

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:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **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
Abdominal paracentesis	<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>	49083
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 	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Allergy immunotherapy (cont'd)	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>				
Bariatric surgery	Prior authorization required for the codes identified	43644 43770 43846 43882	43645 43775 43847 43887	43648 43842 43848 64590	43659 43845 43860
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	20974 E0748	20975 E0749	20979	E0747
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>	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except for after mastectomy	Prior authorization required for the codes identified	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
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</p>	<p>For prior authorization, please submit requests online at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization – Submission & Status, or call 866-889-8054.</p> <p>For more details and the CPT codes that</p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Cardiology (cont'd)	office-based diagnostic catheterizations, echocardiograms and stress echos prior to performance	require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Arizona > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.
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	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	<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>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request.</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 not a covered benefit.</p>	

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<p>Circumcision</p>	<p>Routine circumcision is not a covered benefit.</p> <p>Prior authorization required <u>only</u> for cases with documented medical necessity.</p>	54150	54160	54161	54162
<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></p> <p>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. 	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
<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>	45378	45380	45384	45385
<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 physiological 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>	11960 14040* 15830 17108 21139 21180 21184 21260 21268 21295 21743 30545 67901 67906 67912 67917 67924	11971 14060* 15847 17999 21172 21181 21230 21261 21275 21552* 21931* 30560 67902 67908 67914 67921 67950	13101* 14301* 17106 21137 21175 21182 21235 21263 21280 21740 28344 30620 67903 67909 67915 67922 67961	13132* 15823 17107 21138 21179 21183 21256 21267 21282 21742 30540 67900 67904 67911 67916 67923 67966
<p>Dental services</p>	<p>For prior authorization requirements, please call UnitedHealthcare Dental at 855-812-9208.</p>				

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<p>Diabetic supplies</p>	<p>Diabetic supplies are provided by the local pharmacy.</p> <p>Prior authorization for talking glucometers available through the medical prior authorization process</p>	<p>To locate contracted care providers or vendors, please visit UHCCCommunityPlan.com > For Health Care Professionals > Arizona > Claims and Member Information.</p>																																																																																																																																				
<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 UHCCCommunityPlan.com > For Health Care Professionals > Arizona > Claims and Member Information.</p> <table border="0"> <tr> <td>A9900</td> <td>A9999</td> <td>E0193</td> <td>E0194</td> </tr> <tr> <td>E0265</td> <td>E0266</td> <td>E0270</td> <td>E0277</td> </tr> <tr> <td>E0300</td> <td>E0302</td> <td>E0304</td> <td>E0328</td> </tr> <tr> <td>E0329</td> <td>E0445</td> <td>E0457</td> <td>E0460</td> </tr> <tr> <td>E0465</td> <td>E0466</td> <td>E0470</td> <td>E0471</td> </tr> <tr> <td>E0472</td> <td>E0483</td> <td>E0485</td> <td>E0486</td> </tr> <tr> <td>E0601</td> <td>E0620</td> <td>E0636</td> <td>E0637</td> </tr> <tr> <td>E0638</td> <td>E0641</td> <td>E0642</td> <td>E0650</td> </tr> <tr> <td>E0651</td> <td>E0652</td> <td>E0656</td> <td>E0667</td> </tr> <tr> <td>E0668</td> <td>E0669</td> <td>E0670</td> <td>E0673</td> </tr> <tr> <td>E0675</td> <td>E0691</td> <td>E0692</td> <td>E0693</td> </tr> <tr> <td>E0694</td> <td>E0700</td> <td>E0710</td> <td>E0745</td> </tr> <tr> <td>E0766</td> <td>E0782</td> <td>E0783</td> <td>E0784</td> </tr> <tr> <td>E0947</td> <td>E0948</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>E1011</td> <td>E1018</td> <td>E1030</td> </tr> <tr> <td>E1035</td> <td>E1036</td> <td>E1085</td> <td>E1086</td> </tr> <tr> <td>E1089</td> <td>E1090</td> <td>E1130</td> <td>E1140</td> </tr> <tr> <td>E1161</td> <td>E1220</td> <td>E1229</td> <td>E1230</td> </tr> <tr> <td>E1231</td> <td>E1232</td> <td>E1233</td> <td>E1234</td> </tr> <tr> <td>E1235</td> <td>E1236</td> <td>E1237</td> <td>E1238</td> </tr> <tr> <td>E1239</td> <td>E1250</td> <td>E1260</td> <td>E1285</td> </tr> <tr> <td>E1290</td> <td>E1300</td> <td>E1310</td> <td>E1825</td> </tr> <tr> <td>E1830</td> <td>E1840</td> <td>E2100</td> <td>E2204</td> </tr> <tr> <td>E2227</td> <td>E2228</td> <td>E2230</td> <td>E2300</td> </tr> <tr> <td>E2301</td> <td>E2310</td> <td>E2311</td> <td>E2312</td> </tr> <tr> <td>E2321</td> <td>E2322</td> <td>E2325</td> <td>E2327</td> </tr> <tr> <td>E2328</td> <td>E2329</td> <td>E2330</td> <td>E2331</td> </tr> <tr> <td>E2343</td> <td>E2351</td> <td>E2370</td> <td>E2373</td> </tr> <tr> <td>E2375</td> <td>E2376</td> <td>E2510</td> <td>E2511</td> </tr> <tr> <td>E2512</td> <td>E2599</td> <td>E2616</td> <td>E2626</td> </tr> <tr> <td>E2627</td> <td>E2628</td> <td>E2629</td> <td>E2630</td> </tr> </table>	A9900	A9999	E0193	E0194	E0265	E0266	E0270	E0277	E0300	E0302	E0304	E0328	E0329	E0445	E0457	E0460	E0465	E0466	E0470	E0471	E0472	E0483	E0485	E0486	E0601	E0620	E0636	E0637	E0638	E0641	E0642	E0650	E0651	E0652	E0656	E0667	E0668	E0669	E0670	E0673	E0675	E0691	E0692	E0693	E0694	E0700	E0710	E0745	E0766	E0782	E0783	E0784	E0947	E0948	E0984	E0986	E1002	E1003	E1004	E1005	E1006	E1007	E1008	E1009	E1010	E1011	E1018	E1030	E1035	E1036	E1085	E1086	E1089	E1090	E1130	E1140	E1161	E1220	E1229	E1230	E1231	E1232	E1233	E1234	E1235	E1236	E1237	E1238	E1239	E1250	E1260	E1285	E1290	E1300	E1310	E1825	E1830	E1840	E2100	E2204	E2227	E2228	E2230	E2300	E2301	E2310	E2311	E2312	E2321	E2322	E2325	E2327	E2328	E2329	E2330	E2331	E2343	E2351	E2370	E2373	E2375	E2376	E2510	E2511	E2512	E2599	E2616	E2626	E2627	E2628	E2629	E2630
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
<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>		E8000 K0007 K0014 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898	E8001 K0008 K0108 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899	E8002 K0011 K0606 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890	K0005 K0013 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 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</p>			

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Enteral services/parenteral/oral (cont'd)		<p>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>			
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 55866 61868 62291 66180 95978 A9277	33477 61863 61886 62292 95965 A4638 A9278	36514 61864 62264 64555 95966 A9274 E1831	54240 61867 62290 64722 95967 A9276 S1040
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>	<p>For member eye care services, please call Nationwide Vision at 800-481-2779.</p>			
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	31239 31256 31288	31240 31267	31254 31276	31255 31287

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Genetic testing	Prior authorization required for all services not covered by LabCorp To determine prior authorization requirements, please call LabCorp at 800-788-9743 .	88245 88262 88269 88274 88285	88248 88263 88271 88275 88289	88249 88264 88272 88280 88291	88261 88267 88273 88283 88299
Gynecologic 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	57522 58565	58353	58558	58563
Hearing services Hearing evaluations and hearing aids	<u>For members younger than age 21:</u> Prior authorization not required <u>For members age 21 and older:</u> Prior authorization required	92590 92594 V5011 V5050 V5120 V5220 V5244 V5248 V5252 V5256 V5260 V5267	92591 92595 V5014 V5060 V5170 V5230 V5245 V5249 V5253 V5257 V5261 V5298	92592 S0618 V5030 V5095 V5180 V5242 V5246 V5250 V5254 V5258 V5262	92593 V5010 V5040 V5100 V5190 V5243 V5247 V5251 V5255 V5259 V5263
Hernia repair	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	49505 49651 49655	49585 49652	49587 49653	49650 49654
Home health care services	Prior authorization required for the codes identified	G0299	G0300	S9123	S9124
Incontinence supplies	To request services and/or supplies, please call Preferred Homecare at 800-636-2123 .	T4521 T4525 T4529 T4533	T4522 T4526 T4530 T4534	T4523 T4527 T4531 T4543	T4524 T4528 T4532
Infusion in-home services	Prior authorization required for all services not covered by Preferred Homecare	To request services and/or supplies, please call Preferred Homecare at 800-636-2123 .			
Injectable medications for in-home usage	Prior authorization required for all medications not covered by Preferred Homecare	To request medications, please call Preferred Homecare at 800-636-2123 .			

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<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>Ellyso® J3060</p> <p>IVIG J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Makena®* J1725 J2675</p> <p>Nucala® J2182</p> <p>Probuphine® J0570</p> <p>Synagis®** 90378</p> <p>Unclassified*** J3490 J3590</p> <p>VPRIV® J3385</p> <p>Xolair®** J2357</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>

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Injectable medications (cont'd)		<p>**For Synagis® and Xolair® prior authorization, please call the Pharmacy Prior Authorization Service at 800-310-6826.</p> <p>*** For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51™, Ocrevus™ and Spinraza™.</p>			
Inpatient admission	Notification required for admissions				
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required for the codes identified	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	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	96116	96118	96119	96120
Non-emergent air ambulance transport	Prior authorization required for the codes identified	A0430	A0431	A0435	A0436
Ophthalmologic	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	65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
<p>Orthognatic surgery Treatment of maxillofacial/jaw functional impairment</p>	<p>Prior authorization required for the codes identified</p>	<p>21121 21141 21146 21154 21188 21196 21208 21240 21246 21255</p>	<p>21123 21142 21147 21155 21193 21198 21209 21242 21247 21296</p>	<p>21125 21143 21150 21159 21194 21199 21210 21244 21248 21299</p>	<p>21127 21145 21151 21160 21195 21206 21215 21245 21249 30465</p>
<p>Orthotics and prosthetics: more than \$500 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. 	<p>L0112 L0464 L0486 L0632 L0638 L0810 L0861 L1300 L1685 L1730 L1820 L1834 L1845 L1860 L2000 L2030 L2038 L2126 L2510 L2628 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3967 L3976 L4000 L4360 L4392 L5010</p>	<p>L0170 L0480 L0624 L0634 L0640 L0820 L1000 L1310 L1700 L1755 L1830 L1836 L1846 L1945 L2005 L2034 L2060 L2128 L2525 L2999 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3971 L3977 L4010 L4361 L4394 L5020</p>	<p>L0456 L0482 L0629 L0636 L0700 L0830 L1005 L1499 L1710 L1810 L1831 L1840 L1847 L1950 L2010 L2036 L2106 L2136 L2526 L3000 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3973 L3978 L4020 L4386 L4396 L5050</p>	<p>L0462 L0484 L0631 L0637 L0710 L0859 L1200 L1680 L1720 L1812 L1832 L1844 L1850 L1970 L2020 L2037 L2108 L2350 L2627 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3961 L3975 L3999 L4350 L4387 L4631 L5060</p>

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>		L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5681 L5701 L5706 L5722 L5780 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5981 L5987 L6000 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6884 L6905 L6925	L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5682 L5702 L5707 L5724 L5781 L5811 L5818 L5828 L5848 L5930 L5962 L5976 L5982 L5988 L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6881 L6885 L6910 L6930	L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5683 L5703 L5716 L5726 L5782 L5812 L5822 L5830 L5856 L5950 L5964 L5979 L5984 L5990 L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6882 L6895 L6915 L6935	L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5700 L5705 L5718 L5728 L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5980 L5986 L5999 L6026 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6883 L6900 L6920 L6940

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>		L6945 L6965 L7008 L7170 L7186 L7499 L8042 L8046 L8609 L8659	L6950 L6970 L7009 L7180 L7190 L8035 L8043 L8047 L8610 V2623	L6955 L6975 L7040 L7181 L7191 L8040 L8044 L8499 L8612 V2627	L6960 L7007 L7045 L7185 L7405 L8041 L8045 L8500 L8631
<p>Out-of-network services</p>	<p>Prior authorization required for all out-of-network services</p>				
<p>Out-of-state services</p>	<p>Benefit only approved when service is emergent or unavailable in the state of Arizona</p>				
<p>Outpatient therapy – occupational and speech therapy</p>	<p><u>For members younger than age 21:</u> Prior authorization required after the 12th visit <u>For members age 21 and older:</u> Outpatient therapy/occupational and speech therapy is not a covered benefit. <u>For QMB members:</u> Covered for unlimited visits when medically necessary</p>	92508 92524	92521 92526	92522 S9152	92523 92507
<p>Outpatient therapy – physical therapy</p>	<p><u>For members younger than age 21:</u> Prior authorization required after the 12th visit Physical therapy is covered in an inpatient or outpatient setting. No benefit limits apply. <u>For members age 21 and older:</u> Prior authorization not required 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, 	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

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>Oct. 1 – Sept. 30, to help an individual attain and maintain a particular skill or function that was never learned or acquired</p> <p>For QMB members:</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® • 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> <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 Policy 410-15 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 400: Medical</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			
Pregnancy termination (cont'd)	<p>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>				
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required for the codes identified	77520	77522	77523	77525
Radiology	<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 at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization – Submission & Status, 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>			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required for the codes identified	30400	30410	30420	30430 30435 30450 30460 30462
Sinuplasty	Prior authorization required for the codes identified	31295	31296	31297	
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	E0251	E0255	E0256 E0260 E0261 E0280 E0290 E0291 E0292 E0293 E0294 E0295 E0301 E0303 E0315 E0316 E0462

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
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	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	63180	63182
		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
		64553	64570		
Sterilization	<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 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 ></p>	52601	52630	52647	52648
		52649	55250	55450	55801
		55821	55831	58150	58180
		58200	58210	58240	58260
		58262	58263	58267	58270
		58275	58280	58285	58290
		58291	58292	58293	58294
		58541	58542	58543	58544
		58548	58550	58552	58553
		58554	58570	58571	58572
		58573	58600	58605	58611
		58615	58670	58671	58700
		58951	58953	58954	58956
		59135	59525		

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																															
Sterilization (cont'd)	Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 400: Medical Policy for Maternal and Child Health > Exhibit 420-1.																																																																
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>	<p>For transplants, please call the UnitedHealthcare Community & 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> <table border="0" data-bbox="1084 905 1511 1436"> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33930</td></tr> <tr><td>33933</td><td>33935</td><td>33940</td><td>33944</td></tr> <tr><td>33945</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38212</td><td>38213</td><td>38214</td><td>38215</td></tr> <tr><td>38232</td><td>38240</td><td>38241</td><td>38242</td></tr> <tr><td>44132</td><td>44133</td><td>44135</td><td>44136</td></tr> <tr><td>44137</td><td>44715</td><td>44720</td><td>44721</td></tr> <tr><td>47133</td><td>47135</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48551</td><td>48552</td></tr> <tr><td>48554</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50340</td><td>50360</td><td>50365</td></tr> <tr><td>50370</td><td>50380</td><td>50547</td><td>S2060</td></tr> <tr><td>S2061</td><td>S2152</td><td></td><td></td></tr> </table>				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		
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50370	50380	50547	S2060																																																														
S2061	S2152																																																																
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	<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>	43235	43239	43249																																																													
Urologic 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>	50590 52224 52281 52352 55700	52000 52234 52310 52353 57288	52005 52235 52332 52356	52204 52260 52351 55040																																																												

**Prior Authorization Requirements for Arizona Acute Medicaid
Effective July 1, 2017**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization												
<p>Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves</p>	<p>Prior authorization required for the codes identified</p>	<table border="0"> <tr> <td>61885</td> <td>64568</td> <td>L8680</td> <td>L8682</td> </tr> <tr> <td>L8685</td> <td>L8686</td> <td>L8687</td> <td>L8688</td> </tr> </table>	61885	64568	L8680	L8682	L8685	L8686	L8687	L8688				
61885	64568	L8680	L8682											
L8685	L8686	L8687	L8688											
<p>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</p>	<p>Prior authorization required for the codes identified</p>	<table border="0"> <tr> <td>36468</td> <td>36473</td> <td>36475</td> <td>36478</td> </tr> <tr> <td>37700</td> <td>37718</td> <td>37722</td> <td>37780</td> </tr> </table>	36468	36473	36475	36478	37700	37718	37722	37780				
36468	36473	36475	36478											
37700	37718	37722	37780											
<p>Ventricular assist devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	<p>Prior authorization required for the codes identified</p>	<p>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.</p> <table border="0"> <tr> <td>0051T</td> <td>0052T</td> <td>0053T</td> <td>33975</td> </tr> <tr> <td>33976</td> <td>33979</td> <td>33981</td> <td>33982</td> </tr> <tr> <td>33983</td> <td>Q0507</td> <td>Q0508</td> <td>Q0509</td> </tr> </table>	0051T	0052T	0053T	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509
0051T	0052T	0053T	33975											
33976	33979	33981	33982											
33983	Q0507	Q0508	Q0509											
<p>Wound vac</p>	<p>Prior authorization required for the code identified</p>	<p>E2402</p>												