the codes identified	63650	63655	63685	
Spinal surgery	Prior authorization required for the codes identified	0095T 22101 22114 22212 22532 22554 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	0098T 22102 22206 22214 22533 22556 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570	0164T 22110 22207 22220 22548 22558 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307	22100 22112 22210 22224 22551 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308
Sterilization	<u>For all members younger than age 21:</u> Prior authorization required	52601 52649 55821	52630 55250 55831	52647 55450 58150	52648 55801 58180

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Sterilization (cont'd)	<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 Policy 410-16 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 400: Medical Policy for Maternal and Child Health > Policy 420-6.</p> <p>The Consent for Sterilization form can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 400: Medical Policy for Maternal and Child Health > Exhibit 420-1.</p>	58200 58262 58275 58291 58541 58548 58554 58573 58615 58951 59135	58210 58263 58280 58292 58542 58550 58570 58600 58670 58953 59525	58240 58267 58285 58293 58543 58552 58571 58605 58671 58954	58260 58270 58290 58294 58544 58553 58572 58611 58700 58956
Tonsillectomy and adenoidectomy	<p>Prior authorization required for the codes identified if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	42820 42830	42821	42825	42826
Transplant services	<p>Prior authorization required for the codes identified</p> <p>Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.</p>	32850 32854 33933 33945 38212 38232 44132 44137 47133 47142 47146 48554 50325 50370 S2061	32851 32855 33935 38208 38213 38240 44133 44715 47135 47143 47147 50300 50340 50380 S2152	32852 32856 33940 38209 38214 38241 44135 44720 47140 47144 48551 50320 50360 50547	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.</p> 32853 33930 33944 38210 38215 38242 44136 44721 47141 47145 48552 50323 50365 S2060

Prior authorization required for diagnosis

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Transplant services (cont'd)		codes C81.00-C88.9 and C91.00-C91.02 along with codes 38206 38999 J3490 J9999 M0075 S2107			
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 .			
Upper gastrointestinal endoscopy	Prior authorization required for the codes identified if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	43235 43239 43249			
Urologic procedures	Prior authorization required for the codes identified if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	50590 52000 52005 52204 52224 52234 52235 52260 52281 52310 52332 52351 52352 52353 52356 55040 55700 57288			
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required for the codes identified	61885 64568 L8680 L8682 L8685 L8686 L8687 L8688			
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 identified	36468 36473 36475 36478 37700 37718 37722 37780			
Ventricular assist devices 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 identified	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 code identified	E2402			